

**OFFICIAL RECORDS**  
**OF THE**  
**WORLD HEALTH ORGANIZATION**

**No. 35**



**FOURTH**  
**WORLD HEALTH ASSEMBLY**

**GENEVA, 7 TO 25 MAY 1951**

**RESOLUTIONS AND DECISIONS**

**PLENARY MEETINGS**

**Verbatim Records**

**COMMITTEES**

**Minutes and Reports**

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**WORLD HEALTH ORGANIZATION**

**PALAIS DES NATIONS**

**GENEVA**

**January 1952**

## ABBREVIATIONS

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

ACC	— Administrative Committee on Co-ordination
CCICMS	— Council for the Co-ordination of International Congresses of Medical Sciences
ECAFE	— Economic Commission for Asia and the Far East
ECE	— Economic Commission for Europe
FAO	— Food and Agriculture Organization
IBE	— International Bureau of Education
ICAO	— International Civil Aviation Organization
ICITO	— Interim Commission of the International Trade Organization
ILO	— International Labour Organisation (Office)
IMCO	— Inter-Governmental Maritime Consultative Organization
IRO	— International Refugee Organization
ITU	— International Telecommunication Union
OIHP	— Office International d'Hygiène Publique
PASB	— Pan American Sanitary Bureau
PASO	— Pan American Sanitary Organization
TAB	— Technical Assistance Board
TAC	— Technical Assistance Committee
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNICEF	— United Nations International Children's Emergency Fund
UNRRA	— United Nations Relief and Rehabilitation Administration
UNRWAPRNE	— United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFUNA	— World Federation of United Nations Associations

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**MEMBERSHIP OF THE HEALTH ASSEMBLY**



# MEMBERSHIP OF THE HEALTH ASSEMBLY

## LIST OF DELEGATES AND OTHER PARTICIPANTS

### Delegations of Member States

#### AFGHANISTAN

##### *Delegates:*

Dr. A. ZAHIR, Assistant Secretary to the Ministry of Health (*Chief Delegate*)

Dr. A. K. RASSOUL, President, Child Welfare Services

#### ARGENTINA

##### *Delegate:*

Mr. J. L. DOMINGUEZ DRAGO, Consul in Geneva

#### AUSTRALIA

##### *Delegates:*

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Mr. P. SHAW, Permanent Delegate to the European Office of the United Nations

##### *Adviser:*

Mr. L. H. BORDER, Permanent Delegation to the European Office of the United Nations

#### AUSTRIA

##### *Delegates:*

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Mr. K. STROBL, Assistant Director, Federal Ministry of Social Affairs

#### BELGIUM

##### *Delegates:*

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Dr. P. J. J. VAN DE CALSEYDE, Directeur général de l'Hygiène, Ministère de la Santé publique et de la Famille

M. L. A. D. GEERAERTS, Directeur au Ministère des Affaires étrangères et du Commerce extérieur

##### *Alternate:*

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##### *Advisers:*

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Baron F. DE KERCHOVE D'EXAERDE, Délégué permanent auprès de l'Office Européen des Nations Unies

#### BOLIVIA

##### *Delegate:*

Dr. F. VEINTEMILLAS, Minister of Health

#### BRAZIL

##### *Delegates:*

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##### *Advisers:*

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Mr. J. BARREIROS, Permanent Delegation in Geneva

Mr. O. DE SOUZA-BANDEIRA, Permanent Delegation in Geneva

Mr. C. A. DE SOUZA E SILVA, Permanent Delegation in Geneva

#### BURMA

##### *Delegates:*

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Dr. MAUNG GALE, Deputy Director of Health Services

Dr. BA MAUNG, Port Health Officer, Rangoon

#### CAMBODIA

##### *Delegates:*

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Dr. CHAN OK, Médecin-Chef des Services extérieurs de la ville de Phnom-penh

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Dr. P. GAUTHIER, Member of Parliament, Ottawa

Dr. F. D. MOTT, Deputy Minister of Public Health, Saskatchewan

##### *Advisers:*

Dr. B. BUNDOCK, Medical Officer, Immigration Medical Department, Canadian Embassy, The Hague

Mr. N. F. H. BERLIS, Permanent Delegation to the European Office of the United Nations

Miss E. P. MACCALLUM, Foreign Service Officer, Department of External Affairs

#### CEYLON

##### *Delegates:*

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Mr. A. J. JOSEPH, Assistant Permanent Secretary, Ministry of Health and Local Government

Dr. C. T. WILLIAMS, Assistant Director of Sanitary Services

##### *Adviser:*

Dr. W. A. KARUNARATNE, Medical Officer of International Health, Department of Medical and Sanitary Services

#### CHILE

##### *Delegates:*

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Dr. A. L. BRAVO, Executive Vice-President, Compulsory Social Insurance Fund

#### COSTA RICA

##### *Delegate:*

Dr. O. VARGAS-MÉNDEZ, Director-General of Health

#### CUBA

##### *Delegate:*

Dr. F. HURTADO, Professor of Paediatrics, University of Havana

#### DENMARK

##### *Delegates:*

Dr. J. FRANDSEN, Director-General, National Health Service (*Chief Delegate*)

Dr. J. HOLM, Chief, Tuberculosis Division, Statens Seruminstitut, Copenhagen (*Deputy Chief Delegate*)

Dr. O. ANDERSEN, Professor at the University of Copenhagen

##### *Adviser:*

Mr. B. SØRENSEN, Chief of Section, Ministry of the Interior

#### DOMINICAN REPUBLIC

##### *Delegates:*

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Mr. J. B. PEYNADO, Minister Plenipotentiary in Switzerland

#### ECUADOR

##### *Delegate:*

Dr. Egberto GARCÍA, Director-General of Health

#### EGYPT

##### *Delegates:*

Dr. A. G. HUSSEIN Pasha, Minister of Public Health (*Chief Delegate*)

Dr. M. A. NASR Bey, Under-Secretary of State for Health, Ministry of Public Health (*Deputy Chief Delegate*)

*Advisers :*

- Professor A. W. MOORO Pasha, Rector of Fouad I University, Cairo
- Dr. M. S. EL-FAR Bey, Deputy Director-General, Quarantine Administration, Alexandria
- Dr. A. EL-HALAWANI, Director, Fouad I Research Institute of Tropical Medicine, Cairo
- Dr. A. F. TOBGY Bey, Professor of Ophthalmology, Fouad I University, Cairo
- Mr. Z. HASHEM, Ministry of Foreign Affairs ; Member of the Council of State

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*Delegate :*

- Mr. Telahoun TCHERNET, Director-General, Ministry of Health

*Adviser :*

- Dr. F. B. HYLANDER, Principal Medical Adviser and Inspector-General, Ministry of Health

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- Mr. V. V. RANTASALO, Director of the Communicable Diseases Hospital, Helsinki

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- Dr. E. J. AUJALEU, Directeur de l'Hygiène sociale au Ministère de la Santé publique

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- Dr. L. BERNARD, chargé des Relations extérieures, Ministère de la Santé publique et de la Population

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Dr. G. L. F. MURAZ, Médecin général inspecteur ; Conseiller technique du Secrétaire d'Etat à la France d'Outre-Mer

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- Dr. F. KLOSE, Professor of Hygiene, University of Kiel (*Deputy Chief Delegate*)
- Dr. F. W. PITSCH, Medical Director, Public-Health Administration, Land Baden

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- Professor O. E. W. OLSEN, Geneva

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- Dr. Sotirios BRISKAS, Professeur agrégé at the Faculty of Medicine, Paris

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<sup>1</sup> Instrument of acceptance of the Constitution deposited on 29 May 1951

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 Mr. S. CALLEA, Attaché, Consulate-General in Geneva

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Dr. Saad NASRALLAH, Technical Assistant to the Under-Secretary of State for Health

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 Dr. Ryotaro AZUMA, Chief, Medical Affairs Bureau, Ministry of Health and Welfare (*Chief Delegate from 16 May*)  
 Dr. Takemune SODA, Chief, Division of Health and Welfare Statistics, Ministry of Health and Welfare

*Alternate:*

Mr. Akira SAITA, Chief, Liaison Section, Ministry of Health and Welfare

*Adviser:*

Mr. Toru HAGIWARA, Japanese Government Overseas Representative in Paris

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Dr. G. D. HEMMES, Inspector of Public Health, Utrecht

<sup>2</sup> Instrument of acceptance of the Constitution deposited on 16 May 1951

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Miss H. C. HESSLING, Division for International  
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Health Services  
Dr. K. ENGEDAL, Provincial Health Officer

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Dr. M. NASIRUDDIN, Assistant Director of Public  
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Dr. K. S. SHAH, Dean, Institute of Hygiene and  
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Dr. R. ABRIOL, Director, Quarantine Service,  
Department of Health

*Alternates:*

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Department of Health

Dr. S. OROSA

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Dr. F. J. C. CAMBOURNAC, Director, Malaria  
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Medicine  
Dr. A. A. DE CARVALHO-DIAS, Senior Inspector  
of Health, Director of Maritime and Air Health  
Services, Ministry of the Interior

*Alternate:*

Dr. B. A. V. DE PINHO, Director of Technical  
Services, Office of the Director-General of  
Health, Ministry of the Interior

## EL SALVADOR

*Delegate:*

Dr. R. C. BUSTAMANTE, Under-Secretary of  
Public Health and Social Welfare

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*Delegates:*

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Dr. B. ROUMY, Director of Health, Mecca District  
Mr. A. R. HELAISSI, Secretary, Saudi Arabian  
Embassy, London

*Advisers:*

Mr. F. S. HUSSEINI, Secretary, Ministry of Foreign  
Affairs

Mr. S. KHANACHET, Press Attaché, Saudi Arabian  
Legation, Paris

SPAIN<sup>3</sup>*Delegates:*

Dr. J. PALANCA, Director-General of Health  
(*Chief Delegate*)

<sup>3</sup> Instrument of acceptance of the Constitution deposited  
on 28 May 1951

Dr. G. CLAVERO, Director, National School of Health, Madrid

Mr. A. DE AGUILAR, Minister Plenipotentiary in Switzerland

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##### *Delegates:*

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Mr. Å. LARSSON, Ministry of the Interior and of Health

Dr. Bertil ROOS, County Medical Officer ; Assistant Professor of Hygiene and Social Medicine, Stockholm

##### *Advisers:*

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Dr. D. KNUTSON, President of the Swedish Medical Association

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Dr. Th. MÜLLER, Chef du Service d'Hygiène, Bâle  
Professeur E. GRASSET, Directeur de l'Institut d'Hygiène de l'Université de Genève

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Professeur H. MOOSER, Directeur de l'Institut d'Hygiène de l'Université de Zürich

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##### *Delegates:*

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Dr. J. ARACTINGI, Director of Laboratories, Ministry of Health

#### THAILAND

##### *Delegates:*

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Dr. Svasti DAENGSVANG, Deputy Director-General, Department of Public Health, Ministry of Health

Dr. Pramern CHANNAVIMOL, Director, Communicable Disease Control Division, Ministry of Health

#### TURKEY

##### *Delegates:*

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Dr. Nail KARABUDA, Deputy Under-Secretary of State, Ministry of Health and Social Welfare

Dr. Kadri OLCAR, Director-General of Health Education and Medical Statistics, Ministry of Health and Social Welfare

#### UNION OF SOUTH AFRICA

##### *Delegates:*

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Dr. B. M. CLARK, Deputy Chief Health Officer, Union Department of Health

Mr. C. H. TALJAARD, South African Legation, Brussels.

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Dr. A. M. W. RAE, Deputy Chief Medical Officer, Colonial Office

Mr. W. H. BOUCHER, Assistant Secretary, Ministry of Health

##### *Advisers:*

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Sir Andrew DAVIDSON, Chief Medical Officer, Department of Health for Scotland

Dr. M. T. MORGAN, Medical Officer, Port of London Authority

Mr. J. BEITH, Permanent Delegation to the European Office of the United Nations

Dr. G. NORTH, Registrar-General

Mr. F. A. MELLIS, Ministry of Health

Mr. A. E. JOLL, General Register Office

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Miss J. A. C. GUTTERIDGE, Foreign Office

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Dr. L. A. SCHEELE, Surgeon-General, US Public Health Service (*Chief Delegate*)

Dr. R. L. CLEERE, Executive Director, Colorado State Department of Health

Mrs. India EDWARDS, Executive Director, Women's Division, Democratic National Committee

*Alternates:*

Dr. F. J. BRADY, Medical Director, US Public Health Service

Mr. H. B. CALDERWOOD, Office of United Nations Economic and Social Affairs, Department of State

Dr. H. HYDE, Medical Director, US Public Health Service

Mr. G. M. INGRAM, Chief, Division of International Administration, Department of State

*Congressional advisers:*

The Hon. Herbert H. LEHMAN, Senate

The Hon. Richard M. NIXSON, Senate

The Hon. Homer D. ANGELL, House of Representatives

The Hon. Thomas E. MORGAN, House of Representatives

*Advisers:*

Dr. Gaylord W. ANDERSON, Director, School of Public Health, University of Minnesota

Dr. W. E. GILBERTSON, Sanitary Engineering Director, Communicable Disease Center, Atlanta

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Dr. R. S. MEILING, Chairman, Armed Forces Medical Policy Council, Department of Defense

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Dr. TRAN LAM BAO, chargé des relations avec l'OMS au Ministère de la Santé

*Advisers:*

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Dr. NGUYEN-VAN-BUU

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Dr. G. ŽARKOVIĆ, Chief Medical Officer of Health, Council for Public Health and Social Welfare

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 Mr. B. PICKARD, Liaison Section (Non-Governmental Organizations), European Office  
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Dr. G. ALSTED, Director, Health Bureau

Dr. Z. S. HANTCHEF, Deputy Director, Health Bureau

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Dr. A. REPOND, Chairman of the European Committee

Professor D. R. MACCALMAN, Professor of Psychiatry, University of Leeds, England

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Miss A. HALE, Secretary of the Education Office

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Dr. J. MAYSTRE, Liaison Officer with WHO, Geneva

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Mr. M. P. SIEGEL, Assistant Director-General,  
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The Committee on Credentials was composed of delegates of the following countries : Ceylon, Dominican Republic, Ecuador, Greece, Iraq, Israel, Liberia, New Zealand, Portugal, Switzerland, Turkey, Uruguay.

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*Vice-Chairman :* Dr. N. Karabuda (Turkey)

*Rapporteur :* Dr. R. ESPAILLAT DE LA MOTA (Dominican Republic)

*Secretary :* Dr. E. KOHN, Chief, Exchange of Scientific Information Section

*Committee on Nominations*

The Committee on Nominations was composed of delegates of the following countries : Argentina, Australia, Austria, Chile, Egypt, France, India, Iran, Norway, Pakistan, Panama, Philippines,

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*Rapporteur :* Dr. R. G. PADUA (Philippines)

*Secretary :* Dr. Brock CHISHOLM, Director-General

*General Committee*

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the chairmen of the main committees, together with delegates of the following countries : Canada, Chile, Egypt, France, India, Philippines, Union of South Africa, Yugoslavia.

*Chairman :* Dr. L. A. SCHEELE (United States of America)

*Secretary :* Dr. Brock CHISHOLM, Director-General

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Under Rule 28 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

*Programme*

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*Vice-Chairman :* Dr. A. KHAUM (Austria)

*Rapporteur :* Dr. G. ŽARKOVIĆ (Yugoslavia)

*Secretary :* Dr. W. FORREST, Director, Division of Co-ordination of Planning and Liaison

*Administration, Finance and Legal Matters*

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*Vice-Chairman :* Mr. T. J. BRADY (Ireland)

*Rapporteur :* Dr. A. L. BRAVO (Chile)

*Secretary :* Mr. M. P. SIEGEL, Assistant Director-General, Department of Administration and Finance

*Legal Sub-Committee**Chairman:* M. L. A. D. GEERAERTS (Belgium)*Vice-Chairman:* Mr. E. CALDERON-PUIG (Mexico)*Rapporteur:* Mr. C. H. TALJAARD (Union of South Africa)*Secretary:* M. A. ZARB, Chief, Legal Office*Committee on International Sanitary Regulations**Chairman:* Dr. M. T. MORGAN (United Kingdom)*Vice-Chairman:* Dr. M. SADAT (Syria)*Rapporteur:* Dr. K. C. K. E. RAJA (India)*Secretary:* Dr. Y. BIRAUD, Director, Division of Epidemiological Services

**PART I**

**RESOLUTIONS AND DECISIONS**



## RESOLUTIONS AND DECISIONS

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### RESOLUTIONS ADOPTED ON THE REPORTS OF THE COMMITTEE ON PROGRAMME

#### WHA4.1 Annual Report of the Director-General for 1950

The Fourth World Health Assembly,

Having considered the Annual Report of the Director-General for the year 1950,<sup>1</sup>

1. APPROVES the manner in which the work of the World Health Organization was carried forward in 1950 ;
2. NOTES the section of the report on administrative, financial and legal matters ;<sup>2</sup>
3. NOTES with particular pleasure the progress made during 1950 towards :
  - (1) co-ordination of activities financed from various sources,
  - (2) decentralization of the means of investigation and action,
  - (3) increasing concentration of effort on the problems peculiar to individual countries, and
  - (4) maintenance of effective continuity in the work of the Organization ;
4. THANKS the Director-General and the Executive Board for implementing the 1950 programme in conformity with the general policies laid down by previous World Health Assemblies.

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/3 Rev. 1]

#### WHA4.2 General Programme of Work covering a Specific Period

The Fourth World Health Assembly,

Having considered the general programme of work for the specific period 1952-1955 inclusive, as proposed by the Executive Board at its seventh session,<sup>3</sup>

1. CONSIDERS that the programme of work as presented provides a broad general policy that will serve as an appropriate framework for the orderly development of the detailed yearly programmes within this period ;
2. INSTRUCTS the Executive Board and the Director-General to continue to develop such long-range plans for the work of the Organization and to present them to each World Health Assembly for review, taking into account the views expressed in the Committee on Programme of the previous Health Assembly.

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/19]

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<sup>1</sup> *Off. Rec. World Hlth Org.* 30

<sup>2</sup> *Off. Rec. World Hlth Org.* 30, 72 ; see also minutes of the first meeting of the Committee on Administration, Finance and Legal Matters.

<sup>3</sup> *Off. Rec. World Hlth Org.* 32, annex 10

**WHA4.3 Health Statistics**

The Fourth World Health Assembly

RESOLVES that, in future, general statements on the programme of the Organization should recognize, without prejudice to other objectives, that a main aim of the Organization should be :

- (1) to build up gradually at headquarters a body of sound statistical information and advice, covering all parts of the world, by which the policy of the Organization, including the regions, can be guided and its operations and their results measured, and
- (2) to encourage the various branches and regions of the Organization to make the fullest use of the statistical data and facilities so made available at headquarters.

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/20]

**WHA4.4 Publications**

The Fourth World Health Assembly,

Having considered the report on publications submitted by the Director-General on measures adopted in application of resolution WHA3.63,<sup>4</sup> and the observations made thereon by the Executive Board (resolution EB7.R16),

1. APPROVES the report submitted by the Director-General on publications ;
2. NOTES with satisfaction the improved quality and quantity of publications ;
3. REQUESTS the Director-General to continue efforts to improve the quality of translations ;
4. REAFFIRMS the importance of the programme of publications as an activity particularly favourable to the effectiveness and prestige of the Organization, while recognizing that the full development of this programme may be affected by budgetary limitations ;
5. ENDORSES the decision of the Executive Board that publications should be one of the two main subjects to be studied by the Standing Committee on Administration and Finance.<sup>5</sup>

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/21]

**WHA4.5 Dental Hygiene**

The Fourth World Health Assembly,

Having noted the report of the Director-General on dental hygiene<sup>6</sup> made in accordance with the request of the Third World Health Assembly (resolution WHA3.33) ;

Considering that a dental-health programme is within the terms of the general programme of work for a specific period,

REQUESTS the Executive Board and the Director-General :

- (1) to include such a programme in the plans for the future work of the Organization, taking into account the discussions in the Committee on Programme,<sup>7</sup>

<sup>4</sup> *Off. Rec. World Hlth Org.* 32, annex 5

<sup>5</sup> *Off. Rec. World Hlth Org.* 33, 36

<sup>6</sup> Annex 1

<sup>7</sup> See minutes of the sixth meeting of the Committee on Programme, section 2.

- (2) to start as soon as possible such dental-health activities in connexion with demonstration services as may be financially feasible, and
- (3) to encourage the training of dental-health personnel through the WHO fellowship programme.

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/22]

#### **WHA4.6 First Inter-American Sanitary Congress**

The Fourth World Health Assembly,

Having considered the proposal made by the Executive Board at its seventh session (resolution EB7.R21) that the fiftieth anniversary of the founding of the Pan American Sanitary Bureau be suitably recognized by sending a special representative of the World Health Organization to the First Inter-American Sanitary Congress to be held in Havana, Cuba, in 1952 ;

Considering that this congress is of great scientific importance and that the Organization's representation is highly desirable,

REQUESTS the Executive Board to nominate a representative.

*(First report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/23 Rev. 1]

#### **WHA4.7 Tuberculosis Research Office, Copenhagen**

The Fourth World Health Assembly,

Recognizing that the work undertaken by the Tuberculosis Research Office is of great importance to the World Health Organization and to international health ;

Recognizing that, in order to ensure definite results, such work should be continued for a reasonable period,

1. DECIDES that the Tuberculosis Research Office should be maintained, subject to review of the situation by the Executive Board every two years ;
2. REQUESTS that special emphasis be given to control studies for determining the value of BCG vaccination, the duration of its effect, and related technical field and laboratory studies, limited to those bearing directly on evaluation and practice of vaccination ;
3. REQUESTS the Director-General to review the budget in the light of the above considerations ;
4. THANKS the Government of Denmark for its generous support of this activity.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/34]

#### **WHA4.8 Prevention and Treatment of Severe Malnutrition in Times of Disaster**

The Fourth World Health Assembly

1. NOTES the report on the prevention and treatment of severe malnutrition of civilian populations during war periods ;<sup>8</sup>

<sup>8</sup> Mimeographed document A4/4 ; to be published, under its amended title, as *World Hlth Org. techn. Rep. Ser.* 1951, 45

2. NOTES with pleasure that it was the result of a joint study organized by FAO and WHO ;
3. THANKS the experts for their work ;
4. REQUESTS the Director-General, when arranging for the publication of this report, to change the title to read " Prevention and treatment of severe malnutrition in times of disaster " ;
5. REQUESTS the Director-General to draw the attention of governments and the International Committee of the Red Cross to this report.

*(Second report of the Committee on Programme,  
adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/35]

#### **WHA4.9 Technical Discussions at World Health Assemblies**

##### The Fourth World Health Assembly

1. DECIDES, on the basis of the experience gained during its present session, that technical discussions should take place at subsequent World Health Assemblies ;
2. REQUESTS the Executive Board and the Director-General to select the subjects to be discussed at the Fifth World Health Assembly, taking into consideration the views expressed during the discussions at the Fourth World Health Assembly, and to take the necessary preparatory steps as far in advance as possible.

*(Second report of the Committee on Programme,  
adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/36]

#### **WHA4.10 Concentration of Effort and Resources of the United Nations and Specialized Agencies**

##### The Fourth World Health Assembly

1. NOTES that the resolutions of the General Assembly and the Economic and Social Council of the United Nations on the subject of the concentration of effort and resources, and the suggested criteria for priorities between programmes,<sup>9</sup> are in general accord with the policy of the Organization ;
2. POINTS OUT, however, that quantitatively demonstrable results are not always obtainable in public-health programmes ;
3. REQUESTS the Director-General to be guided by the resolutions on the subject of concentration of effort and resources in preparing the programme and budget estimates of the World Health Organization for 1953 and the years following, and in the execution of the programme ;
4. REQUESTS the Executive Board, in commenting on the proposed programme and budget estimates of the Organization for 1953 and the following years, to be guided by the same resolutions ;
5. REQUESTS the Director-General to send *Official Records* Nos. 30 to 34 to the Economic and Social Council, together with decisions affecting these documents as taken by the Fourth World Health Assembly.

*(Second report of the Committee on Programme,  
adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/37]

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<sup>9</sup> See *Off. Rec. World Hlth Org.* 32, annex 6.

**WHA4.11 Schedule of Work of the Economic and Social Council**

The Fourth World Health Assembly,

Having in mind the constitutional responsibilities of the World Health Organization and Articles II and IV of its Agreement with the United Nations,

EXPRESSES its appreciation of the Secretary-General's efforts, in co-operation with the World Health Organization, in arranging schedules and otherwise facilitating the participation by WHO in appropriate meetings of the United Nations, and the hope that these efforts will meet with success.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/38]

**WHA4.12 Active Support by Member States for the Work of Specialized Agencies**

The Fourth World Health Assembly,

Noting the resolutions adopted by the General Assembly of the United Nations on 20 November 1950, and by the Economic and Social Council on 20 March 1951, concerning the development of a twenty-year programme for achieving peace through the United Nations ;<sup>10</sup>

Noting the views concerning more vigorous use of the specialized agencies set forth in the Secretary-General's memorandum of 12 February 1951, to the Economic and Social Council at its twelfth session,<sup>10</sup>

1. AGREES with these views ;
2. RECOMMENDS to Member States that they take action to support the programmes of the World Health Organization by appropriate national measures to render these programmes effective, and use their good offices to increase the membership of the World Health Organization.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/39]

**WHA4.13 Permanent Secretariat for the International Pharmacopoeia**

The Fourth World Health Assembly,

Noting with satisfaction that the Belgian Government, depositary of the Agreement revising the Agreement respecting the Unification of Pharmacopoeial Formulas for Potent Drugs, signed at Brussels on 20 August 1929, has, in application of Article 35 thereof and on behalf of the parties thereto, agreed that the World Health Organization shall henceforward ensure the functions of the permanent International Pharmacopoeia Secretariat in accordance with Article 34 of the said Agreement,

1. PAYS TRIBUTE to the spirit of international collaboration shown by the Belgian Government ; and,  
Considering Articles 2 (*u*) and 72 of the Constitution of the World Health Organization,
2. APPROVES the taking over by the World Health Organization, with effect from 1 January 1951, of the functions of the permanent International Pharmacopoeia Secretariat previously entrusted to the Belgian Pharmacopoeia Commission.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/40]

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<sup>10</sup> See annex 2.

**WHA4.14 Adoption of Regulations for Expert Advisory Panels and Committees**

The Fourth World Health Assembly,

Having considered the Regulations for Expert Advisory Panels and Committees approved by the Executive Board at its sixth session (in resolution EB6.R25) and amended by the Executive Board at its seventh session (in resolution EB7.R82),

ADOPTS these regulations <sup>11</sup> with an additional amendment to Regulation 15 (Entry-into-Force), the said regulation to read as follows :

These regulations shall apply as from the date of their approval by the World Health Assembly and replace the former regulations and provisional appointment regulations for expert committees and their sub-committees.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/41]

**WHA4.15 Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East**

Whereas on 29 September 1950 an agreement was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East on the basis of principles established by the Third World Health Assembly ;<sup>12</sup>

Whereas the Executive Board at its seventh session approved (resolution EB7.R42) the extension of the duration of this agreement until 31 December 1951, or until the dissolution of the Agency if this should take place before that date ;

Considering that the World Health Organization should continue the technical direction of the health programme administered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East,

The Fourth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1952, or until the dissolution of the Agency if this should take place before that date.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/42]

**WHA4.16 Long-Range Activities for Children and Relations with UNICEF**

The Fourth World Health Assembly,

Considering that the relevant programmes of the United Nations, including those of the Department of Social Affairs and UNICEF, and of ILO, FAO, UNESCO and WHO would, when fully co-ordinated, constitute a reasonably comprehensive and coherent plan for international assistance to national programmes for the benefit of children,

1. APPROVES resolution EB7.R60 on continuing needs of children and relations with UNICEF, adopted by the Executive Board at its seventh session ;
2. APPROVES the report on long-range activities for children and relations with UNICEF, submitted to the Executive Board at its seventh session by the Director-General ;<sup>13</sup>

<sup>11</sup> The regulations as adopted are reproduced in the fourth edition of the *Handbook of Basic Documents* of the World Health Organization.

<sup>12</sup> Annex 3

<sup>13</sup> *Off. Rec. World Hlth Org.* 32, annex 11

3. NOTES the decision of the Administrative Committee on Co-ordination<sup>14</sup> to establish a working group on long-range activities for children which will bring together the technical competence of the several agencies concerned in this field, and recalls in this connexion resolution 324 (XI) B of the Economic and Social Council concerning concentration of effort and resources ;<sup>15</sup>
4. REQUESTS the Executive Board to appoint the WHO members of the Joint Committee on Health Policy, UNICEF/WHO ; and
5. REQUESTS the Director-General to strengthen and further develop activities of the Organization for assistance to national programmes for the benefit of children and, to that end, to continue co-operation with the United Nations, including UNICEF, and the other responsible specialized agencies, both directly and through the mechanism established by the Economic and Social Council for that purpose.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/43]

#### **WHA4.17      Development of Arid Land, and International Co-operation on Water Control and Utilization**

The Fourth World Health Assembly,

Noting resolution 402 (V) on the development of arid land, adopted by the General Assembly of the United Nations on 20 November 1950, and resolution 346 (XII) on international co-operation on water control and utilization, adopted by the Economic and Social Council on 9 March 1951,<sup>16</sup>

1. RECOMMENDS to Member governments that plans for the control or utilization of water and the development of arid land should be so framed as to include measures to prevent the introduction or aggravation of disease ;
2. REQUESTS the Director-General :
  - (1) to provide technical assistance to governments, on request, in planning projects relating to the control or utilization of water and the development of arid land ;
  - (2) to co-operate with the United Nations and other specialized agencies concerned with such projects.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/44]

#### **WHA4.18      Rehabilitation of the Physically Handicapped**

The Fourth World Health Assembly,

Having in mind resolution WHA3.34 of the Third World Health Assembly concerning rehabilitation of the disabled, including the blind ;

Noting the information presented by the Director-General on participation by the World Health Organization in the working group of the Administrative Committee on Co-ordination on rehabilitation of the physically handicapped,<sup>17</sup>

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<sup>14</sup> At its eleventh session ; see UN document E/1991, paragraph 41.

<sup>15</sup> See *Off. Rec. World Hlth Org.* 32, annex 6.

<sup>16</sup> See annex 4.

<sup>17</sup> See minutes of the eighth meeting of the Committee on Programme, section 9.

1. APPROVES the part played by the World Health Organization in the co-ordinated programme for the rehabilitation of the physically handicapped, in conformity with the Organization's general programme of work for a specific period and with the priorities recommended by the Economic and Social Council; and
2. REQUESTS the Director-General to continue to co-operate in the development and execution of this programme.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/45]

#### **WHA4.19 Improvement of Environmental Hygiene and Sanitation**

The Fourth World Health Assembly,

Recognizing the supreme importance of providing, as an essential part of the public-health programme, for the improvement of environmental hygiene and sanitation, including the development on sound lines of urban and rural planning and of housing schemes,

1. RECOMMENDS to all Member States that appropriate provision should be made to train, and to employ in their health administrations, adequate numbers of public-health engineers, town-planners, architects and other allied personnel ;
2. REQUESTS the Executive Board and the Director-General to give to Member States all possible help in creating the necessary training facilities.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/46]

#### **WHA4.20 Role of Hospitals in World Health**

The Fourth World Health Assembly,

Recognizing that, among the many services essential for the care of health, hospitals, through their facilities, trained personnel and organization, contribute effectively to world health,

1. NOTES that it is difficult as well as undesirable to draw a definite line of demarcation between curative and preventive medicine ; and
2. RECOMMENDS that, as soon as funds may become available for this purpose, the Director-General, in co-operation with appropriate non-governmental organizations, prepare a study on the work being done in Member countries to promote the health of their people through good hospitals and other facilities, including domiciliary services, for the care of the sick in order to further the objectives of the World Health Organization.

*(Second report of the Committee on Programme, adopted at the tenth plenary meeting, 24 May 1951)*  
[A4/R/47]

#### **WHA4.21 Resettlement of Refugee Physicians**

The Fourth World Health Assembly,

Having considered the problem of refugee physicians in the light of the world shortage of medical personnel, and resolution EB7.R22 of the Executive Board on this subject,

1. INVITES the attention of Member States to the anomalies that exist ;

2. POINTS OUT that a medical register has been prepared by the International Refugee Organization which gives personal details and qualifications of each refugee screened as medically qualified by IRO ;
3. REQUESTS the World Medical Association to consider measures to facilitate the resettlement of refugee physicians and the problems arising from the lack of reciprocity in medical licensure for these physicians, and to submit its suggestions to the Executive Board of the World Health Organization ; and
4. RECOMMENDS to Member States and their medical associations the adoption of such measures as would enable the services of duly qualified medical personnel acceptable to them to be satisfactorily utilized.

*(Third report of the Committee on Programme,  
adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/77]

#### **WHA4.22     Technical Assistance Programme**

The Fourth World Health Assembly,

Having considered the programme proposed by the Director-General for participation by the World Health Organization in the second period of the United Nations expanded programme of technical assistance for economic development of under-developed countries as forwarded by the Executive Board,<sup>18</sup> and the Board's recommendations thereon ;<sup>19</sup>

Having examined the reports of the Executive Board and the Director-General<sup>20</sup> in connexion with the implementation of the expanded programme of technical assistance for economic development of under-developed countries as set up by ECOSOC resolution 222 (IX) ;<sup>21</sup>

Having taken note of the recommendations and lines of policy laid down by the Economic and Social Council and its Technical Assistance Committee,

1. REAFFIRMS the principles adopted by the Third World Health Assembly regarding the programme of technical assistance for economic development of under-developed regions (resolution WHA3.116) ;
2. APPROVES the co-ordinated programme proposed in *Official Records* No. 31, to be carried out under the expanded programme of technical assistance for economic development in 1952, as technically sound and of value in the economic development of the under-developed countries ;
3. CONSIDERS that it conforms to the principles established by the Economic and Social Council at its various sessions (ninth, tenth, eleventh and twelfth) ;
4. CONFIRMS and EXTENDS for the ensuing year the authority granted to the Executive Board and the Director-General in resolution WHA3.116 of the Third World Health Assembly.

*(Third report of the Committee on Programme,  
adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/78]

#### **WHA4.23     Co-ordination of Technical Assistance Programmes**

The Fourth World Health Assembly,

Noting that assistance in the field of health is furnished in many countries by more than one agency and in some cases by several agencies ;

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<sup>18</sup> See *Off. Rec. World Hlth Org.* 31.

<sup>19</sup> *Off. Rec. World Hlth Org.* 33, 16

<sup>20</sup> *Off. Rec. World Hlth Org.* 29, 32, 33, 30

<sup>21</sup> *Off. Rec. World Hlth Org.* 23, 26

Recognizing that the highest degree of co-ordination of the various assistance programmes is desirable ;

Recognizing that such co-ordination must be achieved both by consultation between the different agencies at the planning stage and particularly by co-ordination of both plans and operations in the host countries ;

Recognizing that a major function of the World Health Organization is to act as co-ordinating authority on international health work ;

Recognizing that in some host countries a high degree of co-ordination in the field of international health programmes has been achieved through the setting-up of national co-ordinating committees under the minister or director-general of health,

1. URGES upon Members the desirability of promoting such co-ordination :
  - (1) by encouraging agencies furnishing technical assistance to co-operate with the World Health Organization when planning their activities,
  - (2) by establishing within their own governments single points of contact for outside agencies furnishing assistance in health matters,
  - (3) by establishing appropriate arrangements for consultation between their own governments and such outside agencies with respect to such assistance ;
2. EMPHASIZES
  - (1) that, if no overall co-ordinating arrangements already exist, a national co-ordinating committee in the field of health may be desirable and this or some similar arrangement should be actively considered and promoted, and
  - (2) that, if overall co-ordinating arrangements do exist, any special arrangements in the field of health should be brought within the framework of such overall arrangements ;
3. REQUESTS the Director-General to use appropriate means and occasions to bring to the attention of Members these and other suitable methods of co-ordinating technical assistance programmes.

*(Third report of the Committee on Programme,  
adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/79]

#### **WHA4.24 Projects for Technical Assistance**

The Fourth World Health Assembly,

Having in mind the considerations of the Executive Board at its seventh session on the proposed technical assistance programme,<sup>22</sup>

REQUESTS the Director-General to consider submitting to the Technical Assistance Board for its consideration certain project proposals which would include complete plans for the technical services, supplies, equipment, etc., required, the requirements for the project, in so far as possible, to be met within the country, and only the equipment and supplies not available in or obtainable by the country, and which are an integral part of technical assistance, to be provided from technical assistance funds.

*(Third report of the Committee on Programme,  
adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/80]

#### **WHA4.25 Medical Supplies for Member Governments**

The Fourth World Health Assembly,

Having considered the recommendations of the Director-General on the programme and budget for 1952,<sup>23</sup>

<sup>22</sup> *Off. Rec. World Hlth Org.* 33, 16

<sup>23</sup> *Off. Rec. World Hlth Org.* 31, 41 ; 33, annex 9

REQUESTS the Executive Board to re-examine the feasibility of providing further services in connexion with medical supplies to governments on request.

*(Third report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/81]

#### **WHA4.26 Scientific Research in the Field of Health**

The Fourth World Health Assembly

REQUESTS the Executive Board and the Director-General to review the policy of the Organization in respect of the co-ordination and promotion of scientific research in the field of health in the light of the discussions of the Committee on Programme.<sup>24</sup>

*(Third report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/82]

#### **WHA4.27 Development of National Health Programmes**

The Fourth World Health Assembly

REQUESTS that in the future special attention should be given by the Executive Board and the Director-General to the importance of assisting Member States, particularly under-developed States, to draw up short- and long-term health programmes for their respective territories, in order to promote the orderly development of public-health measures and to utilize to the best advantage, along with the national resources, the help that may become available from time to time from WHO and other sources.

*(Third report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/83]

#### **WHA4.28 Utilization of Short-Term Consultants**

The Fourth World Health Assembly

REQUESTS the Executive Board and the Director-General to study the practicability of reducing the size of the permanent Secretariat in favour of short-term consultants whenever technical considerations dictate such a change and financial savings or more effective services may be secured thereby.

*(Third report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/84]

#### **WHA4.29 Trachoma**

The Fourth World Health Assembly

1. NOTES that arrangements have been made to hold a meeting of the Expert Committee on Trachoma in 1951 ;
2. RECOGNIZES that in a great number of countries trachoma and other related ophthalmias constitute an urgent health problem ;

<sup>24</sup> See minutes of the tenth meeting of the Committee on Programme, section 4.

3. INVITES the Director-General, when considering the programme and budget for 1953, to bear in mind the recommendations of the Expert Committee on Trachoma so as to ensure that full consideration be given to effective preventive measures against these diseases on an international plane.

*(Fourth report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/72]

#### **WHA4.30 Supply of Insecticides**

The Fourth World Health Assembly,

Considering the present critical situation of the world supply of chlorine-based insecticides employed in public health ;

Having taken note that the use of insecticides in public-health programmes is already providing effective protection against insect-borne diseases to very large populations and, as regards malaria, is safeguarding the wellbeing of at least some seventy million persons ;

Taking into account the stimulation of demand for these types of insecticides which will result from the demonstrations in this field of health work which are being made possible through the United Nations programme of technical assistance for economic development ;

Being aware that the effectiveness of this weapon in the struggle to improve world health requires its continued and sustained application,

1. DIRECTS the attention of all governments to the grave repercussions on world health of any interruption in activity resulting from a diminution in the quantities of insecticides available for health programmes ;
2. ENDORSES the action taken by the Director-General to present to governments of producing countries the requirements in insecticides for world health purposes and to request the assistance of these governments in maintaining the necessary volume of export shipments to meet those requirements ;
3. CALLS ON all users of insecticides to exercise the utmost economy consistent with technical efficiency ;
4. URGES governments of countries where the means of production exist, to take vigorous action :
  - (1) to make available to the producers of chlorine-based insecticides in their territories, raw materials and other services to an extent sufficient to enable existing production capacity to be fully employed ;
  - (2) to make arrangements with producers for the granting of priority to requests for such insecticides for health purposes in other countries immediately after their own most pressing needs have been satisfied ;
  - (3) to facilitate in every way the export of these insecticides for health programmes ;
5. REQUESTS that, in view of the gravity of the problem and its far-reaching repercussions, the United Nations, through its economic commissions, should arrange for the establishment of a working party or parties (or such other means as the United Nations may decide upon) representing governments concerned both with the production and the import of chlorine-based insecticides, which working parties would, in consultation with the United Nations specialized agencies and other inter-governmental organizations concerned, investigate this international problem and make recommendations to governments and inter-governmental bodies concerned as to the methods which might be applied in order to alleviate the present situation and to ensure that the best possible use is made of existing availabilities of these precious and scarce commodities ;

6. INSTRUCTS the Director-General to continue his present efforts to bring about an increase in the world availability of insecticides for public-health purposes and to co-operate with all other inter-governmental agencies concerned with the problem.

*(Fourth report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/73]

#### **WHA4.31 Toxic Hazards of Certain Insecticides and Similar Products**

The Fourth World Health Assembly,

Considering that among the preparations used in agriculture and in the medical field as insecticides, parasiticides and molluscicides, or for similar purposes, there are some which are highly toxic for human beings and animals ;

Considering further that this fact may involve, in the case of certain products, a danger for workers exposed to them ;

Recognizing that adequate preventive measures and early treatment seem to allow the safe use of these preparations ;

Recognizing that regulations on the use of these preparations are extremely different in many countries and are more or less missing in others,

REQUESTS the Executive Board and the Director-General, in co-operation with ILO and FAO, to collect information on the extent of the problem and the measures to be taken to promote safe use of the preparations mentioned.

*(Fourth report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/74]

#### **WHA4.32 Control of Venereal Disease among the Rhine Boatmen**

The Fourth World Health Assembly,

Considering that the programme proposed for 1952 contains provision for the constitution of an International Anti-Venereal-Disease Commission of the Rhine for the organization of the control of venereal diseases among boatmen and members of their families on the Rhine ;<sup>25</sup>

Considering that the World Health Organization should be kept continually informed with regard to the venereal-disease morbidity among such boatmen and the port cities in which infections have been contracted,

REQUESTS the Director-General to ask the commission to include in its annual report to the Executive Board the number of new cases reported of venereal disease among the boatmen, the members of their families and crews, classified according to the port in which the infection was contracted.

*(Fourth report of the Committee on Programme, adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/75]

#### **WHA4.33 Regular Programme for 1952**

The Fourth World Health Assembly,

Having examined the Director-General's proposals for the regular programme of the World Health Organization for 1952 as presented in *Official Records* No. 31,

<sup>25</sup> *Off. Rec. World Hlth Org.* 31, 387 ; 32, 7, resolution EB7.R24

1. CONSIDERS this programme to be technically sound, and in harmony with the priorities set up by the Economic and Social Council <sup>26</sup> and the general programme of work for the specific period 1952 to 1955 inclusive ; <sup>27</sup>
2. INSTRUCTS the Director-General to implement the regular programme for 1952 as modified at the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, taking into account the comments of the joint meeting and those of the Committee on Programme.

*(Fourth report of the Committee on Programme,  
adopted at the eleventh plenary meeting, 25 May 1951)*  
[A4/R/76]

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<sup>26</sup> See *Off. Rec. World Hlth Org.* 32, 49.

<sup>27</sup> *Off. Rec. World Hlth Org.* 32, annex 10

**RESOLUTIONS ADOPTED ON THE REPORTS OF THE COMMITTEE ON ADMINISTRATION,  
FINANCE AND LEGAL MATTERS**

**WHA4.34 Financial Report and Accounts of the World Health Organization for 1950 and the Report of the External Auditor**

The Fourth World Health Assembly,

Having examined the annual financial statement and the report of the External Auditor on the audit of the accounts of the World Health Organization for the financial period 1 January to 31 December 1950, as contained in *Official Records* No. 34 ;

Having considered the report of the ad hoc committee of the Executive Board,<sup>28</sup>

ACCEPTS the report of the External Auditor.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/4]*

**WHA4.35 Arrears of Contributions**

The Fourth World Health Assembly,

Having considered a report on the arrears of contributions in respect of the 1948, 1949 and 1950 assessments,<sup>29</sup>

1. NOTES with satisfaction that certain Members have recently liquidated their arrears in respect to those years ;
2. DRAWS to the attention of Members the fact that :
  - (1) default or delay in payment of contributions may result in a severe drain on the Working Capital Fund and place undue liability on other Member States ;
  - (2) WHO programmes can be carried out only to the extent that funds are available and that failure of Members to pay their assessed contributions may result in the abandonment or curtailment of certain programmes ;
  - (3) the financial difficulties which beset some Members are appreciated but that the work of the World Health Organization is of worldwide importance and can continue and progress only through the constant support of Members ;
3. REQUESTS all Members :
  - (1) to pay their outstanding contributions in full ;
  - (2) to provide in their national budgets for regular payment of annual contributions to the World Health Organization ;
  - (3) to pay such contributions as early as possible after they are due ;
4. REQUESTS the Executive Board to furnish a complete report to the Fifth World Health Assembly on any Members whose assessments to the 1948, 1949 and 1950 budgets have not been paid at the time of the convening of the Health Assembly, together with recommendations for any action that the Board may consider necessary and appropriate.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/5]*

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<sup>28</sup> Annex 5

<sup>29</sup> *Off. Rec. World Hlth Org.* 33, annex 1

**WHA4.36 Working Capital Fund**

The Fourth World Health Assembly

NOTES the status of the Working Capital Fund and the advances made from that fund as set out in the financial report for the year 1 January to 31 December 1950 <sup>30</sup>

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/6]*

**WHA4.37 Supplemental Budget for 1951 : Obligations to the United Nations**

The Fourth World Health Assembly,

Having considered the report of the Executive Board on the supplemental budget estimates for 1951 to cover the expenses of WHO for relief to the civilian population in Korea ; <sup>31</sup>

Having considered ways and means in which this supplemental budget can best be financed ;

Recalling that Korea is one of the countries which was eligible to receive aid from UNRRA ;

Noting that the Executive Board at its seventh session authorized the Director-General to withdraw the unused balances of allotments to inactive Members of the Organization and to place the entire amount in the Suspense Account established by the Third World Health Assembly in resolution WHA3.105, II, paragraph 4,

1. APPROVES the supplemental budget for 1951 by increasing Appropriation Section 5 of Part II of the Appropriation Resolution for the financial year 1951 (WHA3.109) in an amount not to exceed \$245,344 ;
2. DECIDES that the funds in the Assembly Suspense Account shall be used, inter alia, for financing the supplemental budget ;
3. AUTHORIZES the Director-General to transfer an amount not to exceed \$245,344 from the Assembly Suspense Account as an addition to the other income available for the financing of the Appropriation Resolution for the financial year 1951 as amended above.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/7]*

**WHA4.38 Supplemental Budget for 1951 : Assistance to Refugees in Turkey**

The Fourth World Health Assembly,

Noting the action taken by the Executive Board at its seventh session with reference to assistance to refugees in Turkey (resolution EB7.R52) ;

Noting that the Board authorized the withdrawal of a sum not to exceed \$55,000 from the Working Capital Fund for this purpose ;

Noting that the Minister of Health of Turkey announced at the second plenary meeting of the Fourth World Health Assembly that the Turkish Government was voluntarily renouncing \$35,000 of the \$55,000 allocated ; <sup>32</sup>

Considering that there is sufficient cash in the Assembly Suspense Account to replace the revised amount of \$20,000 which was withdrawn from the Working Capital Fund,

<sup>30</sup> *Off. Rec. World Hlth Org.* 34, 29

<sup>31</sup> *Off. Rec. World Hlth Org.* 33, 18

<sup>32</sup> See verbatim record of that meeting.

1. APPROVES the increased expenditure in 1951 for this purpose by increasing Appropriation Section 5, of Part II of the Appropriation Resolution for the financial year 1951 (WHA3.109) in the amount of \$20,000 ; and
2. AUTHORIZES the Director-General to replace this amount in the Working Capital Fund by a transfer from the cash balance of the Assembly Suspense Account.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/8]*

#### WHA4.39 Scale of Assessments : Israel, Korea and Viet Nam

The Fourth World Health Assembly,

Noting the information contained in resolution EB7.R40 of the Executive Board at its seventh session,

RESOLVES

- (1) that the definite assessment of Israel for the years 1949, 1950 and 1951 shall be 14 units, and
- (2) that, subject to review in respect of future years, the scale of assessments for Korea and Viet Nam for 1952 shall be as follows :

Korea . . . . .	5 units
Viet Nam . . . . .	25 units

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/9]*

#### WHA4.40 Measures for improving the Financial Position of the World Health Organization

The Fourth World Health Assembly,

Having considered a report made by the Executive Board at its seventh session on the financial position of the Organization,<sup>33</sup>

1. RESOLVES, notwithstanding the decision of the First World Health Assembly concerning the Working Capital Fund, to transfer the 1948 budgetary surplus from the Working Capital Fund to the Suspense Account established by the Third World Health Assembly ;
2. REQUESTS the Director-General :
  - (1) to meet from the Assembly Suspense Account the cash deficits for the years 1948 and 1949 resulting from the non-payment of contributions by certain Members, and
  - (2) to effect an appropriate charge against the Assembly Suspense Account ; it being nevertheless understood that this action will in no way relieve the Member States concerned of their obligations to the Organization in respect to their contributions ;
3. RESOLVES
  - (1) to revoke the decision of the Third World Health Assembly with respect to the establishment of a building fund by cancelling paragraphs 5, 6, 7 and 8 of resolution WHA3.105 ;
  - (2) to authorize, by using \$233,645 from the Assembly Suspense Account, the establishment of a building fund, which shall remain available until the completion of the building operation and liquidation of all obligations, notwithstanding the provisions of the Financial Regulations, and
  - (3) to authorize, upon the completion and liquidation of the outstanding obligations, the return of any remaining balances to the Assembly Suspense Account ;

<sup>33</sup> *Off. Rec. World Hlth Org.* 33, 5 and annex 2

4. RESOLVES to suspend the application of Financial Regulations 4.3 and 5.2 (d) for 1952 and future years until the financial position of the Organization is such that these surpluses can be used in accordance with the Regulations ;
5. REQUESTS the Director-General to place these surpluses in the suspense account established by the Third World Health Assembly, to be known as the Assembly Suspense Account ;
6. DECIDES that the status of the Assembly Suspense Account should be reviewed by each Health Assembly; and further
7. DECIDES that, notwithstanding the decision of the Third World Health Assembly on the amount of the Working Capital Fund, the Working Capital Fund is hereby established at \$3,193,955.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/10]*

#### **WHA4.41 Additional Funds for the Budget of the World Health Organization**

The Fourth World Health Assembly,

Considering that an increase in available funds for the budget of the World Health Organization is highly desirable in order to carry out the programme which will progressively devolve upon the Organization ;

Acknowledging that the setting-up of a World Health Defence Fund cannot be envisaged in the present international financial situation,

REQUESTS the Director-General

- (1) to study the possibilities of obtaining additional funds for the budget of the World Health Organization proportionate to the essential requirements of its programme and, in particular, to explore the possibility of arranging an agreement with Member States, or with some of them, for the imposition of a tax on certain products, and
- (2) to report on this subject to a later session of the Executive Board.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/11]*

#### **WHA4.42 Admission to Membership of the World Health Organization : Japan**

The Fourth World Health Assembly

ADMITS Japan as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/12]*

#### **WHA4.43 Admission to Membership of the World Health Organization : Federal Republic of Germany**

The Fourth World Health Assembly

ADMITS the Federal Republic of Germany as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/13]*

**WHA4.44 Admission to Membership of the World Health Organization : Spain**

The Fourth World Health Assembly

ADMITS Spain as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/14]*

**WHA4.45 Action taken by Poland with respect to Membership of the World Health Organization**

The Fourth World Health Assembly,

Having noted with regret a communication from the Minister of Poland at Berne, notifying the Director-General that the Republic of Poland withdraws from the World Health Organization,<sup>34</sup>

RESOLVES that while the World Health Organization will always welcome the resumption by that Member of full co-operation in the work of the Organization, it is not considered that any further action at this stage is desirable.

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/15]*

**WHA4.46 Amendments to the Rules of Procedure of the World Health Assembly**

The Fourth World Health Assembly

ADOPTS the amendments and additions to the Rules of Procedure of the World Health Assembly as proposed by the Executive Board at its sixth session and set forth in annex 12 to *Official Records* No. 29, with the following additional amendments : <sup>35</sup>

- (1) *Rule 14*: insert " attendance by " after the words " be open to " in the second line [*amendment to the English text only*]
  - (2) *Rule 87*: delete ;
  - (3) *Rule 87bis*: in the third line substitute " two consecutive sessions " for " three consecutive sessions " ; in the sixth line delete the words " for exceptional reasons " ;
  - (4) *Rule 25bis*:
  - (5) *Rule A*:
  - (6) *Rule 51*:
- } [*amendment to the French text only*]

*(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 16 May 1951) [A4/R/16]*

<sup>34</sup> Annex 6

<sup>35</sup> The rules mentioned in this resolution are cited by the provisional numbers under which they appeared in *Official Records* No. 29, annex 12. In the Rules of Procedure as thus amended (see *Handbook of Basic Documents*, fourth edition) they become, respectively, Rule 14, 89, 26, 37 and 53.

**WHA4.47 Scale of Assessments**

The Fourth World Health Assembly

1. RESOLVES that the scale of assessments established for 1950, and as adjusted for 1951,<sup>36</sup> shall be applied to the assessments for 1952, including the inactive Members ;<sup>37</sup>
2. DECIDES that :
  - (1) for 1952 the contribution of the United States of America shall be fixed at 33<sup>1</sup>/<sub>3</sub>% of the total gross assessment budget ;
  - (2) the per capita contribution of any Member State shall not exceed the per capita contribution of the Member making the highest contribution ;
  - (3) the assessment of Austria shall be reduced from 22 to 17 units for 1952 and future years, subject to review at the end of the occupation period of that country ;
3. RESOLVES that the following additions be made to the scale of assessments :
 

Spain . . . . .	132 units
Federal Republic of Germany. . . . .	387 units ;
4. RESOLVES that :
  - (1) the assessment of Japan shall be fixed at 170 units for 1951 ;
  - (2) the assessment of Japan shall be fixed at 192 units for 1952, provided that, if a peace treaty is negotiated with Japan prior to 1 January 1952, the assessment for 1952 shall be 214 units ;
  - (3) the assessment of Japan shall be fixed at 214 units for the purpose of computing the amount of the advance to be made by Japan to the Working Capital Fund ;
  - (4) the assessment of Japan for 1953 and future years shall be examined by the Executive Board and considered at the Fifth World Health Assembly, taking into account the status of the peace treaty with that country.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/25]*

**WHA4.48 WHO Seals**

The Fourth World Health Assembly,

Noting the report of the Executive Board on the question of the issue of special World Health stamps labels and flags,<sup>38</sup>

1. ENDORSES the suggestions made by the Board to Member Governments ;
2. DESIRES to supplement the action taken by the Board ;
3. RESOLVES that
  - (1) special WHO seals shall be created for use on a worldwide basis ;
  - (2) the seals shall be supplied by the Organization and placed at the disposal of those Member Governments which are prepared to put them on sale to the general public on a purely voluntary basis ;
  - (3) each government shall be left to fix the price at which it will sell the seals to the public ;
  - (4) the proceeds of the sales shall be divided between the World Health Organization and the government concerned, the Organization receiving 25% and the government retaining 75% to be used for

<sup>36</sup> Resolutions WHA3.91 and WHA2.68

<sup>37</sup> These Members are : Albania, Bulgaria, Byelorussian SSR, China, Czechoslovakia, Hungary, Poland, Roumania, Ukrainian SSR, USSR.

<sup>38</sup> *Off. Rec. World Hlth Org.* 33, 26

health programmes in its country for purposes in conformity with the principles set forth in the Constitution of the World Health Organization ;

(5) to finance the issue of the seals, there shall be set up a special revolving fund to be called the " Special Fund for World Health Seals " ;

(6) to start this fund, there shall be transferred to it \$5,000 from the Assembly Suspense Account and subsequently paid into it 25% of the proceeds of the sales by Member governments ; and

(7) the Director-General shall submit every year to the Health Assembly a report on the operation of the fund, the Assembly then deciding what part of the fund, if any, shall be used to supplement the regular budget of the Organization ;

4. REQUESTS the Director-General to implement the above decisions.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/26]*

**WHA4.49 Co-ordination of Administrative and Financial Questions in the United Nations and Specialized Agencies**

The Fourth World Health Assembly

NOTES the resolutions taken by the Executive Board with a view to ensuring co-ordination with the United Nations and specialized agencies on administrative and financial questions (resolutions EB7.R25, EB7.R31, EB7.R36, and EB7.R38).

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/27]*

**WHA4.50 Adoption of the Financial Regulations of the World Health Organization**

The Fourth World Health Assembly,

Considering it desirable to adopt financial regulations which are as uniform as possible with those of the United Nations and the specialized agencies, with only such alterations as are required to meet the constitutional provisions and organizational structure of the World Health Organization,

DECIDES to adopt the proposed Financial Regulations<sup>39</sup> as the Financial Regulations of the World Health Organization.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/28]*

**WHA4.51 Adoption of the Staff Regulations of the World Health Organization**

The Fourth World Health Assembly,

Reiterating the desirability of arriving at uniform staff regulations for the United Nations, the World Health Organization and other specialized agencies ;

<sup>39</sup> *Off. Rec. World Hlth Org.* 33, annex 6

Noting that staff regulations, as developed by the Administrative Committee on Co-ordination, with such modifications as are necessary to meet the special requirements of the World Health Organization, have been recommended by the Executive Board,

1. DECIDES to adopt as the Staff Regulations of the World Health Organization the regulations as presented in the report of the Executive Board on its seventh session,<sup>40</sup> with the following amendments :

3.1 The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.

3.3 The basic salary rates shall be adjusted at duty stations away from headquarters by the application of salary differentials which take into account relative cost of living to the staff members concerned, standards of living and related factors.

2. DECIDES, further, that, pending completion of negotiations for the use of the United Nations Administrative Tribunal, the World Health Organization shall continue to utilize the services of the Administrative Tribunal of the International Labour Office ;

3. REQUESTS that, in accordance with Article XV, paragraph 3(c), of the Agreement between the United Nations and the World Health Organization, the Director-General be represented at meetings of the United Nations Advisory Committee on Administrative and Budgetary Questions when it studies the proposed United Nations staff regulations, in order to participate in the discussions and present the views of the Organization.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/29]*

#### **WHA4.52 Amendments to the Staff Rules : General**

The Fourth World Health Assembly

NOTES the changes in the Staff Rules made by the Director-General and confirmed by the Executive Board at its sixth and seventh sessions.<sup>41</sup>

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/24]*

#### **WHA4.53 Staff Rules : Salary Differential**

The Fourth World Health Assembly,

Having considered the problem of the minus 5% salary differential which is applied by the United Nations to the salaries of staff stationed in Geneva ;

Cognizant of the desirability of uniformity in the application of the salary plan adopted by the United Nations and the World Health Organization,

1. RECOMMENDS to the General Assembly of the United Nations that the following principles be followed in the application of any scheme of salary differentials :

(1) the basic salary rates may be adjusted at duty stations by the application of salary differentials which are based upon the relative cost of living to the staff members concerned, standards of living and related factors ;

<sup>40</sup> *Off. Rec. World Hlth Org.* 33, 122

<sup>41</sup> *Off. Rec. World Hlth Org.* 29, 12 and annex 10 ; 33, 35 and annex 18

- (2) the basic components of comparable cost-of-living indices should be established by independent experts jointly appointed by the United Nations and the specialized agencies concerned ;
- (3) no differential, either plus or minus, should be established or adjusted for variations in the cost of living of less than 10%, as recommended by the Committee of Experts on Salary, Allowance and Leave Systems ;

2. REAFFIRMS that, at such time as the results of scientific cost-of-living surveys are known, the Director-General and the Executive Board shall take such action as is necessary to apply any cost-of-living differential which results therefrom.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/30]*

#### **WHA4.54 Appointment of External Auditor for the Financial Years 1952 to 1954**

The Fourth World Health Assembly

RESOLVES that Mr. Uno Brunskog be appointed External Auditor of the accounts of the World Health Organization for the three financial years 1952 to 1954 inclusive, to make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that should the necessity arise, Mr. Brunskog may designate a representative to act in his absence.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/31]*

#### **WHA4.55 Organizational Structure and Administrative Efficiency of the World Health Organization**

The Fourth World Health Assembly,

Having considered the report of the Executive Board on the organizational structure and administrative efficiency of the Secretariat,<sup>42</sup>

1. APPROVES the work which the Executive Board has done during 1951 ;
2. REQUESTS the Executive Board to continue its studies on the organizational structure and administrative efficiency of the World Health Organization, including the level of staffing, and to give particular attention to the subjects of :
  - (a) biennial assemblies, and
  - (b) publications ; and, further,
3. REQUESTS that in pursuance of the resolution on the subject of biennial assemblies adopted by the Third World Health Assembly (resolution WHA3.96) the Director-General should give special attention to the study of this matter and should report to the Executive Board at its ninth session so that this report may be transmitted to the Fifth World Health Assembly, together with such comments and recommendations as the Board may wish to submit.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/32]*

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<sup>42</sup> *Off. Rec. World Hlth Org.* 33, 27

**WHA4.56 Form of Presentation of the Programme and Budget Estimates**

The Fourth World Health Assembly,

Recalling the instructions of the Third World Health Assembly to the Executive Board and the Director-General concerning the form of presentation of the Director-General's programme and budget estimates ;<sup>43</sup>

Having noted the action taken by the Executive Board on this matter, and

Having noted resolution 411 (V) of the General Assembly of the United Nations which requests specialized agencies, inter alia, to provide in their regular budget documents information concerning the estimates for expenditure of technical assistance funds, as well as other extra-budgetary funds,

1. COMMENDS the Director-General for having carried out the instructions of the Third World Health Assembly so effectively ;
2. CONSIDERS the form of presentation of the *Proposed Programme and Budget Estimates for 1952* as contained in *Official Records* No. 31 an adequate basis for the discussion of the Director-General's annual programme and budget estimates by the Health Assembly ;
3. REQUESTS the Director-General to continue this form of presentation of his annual programme and budget estimates ; and, further,
4. REQUESTS the Executive Board and the Director-General to study ways and means of providing the Health Assembly with additional information which should enable it to exercise to the fullest extent possible its functions under the Constitution to act as the directing and co-ordinating authority on international health work.

*(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/33]*

**WHA4.57 Use of Spanish at WHO Meetings**

The Fourth World Health Assembly,

Having examined the proposals made by the Executive Board on the amendment of Rules 66 and 67 of the Rules of Procedure of the World Health Assembly ;<sup>44</sup>

Having noted the high proportion of Members whose national language is Spanish ;

Recognizing the desirability of having interpretation of speeches in French and English from and into Spanish at sessions of the World Health Assembly, the Executive Board, expert committees and other advisory bodies,

1. RESOLVES that Rules 66 and 67 of the Rules of Procedure of the World Health Assembly be amended to read as follows :

*Rule 66*

Speeches made in either of the working languages shall be interpreted into the other working language and Spanish. Speeches made in Spanish shall be interpreted into both working languages.

*Rule 67*

Speeches made in the official languages other than English, French and Spanish shall be interpreted into both working languages and into Spanish.

<sup>43</sup> *Off. Rec. World Hlth Org.* 28, 63, resolution WHA3.107

<sup>44</sup> *Off. Rec. World Hlth Org.* 33, 25

2. RESOLVES, further, that Rule 13 of the Rules of Procedure for Expert Committees be amended to read as follows :

*Rule 13*

The working languages of the committee shall be English and French. Speeches made in Spanish shall be interpreted into both working languages ; speeches made in either of the working languages shall be interpreted into the other working language and into Spanish. If requested, arrangements shall be made, if possible, for the interpretation of any other language used by any expert during the session.

*(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/48]*

**WHA4.58    Transfer of the Assets of the Office International d'Hygiène Publique**

The Fourth World Health Assembly

1. CONGRATULATES the Chairman of the Permanent Committee of the Office International d'Hygiène Publique, the Chairman of the Committee on Finance and Transfer of the said Office and the members of that committee, upon the efforts which they have made to bring about the liquidation of the assets and liabilities of that institution ;
2. TAKES NOTE of the transfer of the assets of the Office International d'Hygiène Publique to the World Health Organization ; and
3. REQUESTS the Director-General to investigate the position with regard to the denunciation of the Rome Agreement of 1907 by the Member Governments of the Office International d'Hygiène Publique which have not been able hitherto to denounce the Agreement, and to report thereon to the Executive Board.

*(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/49]*

**WHA4.59    Agreement with the Government of Egypt**

The Fourth World Health Assembly

1. TAKES COGNIZANCE of the declaration made by the Egyptian Delegation in the name of its Government <sup>45</sup> under the terms of which paragraph 5 of the notes to be exchanged neither extends nor restricts the scope of Section 31 of Article X of the Agreement or of any other provision thereof ; <sup>46</sup> and consequently, taking account of this declaration,
2. INVITES the Government of Egypt to be kind enough to reconsider point 5 in the text of the notes to be exchanged ;
3. APPROVES the Agreement, together with the notes to be exchanged ; and
4. AUTHORIZES the Director-General to undertake the necessary formalities and in particular the exchange of notes accompanied by a formal communication of this resolution.

*(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/50]*

**WHA4.60    Costs to be borne by Recipient Governments in connexion with Field Projects**

The Fourth World Health Assembly,

Having considered various problems which have arisen with regard to the requirement that governments should provide the funds to pay field-service allowances to staff engaged by the World Health Organization on field projects ;

<sup>45</sup> See minutes of the fourth meeting of the Legal Sub-Committee of the Committee on Administration, Finance and Legal Matters.

<sup>46</sup> Annex 7

Noting the resolution of the Technical Assistance Committee at its third session on these allowances and the decision of the Technical Assistance Board at its tenth meeting ;<sup>47</sup>

Desiring to provide uniformity in the costs required to be borne by recipient governments for projects financed under the Organization's regular budgets and those financed from the Special Account for the expanded programme of technical assistance for economic development,<sup>48</sup>

1. RESOLVES that requesting governments should normally be expected to agree to assume responsibility for a substantial part of the cost of services with which they are provided—at least that part which can be paid in their own currencies ;
2. RESOLVES that, in the light of the above-mentioned principle, agreements between the recipient government and the Organization should provide for the payment by the former in local currency or in kind of the following costs of each project, as appropriate in each case :
  - (1) local personnel services, technical and administrative, as well as labour ;
  - (2) office space and buildings ;
  - (3) supplies and materials obtainable within the country ;
  - (4) local transportation ;
  - (5) postal and telecommunications ;
  - (6) medical care ;
  - (7) provision of lodging for staff employed on projects in the recipient country, provided that in exceptional circumstances, and subject to the prior agreement of the Director-General of the Organization (or, in the case of projects financed from the Special Account for the expanded programme of technical assistance for economic development, the prior agreement of the Technical Assistance Board), provision of lodging may not be required of recipient governments ; and, further,
3. DECIDES that recipient governments should contribute such further costs or facilities, including all or part of subsistence allowances, as may be mutually agreed upon between the governments and WHO.

*(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/51]*

#### **WHA4.61 Admission of Non-Governmental Organizations to Relationship with the World Health Organization**

The Fourth World Health Assembly

1. NOTES the proposal of the delegation of Belgium dealing with the relationship with non-governmental organizations ;<sup>49</sup>
2. CONFIRMS the action taken by the Executive Board in this matter ;
3. RECOMMENDS that the Executive Board continue the study of pending applications, in agreement with the authorization given to it by the First and Third World Health Assemblies.<sup>50</sup>

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/59]*

<sup>47</sup> See annex 8.

<sup>48</sup> Attention is drawn to the fact that in the schedule of field-service allowances provisionally in use for projects financed from the Special Account for technical assistance, some of the rates appear to be too high ; and it is suggested that the Director-General of WHO make representations to the Technical Assistance Board that these rates should be constantly under review and maintained at what might be considered to provide a reasonable standard of living.

<sup>49</sup> Annex 9

<sup>50</sup> *Off. Rec. World Hlth Org.* 13, 326 ; 28, 67

**WHA4.62 Salary of the Director-General**

The Fourth World Health Assembly,

In order to conform more closely to the common pattern of salary, allowance and leave systems adopted by the United Nations in December 1950 ;<sup>51</sup>

Recognizing that the considerable development of the Organization which has taken place since its inception has substantially increased the responsibilities of the Director-General,

1. DECIDES that his salary shall be \$20,000 as from 1 January 1951, and
2. AUTHORIZES the President of the Fourth World Health Assembly to sign on behalf of the Organization a supplemental agreement modifying paragraph II (1) of the contract of the Director-General signed on 23 July 1948.<sup>52</sup>

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/58]*

**WHA4.63 Appointment of Representatives to the WHO Staff Pension Committee**

Whereas, in accordance with resolution WHA2.64 of the Second World Health Assembly, Sir Arcot Mudaliar and Dr. B. Kozusznik were appointed respectively member and alternate member of the WHO Staff Pension Committee for a period of two years ; and

Whereas the decision of the Second World Health Assembly as regards one- and two-year periods of membership applied only when the Staff Pension Committee was first constituted,

The Fourth World Health Assembly

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

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/60]*

**WHA4.64 Working Capital Fund for 1952**

The Fourth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership as at 1 May 1951 be maintained for 1952 in the amount of \$3,193,955 plus the assessments of Members joining after 1 May 1951 ;
2. AUTHORIZES the Director-General
  - (1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1952, pending receipt of contributions from Members ; sums so advanced shall be reimbursed to the Working Capital Fund as contributions are available ;
  - (2) to advance such sums in 1952 as may be necessary to meet unforeseen or extraordinary expenses, providing that not more than US \$250,000 may be used for such purposes, except that, with the prior concurrence of the Executive Board, a total of US \$500,000 may be used. The Director-General

<sup>51</sup> General Assembly resolution 470 (V)

<sup>52</sup> *Off. Rec. World Hlth Org.* 14, annex 3

shall report to the next convening Health Assembly all advances made under this clause and the circumstances relating thereto, and shall make provision in the estimates for reimbursements of the Working Capital Fund except when such advances are recoverable from some other source ;

3. AUTHORIZES the Executive Board to use, not to exceed, US \$300,000 of the Working Capital Fund as the special fund to be used at the discretion of the Board to meet emergencies and unforeseen contingencies, this authorization being made in order to comply with Article 58 of the Constitution. Any amounts used under this authorization are to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/57]*

#### **WHA4.65 Place of the Fifth World Health Assembly**

The Fourth World Health Assembly,

Having considered the provisions of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly shall be held,

DECIDES that the Fifth World Health Assembly shall be held in Switzerland.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/56]*

#### **WHA4.66 Place of the Sixth World Health Assembly and of Future Health Assemblies**

The Fourth World Health Assembly,

Taking note of a resolution proposed by the delegation of India on the place of the Sixth World Health Assembly and of future Health Assemblies,<sup>58</sup>

REQUESTS the Executive Board to examine this important question and to report to the Fifth World Health Assembly.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/55]*

#### **WHA4.67 Assignment to Regions : Morocco, Tunisia and Algeria**

The Fourth World Health Assembly

1. TAKES COGNIZANCE of the desire of the French Government that Morocco, Tunisia and the French departments of Algeria be included within the European Region ;
2. REQUESTS the Executive Board to study the proposal of the Government of France and to report thereon to the Fifth World Health Assembly.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/54]*

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<sup>58</sup> Annex 10

**WHA4.68 Appropriation Resolution for the Financial Year 1950 : Amendment**

The Fourth World Health Assembly

RESOLVES to amend the Appropriation Resolution for 1950 (WHA2.71) by adding the following provision after the second sentence in paragraph V :

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts had been entered into prior to 31 December 1950.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/53]*

**WHA4.69 Appropriation Resolution for the Financial Year 1951 : Amendment**

The Fourth World Health Assembly

RESOLVES to amend the Appropriation Resolution for 1951 (WHA3.109) by adding the following provision to the end of paragraph VI :

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1951.

*(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/52]*

**WHA4.70 Emergency Action to assist in the Maintenance of International Peace and Security**

The Fourth World Health Assembly,

Noting resolution 377 (V) of the United Nations General Assembly, "Uniting for Peace", which provides that the General Assembly may make recommendations to Members for collective measures for the maintenance of international peace and security if the Security Council fails to act ;

Considering resolution 363 (XII) of the Economic and Social Council of the United Nations,<sup>54</sup> adopted at its twelfth session on 14 March 1951, concerning emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security ;

Noting that by paragraph 1 of the said resolution the Economic and Social Council has requested the Secretary-General, "in the light of the discussion on this subject in the Council, to consult with the specialized agencies as to the specific arrangements they might most appropriately make in order to provide for the furnishing by them of such information and for the rendering of such assistance in the maintenance or restoration of international peace and security as may be requested by the Security Council or the General Assembly, such arrangements to cover action on an emergency basis and within the constitutional and budgetary limitations of the agencies to meet urgent requests" ;

Having regard to the constitutional and other provisions concerning emergency action by the World Health Organization on the recommendation of the United Nations, and in particular Articles 2 (b) and

<sup>54</sup> Reproduced in annex 11

(d), 18 (i), 28 (i), 29 and 58 of the Constitution and Articles IV and VII of the Agreement between the United Nations and the World Health Organization ;

Considering the powers conferred by the World Health Assembly upon the Executive Board and the Director-General, by virtue of which advances may be made from the Working Capital Fund in order to meet emergencies and unforeseen contingencies,

1. DECLARES that the World Health Organization, on request of the Security Council or the General Assembly, will co-operate with the United Nations in the maintenance of international peace and security and, upon the request of the Security Council or the General Assembly, will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions ;
2. REQUESTS the Director-General to communicate this resolution to the Secretary-General of the United Nations ;
3. REQUESTS the Executive Board to keep under review the implementation of the provisions of this resolution and to report thereon to the Fifth World Health Assembly.

*(Fifth report of the Committee on Administration, Finance and Legal Matters, adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/71]*

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**RESOLUTIONS ADOPTED ON THE REPORTS OF THE JOINT MEETINGS OF THE COMMITTEE  
ON PROGRAMME AND THE COMMITTEE ON ADMINISTRATION, FINANCE  
AND LEGAL MATTERS**

**WHA4.71 Budget Level for 1952**

The Fourth World Health Assembly

RESOLVES that the budget level for 1952 should be \$9,077,782, to be financed by :

- (1) casual income available for 1952 of \$477,782,
- (2) assessments against all Members of \$8,600,000.

*(First report of the Joint Meetings, adopted at the  
ninth plenary meeting, 19 May 1951) [A4/R/18]*

**WHA4.72 Effective Working Budget for 1952**

The Fourth World Health Assembly

RESOLVES that the effective working budget for 1952 should be \$7,677,782, to be financed by :

- (1) casual income available for 1952,
- (2) assessments against the active Members.

*(First report of the Joint Meetings adopted at the  
ninth plenary meeting, 19 May 1951) [A4/R/17]*

**WHA4.73 Appropriation Resolution for the Financial Year 1952**

The Fourth World Health Assembly

RESOLVES to appropriate for the financial year 1952 an amount of \$9,077,782, as follows :<sup>54a</sup>

**I.**

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART I : ORGANIZATIONAL MEETINGS</b>		
1.	World Health Assembly . . . . .	141,453
2.	Executive Board and its Committees . . . . .	86,370
3.	Regional Committees . . . . .	37,200
		<b>Total Part I</b> 265,023
<b>PART II : OPERATING PROGRAMME</b>		
4.	Central Technical Services . . . . .	1,543,548
5.	Advisory Services . . . . .	3,726,433
6.	Regional Offices . . . . .	911,424
7.	Expert Committees and Conferences . . . . .	191,388
		<b>Total Part II</b> 6,372,793

<sup>54a</sup> For analysis of these appropriations under various chapters, see addendum to second report of the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters.

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART III : ADMINISTRATIVE SERVICES</b>		
8. Administrative Services . . . . .		1,039,966
	Total Part III	1,039,966
	SUB-TOTAL PARTS I, II AND III	7,677,782
<b>PART IV : RESERVE</b>		
9. Undistributed Reserve . . . . .		1,400,000
	Total Part IV	1,400,000
	TOTAL ALL PARTS	9,077,782

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1952 in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1952 to the effective working budget established by the World Health Assembly, i.e. Parts I, II and III.

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

- (i) the amount of \$68,436 available from balances of allotments of inactive Members (*Official Records* No. 33, paragraphs 84 and 85)
- (ii) the amount of \$43,846 available from the transfer of assets from the Office International d'Hygiène Publique
- (iii) the amount of \$30,010 available from the UNRRA Special Fund
- (iv) the amount of \$102,989 representing assessments on new Members from previous years <sup>55</sup>
- (v) the amount of \$232,501 representing miscellaneous income available for this purpose

Total \$477,782

thus resulting in assessments against Members of \$8,600,000.

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

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unexpended balance of the allotments made to countries (in accordance with the provisions of the Financial Regulations) for fellowships under section 5.

VI. With respect to operational supplies provided for under section 5, and with respect to operational equipment provided for under section 5, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work, and such part of the cost of expendable materials and supplies as the governments are willing to repay, which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services should, if possible, reach agreement as to the willingness of governments to make such payments under the provisions of this paragraph. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1952.

<sup>55</sup> Including assessment of new Members for 1950

VII. With respect to the printing of publications, notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge to the budget of 1952 the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1952.

*(Second report of the Joint Meetings, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/86]*

**WHA4.74 Co-ordination of Planning of UNICEF/WHO Programmes**

The Fourth World Health Assembly,

Having noted the report of the Executive Board at its seventh session concerning the increasing co-ordination at the planning level of UNICEF/WHO programmes,<sup>56</sup>

1. EXPRESSES its appreciation to UNICEF for this further evidence of co-operation in co-ordinating international health programmes ;
2. REQUESTS the Director-General, when planning his programme and budget estimates for 1953, to bear in mind constantly that, in accordance with its Charter, UNICEF's role in health programmes is to furnish, at the request of governments, the required supplies for approved programmes eligible for assistance from UNICEF ;
3. INSTRUCTS the Director-General in directing and co-ordinating international health programmes to continue to co-operate with UNICEF.

*(Second report of the Joint Meetings, adopted at the tenth plenary meeting, 24 May 1951) [A4/R/87]*

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<sup>56</sup> *Off. Rec. World Hlth Org.* 32, 24 ; 33, 16

**RESOLUTIONS ADOPTED ON THE RECOMMENDATION OF THE COMMITTEE  
ON INTERNATIONAL SANITARY REGULATIONS**

**WHA4.75 Adoption of the International Sanitary Regulations (WHO Regulations No. 2)**

The Fourth World Health Assembly

1. ADOPTS as WHO Regulations No. 2 the International Sanitary Regulations,<sup>57</sup> together with :  
Appendices 1 to 6, concerning the forms and certificates, and rules applying thereto ;  
Annex A, concerning the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the Pilgrimage ;  
Annex B, concerning the standards of hygiene on pilgrim ships and on aircraft carrying pilgrims ;

Considering that the provisions of Annex A are of a transitional nature, applicable only until such time as the health administration for Saudi Arabia is fully equipped to deal with all sanitary problems connected with the pilgrimage within its territory,

2. REQUESTS the Executive Board to keep the situation continuously under review in this respect and to recommend to the Health Assembly such modification in the provisions or in the applicability of Annex A as it deems appropriate ; and

Considering further that the provisions of Annex B extend beyond the strict limits of hygiene and that certain of these provisions might be appropriately dealt with by an international organization competent in maritime questions,

3. REQUESTS the Executive Board to consult with the Inter-Governmental Maritime Consultative Organization, when the latter is fully constituted, with a view to sharing the responsibility in this field.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/61]*

**WHA4.76 Explanatory Memorandum on the International Sanitary Regulations (WHO Regulations No. 2)**

The Fourth World Health Assembly,

Considering the need for full and precise understanding of the International Sanitary Regulations (WHO Regulations No. 2) by the health administrations which are eventually to apply them,

INVITES the Director-General to prepare a memorandum giving technical and legal explanations on the various chapters of WHO Regulations No. 2 so as to facilitate their understanding, adoption and application by national health administrations.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/62]*

**WHA4.77 Terms of Reference of Committees to deal with the Application of the International Sanitary Regulations**

Considering the need for continuous adaptation of the International Sanitary Regulations to changes in the distribution and trend of epidemic diseases, in the methods for their control, and in the means of international transport ;

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<sup>57</sup> *World Hlth Org. techn. Rep. Ser.* 1951, 41

Considering that this adaptation requires systematic appraisal of the application of the Regulations and their results ;

Considering the need for an appropriate committee to review annually the application of the Regulations and also consider and settle disputes arising out of this application,

The Fourth World Health Assembly

RESOLVES as follows :

1. That the following procedure shall be applicable in the case of questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations (WHO Regulations No. 2) applies :
  - (1) the Director-General shall deal with such questions or disputes and settle them as far as may be practicable ;
  - (2) where a settlement is not so reached, the Director-General shall refer the question or dispute to the appropriate committee or other organ of the Organization for examination and settlement ;
2. That the Executive Board be requested to consider and decide what the composition of the appropriate committee or committees should be and assign to them the following duties connected with the International Sanitary Regulations :
  - (1) the systematic and critical review of the Regulations and other relevant legislation, and the making of recommendations thereon ;
  - (2) the preparation of additional regulations, where necessary, on diseases not covered in the Regulations ;
  - (3) the submission of recommendations as required on practices, methods and procedures in connexion with the subjects included in the Regulations ;
3. That the Director-General, in convening such committee or committees, be requested to take note of the need :
  - (1) for making available to them appropriate expert advice on, inter alia, special questions relating to epidemiology, port or airport sanitation, quarantine procedure, international law, shipping or aviation ;
  - (2) for ensuring continuity of action ;
  - (3) for providing them with the technical co-operation and advice of the appropriate WHO expert committees and study-groups.

*(Presented by the Committee on International Sanitary Regulations, and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/63]*

#### **WHA4.78 Epidemic Diseases not covered by the International Sanitary Regulations (WHO Regulations No. 2)**

Considering that the International Sanitary Regulations (WHO Regulations No. 2) deal only with measures to be applied to international traffic to prevent the spread of the six quarantinable diseases covered by these Regulations ;

Considering, furthermore, that other communicable and epidemic diseases may, through international traffic, create grave danger to certain territories,

The Fourth World Health Assembly

REQUESTS the Executive Board

- (1) to examine and report on the present arrangements, and their possible improvement, for the collection and analysis of epidemiological information in respect of epidemic diseases other than the six quarantinable diseases mentioned in the Regulations ; and

(2) to study the ways and means for co-ordinating WHO activities with regard to such epidemic diseases and, for this purpose, the modification of the terms of reference of the present Expert Committee on International Epidemiology and Quarantine.

*(Presented by the Committee on International Sanitary Regulations, and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/64]*

#### **WHA4.79 Special Measures for the Protection of Isolated Communities**

Whereas measures other than those specified in the International Sanitary Regulations (WHO Regulations No. 2) are needed to protect isolated communities into which the introduction of epidemic diseases other than the six quarantinable diseases may cause considerable morbidity and mortality ;

Whereas such measures should be the object of careful study from the scientific and practical points of view,

The Fourth World Health Assembly

REQUESTS the Executive Board to entrust such study to the appropriate WHO committee, this committee being requested to take into consideration the following suggestions :

- (1) health administrations should be permitted to decide the sanitary measures—other than those specified in these Regulations—to be taken for the protection of isolated communities into which the introduction of epidemic diseases other than the six quarantinable diseases may cause considerable loss of life, owing to the extreme susceptibility of their populations to such diseases ;
- (2) such measures should, however, be taken only in respect of those isolated communities situated in areas or territories which have been notified in advance by the health administration concerned to WHO as being specially at risk and have been approved as such by the Organization ; and
- (3) the Organization should notify all other health administrations of such approval.

*(Presented by the Committee on International Sanitary Regulations, and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/65]*

#### **WHA4.80 Additional National Health and Sanitary Measures to prevent the Spread of the Six Quarantinable Diseases**

Believing that the International Sanitary Regulations (WHO Regulations No. 2) represent only part of the action required to remove the international threat of quarantinable diseases ;

Believing that parallel action is equally necessary to remove insanitary conditions conducive to the existence of such diseases, especially in and around ports and airports ;

Believing that health administrations by improving sanitary conditions and expanding their health and medical services, especially in and around ports and airports, are thereby securing their own protection against the entry and establishment of quarantinable diseases ;

Believing that territories with satisfactory sanitary conditions and efficient health and medical services may reduce quarantine measures against international traffic ;

Believing that the freest possible movement of international traffic is highly desirable in the interests of world economic and social, including health, progress,

The Fourth World Health Assembly

1. RECOMMENDS to all governments that they improve sanitary and environmental conditions, especially in and around ports and airports and, in particular, that they :
  - (1) eliminate and prevent the breeding of rodents, mosquito vectors of human diseases and ecto-parasites ;
  - (2) eliminate infection of cholera by providing, inter alia, pure water and food supplies and service, for the proper disposal of human wastes ;
  - (3) raise the level of protection, by vaccination where appropriate or by other means, against plagues cholera, yellow fever, smallpox and typhus ;
  - (4) relax when necessary, and health circumstances are satisfactory, the application to their territories of appropriate articles of WHO Regulations No. 2 ;
2. REQUESTS the regional committees of the Organization to take early and continuous action to persuade Member States in their regions to adopt the recommendations in paragraph 1 above ;
3. REQUESTS the Executive Board, in its preparation of programmes and otherwise, to give effect to the recommendations in paragraph 1 above.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/66]*

**WHA4.81 Sanitary Protection in the case of Mass Movements of Populations**

Considering the health risks involved in certain movements of populations, such as the movements of refugees, pilgrims, etc., both for the populations themselves and for those of the countries to which they go and through which they pass,

The Fourth World Health Assembly

INVITES the Executive Board to request the competent expert committee :

- (1) to study the regulations which it might be advisable to add to the International Sanitary Regulations (WHO Regulations No. 2) :
  - (a) for the sanitary protection of populations in mass movement under unfavourable sanitary conditions, and
  - (b) to prevent the international diffusion of the quarantinable diseases which such movements may cause ;
- (2) to take fully into account the epidemiological and sanitary conditions prevailing in the various regions in order to adapt the additional regulations to these conditions.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/67]*

**WHA4.82 Hygiene and Sanitation of Airports**

Considering that it is essential to protect the health of aircrews at all airports en route ;

Considering that an aircraft cannot with safety take off from any airport unless every member of the flight crew is physically fit ;

Considering that it is necessary therefore to control at airports not only the quarantinable diseases dealt with in the International Sanitary Regulations (WHO Regulations No.2) but also other diseases such as dysentery, food poisoning, gastro-enteritis and malaria ;

Considering that high standards of hygiene and sanitation should be applied at all international airports and direct transit areas, at least on the main trunk routes,

The Fourth World Health Assembly

REQUESTS the Executive Board, in co-operation with the International Civil Aviation Organization, to set up a joint ICAO/WHO committee on the hygiene of airports, to prepare sanitation standards appropriate for airports and a draft international convention or additional WHO regulations on this subject.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/68]*

#### **WHA4.83 Criteria for determining the Limits of Yellow-Fever Endemic Zones**

Considering that the definition of yellow-fever endemic zones, contained in the International Sanitary Regulations (WHO Regulations No. 2) is based on the presence of *Aedes aegypti* and the persistence of the virus among jungle animals over long periods of time ;

Considering also that, owing to vaccination campaigns and other causes, immunity in man to yellow fever, as detected by the mouse protection-test, is to be found beyond the limits of yellow-fever endemic zones as so defined,

The Fourth World Health Assembly

INVITES the Executive Board and the Director-General to make the necessary arrangements for the study and definition of technical criteria required for the delineation of yellow-fever endemic zones as defined in WHO Regulations No. 2.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/69]*

#### **WHA4.84 Kamaran Quarantine Station**

Considering that the Government of the United Kingdom will maintain and operate the Kamaran Quarantine Station during the Pilgrimage season of 1951 ;

Considering that the Government of Saudi Arabia undertakes to have available at Jeddah a sanitary station, equipped and able to perform its function regarding the Mecca Pilgrimage for the Pilgrimage season of 1952 and thereafter,

The Fourth World Health Assembly

1. EXPRESSES its appreciation to the Government of the United Kingdom ;
2. NOTES that the Quarantine Station at Kamaran during the Pilgrimage season of 1952 and thereafter will be closed and that its functions will pass to the sanitary station to be established at Jeddah ;
3. RESOLVES that no action as envisaged in resolution EB7.R88 (paragraph 3) of 5 February 1951 is therefore required.

*(Presented by the Committee on International Sanitary Regulations and adopted at the eleventh plenary meeting, 25 May 1951) [A4/R/70]*

## RESOLUTIONS ADOPTED WITHOUT REFERENCE TO A MAIN COMMITTEE

### WHA4.85 Léon Bernard Foundation Prize

The Fourth World Health Assembly, endorsing the resolution of the Executive Board at its seventh session transmitting the proposal of the Léon Bernard Foundation Committee,<sup>58</sup> awarded the Léon Bernard Foundation Medal and Prize to Professor René Sand of Belgium, and paid tribute to Professor Sand's untiring efforts and extremely valuable contribution to social medicine.

*(Second plenary meeting, 7 May 1951)*

### WHA4.86 Inclusion of Cambodia, Laos and Viet Nam in the Western Pacific Region

The Fourth World Health Assembly,

Having considered the requests of the Governments of Cambodia, Laos and Viet Nam for termination of the period of their temporary inclusion in the South-East Asia Region, thus permitting them to form part of the regional organization to be established for the Western Pacific Region as authorized by the Third World Health Assembly,<sup>59</sup>

RESOLVES that the temporary inclusion of the Kingdoms of Cambodia and Laos and the State of Viet Nam in the South-East Asia Region shall be terminated and that these Member States shall henceforth form part of the Western Pacific Regional Organization.

*(Third plenary meeting, 8 May 1951) [A4/R/1]*

### WHA4.87 Regional Committee for the Western Pacific : Date of First Meeting

The Fourth World Health Assembly,

Having noted the resolution of the Executive Board at its seventh session relating to the postponement of the meeting of the Regional Committee for the Western Pacific (resolution EB7.R14) ;

Having received from a majority of the delegations of countries in the Western Pacific Region a request to hold the meeting in Geneva in May 1951,

DECIDES that the period of postponement shall be terminated and that the first meeting of the Regional Committee for the Western Pacific may be convened during the month of May 1951, in Geneva.

*(Sixth plenary meeting, 9 May 1951) [A4/R/2]*

### WHA4.88 Earthquake in El Salvador

The Fourth World Health Assembly, considering that the World Health Organization was founded on principles of solidarity and universal aid, and that the recent earthquake in El Salvador had caused considerable loss of human life and rendered great numbers homeless, as well as depriving them of many health benefits, sent to the Government and people of El Salvador its deepest sympathy and hopes for a speedy re-establishment of normal conditions, and stood in silence for one minute to pay tribute to the victims of the catastrophe.

*(Seventh plenary meeting, 16 May 1951)*

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<sup>58</sup> Resolution EB7.R87

<sup>59</sup> Resolution WHA3.54

**WHA4.89 Election of Members entitled to designate a Person to serve on the Executive Board**

The Fourth World Health Assembly,

After consideration of the nominations of the General Committee, elected the following six Members entitled to designate a person to serve on the Executive Board :

Belgium, Ceylon, Cuba, Greece, Lebanon, Liberia.

*(Eighth plenary meeting, 16 May 1951)*

**WHA4.90 Approval of the Reports of the Executive Board**

The Fourth World Health Assembly,

Having reviewed the reports of the sixth and seventh sessions of the Executive Board,<sup>60</sup>

APPROVES these reports.

*(Eleventh plenary meeting, 25 May 1951) [A4/R/85]*

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<sup>60</sup> *Off. Rec. World Hlth Org.* 29, 32, 33

## PROCEDURAL DECISIONS

### (i) Provisional Verbatim Record of Plenary Meetings of the World Health Assembly

In view of the fact that the introduction of simultaneous interpretation made it more costly to produce two separate provisional records for each plenary meeting, one in English and one in French, and increased the possibility of delay in production, the Fourth World Health Assembly decided that the provisional verbatim record of each plenary meeting of the Health Assembly should in future consist of one record only, containing :

- (1) speeches in English or French in the original language only ;
- (2) the translation into English or French of speeches in the other official languages.

*(First plenary meeting, 7 May 1951)*

### (ii) Composition of the Committee on Credentials

The Fourth World Health Assembly appointed a Committee on Credentials consisting of representatives of the following 12 Members :

Ceylon, Dominican Republic, Ecuador, Greece, Iraq, Israel, Liberia, New Zealand, Portugal, Switzerland, Turkey and Uruguay.

*(First plenary meeting, 7 May 1951)*

### (iii) Composition of the Committee on Nominations

The Fourth World Health Assembly appointed a Committee on Nominations consisting of delegates of the following 18 Members :

Argentina, Australia, Austria, Chile, Egypt, France, India, Iran, Norway, Pakistan, Panama, Philippines, Thailand, Union of South Africa, United Kingdom, United States of America, Venezuela and Yugoslavia.

*(First plenary meeting, 7 May 1951)*

### (iv) Verification of Credentials

The Fourth World Health Assembly recognized the validity of the credentials of the following delegations : <sup>61</sup>

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

*(Second, fifth, seventh and tenth plenary meetings,  
7, 9, 16 and 24 May 1951)*

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<sup>61</sup> The credentials of the delegation of Bolivia were provisionally recognized at the tenth plenary meeting.

**(v) Election of Officers of the Fourth World Health Assembly**

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

Dr. L. G. Scheele (United States of America), as President of the Fourth World Health Assembly ;  
Dr. D. G. Dowling (Australia), Dr. A. H. Taba (Iran) and Dr. K. Evang (Norway), as Vice-Presidents.

*(Second plenary meeting, 7 May 1951)*

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

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

## COMMITTEE ON PROGRAMME

Chairman : Dr. M. Jafar (Pakistan)

## COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

Chairman : Professor G. A. Canaperia (Italy)

## COMMITTEE ON INTERNATIONAL SANITARY REGULATIONS

Chairman : Dr. M. T. Morgan (United Kingdom)

*(Second plenary meeting, 7 May 1951)*

The main committees subsequently elected the following officers :

## COMMITTEE ON PROGRAMME

Vice-Chairman : Dr. A. Khaum (Austria)

Rapporteur : Dr. G. Žarković (Yugoslavia)

## COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

Vice-Chairman : Mr. T. J. Brady (Ireland)

Rapporteur : Dr. A. L. Bravo (Chile)

## COMMITTEE ON INTERNATIONAL SANITARY REGULATIONS

Vice-Chairman : Dr. Munir Sadat (Syria)

Rapporteur : Dr. K. C. K. E. Raja (India)

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

The Fourth World Health Assembly, after consideration of the recommendations of the Committee on Nominations, elected the following eight delegates as members of the General Committee : <sup>62</sup>

Dr. E. A. McCusker (Canada) ; Dr. N. Romero y Ortega (Chile) ; Dr. Abdel Gawad Hussein, Bey (Egypt) ; Professeur J. Parisot (France) ; The Hon. Rajkumari Amrit Kaur (India) ; Dr. R. G. Padua (Philippines) ; Dr. F. W. P. Cluver (Union of South Africa), and Dr. P. Gregorić (Yugoslavia).

*(Second plenary meeting, 7 May 1951)*

<sup>62</sup> The General Committee, in accordance with Rule 25 of the Rules of Procedure, consisted of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees and the delegates mentioned above.

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

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

*(Second and seventh plenary meetings, 7 and 16 May 1951)*

**(ix) Procedure for the Examination of the Programme and Budget for 1952**

The Fourth World Health Assembly

1. Instructed the Committee on Programme to make a broad appraisal of the proposed programme, together with the comments and recommendations of the Executive Board ;
2. Instructed the Committee on Administration, Finance and Legal Matters to consider and recommend the scale of assessments for 1952 and to review the broad financial aspects of the programme and budget, together with the comments and recommendations of the Executive Board ; <sup>68</sup>
3. Instructed the Committee on Programme and Committee on Administration, Finance and Legal Matters :
  - (1) to meet jointly early in the session, in order to make joint recommendations on the total amount of the budget, and
  - (2) to establish a joint working party, composed of 12 members, to make a detailed examination of the programme and budget as early as possible during the session, and to report on its findings and recommendations to the Committee on Programme and the Committee on Administration, Finance and Legal Matters meeting in joint session ;
4. Instructed the Committee on Programme and the Committee on Administration, Finance and Legal Matters to meet jointly to consider the report and recommendations of the working party and to make joint recommendations to the Health Assembly on the programme and budget for 1952, including in particular the amounts of the total budget to be devoted to each part of it, i.e. :

Part I : Organizational Meetings

Part II : Operating Programme

Part III : Administrative Services

*(Third plenary meeting, 8 May 1951)*

**(x) Technical Discussions at the Fourth World Health Assembly**

The Fourth World Health Assembly

1. Decided to hold, during the present session, informal technical discussions on "The Education and Training of Medical and Public-Health Personnel" as proposed in resolution EB7.R51 of the Executive Board, and
2. Authorized the President :
  - (1) to designate a convener of a general meeting to consider a suitable division of the subject-matter for discussion by three smaller groups, and
  - (2) to propose nominations for three conveners of these smaller group meetings from among the members of delegations.

*(Third plenary meeting, 8 May 1951)*

<sup>68</sup> *Off. Rec. World Hlth Org.* 33



**PART II**

**PROCEEDINGS**



## AGENDA

*Supplementary items added to the agenda under Rule 6 of the Rules of Procedure  
of the World Health Assembly are marked with an asterisk*

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- 1 Opening of session by the President of the Third World Health Assembly
- 2 Establishment of Committee on Credentials
- 3 Establishment of Committee on Nominations
- 4 Election of President and three Vice-Presidents
- 5 Establishment of Committee on Programme  
Election of Chairman
- 6 Establishment of Committee on Administration, Finance and Legal Matters  
Election of Chairman
- 7 Establishment of Committee on International Sanitary Regulations
- 8 Establishment of General Committee
- 9 Adoption of the agenda
- 10 Presidential address
- 11 Procedure for consideration of programme and budget for 1952
- 12 Procedure for discussions on the education and training of medical and public-health personnel
- 13 Report of the Director-General
- 14 Reports of the Executive Board
- 15 Admission of new Members
- 16 Membership of the Executive Board
- 16.1 Report on absentee members of the Executive Board
- 16.2 Election of Members entitled to designate a person to serve on the Executive Board
- 17 Reports of main committees
- 18 Principle of technical discussions at future Assemblies
- 19 Award of Léon Bernard Foundation Medal and Prize
- 20 Other business
- \*20.1 Admission of non-governmental organizations to relationship with WHO : Proposal by the Govern-  
ment of Belgium

- \*20.2 Regional Committee for Western Pacific
- \*20.3 Salary of the Director-General
- 21 Closure of Fourth World Health Assembly

### COMMITTEE ON PROGRAMME

- 5.1 Election of Vice-Chairman and Rapporteur
- 5.2 Annual Report of the Director-General for 1950
- 5.3 General programme of work covering a specific period as prepared by the Executive Board at its seventh session : Article 28 (g) of the Constitution
- 5.4 Regular programme for 1952
- 5.5 Supplemental programme for 1951 related to obligations of WHO to the United Nations
- 5.6 Technical assistance for economic development of under-developed countries : programme for 1952
- 5.7 Permanent secretariat for the International Pharmacopoeia : assumption of functions by WHO in application of Article 72 of the Constitution
- 5.8 Publications
- 5.9 Tuberculosis Research Office, Copenhagen
- 5.10 Dental hygiene
- 5.11 Prevention and treatment of severe malnutrition of civilian populations during war periods
- 5.12 Co-ordination of local programmes with programmes carried out by WHO : Proposal by the Government of Guatemala
- 5.13 Fiftieth anniversary of the founding of the Pan American Sanitary Bureau : representation of WHO
- 5.14 Adoption of amended Regulations for Expert Advisory Panels and Committees
- 5.15 Concentration of effort and resources of the United Nations and specialized agencies
- 5.16 Long-range activities for children and relations with UNICEF
- 5.17 Priorities recommended by the Economic and Social Council
- 5.18 Submission of programme and budget for the following year to the Economic and Social Council and the General Assembly
- 5.19 Schedule of work of the Economic and Social Council
- 5.20 More active support for specialized agencies by all governments
- 5.21 Development of arid land
- 5.22 Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWAPRNE)
- \*5.23 Emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security
- \*5.24 Co-ordinated programme of rehabilitation of the physically handicapped
- \*5.25 Resettlement of refugee physicians

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

- 6.1 Election of Vice-Chairman and Rapporteur
- 6.2 **General Administration**
  - 6.2.1 Appointment of External Auditor (Provisional Financial Regulation 32)
  - 6.2.2 Organizational structure and administrative efficiency of the World Health Organization
  - 6.2.3 Time and place of the Fifth World Health Assembly
  - 6.2.4 Co-ordination with the United Nations and specialized agencies on administrative and financial questions
  - 6.2.5 Use of Spanish language in WHO
- 6.3 **Constitutional and legal matters**
  - 6.3.1 Admission to membership and associate membership : Japan
  - 6.3.2 Action taken by certain Governments with regard to membership of WHO
  - 6.3.3 Amendments to the Rules of Procedure of the World Health Assembly
  - 6.3.4 Host agreement with the Government of Egypt
  - 6.3.5 Transfer of the assets of the Office International d'Hygiène Publique
  - 6.3.6 Assignments to regions :
    - 6.3.6.1 Cambodia, Laos and Viet Nam
    - 6.3.6.2 Morocco and Tunisia :  
Proposal by the Government of France
    - 6.3.6.3 Algeria :  
Proposal by the Government of France
- 6.4 **Staff**
  - 6.4.1 Staff Regulations : Report of the Director-General
  - 6.4.2 Staff Rules : Report of the Director-General in accordance with Provisional Staff Regulation 32
  - 6.4.3 United Nations Joint Staff Pension Board
    - 6.4.3.1 Appointment of representatives to replace members whose period of membership expires
    - 6.4.3.2 Annual Report of United Nations Joint Staff Pension Board (Article 35 of the United Nations Pension Fund Regulations)
- 6.5 **Budget**
  - 6.5.1 Supplemental budget for 1951 related to obligations of WHO to the United Nations.
  - 6.5.2 Contributions
    - 6.5.2.1 Status of contributions
  - 6.5.3 Scale of assessment

- 6.5.3.1 Scale of assessment for Korea, Viet Nam and Israel
  - 6.5.3.2 Scale of assessment for 1952 (Provisional Financial Regulation 14)
  - 6.5.4 Programme and budget for 1952
  - 6.5.5 Supplemental budget for 1951 to replace the amount of the emergency fund of the Executive Board used for assistance to refugees in Turkey
  
  - 6.6 **Finance**
    - 6.6.1 Financial report and accounts of WHO for 1950 and report of the External Auditor. Comments thereon of an ad hoc committee of the Executive Board
    - 6.6.2 Financial Regulations : report of the Director-General
    - 6.6.3 Working capital fund
      - 6.6.3.1 Status of working capital fund
      - 6.6.3.2 Advances from working capital fund
      - 6.6.3.3 Working capital fund for 1952
    - 6.6.4 Additional funds for the budget of WHO
    - 6.6.5 Provision by governments of funds for field service allowances of WHO staff
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# VERBATIM RECORDS OF THE PLENARY MEETINGS

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## FIRST PLENARY MEETING

*Monday, 7 May 1951, at 10 a.m.*

*Acting President : Rajkumari AMRIT KAUR (India)*

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### **1. Opening of Session by the President of the Third World Health Assembly**

The ACTING PRESIDENT : Friends and colleagues in a great mission, it is my proud privilege to have the opportunity of addressing this distinguished Assembly on the eve of handing over to my successor the high office you were pleased to confer on me last year.

Although WHO came into existence only four years ago, it is the inheritor of a long and fine tradition of international work. The Office International d'Hygiène Publique started life nearly fifty years ago and has, within the present century, been actively concerned with the organization and carrying out, on a co-operative basis among the nations, of quarantine measures which help to control the spread of epidemic diseases from one country to another through sea and air traffic, including large-scale overseas pilgrimages. The Health Organization of the League of Nations, the Pan American Sanitary Bureau and UNRRA have all worked actively in other spheres, which fact goes to show that the necessity of a common effort for the conservation of health of the peoples of the world has for some time been in the minds of those responsible for international welfare. Nevertheless it was for WHO to come into the picture and assume responsibility for the functions of these organizations and weld all endeavour in the sphere of health into one. I think that we, who have served WHO from its inception, can look back with satisfaction on a proud record of service during the very short time in which the Organization has functioned and justly claim from the United Nations the certificate that though we are among the youngest in years of her children, we are already showing encouraging evidence of accomplishments and of responsibility.

I am sure history will record that in spite of trials

and difficulties, in spite of wars and rumours of war which this century has witnessed throughout and, alas, continues to witness, the most significant human development has been in the field of social welfare. The world has been so narrowed down by the discoveries of science, which have eliminated the obstacles of both time and distance, that it is impossible any longer for any one nation to live unto itself. Living unto oneself is not the best way for an individual to grow either physically, mentally or morally. The same law applies to the community, to society and to the world in general. Therefore it was natural that thinking men should realize that there could be no happiness for the world until and unless we worked for or moved towards an integrated programme of international action for the promotion of human welfare. And in what sphere can this international action be more necessary than in the sphere of health? Health has often implied, and I am afraid still implies to many people, nothing more than physical well-being, and that well-being too depending on the quality and quantity of medical care and attention available. But the medical world has, I am glad to say, progressed far beyond this narrow outlook. Not only is the preventive side of medicine being stressed today even more than the curative side, but it is recognized that there can be no physical well-being without mental and moral health. If we agree to this conception of health, then I have no doubt that we can claim that the work of this Organization is second to none of all the specialized agencies of the United Nations, if indeed it is not of prior importance.

A perusal of the Report for 1950 will tell us what further progress has been made during the year under review. In spite of severely restricted finances, WHO has during the past year been able to expand its services to Member States.

The highlights of this expansion are : the large-scale yaws-control programmes launched with UNICEF assistance in Thailand and Indonesia and the drive against bejel in Iraq. A new venereal-disease-control team has taken the field in Egypt. An International Venereal Disease Commission for the Rhine has been instituted.

New antimalaria projects have been launched or old ones continued in Iran, Palestine, India, Afghanistan, Thailand and Paraguay, while other insect-control projects are in operation in British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua.

Typhus control is being carried forward with WHO assistance in Peru and Afghanistan with great success.

The first WHO-sponsored antituberculosis centre was opened in Istanbul during the year, and Delhi and Trivandrum, in India, have also begun work.

The first trachoma campaign was launched in countries of the Eastern Mediterranean Region.

Rabies is being combated by WHO in Israel and Iran and jointly with other agencies along the United States-Mexico border.

In the Americas, several governments are receiving WHO assistance in attacking brucellosis.

Maternal and child health services are being expanded with WHO technical advice and UNICEF financial aid in Asian countries, including Afghanistan, Burma, Ceylon, Formosa, India, Indonesia, Pakistan, the Philippines and other countries.

All this is in addition to the carrying on of programmes launched in previous years, providing expert advisory services, and the ever-increasing activity in the technical services centred here at Geneva, including the setting up of new expert committees.

These are concrete examples of many types of practical assistance which WHO renders in its widespread endeavour to assist governments in the development of their health services. WHO ought to be enabled to render such assistance on an ever-increasing scale.

But while we may rightly pride ourselves on such past achievements as we have to our credit we have also to be wise enough to see to it that our future development on right lines is ensured without let or hindrance. WHO, as I have said before, has taken over the activities of some of the old health organi-

zations and has done right in so doing. But there have come and are coming into being other agencies for advancing the cause of human welfare, such as UNICEF, President Truman's Point Four Programme and the British Commonwealth programme of development. It is obvious that a wise use of the funds that are available as well as of technical personnel is essential in order to ensure that these different agencies help to supplement each other's efforts and do not create either unhelpful competition or overlapping of endeavour. This is particularly important as regards technical personnel. The number available is limited and a wise distribution of their services in a manner calculated to produce maximum results is essential. Personally I would like all monies made available from governmental or charitable sources for health work to be administered by WHO, the main specialized agency for the United Nations, and where special sections already look after special activities. But human nature is human nature and those who give the money and those who have the money do somehow like to feel that they have a separate entity and full control. As a matter of fact, matters relating to health, to education, to nutrition and to housing are so interlinked that it is only closely co-ordinated action by all the different specialized agencies of the United Nations that can produce satisfactory results. It is gratifying to know that the basis for promoting work on effective and co-operative lines is being established with care. There are difficulties, of course, but with the necessary goodwill and understanding and tact on all sides there is no reason whatsoever why ways and means should not always be found to avoid frictions and to go forward hand in hand in a joint endeavour which is fraught with such immense benefit to humanity. The responsibility that lies on WHO and all other agencies working in a great cause is heavy, and clear thinking and wise action in the immediate future are a definite essential for success because ours must be an enduring organization. Short-term programmes cannot work miracles, and we must plan for the time when we shall have to shoulder, through the regular WHO budget, the full burden of the obligations laid on us by our Constitution. A long-term view is essential so that we may build surely.

A matter of considerable importance is decentralization, a principle which was accepted at the First World Health Assembly and to which practical effect has been given in the shape of three regional offices and three nuclear regional headquarters. I am

proud of the fact that it was India's forceful plea for the formation of regional headquarters that made WHO take a step which in the initial stages required courage and faith. The wisdom of that step has been amply justified. I venture to say, speaking for my country and my zone, that it is the practical work carried on in our region from the very beginning that has found for WHO a warm place in the hearts of our people. Time and again, when our Government is unable to undertake a health programme because of financial stringency, the representatives of the people almost instinctively ask whether WHO cannot step into the breach. In any event, with the widely differing needs of different countries and with their varying grades of development WHO can hope to develop its activities properly only on the basis of increasing delegation of power and responsibility to the regional bureaux. It may well be that we may even have to revise the policies which have governed our programme planning in the light of recommendations from regional committees.

A pressing need of many countries is to find some way of overcoming difficulties in obtaining basic supplies and equipment for health work. Until this problem is solved many of the under-developed countries feel that they will not be able to derive full benefit from the WHO advisory and demonstration services. The action of WHO, therefore, in offering to assist governments in setting up plants for the manufacture of essential requirements such as DDT and penicillin, is very welcome indeed. All possibilities of assisting worthwhile national health programmes must be examined and budget provision made for help in obtaining essential supplies.

Speaking again for the headquarters of the South-East Asia zone I can say with first-hand knowledge that its activities have extended on a wide scale during the three years of its existence and with beneficent results. Its latest publication gives a clear picture of its set-up ; and the fact that within a brief period the Organization has been actively engaged in combating malaria, tuberculosis, venereal disease, cholera and plague, has assisted in building up maternal and child welfare and nursing services, has had a fellowship programme and has supplied medical literature, teaching and other equipment and supplies, speaks volumes for the extent of the services rendered to the countries in this region. It would not be fair not to mention here the generosity and willing co-operation of UNICEF in all these programmes.

All this, however, goes to show that the world, and in particular the world of the under-developed countries, is pining for more programmes and more help and cannot have the aid simply because of the unsatisfactory budgetary position of this fine organization. It is hard, indeed impossible, for all humanitarians to understand why WHO cannot have even a paltry five million dollars more with which to serve sick and suffering humanity. Countries labouring under the cruel burden of hunger and disease are breeding-grounds for social unrest. If the man in the street can have a healthy environment, enough to eat, enough to clothe himself with, shelter over his head, employment, leisure and an all-round security of life there never will be war. But in a world which is so beautiful, where the sun, the moon, the stars, mountains and valleys, seas, rivers and lakes, forests, rich fields and pasture lands are ready to give to man of their bounty, it is indeed a tragedy that we have not yet found a way whereby we may live at peace with our fellow men. And unless and until we can bury the grim spectre of war we shall continue to be starved for funds for what are the victories of peace.

Yet another Member State, in spite of its needs—I refer to Poland—has decided to withdraw from collaboration with WHO. Great China's doors are still locked to us, and there has unfortunately been no response from the countries of the Soviet Union which we invited in all sincerity to return and collaborate with us in our great endeavour. Nevertheless, our efforts to serve wherever we can may not end, for there is never any room for despair and the dark clouds that overshadow our skies today can and must be dispelled by the fulfilment on our part of the pledge to serve one another. Our work is surely a precious heritage which we may not forsake and a positive factor for overcoming the root causes of conflict whether between governments and peoples or between nations. For ours is a peaceful yet unremitting battle against all that makes for armed warfare.

I therefore appeal to delegates when considering the budget to raise it sufficiently so that the Organization may at least be enabled to maintain its activities at a reasonable level. Are we to be paralysed because we cannot raise a couple of million more dollars ? I sincerely hope not.

I regret that the health-stamp campaign which I advocated last year as a means not only of augmenting

the financial resources of WHO but also of securing the goodwill and sympathy of every individual in every country has not made any progress. I would ask this august assemblage to consider whether we may not encourage this campaign or discover some other means whereby we may promote the development of an annual programme which would mobilize public support on a wide scale for the beneficent activities of WHO.

The extra amount will make all the difference between a programme that is satisfactory and one which is unsatisfactory. It may not be forgotten that inevitably any curtailment of the regular budget falls most heavily on the demonstration and advisory services which we render to Member States—that is to say on the very activities which are our most practical and valuable contributions to world health and by which we will eventually stand and grow or fail. Friends, there can never, there must never, be failure in a high endeavour.

I feel I cannot let slip this opportunity of recording on my own behalf, and on behalf, I am sure, of everyone present in this hall who has worked for WHO since its inception, our gratitude to and appreciation of the work of the Director-General. Every organization needs special care in its early years. It cannot be a success if its head is not a man of faith, courage, tact and ability. Dr. Chisholm has brought all these qualities and more to bear on his difficult task and in addition he has that abounding love of humanity which inspires confidence and enthusiasm. He has borne a heavy burden for many years, and I am therefore happy that he has now an able second in command to share responsibility with him. I welcome Dr. Dorolle to his high office and am confident that with God's blessing we can look forward to another year of successful service to a world that stands more than ever in need of love and understanding.

A few more words, friends. We must express our regret at the absence of two distinguished members of our Assembly last year. You have all heard of the untimely death of His Excellency Khalil Bey, Under-Secretary of State for Health of Egypt, as he was about to participate last October in the work of the WHO Expert Committee on International Epidemiology and Quarantine. His important contribution to the study and control of bilharziasis will be long remembered, as many countries now follow the way he showed in the fight against this debilitating disease.

It is my sad duty also to announce yet another sudden and cruel blow to us all—the loss of a great friend and wise counsellor, Dr. Geraldo de Paula Souza. He died a few days before the opening of this Assembly, where we expected his usual generous and clear-sighted collaboration on the many problems we have to face. At the age of 62, Dr. de Paula Souza had behind him an extraordinarily rich and varied career in public health, both at home and on the international scene. The training he received in Brazil, Switzerland, Germany and the United States prepared him for the international activity he undertook in 1927 already as member of the Health Section of the League of Nations. It is quite literally true to say that he was one of the founding fathers of the World Health Organization, since, as Brazilian delegate to the United Nations conference at San Francisco in 1945, he insisted that the concept of "health" be included in the actual Charter of the United Nations, and in a joint proposal of the delegations of Brazil and China asked that an international health conference be called as a matter of urgency. Dr. de Paul Souza participated in the Technical Preparatory Committee in Paris and was one of the leaders of the International Health Conference in 1946, when the Constitution of the World Health Organization was signed by 64 countries. His interest in WHO was unflagging: he participated in all the sessions of our Interim Commission, was appointed and re-appointed to the Executive Board, attended every Health Assembly, and gave unstintingly of his time and great experience to the organization he had helped to create. He was called on for further duties, and it is a tribute to the wide range of interests and capacity of this great man that he was able to contribute to no less than three expert panels of the World Health Organization, and advised on international epidemiology and quarantine, on technical education, and on public-health administration.

His achievements in the field of public health in Brazil, where he created his famous School of Public Health and Institute of Hygiene in the early 1920's, would in themselves be enough to deserve our admiration. He has trained several generations of public-health specialists and was the cornerstone of his country's health service.

No tribute to this dear colleague of ours would be complete if we failed to mention his great modesty, his delightful courtesy and great kindness, his unfailing good temper, his personal courage and integrity. To his many friends at home and abroad,

to his colleagues, to his wife and daughter, whom many of us had the pleasure of seeing here last year, may I be permitted in the name of all of us to express our deep sense of personal loss, and our undying gratitude to him as a leader in public health the world over, a founder and tutor of the World Health Organization, and a friend ?

A cable expressing the sympathy of this organization has been sent to his widow, but I will ask the House to stand for a few moments in silence and pay our tribute to these two colleagues.

*The Health Assembly stood in silence for one minute.*

## 2. Announcements

The ACTING PRESIDENT : I will now call on the Director-General to make some announcements.

The DIRECTOR-GENERAL : In the interest of the orderly functioning of the Assembly, I would ask all delegations to take note of the following announcements. Delegates wishing to speak, however short their remarks, should come to the platform and speak from the tribune in front of the President's chair. Since we are using simultaneous interpretation, it is necessary that delegates speak slowly and distinctly so that the interpreters can keep up with the speakers. Speakers should announce their name and that of their country before beginning to speak, so that the recording of the proceedings of the Assembly may be clear on the mechanical records that are being made. This necessity will continue throughout the Health Assembly. Even though each of you may be very well known to the delegates here, it is important that your name and country should be on the mechanical record each time you speak. All delegates who expect to make statements before the Assembly are urgently requested to make available copies of such statements to the press officers of the Division of Public Information in advance of delivery, wherever that is possible. This is necessary in order to assure adequate dissemination of these statements to the representatives of press and radio. Delegations are asked to give copies of their statements either to the press officers during the sessions or to the person on duty in Room 472 of the Secretariat building.

The ACTING PRESIDENT : The Director-General will now speak on item 3.

The DIRECTOR-GENERAL : Madam President, before going on to item 3, may I add to item 2 ? All members of delegations are asked to fill in the forms which they will find on their desks, in order that the records of the Assembly may be complete. On former occasions many of these records have not come in until after some days, in which case the list of delegations is incomplete and has to be done over again at some considerable inconvenience and expense. May I ask you to fill in these sheets this morning ?

## 3. Provisional Adoption of the Use of Spanish at WHO Meetings

The DIRECTOR-GENERAL : Item 3, the provisional adoption by the Assembly of the use of Spanish at WHO Meetings, *Official Records of the World Health Organization* No. 33, page 25 ; document A4/14.

It has been recommended by the Executive Board that Spanish be used as well as English and French as a working language of the Assembly. It is necessary, for this to be effected, that the Assembly adopt revised provisional Rules of Procedure to cover this change in the procedure of the Assembly.

The ACTING PRESIDENT : I take it that the Assembly is willing to adopt this change ? Will you signify assent by raising your hands ?

Thank you. Any contrary opinion ? I take it that it is adopted.

The DIRECTOR-GENERAL : Madam President, there are additional Rules of Procedure which might be adopted provisionally by the Assembly and studied later, but brought into use at the present time. These are set forth in document A4/14.

The ACTING PRESIDENT : Are you all agreeable to that ? Thank you.

## 4. Change in the Form of the Provisional Verbatim Record

The ACTING PRESIDENT : Now item 4. I will ask the Director-General to explain this.

The DIRECTOR-GENERAL : Madam President, this is a change in the verbatim records of the plenary

meetings, as suggested in document A4/22, which has been issued to you. May I read the contents of this document?

The Director-General has the honour to submit, for the consideration of the Fourth World Health Assembly, a proposal that in place of two separate provisional verbatim records for each plenary meeting, one in English and one in French, such records should in future consist of one record only for each meeting, containing:

- (a) speeches in English or French in the original language only,
- (b) the translation into English or French of speeches in the other official languages.

This change is proposed on the grounds of economy and speedier production, following a management survey of the question. Briefly, simultaneous interpretation is necessarily more hurried and less accurate than consecutive interpretation and is not suited to the production of records purporting to reproduce in another language the exact sense of what the speaker has said without extensive editing and often re-casting. This would necessitate additional editorial staff for the Assembly and a heavier general workload.

The advantages to be gained from changing the record are then:

- (a) lower costs,
- (b) a reduction in the general workload,
- (c) less delay in the appearance of the record.

The *Official Records* would continue to be reproduced in both working languages.

This affects only the verbatim records which are available to the Assembly.

The ACTING PRESIDENT: I take it that the Assembly is agreeable to the adoption of this procedure?

*It was so agreed.*

### 5. Establishment of Committee on Credentials

The ACTING PRESIDENT: Now we come to item 5, which deals with the establishment of the Committee on Credentials. You will see that 12 delegates have to be selected to serve on this committee and I venture to propose the following countries: Ceylon, Dominican Republic, Ecuador, Greece, Iraq, Israel, Liberia, New Zealand, Portugal, Switzerland, Turkey and Uruguay. Is the Assembly agreeable to accepting these names for the Committee on Credentials? May I take it, then, that the Assembly adopts these names which have been read out by me? Would you please show your assent by raising your cards? Thank you.

### 6. Establishment of Committee on Nominations

The ACTING PRESIDENT: Now, item 6, Establishment of the Committee on Nominations, for which 18 delegates are required to be selected. The following names are suggested to you: Argentina, Australia, Austria, Chile, Egypt, France, Panama, India, Iran, Norway, Pakistan, Philippines, Thailand, United Kingdom, United States of America, Union of South Africa, Venezuela and Yugoslavia. Is the Assembly agreeable to the acceptance of these names for the Committee on Nominations? Would you be kind enough to signify your assent? Thank you very much.

The Committee on Credentials will meet at 11.15 in Room IX. The Committee on Nominations will meet at the same time in Room X. I hope all the delegates have got the names of both committees, so that there will be no mistake. That brings us to the end of this morning's business.

*The meeting rose at 10.50 a.m.*

## SECOND PLENARY MEETING

*Monday, 7 May 1951, at 3 p.m.*

*Acting President: Rajkumari AMRIT KAUR (India)*

*later*

*President: Dr. L. SCHEELE (United States of America)*

### 7. Submission of First Report of the Committee on Credentials

The ACTING PRESIDENT: I will now call upon the Rapporteur of the Committee on Credentials to submit his report.

M. RUEDI (Switzerland), Chairman of the Committee on Credentials (*translation from the French*): The Committee on Credentials examined this morning the documents which were submitted to it. It has finished its work and approved the report which the Rapporteur of the committee will present. I now call on Dr. Espaillat de la Mota to inform you of its contents.

*Dr. Espaillat de la Motu (Dominican Republic), Rapporteur, read the first report of the Committee on Credentials.*<sup>1</sup>

The ACTING PRESIDENT: The first report of the Committee on Credentials has been submitted to you, but we have to wait for two hours, according to the Rules, before the Assembly can adopt it.

### 8. Award of Léon Bernard Foundation Medal and Prize

The ACTING PRESIDENT: I am called upon to perform a very pleasant duty this afternoon. You will see that item 19 of our provisional agenda refers to the award of the Léon Bernard Foundation Medal and Prize. In accordance with the decision of the Léon Bernard Foundation Committee, transmitted to the Fourth World Health Assembly by a resolution of the Executive Board,<sup>2</sup> I have great pleasure in inviting Dr. René Sand of Belgium to come to the rostrum to receive the Léon Bernard Foundation prize.

*Dr. Sand proceeded to the rostrum.*

<sup>1</sup> See p. 330.

<sup>2</sup> Resolution EB7.R87, *Off. Rec. World Hlth Org.* 32

The ACTING PRESIDENT: In implementing the provisions of the Statutes of the Léon Bernard Foundation, as modified by the First and Third World Health Assemblies, the World Health Organization continues a function established in 1934 by the Health Committee of the League of Nations, in memory of one of its most prominent members, Professor Léon Bernard. The first and only other recipient of this honour is Dr. Wilbur A. Sawyer, to whom the award was made in 1939.

Dr. René Sand was born in 1877, and from 1945 until his recent retirement he held the Chair of Social Medicine created in 1945 in the University of Brussels with the support of the Rockefeller Foundation. He also lectured in social medicine at the School of Criminology of the Law Faculty and at the Faculty of Social, Political and Economic Sciences, and from 1949 at the University Nursing School, where he also lectured on social work in Belgium and elsewhere. Dr. Sand was responsible for the opening of the Institute of Hygiene and Social Medicine in Brussels in June 1939, and has gathered together there much documentation and a library on social medicine. The Institute and its library have contributed towards a better understanding of social medicine, not only by the medical profession but by national authorities.

Dr. Sand has taken an active part in organization of health services in Belgium and has contributed much to the establishment and development of the Section on Preventive Medicine of the University of Brussels. He is Vice-President of the Belgian Social Medicine Association, which he founded in 1912, and he is also the founder of the Belgian Committee of Social Work.

In the international sphere, Dr. Sand presided in Paris in 1946 over the Technical Preparatory Committee charged by the Economic and Social Council of the United Nations with the study of proposals concerning action and international organization in the health field. He was one of the delegates of the

Belgian Government to the Health Conference called in New York in the summer of 1946 by the United Nations, to draw up the Constitution of the World Health Organization and the diplomatic acts creating this organization. In February 1950 Dr. Sand was Chairman of the WHO Expert Committee on Professional and Technical Education.

He founded the International Conference of Social Work in the years before the war. A large part of the work of these conferences is devoted to medical-social problems. When the war was over, he was instrumental in the revival of these conferences. In 1947 he was Chairman of the Special International Conference held in Scheveningen on urgent problems in war-devastated areas, and in 1948 he was Chairman of the Fourth International Conference of Social Work in Atlantic City and New York. He asked to be relieved of this function but in 1950 took part in the Fifth International Conference of Social Work in Paris as Honorary President. He is President of the International Committee of Schools of Social Work, and after the war contributed to the re-establishment of the International Hospitals Association, of which he was one of the founders and the first President.

Many people outside Belgium have had the pleasure of hearing him lecture on social medicine. He has delivered lectures in many of the countries of Europe.

Since 1945, Dr. René Sand has published three books and numerous articles. The books are: *Un programme de santé pour la Belgique* (1945); the important treatise entitled *Vers la médecine sociale* in 1948, which is an historical summary of the groups of Social Medicine, and a definition of its contents, aims and methods; and, in 1950, *La médecine sociale*. Since 1945 his articles cover a wide variety of subjects from "Le rôle social du médecin", "Les progrès réalisés par la médecine sociale depuis vingt-cinq ans", and "What is Social Medicine?", to such subjects as the teaching of biology in social service schools, the use of statistics as a means of research in medicine and the influence of heredity on mortality.

Dr. Stampar will now speak for the Executive Board, which has nominated Dr. René Sand for this honour.

Dr. STAMPAR (Yugoslavia), Representative of the Executive Board: On behalf of the Executive Board of our organization I have the honour to submit for your decision the resolution of the Executive Board awarding the Léon Bernard Foundation Prize to Professor René Sand of Brussels University. The committee established by the Executive Board to examine the proposals made with regard to the Léon

Bernard Prize came unanimously to the conclusion that René Sand was the best choice. I propose to the World Health Assembly and fellow-delegates that the resolution of the Executive Board should be approved.

The ACTING PRESIDENT: May I ask the Assembly to approve the resolution of the Executive Board by acclamation? (*Applause*)

Dr. Sand, in awarding you the Medal and the sum of 1,000 Swiss francs the World Health Organization pays tribute to your untiring efforts and your extremely valuable contribution to social medicine.

Dr. René SAND (*translation from the French*): Ladies and gentlemen, the kind words of your President and of Dr. Stampar and your applause add to my gratitude and, at the same time, to my confusion: gratitude because the Léon Bernard Prize is the highest honour to which a hygienist can aspire, by reason of the greatness of the person to whose memory it is dedicated, the authority of those who award it, and the merits of its first holder, Dr. Wilbur Augustus Sawyer; confusion because, having reached the age of sincerity, I realize how modest is my contribution by the side of that of the conqueror of yellow fever and those of so many other health workers.

What little I have been able to do I owe to those who have inspired me by their teaching and example: first of all to Léon Bernard himself—clinician and hygienist, scientist and man of action, and apostle of social medicine, to the development, extension, and practical application of which he made so great a contribution. Seventeen years ago he was taken from us at the height of his career. I can still hear him giving one of his incomparable lectures at the Cours international d'Hygiène, or guiding with his unflinching judgement and his eloquence the debates of the Health Committee of the League of Nations. Although the years did not allow him to see its birth, the world organization in which we are joined together is the offspring of his own thought, which he would recognize in its "Charter of Health".

Next, I would pay tribute to Ernest Malvoz, who founded Belgium's first tuberculosis and venereal-disease dispensaries, and to whom the miners of the Liège region owe their complete freedom from ankylostomiasis, which used to afflict one worker in three. His success was achieved by the health education of public authorities, workers' organizations, and employers' groups—an essential method of social health work.

I must likewise mention William Henry Welch, agent of human progress in the most varied aspects of physical and mental health, whom I knew full of life and activity at the age of 80 years.

I have also learned much from Sir Arthur Newsholme and Sir George Newman, pioneers of the modern public-health organization in the United Kingdom and authors of works as interesting as they are authoritative. They prepared the way for the setting-up of the Chairs of social medicine which Sir John Ryle, at Oxford, made famous by a labour he knew would shorten his life.

I would also recall Alejandro del Rio, first Minister of Health and founder of the first social service training establishment in South America, from whose erudition and experience, constantly enlarged by travel and international contacts, I benefited daily during my two months in Chile.

I recall, too, one whose recent death has been so grievous a loss to us—Geraldo de Paula Souza, founder of the Faculty of Hygiene at the University of São Paulo, a tireless organizer, everywhere known and liked.

And so many others: Richard Clarke Cabot, Milton J. Rosenau and David C. Edsall, at the Rockefeller Foundation; George E. Vincent, Abraham Flexner, Wickliffe Rose and Selskar M. Gunn; in Europe, the brilliant Julius Tandler and the refined spirit which was Etienne Burnet.

But social medicine is not the prerogative of men, and I would recall here what it owes, and what I owe, to the brilliant work of Lillian D. Wald, Julia C. Lathrop, Grace Abbott, Juliette Delagrangé, and Mrs. Georges Getting.

To this homage to the dead let me add my tribute to the living—to Professor T. Madsen, who presided with good-humoured mastery over meetings of the Health Committee of the League of Nations; to Dr. Ludvik Rajchman, moving spirit of the Health Organization; to the ever-youthful Nestor of public Health in the United States, Professor Charles-Edward Amory Winslow, whom we are happy to see among us; to Professor James M. Mackintosh, who makes social medicine an important element of the teaching at the London School of Hygiene; to Professor Henry E. Sigerist, the first volume of whose *History of Medicine* is the beginning of what will be an epoch-making work; to John A. Kingsbury, who guided the work of American foundations in matters of social medicine; to Frank G. Boudreau, Alan Gregg and John B. Grant, who have succeeded him in that task.

I would also bear witness to how much social medicine owes to you, my dear masters and friends, Jacques Parisot and Andrija Stampar; but the

honour which you and other members of the Léon Bernard Foundation Committee, including my friend and eminent colleague, Maurice De Laet, have done me confines me to expressing my admiration, my gratitude and my esteem.

The Director-General and his associates will realize that towards them, too, I cannot here express my innermost feelings. Still others have inspired and helped me; I hope that they will forgive me if I cannot mention them all by name, and that they will know how much esteem and gratitude I have for them.

Madam President, the Léon Bernard Prize is awarded not so much to an individual as to a cause—that of social medicine which, far from being a dogma, far from advocating certain methods of care to the exclusion of others, is a science free from all rigid systematization, the science of the health of man in relation to his environment, or what the University of Cambridge has called human ecology. This would be a happy term if it did not omit the word “medicine”, which I should like to keep until the day when we speak, as Sir George Newman suggested, not of the “faculty of medicine” but of the “school of health”.

Half a century ago, social medicine, child of the needs and spirit of the times, took its first steps. In 1946 its essential principles were given their highest expression in the declaration of the right to health which appears in the Preamble to the Constitution of the World Health Organization and in the Organization's activities, which are becoming still more markedly social in character since the Organization has linked its efforts with those of the committee dealing with technical assistance to underdeveloped countries. Can there be any more eloquent proof that health depends upon living conditions and upon national and international economy?

But while all governments have accepted the principle of social medicine, so far it has not taken its due place either in teaching, or in research, or in practice. The clinic and the laboratory continue to monopolize the attention of students, and medical or surgical therapeutics that of the practitioner. Neither students nor practitioners fully realize that, as Hippocrates already said long ago, in medicine the function of protecting and developing health must rank even above that of restoring it when it is impaired.

If the nobility of medicine resides in the selflessness of the physician, the hygienist and their assistants, its greatness resides in the scope of the services which they render; and, from this point of view, the medicine which preserves health has a considerably greater influence for good than the medicine which restores health.

Madam President, I was privileged to be present at the inception of the World Health Organization. From year to year the wisdom and zeal of those who direct it are extending its influence throughout the world. You are about to discuss means of making its action still more effective. Permit a very humble pioneer to tell you that, overwhelmed by the honour that you have accorded him, he feels even happier at the prospect of the victories which you are preparing for the good of humanity.

### 9. Submission of First Report of the Committee on Nominations

The ACTING PRESIDENT : I will now call upon the Rapporteur of the Committee on Nominations to come to the rostrum and submit his report.

*Dr. Padua (Philippines), Rapporteur, read the first report of the Committee on Nominations.*<sup>3</sup>

The ACTING PRESIDENT : Rule 19 provides that two hours must elapse between the presentation and consideration of the report. We shall therefore consider this report that has just been submitted to you at about half-past five.

### 10. Address by the Deputy Director-General of UNESCO

The ACTING PRESIDENT : I will now ask Dr. Taylor, Deputy Director-General of UNESCO, to come to the rostrum and address the Assembly.

Dr. TAYLOR, Deputy Director-General of UNESCO : Madam President, distinguished delegates, ladies and gentlemen, I feel that it is quite appropriate this afternoon to mention the agreement between my organization and yours, which was signed in 1947 and which has been followed by very fruitful co-operation. Particularly as a result of the meeting held at UNESCO House this past October you will find that our secretariats have worked together in very friendly fashion. You will also see the results of this co-operation by looking over our own draft programmes for 1952 as well as your own. You will find—and this aspect is of particular interest to me as an educationist—that, although there are evidences of co-operation in all the areas of our work, the evidences in education are particularly gratifying. You will find that the World Health Organization has supplied a team-member for our Haiti project in fundamental education. You will find that there is a consultant appointed by your organization in our

“ Arab States project ” and you will find that there is also a team-member on our fundamental education project which is opening in Patzcuaro in Mexico the day after tomorrow. My own Director-General is there now and it is through this fortunate circumstance that I have the permission, the opportunity and the pleasure, of addressing you this afternoon.

The co-operation of WHO is probably of more interest to us (and to me again as an educationist) than any other thing because, after all, UNESCO's conception of fundamental education embraces the very large field of health, to say nothing of course of the work of our other sister organization in food and agriculture.

There is one other thing I would like to say before I wish you God-speed in this meeting of yours. Your Executive Board last January, at its seventh session, drew the attention of this Assembly to the health problems involved in the programmes which are now being established in connexion with research for the development of the arid zones ; and we would welcome WHO participation in these programmes. We certainly would ; we appreciate your action, and we pledge our co-operation again.

May I close my few remarks by wishing you all success in this Assembly of yours, and by expressing the hope that your own Deputy Director-General may be present for our conference in Paris in June.

I thank you.

### 11. Address by the Delegate of Turkey

The ACTING PRESIDENT : The delegate of Turkey will now address the Assembly.

Dr. KARABUDA (Turkey) (*translation from the French*) : Madam President, gentlemen, you all know that during its last session the Executive Board voted a sum totalling \$55,000 for assistance in the form of emergency medical supplies to Turkish refugees from Bulgaria. In so doing, the Board recognized how serious and pressing was the situation then prevailing in Turkey.

The Bulgarian Government had informed my Government of its intention to expel within a relatively short time a part of the Turkish ethnic minority living in Bulgarian territory, a group of about 800,000 persons, composed largely of old people and children.

In the beginning, the situation was one of extreme gravity because the Turkish Government was taken quite unawares and was suddenly faced with the many difficulties caused by the stream of immigrants who were arriving by the hundred every day in the midst of a particularly severe winter.

<sup>3</sup> See p. 332.

Here in your presence I would once again express my country's deep gratitude to the World Health Organization and to the Executive Board, which showed a perfect understanding of the situation.

Since that time the situation has improved considerably owing to the energetic manner in which the Turkish Government acted; the Government has now gained control of the situation and no effort is being spared to safeguard the health of these poor refugees. For this reason Turkey does not wish to abuse the generosity of the World Health Organization which has so many financial difficulties to face and so many other calls for help, perhaps more imperative than ours, to answer.

I therefore declare on behalf of my Government that Turkey willingly renounces the supplies not yet despatched or ordered, which amount to the sum of about \$35,000.

The ACTING PRESIDENT : I am sure you would like me, on behalf of all of us, to express to Turkey our appreciation of that country's concern for the welfare and the work of WHO.

And now, I think, we shall have to adjourn until 5.15 p.m. when we shall first consider the report of the Committee on Credentials and, immediately after that, the report of the Committee on Nominations.

*The meeting was suspended at 3.50 p.m. and resumed at 5.15 p.m.*

## 12. Adoption of First Report of the Committee on Credentials

The ACTING PRESIDENT : I will ask the Rapporteur of the Committee on Credentials to come to the rostrum. He has an addition to make to the report that was submitted earlier.

Dr. ESPAILLAT DE LA MOTA (Dominican Republic), Rapporteur of the Committee on Credentials (*translation from the French*) : The Committee on Credentials held a second meeting on 7 May 1951 and found the credentials of the delegation of Brazil in good order and due form and suggests to the Health Assembly that they be so recognized.

The ACTING PRESIDENT : Now, may I put the adoption of the report of the Committee on Credentials to the Assembly? Those in favour will please hold up their cards. Thank you. Any to the contrary? Then it is unanimously adopted.

## 13. Election of the President of the Assembly

The ACTING PRESIDENT : A copy of the report of the Committee on Nominations is in your hands and I will put to the Assembly the proposal of the Committee on Nominations to elect Dr. Leonard Scheele as President. Will those in favour of this nomination please hold up their cards. Thank you. Any against? Then Dr. Leonard Scheele is elected unanimously as President.

*The announcement was received with acclamation.*

The ACTING PRESIDENT : And now, before I ask Dr. Scheele to come up and take the presidential chair, I would like to express my gratitude to the Assembly for the indulgence and co-operation that was given to me by all the members at the last session and during the few hours of this session. I am extremely glad that my successor is somebody who I know is going to guide the deliberations of this Assembly with his ability, with his knowledge and with all the experience that he has; and what is more, I know that he will bring, in an added measure, the moral and material support of the great country which he is representing here. Dr. Scheele, will you come up?

*Dr. Scheele (United States of America) took the presidential chair.*

The PRESIDENT : Members of the Assembly, I want to express my heartfelt gratitude to you for this honour which you have bestowed on me. I only hope that I can be half as good a president as Rajkumari Amrit Kaur was. I will try to carry on in the tradition of the World Health Organization and of the countries that have placed their faith in this wonderful organization, and continue the work for the best we can find and produce in public health and medicine throughout the world. You will hear more from me tomorrow. One of the prerogatives of the President of the Assembly is to make a speech—possibly we shall be the first to break that. And now I think we can get on with the business in hand.

## 14. Election of Vice-Presidents

The PRESIDENT : The next order of business will be the election of three Vice-Presidents of the Assembly. You have before you the report of the meeting of the Committee on Nominations and its recommendations. Will all those in favour of these nominations please so indicate? Opposed? Then Dr. D. A. Dowling of Australia, Dr. A. H. Taba of Iran and Dr. Karl Evang of Norway have been elected Vice-Presidents of the Assembly.

### 15. Establishment of Main Committees

The PRESIDENT: I wish to invite you now to establish the three main committees. We will have our two usual committees—the Committee on Programme and the Committee on Administration, Finance and Legal Matters—and the Special Committee on International Sanitary Regulations. Are there any objections to the establishment of these three main committees? I see no objection and we will therefore declare these committees established.

### 16. Election of Officers of the Main Committees

The PRESIDENT: Next we have the nomination of Dr. Jafar of Pakistan to be Chairman of the Committee on Programme. All those in favour of this nomination please indicate by a show of cards. Opposed? Dr. Jafar is elected Chairman of the Committee on Programme. I believe under the Rules of Procedure, Article 19, the main committees themselves will consider, after their establishment, the nominations for the offices of vice-chairman and rapporteur.

Next we will proceed to the election of the chairman of the Committee on Administration, Finance and Legal Matters. You have before you the nomination of Professor G. A. Canaperia of Italy. All those in favour please indicate by show of cards. Opposed? Professor Canaperia is elected Chairman of the Committee on Administration, Finance and Legal Matters.

Next, Dr. M. T. Morgan of the United Kingdom has been nominated as Chairman of the Special Committee on International Sanitary Regulations. All those in favour of this nomination please so signify. Opposed? Dr. Morgan is elected Chairman of the Committee on International Sanitary Regulations.

### 17. Establishment of the General Committee

The PRESIDENT: Next we move to the election of eight delegates as members of the General Committee. You have the eight names before you. All those in favour of the eight that have been nominated please indicate by a show of cards. Opposed? Dr. E. A. McCusker (Canada), Dr. N. Romero y Ortega (Chile), His Excellency Dr. Abdel Gawad Hussein, Bey (Egypt), Professor J. Parisot (France), the Honourable Rajkumari Amrit Kaür (India), Dr. R. G. Padua (Philippines), Dr. F. W. P. Cluver (Union of South Africa), and Dr. P. Gregorić (Yugoslavia) are elected members of the General Committee.

### 18. Adoption of the Agenda

The PRESIDENT: You have before you the proposed agenda of the Fourth World Health Assembly—document A4/1. Is there any objection to the provisional adoption of this agenda? The Chair hears no objection. We will consider this then to be the provisional agenda.

Items for the supplementary agenda can be received up to noon on Saturday, 12 May. These should be sent to the Assistant to the Secretary of the Health Assembly, Room A 644.

### 19. Announcements

The PRESIDENT: There will be a meeting of the General Committee tomorrow at 9.30 a.m. in Room XI. At that time the General Committee will consider the programme of work of the Assembly (document A4/30), procedure for consideration of the programme and budget for 1952, procedure for technical discussions and procedure for the elections to the Executive Board.

Your President will convene a plenary meeting for tomorrow, Tuesday, at 11 a.m. At that time we will consider the recommendations of the General Committee on the four items I mentioned a moment ago.

Under the amended Rules of Procedure, provisionally adopted at this morning's meeting, all delegations may send one member to attend the meetings of the General Committee. The rule in question reads as follows:

The General Committee may be attended by not more than one member of each delegation to the Health Assembly, provided that such members shall not have the right to participate in the deliberations of the General Committee, unless so invited by the Chairman, nor the right to vote.

It will be appreciated if, before delegations and delegates make arrangements for any entertainment, they would consult the protocol officer, Mr. Boppe, Room A. 654—the telephone number is 3031—in order to avoid overlapping of arrangements.

If any of the delegations have not completed the information sheets which are before you on the desks, it will be appreciated if you will do that at your earliest convenience.

Unless there is objection from the floor we will adjourn until the plenary meeting at 11 o'clock tomorrow morning.

*The meeting rose at 5.35 p.m.*

## THIRD PLENARY MEETING

*Tuesday, 8 May 1951, at 11 a.m.*

*President: Dr. L. SCHEELE (United States of America)*

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**20. Presidential Address**

The PRESIDENT: The third plenary meeting of the Fourth World Health Assembly is now in session.

It is difficult for me to express adequately how deeply I appreciate the very great honour which has so unexpectedly been given to the United States and to me. Being elected to the presidency of the Fourth World Health Assembly is more than an honour. It is also a token of confidence. Furthermore, it is a mandate to interpret the hopes and the wishes of the people of the world for health and of the public-health profession of the world which is represented here by so many of its most eminent members.

The World Health Organization has already established a fine tradition. My predecessors in this chair have been persons of the highest quality who have left their mark upon the evolution of public health throughout the world. Doctor Andrija Stampar of Yugoslavia, the President of the First World Health Assembly, is one of the veterans of international public-health work. It has been his task for many years, successfully accomplished, to carry public-health work into the rural areas which had formerly had little benefit from the great discoveries in preventive medicine. Doctor Karl Evang of Norway, the President of the Second World Health Assembly, has often risen to heights from which he led many campaigns for improving the health and welfare of mankind. The President of the Third World Health Assembly, the Honourable Rajkumari Amrit Kaur, has, with her deep intuition and abilities of leadership, better than anyone else, been able to express the hopes of the masses still deprived of a healthful environment and define the trust that they place in us to improve their lot. Indeed, it is an honour to follow in their footsteps. All have added to their accomplishments in health in their native lands, real catalytic effects on the growing, maturing programme of the World Health Organization.

I feel very deeply the confidence which was placed in me. I interpret this confidence as placed not in me personally but in my country. The United States of America firmly desires to continue its support of the World Health Organization to the end that the world may be a better and more healthful place for all of us. We do believe that improvement of health in all parts of the world is one of the main roads to peace. The world cannot remain half healthy and half sick and still maintain its economic, moral and spiritual equilibrium. The United States is fortunate in possessing a well-developed public-health and medical profession. It is the belief of that profession that its knowledge and activities for the good of the people should be shared not merely by all parts of our own society but by people throughout the world. There is today a very strong feeling of international understanding and solidarity among medical and public-health people of all countries of the world. The origin of this feeling of fellowship dates far back in history, but it is only now, through the World Health Organization, that an opportunity has been given fully to translate the separate hopes of the people of individual countries into combined and effective action.

The United States has no wish to stand forth and direct others. We did not wish to be in prominence even here in the presidency. We desire particularly to have our men and women at the Assembly work as inconspicuously as possible in the fields in which they have received special training. From the earliest days of discussion of the urgent necessity for a global approach to man's health problems, we have done all we could to support the cause of the World Health Organization in which we so firmly believe.

We are all aware that we are dealing with the total public-health problems of the world at this Assembly and are not merely deciding on the budget of an organization limited to spending a few million dollars each year. We are not limited here to tasks which can be directly performed for that money and by the

personnel of the World Health Organization. Almost every piece of work the World Health Organization undertakes is a demonstration to be followed by work performed by others. WHO's influence for better health is felt even where no World Health Organization team has ever gone.

I can give you a concrete example. The World Health Organization is one of the principal pioneers of malaria control through DDT residual spraying. Today, although one and one-half million people are being protected against malaria through this means of international action, the total number of persons now protected against malaria by DDT residual spraying is over fifty million. Thus, the direct action of WHO through international administration has inspired similar action by individual countries 33 times greater than WHO's activity itself. There can be little doubt that this is only a beginning. Through the work of this Assembly, the expert committees and the central and regional secretariat of the World Health Organization, and their limited field work, a positive-health chain reaction is set off which is so irresistible that it changes health conditions for the better in most parts of the world which are in need of such change.

The regional structure and decentralization of many programme activities of WHO represents a marked step toward strengthening WHO's help in health programmes in individual countries. The setting of gross guide lines and programme priorities was valuable in the early years of WHO's operation. We generalized at the early Assemblies. Now as the World Health Organization matures it will be possible to develop even sounder programmes through the appreciation which regional committees have for the special requirements of their areas. It will be increasingly possible to particularize and to support the most effective possible programmes by regional estimation of problems, following careful study of the expressed needs and desires of individual countries. WHO's real mission is to help others to help themselves on a firm and lasting basis. It must never take them a stereotyped programme. For that reason we must allow the Director-General and his staff great latitude in developing programmes within the broad policies we set forth. Our almost too careful scrutiny of every little programme item, valuable and necessary as it was earlier, should now, in my opinion, give way to action only on the broadest of programme groupings.

I would like to cite one example of how a country found it possible to spare WHO's support. Recently the Executive Board provided a \$55,000 emergency grant to Turkey to help it to meet emergency health problems caused by the sudden influx of large numbers of refugees. However, after the grant was given, Turkey found it possible to share part of the cost of refugee health and returned \$35,000 of the money to WHO. To me this is an example of how sincerely countries in the World Health Organization help themselves when they can, and how little justification there is for the comment that one occasionally hears, to the effect that countries look selfishly for a "hand-out" without regard for others in the Organization.

It would like to emphasize the benefits to be obtained from what may be called "the team approach" in public-health work. Great progress can be achieved by full co-operation between the medical group and the several other disciplines which are essential to the public-health teams. By bringing to bear on the complex problems which we face the skills of the sanitary engineer, the nurse, the veterinarian, the biologist, the laboratorian, the public-health educator and other needed talent, we can solve these questions more scientifically, more quickly and with the most economic use of qualified personnel. This matter assumes great importance as a result of the worldwide paucity of medical personnel, especially those with public-health training and experience.

Problems of environmental health give a tremendous challenge, as the Director-General has so ably pointed out on numerous occasions. I would not suggest that we will solve all of them soon, but we will make real progress. Then, as progress is achieved in obtaining the basic, fundamental needs for safe water supplies, excreta disposal, and freedom from pestilential epidemics of insect- and rodent-borne diseases, many countries will be able to turn their efforts towards more advanced environmental problems relating to industrial hygiene, control of pollution of air and of streams and reduction of accidents and other major causes of human disability and death, such as chronic diseases and the diseases of ageing populations.

The problems of medical and related education, of hospitals and their management, are among the many which the World Health Organization must help voluntary and governmental agencies to attack in the future.

As these programmes add their effect to those of WHO and other international agencies, we can believe, I am sure, that the resultant general economic improvement that will accompany better health will provide conditions in which WHO can grow and expand and assume more total responsibility.

We all look for the growth of this great organization. We want this growth to be orderly and continuous, with responsibility fully shared by all its Members. We have, I am afraid, even at this early date in our history, a few instances of failure to share the load, which we must examine in this Assembly. I hope that we can establish, thus early in our life, a tradition of promptness in meeting our obligations to the Organization. Only with such a tradition can we build securely, and build an organization that can and will be the great agency of international health co-operation.

We shall all watch with interest the experiment proposed by the Executive Board, in which we shall have an opportunity for an informal and personal exchange of views on an important technical subject. We gather annually, renewing friendships and solving together, in a spirit of brotherhood, our diverse problems. However, we have failed, I think, in the past, to carry home quite all that we could and should of intellectual stimulation and new knowledge gained from each other. A meeting such as this, with leaders in public health from all parts of the world, must provide for each of us a freshening of knowledge and a stimulus to greater effort on our return home. I am sure the experiment proposed by the Executive Board will provide a long step in this direction.

The subject chosen for consideration is one that is basic to public-health progress anywhere and everywhere. It is a subject close to us all. Each of us has had formal public-health training for which we are grateful, or we have had none and we wish we had. I am sure that we all want men in our national and local health services who have had this type of training. However, we all wonder exactly what this training should be. We each have our own ideas and we are to have a unique opportunity this week to share them and test them. In this discussion, we will all be acutely aware of the absence of our great and good friend, Dr. Geraldo de Paula Souza, whose name is almost synonymous with public-health education. He was a member of the first class of the Johns Hopkins School of Public Health and Hygiene, in our country. He carried the early

flame being lit there to his own country and later to the world at large. He would have had much to tell us of success and hope. We shall miss him and all that he could give us.

The Fourth World Health Assembly will have before it other tasks of far-reaching consequence. I refer to the International Sanitary Regulations and to the discussions of the plans for technical assistance.

The draft International Sanitary Regulations, now before the World Health Assembly for approval, are the result of long and careful study by the Expert Committee on International Epidemiology and Quarantine. In the several sessions during which the committee considered these regulations, it had the benefit of advice from representatives of other interested organizations, notably the International Civil Aviation Organization, the United Nations (speaking not only for itself but also for the Intergovernmental Maritime Consultative Organization which will presently take its place among the specialized agencies) and other groups similarly concerned with the effects of these regulations. In drafting the regulations, the committee's main problem was to reconcile the natural desire of the transport representatives, particularly those of aviation, to eliminate to the maximum extent possible all obstacles to the rapid movement of passengers and aircraft with the responsibility of the World Health Organization to prevent the spread of contagious diseases through the carriage of infected passengers or insects from country to country. The proposed regulations do not go as far as some of the transport representatives would have wished, but they do reflect the desire of the health authorities to meet the needs of modern transport with due regard to the protection of the health of the general public. In the nature of things, no rigid formulae could be laid down for the automatic enforcement of public-health safeguards everywhere, under all conditions, and for all times. Much, therefore, has been left, of necessity, to the judgement of the various national public-health authorities and it is to be hoped that they will exercise a broadminded co-operative attitude in the application of these regulations. So far as the Assembly is concerned, I trust that in view of the further care and effort which the Special Committee, composed of nearly 40 governments, has devoted during the past month to perfecting these regulations, the present text will be completely acceptable. We have here a good, workable code for the protection of international public health that

represents a definite advance over its predecessors, the International Sanitary Conventions, and these regulations should stand for a long time to come. As I said before, I hope the Assembly will find that the regulations merit its warm support.

This Assembly will have before it plans for technical assistance in public health. Much evidence is available that retarded economic development is largely due to the prevalence of preventable diseases in many parts of the world. The direct road to betterment of living conditions is therefore through action in the health fields I mentioned earlier. Many areas of the world are under-developed solely on account of a high prevalence of malaria, filariasis, yaws, hookworm, schistosomiasis, and other diseases which can more or less easily be brought under control. We have seen in recent years how death rates in tropical and semi-tropical countries can be cut almost in half by very simple public-health measures.

You will have occasion to consider another interesting side of the technical assistance development, namely, the more intimate collaboration of the United Nations and its various specialized agencies. Projects will be before you in which the Food and Agriculture Organization and UNESCO undertake joint action with WHO. This is in itself a most significant and desirable development which may have important consequences as the collaboration develops. Technical assistance action also affords new opportunities for co-ordination of international and national activities in this field. The need for new solutions of both technical and administrative nature can only be stimulating to the development of all the organizations concerned.

All governments and health agencies face new challenges. As we currently multiply the agencies in international health operations, it behoves every one of us to ensure that the various programmes dovetail and complement each other. They must never compete. I am sure that we can all develop the necessary co-operation to make that happen.

During the past few decades science has forged powerful new health tools which, for the first time, make it possible to free the whole world of many major diseases. WHO and the concept of full international collaboration in the health field are not very old in time, but WHO is already pointing the way and making major progress in bringing the new techniques to all the countries of the world. To all of you and to me, WHO is a wonderful organization. It makes all of us partners in health

progress. I am sure that this will be a constructive and worthwhile session that each and every one of us will be proud to have attended. Given time, our efforts in WHO have a chance to help prevent suffering and strife and to bring health and happiness to the world's people.

## 21. Address by the Chief Delegate of Uruguay

Dr. FABINI (Uruguay) (*translation from the Spanish*): Mr. President, I wish to say a few words on an anniversary which falls today, and which for many reasons is of great significance. You will have realized that I refer to the anniversary of the birth on 8 May 1828 of Henri Dunant, an illustrious citizen of Geneva, and, through his work, of the world. I have said that there are many reasons for commemorating this anniversary. The first is that the Organization of which we are members is founded on a universal ideal of brotherhood and co-operation without distinction of race, sex, language, or religion, as laid down in Article 1 of the Charter of the United Nations. Ninety years ago this ideal of universal brotherhood was taken up by Henri Dunant after the tragic spectacle which he witnessed at the battle of Solferino. During many years of sacrifice his efforts were devoted to obtaining recognition of an idea which was then inconceivable—that aid must be given to friend and foe alike. But there is also another very important reason for keeping this anniversary. Not only was Geneva, the city which has extended to us so cordial a welcome, the birthplace of Henri Dunant; it was here in the Hotel de Ville that the International Convention of 1864 was signed by the majority of European countries and by the United States. It was also Geneva which gave Henri Dunant his most able assistants in the great work: Gustave Moynier and Louis Appia.

The International Convention of Geneva marks a decisive step in the history of the humanitarian ideals of aid and co-operation and in the concept of the law of nations—ideals and concepts which are at the very foundation of our organization.

The Geneva Convention of 1864 brought a new concept into international law—the humanization of war. The fruitfulness of the work of Henri Dunant is shown in its rapid and decisive influence on the development of international law. The second stage of this evolution was reached in the Hague Conventions of 1897 and 1907 which, for the safeguarding

of peace, provided for the creation of commissions of enquiry and courts of arbitration. The third stage was reached in 1919 with the Covenant of the League of Nations, in which the right to wage war was strictly limited. The fourth stage, which is the one in which we are now living, is that of the Charter of the United Nations which, in its preamble, expresses the universal desire to save succeeding generations from the scourge of war. The spirit of Henri Dunant presides over the work for peace and social progress which concerns the whole world.

Mr. President, I propose that the Health Assembly stand in silence for one minute as a tribute to the memory of Henri Dunant. It will also be a tribute to the city of Geneva.

*The Health Assembly stood in silence for one minute.*

## 22. Programme of Work of the Health Assembly

The PRESIDENT : I call your attention to document A4/30, the programme of work for the Fourth World Health Assembly. It is planned, in presenting such a work schedule, to attempt to expedite the holding of plenary and committee meetings so that we can get on with our business in good order. Unless we hear any objection we will consider that the Assembly adopts this provisional work-schedule which will, of course, be amended as we go along if, in time, the General Committee finds that we cannot proceed on this exact schedule. Hearing no objection then, this will be our provisional schedule.

## 23. Procedure for Consideration of Programme and Budget for 1952

The PRESIDENT : The Director-General has reminded me that I should also call attention to the *Official Records of the World Health Organization* Nos. 32 and 33, which show procedures for consideration of the programme and budget for 1952. Is this procedure satisfactory?

The Executive Board has proposed the series of recommendations, which I am sure you have seen, instructing the Committee on Programme to make a broad appraisal of the proposed programme and the Committee on Administration, Finance and Legal Matters to consider and recommend the scale of assessments, and so forth.

The programme of work which you have adopted incorporates these proposals. Hearing no objection then, we will assume that you approve this procedure for consideration of the programme and budget for 1952.

## 24. Procedure for Technical Discussions on the Education and Training of Medical and Public-Health Personnel

The PRESIDENT : The next item of business is the technical discussions at the Fourth World Health Assembly. You have before you document A4/32, entitled "Technical Discussions at the Fourth World Health Assembly," on page 4 of which you will find a proposal of the Executive Board, approved by the General Committee, that the Fourth World Health Assembly hold informal technical discussions on the education and training of medical and public-health personnel and that the Assembly authorize the President to designate a convener of the general meeting, to consider a suitable division of this subject-matter for discussion by three smaller groups and to propose nominations for three conveners of these smaller group meetings from among the members of the delegations.

The resolution is on page 4 of the document.

As I hear no objection, it is the sense then of the Assembly that this proposal is approved. I would propose the nomination of Professor Parisot (France) as the convener of the general meeting. Is that a satisfactory proposal? As no objection is heard, Professor Parisot will serve as convener of the general meeting. I would suggest the nomination, as conveners of the three discussion groups, of Sir Arcot Mudaliar, Dr. G. W. Anderson and Mrs. Aung San. Are those nominations satisfactory? Hearing no objection, they will then serve as conveners for the three discussion groups. A questionnaire has been distributed to delegations regarding their preference as to the topics of discussion. These you will find on your desks. Tentative outlines for the discussions will be distributed at the doors after the meeting. These will be in English, French and Spanish. The general technical discussions meeting will be held on Wednesday, 9 May, at 3.0 p.m. in Room XII. All information in connexion with the technical discussions can be obtained from Room A.388, next to Room XII.

## 25. Procedure for Nominations for Elections to the Executive Board

The PRESIDENT : It is requested that the delegations turn in their recommendations for nominations for elections to the Executive Board by noon on Saturday next. These recommendations will be discussed at General Committee meetings on Monday or Tuesday, for presentation at the plenary session of the

Assembly on Wednesday. Recommendations for nominations to the Executive Board should be handed in by noon next Saturday.

**26. Allocation of Item 15 of the Agenda (Admission of New Members) to the Committee on Administration, Finance and Legal Matters**

The PRESIDENT: I will next call your attention to documents A4/12 and A4/16, each with an addendum, and A4/18. These are on the admission to membership of Japan, the Federal Republic of Germany and Spain. I would ask your approval of allocation of this item of the agenda to the Committee on Administration, Finance and Legal Matters. Is there objection to that allocation? As none is heard, they will be so allocated.

**27. Inclusion of Cambodia, Laos and Viet Nam in the Western Pacific Region**

The PRESIDENT: Papers A4/41 and A4/10: requests presented by the Governments of Cambodia, Laos and Viet Nam for their inclusion in the Western Pacific Region. This is a matter of formality. You will recall that the Assembly provided for their inclusion in the Western Pacific Region last year, and that as a matter of temporary arrangement they have been in the South-East Asia Region. All we are doing now is formalizing the action we took last year. Unless we hear objection we will, then, include the shift of these countries to the Western Pacific Region. My attention has been called to the fact that we actually have before us a resolution for adoption on this shift. The resolution is in document A4/41 and it reads:

The Fourth World Health Assembly,

Having considered the requests of the Governments of Cambodia, Laos and Viet Nam for

termination of the period of their temporary inclusion in the South-East Asia Region, thus permitting them to form part of the regional organization to be established for the Western Pacific Region as authorized by the Third World Health Assembly,

RESOLVES that the temporary inclusion of the Kingdoms of Cambodia and Laos and the State of Viet Nam in the South-East Asia Region shall be terminated and that these Member States shall henceforth form part of the Western Pacific Regional Organization.

Is this resolution acceptable to you? As no objection is heard, it is approved by the Assembly.

**28. Announcements**

The PRESIDENT: Our next item under Other Business is the *Annual Report of the Director-General to the World Health Assembly and to the United Nations: Work of WHO, 1950*. This is *Official Records of the World Health Organization* No. 30. The Report of the Director-General is now open for discussion. The delegate of Panama. Do you wish to discuss the report?

In view of the fact that we are moving a bit ahead of schedule and some of you were probably preparing to discuss this report this afternoon, it probably would be better if we postponed discussion till then. If any of you do wish to discuss the report, your Chairman would appreciate learning from you in advance of your desire.

The Committee on Credentials will meet in Room XI at 9.30 o'clock tomorrow morning. This concludes our business for the meeting. Unless we hear objection, we will adjourn until 3 o'clock this afternoon.

*The meeting rose at 11.50 a.m.*

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FOURTH PLENARY MEETING

*Tuesday, 8 May 1951, at 3 p.m.*

*President: Dr. L. SCHEELE (United States of America)*

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**29. Address by the Delegate of Brazil**

The PRESIDENT: The fourth plenary meeting is now in session. The delegate of Brazil has the floor.

Professor FERREIRA (Brazil) (*translation from the French*): Mr. President and fellow delegates, I am still deeply affected by the words spoken in tribute to one whose memory will live among us, our late friend Dr. de Paula Souza.

No one will take his place in the Brazilian delegation, for the past cannot be obliterated and Dr. de Paula Souza is irreplaceable. I should not like to miss this opportunity of thanking you from my heart on behalf of all those working in social medicine in Brazil. The beautiful and moving words of our ex-President, the Indian Minister of Health, of Dr. René Sand and of Dr. Scheele have honoured in this hall the name of Brazil and that of Dr. de Paula Souza whom, alas, I cannot replace as delegate of Brazil.

But he was not only the representative of Brazil ; he represented the thought of the world in Brazil. And for all those working in Brazil, a mature country comprising all races and all religions and fields of unlimited opportunity, de Paula Souza was indeed a representative of Brazil since he was a man whose thought ranged the whole world.

I have made known in Brazil how respected he made the name of our country by his sincerity and devotion to so difficult a profession as that of preventive medicine.

In conclusion I would convey to you the deepest thanks of my country and of all those engaged in social medicine.

### 30. Address by the Chief Delegate of Panama

Dr. ENGLER (Panama) (*translation from the Spanish*): Mr. President, fellow delegates, the arrangements made by the United Nations enable me to speak in Spanish, which is moreover the national official language of Panama. But, having recalled this fact, I prefer to continue in English this time as a tribute to the spirit of unity which pervades this Assembly and out of deference to the many delegations which are able to follow that language more easily. (*Continues in English*)

The Republic of Panama, represented here for the first time as full Member of this august Assembly, is keenly aware of the privilege of sharing in the numerous activities of the World Health Organization, which have contributed so much already to the recognition and to the solution of many health problems throughout the world. From now on, Panama will take an active part in the even greater tasks ahead.

The Republic of Panama covers 73,185 square kilometres, of which only 1,678 square kilometres, comprising the Panama Canal Zone, are under the jurisdiction of the United States of America. Situated near a Latitude of 8° North and a Longitude of 82° West, between Costa Rica and Colombia, the Republic is divided by the majestic Cordillera, sloping

northward to the Caribbean Sea and southward to the Pacific Ocean.

In pre-Colombian days the isthmus was inhabited by the Guaymi and the Cuna people, whose treasures are found in the central provinces. This culture was still flourishing, although declining, when Vasco Nuñez de Balboa dipped his sword into the Southern Sea. During the colonial era, traffic passed through the isthmus, not only from Peru to Spain, but also from Mexico and even from countries as distant as China, thus making Panama even then the cross-roads of the world.

Ever since that time Panama has shown practically how a great variety of people of all nations and colours can live together in peaceful harmony, thus demonstrating on a very small scale some of the aims for which this august Assembly stands.

The continued existence of flourishing communities in Panama for more than four hundred years in spite of calamities, war and pestilence shows clearly that the public-health measures of the sixteenth, seventeenth and eighteenth centuries, strange as they may seem today, did not entirely lack efficiency. In 1640 Juan Requejo Alcedo mentions four hospitals in the country, the largest of which, the San Sebastian Hospital of Panama City, admitted the patients of the four surgeons and two pharmacists then practising in the capital.

The 700,000 people living in my country are relatively free from the tropical diseases which affect regions with similar climates. Apart from malaria, hookworm and yaws, the health problems of Panama are similar to those of countries in the temperate zone, such as malignant tumours, rheumatic fever, upper respiratory infections and, above all, pulmonary tuberculosis. Intensive anti-malaria work throughout the Republic has greatly reduced that menace, leaving tuberculosis as our major health problem, with a present incidence of 130 per 100,000. Rabies has not been observed in Panama since 1909, and the last autochthonous outbreak of smallpox was observed in 1928. An epidemic of measles among the Indian population of the western provinces was observed in 1946, 1947 and 1948. Recently, the occurrence of yellow fever of the sylvan type has attracted considerable attention. Since 1948, the total number of proven cases, all fatal, amounts to seven. The northward march of yellow-fever in the Western Hemisphere, at increasing speed, is being closely watched.

Since 1903, the year when the State adopted the republican form of government and the Canal entered into its final phase of construction, the public-health service of the Republic received a powerful

impulse from the example of the Panama Canal Health Department, which will be for ever linked to the glorious memory of Gorgas. It was he who proved that science can transform the "grave of the white man" into a healthy community, the vital statistics of which now compare favourably with those of the most advanced countries of the world. For the solution of special problems, close co-operation was established with the World Health Organization through its regional office, the Pan American Sanitary Bureau.

In Panama, social security legislation protects the majority of the gainfully employed population. The Government, supported by the National Assembly, is keenly aware of the economic basis of the nation's health and assigns the greatest possible share of the national income to public-health measures.

May I then, Mr. President, offer to you and, through you, to the other illustrious representatives of the nations here convened, the formal pledge that Panama will wholeheartedly co-operate in contributing its share towards the achievement of positive health as defined by the World Health Organisation for the benefit of the greatest number of people?

### 31. Discussion on the Annual Report of the Director-General

The PRESIDENT: We will now proceed with the discussion of the Annual Report of the Director General. The chief delegate of France will make the first report.

Professor PARISOT (France) (*translation from the French*): Mr. President and fellow delegates, The Annual Report of the Director-General, the reports of the sixth and seventh sessions of the Executive Board and the Proposed Programme and Budget Estimates for 1952<sup>4</sup> enable us to assess, with full knowledge of the facts, the results obtained by the Organization during the past year, the direction its activities are taking during the current year and its plans for the year to come.

In the reports of the Executive Board, the pages on the general programme of work covering a specific period and the expanded programme of technical assistance cast a still clearer light on the general policy of our Organization.

The recent developments in the Organization which strike us first are its progressive and thorough tendency to regionalization with all the administrative decentralization which this implies.

That there are to be regional arrangements within the framework of the World Organization is stated in the Constitution of WHO, which devotes an entire chapter to these arrangements. Moreover, this structure is not peculiar to WHO; other specialized agencies, in particular FAO, have also adopted it; but none of them planned, from the beginning, to apply the principle to such an extent.

WHO has made considerable progress in this direction during the past year and decentralization can now be regarded as extremely advanced. Thus the Organization is now called upon to act as precursor and guide, and the success of the decentralization which it has begun is therefore of the greatest interest, not only to the Organization itself but to other specialized agencies and to the United Nations.

What are we to think of this decentralization? How effective is it in practice? What are its repercussions on the coherent action of the World Organization? These are the main questions which this Health Assembly will have to answer.

Perhaps you will allow me to recall here a personal opinion which I expressed more than a year ago in January 1950 as a member of the Executive Board: "I am inclined to approve, *in theory, as high a degree of decentralization as possible* . . . regional offices must have the responsibility for putting into execution in their regions parts of the programme for aid to countries . . . The regional offices should consequently enjoy a high degree of technical autonomy and initiative and not be a mere second string in the application of the programme."

I note with great satisfaction that this opinion accords exactly with the policy followed by the Director-General during the past year.

The Director-General himself has made the advantages of this policy perfectly clear in the introduction to his Annual Report—"to move . . . to a system which can be said to embrace any form of assistance needed by countries for the general promotion and care of health" to regard WHO "as a practical and useful co-operative medium through which the knowledge, skills and techniques of modern public-health practice and medical science . . . may be made accessible to all nations intent upon strengthening their public-health services", "to assist each country in taking the next appropriate step towards developing its public-health services", "to meet the specific needs of individual nations"—these repeated statements indicate a firm resolve to place the Organization exclusively at the service of its Members.

In this connexion, a progressive evolution of the terms used in official documents of the Organization to indicate aid to governments is revealing: "field

<sup>4</sup> *Off. Rec. World Hlth Org.* 29 to 33 inclusive

operations", then "advisory services", and finally "strengthening national public-health services". This evolution shows that WHO has a positive approach, a sense of reality and practical usefulness which merit our fullest support. But we may wonder whether it does not also carry with it certain risks.

What was the intention of the various national delegations which met in New York in 1946? "The attainment by all peoples of the highest possible level of health".

How did it seem that this objective could be achieved at that time? Through a world organization acting as the "directing and co-ordinating authority".

The usefulness of, I would even say the necessity for, the decentralization of many of the technical activities of the Organization should not now cause us to lose sight of its universal character—its role as a co-ordinating authority.

Is not the ultimate mission of WHO to bring about, by help given individually to each country, an improvement in the general standard of health throughout the world?

I am not therefore so convinced as our Director-General that it would be desirable to move entirely away from the concept of priorities, and that we ought to supply all forms of assistance whatever their nature for the simple reason that we are asked for them.

The Executive Board was well aware of this when it stressed that regional programmes should be prepared in accordance with certain criteria obviously implying priorities: the value of the projected programme to the country itself, the ability of the country to co-operate in the execution of the programme and continue it subsequently, co-ordination of national programmes in the best interests of the region and co-ordination of regional programmes in the best interests of the world.

This is the principle of dividing programmes in a rational manner into three grades—national, regional and world.

In reality, there is no fundamental incompatibility between such graduation and decentralization as at present applied. Did not the Executive Board state that requests from various countries could very well be classed according to the priorities established in the beginning by the Interim Commission and the First World Health Assembly and that thus the Organization's policy would show remarkable unity of conception and continuity of action?

It is for this Assembly to give a decision on this crucial problem and to determine exactly what are to be the respective duties and responsibilities of the World Health Assembly and regional committees, of headquarters and regional offices, and the part to be

played by the Executive Board—to lay down, in a word, conditions which will ensure the balance and effectiveness of the Organization in accordance with the fundamental principles of its Constitution.

Nowhere is this need more evident than in the Organization's participation in the United Nations technical assistance programme for the economic and social development of underdeveloped regions. This participation has twofold implications: on the one hand, WHO will have to conform to the general directives of the Technical Assistance Board and accept certain limitations of its freedom inevitable in joint action with the other specialized agencies; on the other hand it must incorporate this particular side of its activities into its own programme.

So vast an undertaking, in which considerable sums are to be invested, could not be carried out in the absence of constant and close co-operation with the Technical Assistance Board and the other specialized agencies or without perfect co-ordination of the work within the Organization itself.

At the last session of the Economic and Social Council certain misgivings were expressed in this connexion; the difficulties of co-ordination which might arise from the extensive powers delegated by WHO to its regional bodies gave rise to particular concern.

I feel sure that we can easily allay these fears. We have only to define clearly the role which we intend to entrust, on the world and on the regional scale, to administrative bodies and to executive bodies and the administrative procedure which we wish to have initiated for dealing with technical assistance plans from the day on which they are submitted to us up to the time when they can at last be put into application.

Liaison with the other specialized agencies, in particular with ILO and FAO, is of capital importance as regards both the ordinary programme of the Organization and its technical assistance programme. The information on this subject supplied by the Director-General gives me most lively satisfaction.

I am also very happy to see the trustful and effective co-operation which is growing up between UNICEF and WHO under the recent resolution of the United Nations Assembly.

Before concluding I should like to mention two items of the agenda which are of particular interest to the French delegation.

In the first place, it is this Assembly which has the privilege of studying, as the supreme authority, the draft International Sanitary Regulations which are to supersede the diplomatic conventions applicable so far and regulate henceforth all international

communications by land, sea and air in all matters of health.

You will understand me when on behalf of France I transmit a message of special thanks to those who have patiently elaborated the text submitted to us ; they have shown themselves worthy of a long tradition of common effort and mutual understanding—a century-old tradition, for it was in 1851 that the First International Health Conference met in Paris at the invitation of France.

The task of the Expert Committee on International Epidemiology and Quarantine, of the joint OIHP-WHO working parties, of the jurists, the Secretariat and the Special Preparatory Committee was particularly arduous. The latest advances in science and the recent progress in technique have made this task easier in one sense ; but on the other hand how many new and difficult problems arise from the extension, complexity and increasing speed of international communications ! In 1951, as in 1851, the solutions of such problems are, and can only be, compromises between the demands of commercial transport, by sea and air, and the protection necessary to public health.

For that reason it would be vain to hope for unanimous agreement on every article of the Regulations. On the contrary, we must expect that they will be adopted only with some reservations. But I would express the hope that these reservations, whatever their nature, will not impair the validity and general scope of the Regulations.

It will fall to national health administrations to show themselves resolved to apply scrupulously but without excessive stringency the measures which their delegates have here accepted. The International Sanitary Regulations will be truly effective only if goodwill and mutual confidence are shown in their application.

Secondly, our agenda provides for a technical discussion specially devoted to the education and training of medical and public-health personnel. This innovation seems to us a happy one from more than one point of view : it focuses the attention of the Health Assembly, formerly divided among a large number of items on its programme, on a single subject ; it throws into relief the prime importance of the subject chosen ; it offers the technical experts of the various delegations an opportunity of exchanging speculative views unhampered by the budgetary considerations which have too often weighed upon our technical discussions.

It is an experiment, and whatever the outcome it will have been worth while ; the Executive Board is to be congratulated on taking the step. From this experiment we must draw the conclusions which it

offers for the future, choose the subjects which seem most worthwhile, give proper orientation to the preparatory work, and define the conditions which will give the discussion a maximum of usefulness.

Mr. President and fellow delegates, once again, in this Fourth World Health Assembly, we note certain empty seats among us. May I say once again how much this is to be deplored ? Whether they are considered from the point of view of the adoption of International Regulations and the guarantees of their application which are to be expected, or the budgetary resources of the Organization, or the extension “ to all peoples ” of the benefits of health, these absences are of undoubted seriousness.

Ours is a worldwide organization working for the good of humanity and for peace. May all nations soon be united in it working with a single purpose, with mutual trust and with a common enthusiasm for the lofty ideal which inspires us.

The PRESIDENT : The next comments on the Director-General's Report will be by the chief delegate of Korea.

Dr. YOUNG SUK KOO (Korea) : It is indeed a great honour and pleasure for me to say a few words before this distinguished gathering.

I am a delegate from Korea, on which the world's attention is keenly focused at present. The word “ Korea ” is composed of two Chinese characters, the first character meaning lofty or high and the second blue or clear. In other words, it signifies that Korea is a wonderful scenic country beautified by its lofty mountains and blue waters. But for the last eleven months of war, about half of my country has become a no man's land, devastated by the awful war of aggression. The hillsides became ugly and the blue streams became bloody waters. The people have become contaminated with malignant diseases such as typhus, typhoid, smallpox and the venereal diseases. During the first five months of the war the people of South Korea were well immunized against communicable diseases, with encouraging results. There were reported 37 cases of encephalitis of the Japanese type B, 84 of smallpox, and fewer than 50 of tetanus, with a mortality of only 38 per cent, of which tetanus was the greatest. But now typhus is raging in the Red China-invaded area. It is reported that hundreds are dying daily among the Red Chinese soldiers. It is found from the Red Chinese prisoners-of-war that they have never been vaccinated, and never even knew of the word “ immunization ”. My country is being panic-stricken by the invasion of infectious disease brought in by the Communist aggressors.

I am from Asia : I do not know much about other parts of the world. But I do know something about the Asiatic situation which deserves your serious consideration. We know that battles are being waged in various parts of Asia and we must also recognize the fact that poverty, hunger and disease threaten the people throughout this great continent. Yes, it is true that thousands of our gallant boys are dying on the battle-fronts, but it is also true that millions of innocent women and children behind the lines are suffering from broken hearts, epidemics, malnutrition, and the so-called wartime anaemia.

We are most thankful for the assistance already rendered to us by the World Health Organization through the Unified Command. With the coming of the warm weather, and with no prospect of ending the war in sight, the pending danger of major epidemics grows every day. We earnestly hope that this will not happen. On the other hand, if this unfortunately should happen, we will have to fall back on the World Health Organization for future and increased assistance.

Please do not consider that this is our own Korean problem. It is a matter of serious concern for the whole world. I also wish to invite your attention to the statement made in the Preamble to the WHO Constitution, which says :

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

The PRESIDENT : One other delegate has asked to speak on the report this afternoon. I wonder if any of those who have indicated a desire to speak tomorrow would be prepared to speak this afternoon ?

The next comments will be by the chief delegate of Egypt.

Dr. NASR, Bey (Egypt) : I have read the Director-General's Report with very great interest and I am astonished by the enormous achievements recorded therein, in spite of the tremendous budgetary and financial difficulties which he has encountered.

You will all recall how you met here at the First World Health Assembly with very high hopes and brave words. You adopted a bold Constitution which, among other things, made it mandatory for WHO : " to assist governments, upon request, in strengthening health services " ; " to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment " ; " to promote, in co-operation with

other specialized agencies where necessary, the improvement of ... housing, sanitation, ... and other aspects of environmental hygiene " ; " to foster activities in the field of mental health, especially those affecting the harmony of human relations " ; and in general, " to act as the directing and co-ordinating authority on international health work " .

How have Members assisted the Director-General in promoting those great ends for which this organization was called into being ? The First World Health Assembly approved a programme amounting to \$7,000,000 and immediately adopted a budget of \$5,000,000. The Second World Health Assembly adopted a budget of \$7,501,000 but, in view of the serious financial position in which the Organization found itself, the Executive Board was obliged to reduce that budget to an expenditure level of \$6,300,000. The Third World Health Assembly voted a budget of \$7,300,000 and the Executive Board once again, however unwillingly, found itself obliged to reduce that budget to an expenditure level of \$6,150,000. And during all this time the Director-General has gone forward and with the means at his disposal he has carried out, as far as possible, the policies which this Assembly has established from time to time.

I might say that my Government has been most insistent ever since this organization was established that, to the largest extent possible, the activities of the World Health Organization should be planned within the regions in co-operation with the governments concerned. What pleases me most in the report of the Director-General is the fact that we are now able to review the work already undertaken on a regional basis by countries and by activities.

I note from the report of the seventh session of the Executive Board that the programme and budget estimates for 1952 were prepared within regions in consultation with the governments concerned and that they had been submitted to the regional committees for their consideration. In the view of the Board, the total programme proposed is a balanced programme which conforms with general programmes of work approved by the Health Assembly and which have been adapted to the actual conditions and requirements of the various Member States.

I am not able to speak for other regions, but I can say that the regional schedule in the programme and budget estimates for 1952 was submitted to the Regional Committee for the Eastern Mediterranean which met in Istanbul last year and represents the minimum international health programme required.

Mr. President, your honorable predecessor, in her retiring speech, stated in no uncertain terms that a balanced health service was a prerequisite for the prevention of social disorder. She also stated that in our modern world nations cannot live on their own. In the Eastern Mediterranean Region we are facing the challenge of our physical environment, and although environment may not be a total causation in establishing the attitudes of our peoples, it is beyond doubt the most conspicuous single factor. The countries of my region require understanding and assistance in facing that challenge and we demand such assistance from those that can afford to give this assistance because of their economic standards.

I consider that the programme and budget estimates for 1952 proposed by the Director-General are the minimum that this Assembly can appropriate, and I hope that my fellow delegates, particularly those coming from regions with similar problems, will support my attitude in this matter.

The PRESIDENT: The chief delegate of the Dominican Republic.

Dr. ESPAILLAT DE LA MOTA (Dominican Republic) (*translation from the Spanish*): On behalf of the Dominican Republic and of its Government, I have great pleasure in congratulating the Executive Board and the Director-General of the World Health Organization on the success with which their work has been accomplished. Our congratulations also carry with them our approval of the interesting reports submitted by the committees, including that of the Standing Committee on Administration and Finance. This approval is an early token of a favourable inclination on the part of a Member of proved goodwill to fall in with all the suggestions and plans which are to be discussed and which are remarkable for their outstanding capacity for improving, by international collaboration, the living conditions of all mankind.

The will of the Dominican Government to cooperate to the fullest with all assemblies and meetings of this kind is in harmony with the directives of His Excellency President Trujillo. We would recall here that one of the points which he made in a widely published speech at the opening session of the Third Panamerican Sanitary Conference, held in our capital city, was that all his policy was directed upon the following lines: Every government is, in the main, responsible for the health conditions of its people and for the effort to obtain and preserve a good state of health, which is in the last analysis the most secure basis for public well-being.

Thanks to a magnificent social welfare plan, the people of the Dominican Republic see their services developing in a satisfactory manner. The Government has brought together and integrated all the welfare programmes for the current year, 1951, with an expenditure budget of more than 5 million Dominican dollars or 7.12 per cent of the general budget of the nation, not including amounts set apart for the construction and equipment of new hospital establishments which are to be built this year. As a result of this liberal policy, directed towards such noble ends, the mortality rate for our country, which now has 2,121,000 inhabitants, has fallen to 9.3 per thousand. Although there has been no pestilential disease or dangerous epidemic in the Dominican Republic during the past thirty years since the last smallpox pandemic—a freedom which can be partly attributed to the efficiency of the preventive measures and quarantine provisions imposed by our health legislation—we have certain public-health problems such as the prevalence of malaria. Although the most modern methods are being used to combat this scourge, the remarkable efforts of the Government must be redoubled. For that reason we should not remain indifferent to any proposal for collaboration in our campaign against malaria.

Faithful to its democratic ideals, the Government of the Dominican Republic is happy to take part in the work of this international gathering and ready to implement all the resolutions of the Fourth World Health Assembly, thus assuming its share in the obligation of every modern State to promote general welfare in these times through which the world is passing and in the midst of the conflicts which are threatening to prevent the realization of man's aspirations to independence, greatness and peace.

The PRESIDENT: Are there any additional comments on the report this afternoon?

Mrs. AUNG SAN (Burma): Mr. President, those of us who had the privilege yesterday of listening to the retiring speech of the Honourable Rajkumari Amrit Kaur could not fail to be impressed with the needs of the economically under-developed countries of the world. I was therefore troubled to read that the Executive Board has recommended a decrease in the budget. Mr. President, over the past few years the countries of my region have achieved very important changes in their political environments and we are struggling to maintain democratic systems of government suitable to our own local conditions. One of the major problems that we encounter is the social unrest engendered by the misery of disease.

The Director-General has stated that the programme proposed in his document is a consolidation of programmes prepared by regional organizations and is a direct contribution to the solution of some of their problems. I myself was President of the regional committee meeting for South-East Asia held in Kandy last September. The programme for South-East Asia explained in detail our needs country by country and activity by activity. Where necessary, appropriate changes were made and this programme represents the minimum international health programme required by the region in 1952. At the regional committee meeting for South-East Asia, a resolution was passed indicating that in the view of that committee the Director-General's budget estimates for 1952 should be increased by 20 per cent. over and above 1951. My Government, therefore, supports the Director-General in his request for an effective working budget for 1952 of \$8,379,653.

The PRESIDENT : Does anyone else wish to speak this afternoon ? We have requests from Yugoslavia, Saudi Arabia, Philippines, Israel, Australia and Syria to be heard tomorrow. If any of them are prepared to speak today, we shall be very happy to recognize them.

### 32. Announcements

The PRESIDENT : The General Committee will meet at 12 noon tomorrow, Room XI. There will be a plenary meeting at 10 o'clock in the morning, here. If any other delegates wish to be recognized tomorrow, the Chair would appreciate it if they would so indicate this afternoon or just before the beginning of the meeting tomorrow. We have no further business to come before us this afternoon, hence we will declare the meeting adjourned.

*The meeting rose at 4.5 p.m.*

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## FIFTH PLENARY MEETING

*Wednesday, 9 May 1951, at 10 a.m.*

*President : Dr. L. SCHEELE (United States of America)*

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### 33. Discussion on the Annual Report of the Director-General (continuation)

The PRESIDENT : The fifth plenary meeting of the Fourth World Health Assembly is now in session. We will request the speakers to speak very slowly so that the interpreters can keep up with them.

The chief delegate of Yugoslavia has the floor.

Dr. GREGORIĆ (Yugoslavia) : It is our task to discuss the report of the Director-General concerning the work of the World Health Organization in the year 1950. The Assembly being the chief organ of the World Health Organization, we are, of course, responsible for the successes as well as for the failures of our organization, and therefore it is our duty thoroughly to examine its activity. This is the more necessary as nearly five years have elapsed since the termination of the International Health Conference in New York, at which the Constitution of the World Health Organization was adopted, and where it was decided to establish the Organization. During this period strenuous work has been done

for the creation of effective co-operation among the nations and the countries of the world for the protection of public health. We consider that now, at this session of the World Health Assembly, the time has come to look back over the past period and to examine the successes obtained, in order to see whether there are any shortcomings in our work and, finally, to find out whether it would be possible—considering the present international situation and the facilities and the funds which are at the disposal of our organization—to obtain better results.

In accordance with the terms of Article 18 of the Constitution of the World Health Organization, it is the duty and responsibility of us, the World Health Assembly, to determine the policy of our organization. The direction and methods of our work are not and should not be determined by anyone else. The forms, the content and the directions for the work of the World Health Organization are the principal questions to be treated and determined by this Assembly, and followed by the Executive Board and the Secretariat of the World Health Organization.

In reviewing the results of our work up to date, I first wish to emphasize what, in our opinion, has been most beneficial and advantageous to all of us since the existence of this organization. Further, it is necessary to submit the work of our organization to a critical examination, that is, to examine whether the best possible results have been obtained, taking into consideration the funds at our disposal. It is also our duty to examine whether, by eventually applying better methods, still better results could have been obtained.

What was the purpose of the creation of the World Health Organization, and why are the majority of the countries throughout the world taking part in its work?

First of all, because all the countries and nations of the world are interested in exchanging their experience in the field of public-health protection and in exchanging the results achieved in medical science and practice, since this leads to a general improvement of health. The rapid development of medical sciences and the effective and various experiences in public-health protection all over the world require a permanently organized exchange of experience and permanent contact. An international organization such as the World Health Organization can play a great role in creating close contact among the countries and in speedy transmission of the achievements and the experience obtained in the field of health protection. This is, perhaps, the most important factor which justifies the existence of the Organization and which ensures its future.

However, there is another reason which vindicates contacts among the countries and mutual aid, namely, the existence of a disparity in the health situation among the nations of the world. The health of the population and health protection in the economically undeveloped countries is far below modern conceptions. The existence of such a situation is a danger not only for the health of their people, but also for mankind in general. The more developed countries not only have the moral obligation to help the promotion of health protection in the undeveloped countries, but it is in their own interest to do so, in order to prevent the spreading of communicable diseases from the undeveloped countries.

The need for assistance to the undeveloped countries has been explicitly pointed out in the principles on which the World Health Organization is based, and especially in the principle that the benefits derived from the highest standards of health achieved are one of the basic rights of every human being, regardless of race, religion, political convictions, and economic and social conditions. These

principles also lay down that the unequal development of the various countries in the field of health protection and the prevention of diseases, especially of the communicable ones, is a common danger, and that the extension of benefits derived from medical, psychological and other knowledge to all nations is of vital importance for the achievement of complete health.

To what extent have we so far succeeded in fulfilling these most important tasks of international co-operation in health protection?

The existence of the World Health Organization has made it possible for the health-service representatives of various countries to hold regular meetings every year. At these meetings they state the experience acquired and results achieved in the work of public-health protection. In addition to the work of the World Health Assembly, we wish to point out and commend, as a particularly valuable form of work, the activity of the expert committees. During the five years of work of the World Health Organization a large number of consultative meetings of experts on various questions of public-health protection have been held. Last year (in 1950) over 20 reports on the work of various expert committees were published.

We are of the opinion that the kind of work done by the expert committee is one of the most valuable forms of international co-operation in promoting health protection. It is of great value for the government of each country in the world to learn the views of the world's best experts on a special question of public-health protection. We believe that the recommendations and suggestions made by the various expert committees can greatly contribute to the forming of the health policy of each country. This will especially be achieved if the work of the committees of experts develops on a general, pre-determined plan, and if the necessary elements for the elaboration and the promotion of the health policy in various countries are mutually supplemented.

Another very successful form of work of the World Health Organization has been the fact that a good number of health workers have been given opportunities to supplement their professional studies, benefiting from the Organization's fellowships: The work on perfecting the training of health workers has certainly led to the promotion of professional knowledge in all countries, thus strengthening their possibilities and knowledge for the campaign against morbidity and mortality.

The use of fellowships, seminars and travelling teams, and the visits of foreign experts to various countries for the purpose of giving lectures and

holding courses, is very beneficial for all countries, and all countries should be given such opportunities, especially in the present situation of the development of health protection in the world, above all for the health workers of the under-developed countries. Our country derived special benefit from these fellowships because it sent its health workers to be trained in other countries according to a planned system.

The World Health Organization, unfortunately, has not exerted sufficient effort to give material assistance to the under-developed countries. A number of under-developed countries are in such an economic position that with their own capacities and forces they are not able to carry out the necessary health programmes. They cannot even create the necessary platform for the work of the various health experts who benefit from the fellowships of the World Health Organization. Owing to the present international situation, actual aid to the development of the health service of various countries cannot be seriously imagined if such aid does not include a constant definite percentage of the most essential equipment which cannot be procured in the respective country and which such a country cannot procure with its own funds. Material aid is not, therefore, in our opinion, a separate question which does not concern the World Health Organization, but an essential component part of the question of promoting health protection in the under-developed countries, and our Assembly should discuss this question and try to find a way to solve it.

After the Second World War certain under-developed countries were to a great extent given the benefit of UNRRA assistance. UNICEF has also made possible, from a material standpoint, the performance of certain health drives, often very extensive and valuable in the world. Yugoslavia, for instance, has been enabled, owing to the help of UNRRA and UNICEF, to undertake important action in the fight against malaria, typhus, trachoma, tuberculosis, lues etc.

If, for example, we did not get UNICEF assistance, no recommendations of the committees of experts, nor fellowships, could have made it possible to accomplish such valuable and extensive drives as were carried out in our country.

It is not to be expected that either the action of UNICEF or technical assistance will last for ever. UNICEF is an organization for help to children in urgent cases. However, our Government considers that the work of UNICEF should be extended for another few years, but it is still aware that this work will cease before the horrible differences between the situation of health protection in various countries

are equalized. Therefore we consider that the World Health Organization should be concerned with questions of direct material aid, regardless of the health programmes of other agencies—in this concrete case, UNICEF and United Nations technical assistance. We consider it quite wrong for our organization not to show interest in such a problem, as otherwise its recommendations on professional questions and its advice will be turned into mere phrases and shattered against the poverty and misery of the under-developed countries. And this can also lead to the loss of interest by a number of countries in the work of the World Health Organization. This would be a great loss, but if the World Health Organization were in a position to find suitable methods and funds for its work, it would play a significant role in the promotion of the health situation of the whole of mankind.

The international epidemiological service and the publishing of bulletins on the incidence of communicable diseases, of statistical data on health conditions in various countries and of bulletins on the development of sanitary legislation, etc., should be pointed out as a useful achievement of the World Health Organization.

We might perhaps be told that it is easy to put such requests to the World Health Organization but that it is not possible to fulfil them, since the Organization does not have an adequate budget to extend this work. In this case, we consider it justified to put the following question: Is there, having regard to existing funds, a possibility of doing more than has been done up to now?

In our opinion, there are ample opportunities of doing so, provided that changes are made in the methods of work of the World Health Organization.

It is proposed that we approve the regular budget of the World Health Organization for next year, which will exceed the sum of eight and a half million dollars. Analysing the expenses to be incurred out of these funds, and looking at the matter from the standpoint of the kind of the expenditures, we come to the conclusion that over two-thirds of the budget of the World Health Organization is allocated for salaries of the employees in the Secretariat, for their trips and for the expenses incurred on their work in offices etc. We see, however, that only 9.66% of the budget has been appropriated for the convening of meetings and the work of the expert committees and the various international conferences, only 10.27% for fellowships, and nothing for material aid to countries.

Gentlemen, in our opinion such expenditure of our resources is onerous and detrimental, and shows that the work of our organization has taken the wrong

path. The increase of the staff threatens to transform the World Health Organization into an organization above the States, rather than a secretariat of this Assembly which should carry out the decisions of our organization. The enormous increase of the apparatus will result in spending most of the budget of our organization for the staff, so that there will remain next to nothing for the convening of international conferences, for fellowships and for material assistance. What harmful results are obtained by the constant increase in the number of employees may be seen by the fact that the Secretariat of the World Health Organization, with the approval of the Executive Board, has not even carried out the decisions of last year's Assembly on the convocation of expert committees to discuss the question of the campaigns against rheumatism and poliomyelitis and the question of dentistry.

Whereas the 1950 budget included the sum of 100,000 dollars for supplies for programmes of the countries, this year's budget and the 1952 budget do not even provide this sum.

What is the reason for this tendency to increase the permanent staff of the World Health Organization ?

It seems that this is the consequence of an erroneous conception of the tasks and the role of the Organization. Obviously, the World Health Organization has been conceived as an organization above the countries, as an organization to give advice to all countries and tutelage for the public health of each country. Therefore, it is quite clear that there is a tendency that the Organization should have at least one, if not more, expert for each question. The employment of a large number of experts on the permanent staff also requires the employment of several technicians and administrative clerks for each expert. Then, each one of them requires travel expenses, offices, transport, etc.

It is not our intention to criticize either the work of the Director-General or that of the experts and of the staff. We are deeply convinced of the goodwill and the efforts of all the employees of our organization. We believe that within the framework of the tasks set them they are doing their best. However, the question arises whether the results achieved are worth the money spent. Could not more be achieved with the same funds? In our opinion it could be, and here is the method we propose.

The World Health Organization should not be a world ministry of health, a forum above all countries which will give directions to the world on the work of health services. It must be our joint intermediary agency, which will mediate and organize international co-operation and establish contact among the

countries. In other words, we wish, on the international plane, to co-operate with the health workers of the USA, the United Kingdom, France, Sweden, India, Pakistan etc., and not exclusively with the employees of our Secretariat. The Secretariat of the Organization should be the intermediary which will facilitate contact between the health services of various countries, which will convoke and facilitate the holding of various international conferences of experts, the exchange of experience and the joint study of problems requiring international discussion. Moreover, owing to the fact that there is a large number of undeveloped countries needing assistance, and that it will be necessary to grant for a longer period of time fellowships of the Organization for training abroad, we consider that from our annual contributions to the Organization adequate sums should be allotted for material aid, fellowships, etc. Therefore, the main task of the Organization, and the greater part of the funds which we annually contribute to its budget, should be allocated in my opinion to the holding of international conferences, to expert committees, to fellowships and to material assistance, whereas expenditure on the staff must be reduced to reasonable proportions, which should not exceed one-third of the total funds contributed to the budget of our organization.

At the budget debate, our delegation will submit the text of a resolution requesting a change in the programme and in the budget of our organization in this respect.

The greater part of the beneficial activities of the Organization can be performed without special international employees of WHO. The reduction in the number of employees will enable our organization to spend more, that is at least 20 per cent., of our budget on material aid ; further, at least 25 per cent. on fellowships and visits of foreign experts, and, finally, at least 20 per cent, on meetings of expert committees, international conferences etc.

In our opinion the Secretariat of the World Health Organization should be an intermediary agency for the facilitating of international contact between the countries and health institutions all over the world, and not a gigantic world ministry of public health. If the World Health Organization is thus regarded, we shall be able, without threatening the normal development of our affairs, to reduce expenditure on the permanent staff of WHO.

When next year's programme of work of our organization is discussed at this Assembly the Yugoslav delegation will submit appropriate motions on this subject. These suggestions will deal with the methods of work of the Organization, as has been stated above.

Further, it is our opinion that this Assembly should treat the question of the chief activity of the Organization, for we feel that conditions are mature for WHO to deal with the basic task common to all the Member States, namely the question of health policy, the question of the principles and the methods of work which the countries should benefit by in elaborating their system of public-health protection. Marked differences in health policy exist in the work of most of the countries. These differences are not always an expression of the various health conditions and possibilities. They are often the result of various conceptions, various approaches and various experiences in public-health protection. We consider that the next World Health Assembly should deal with this question as the main subject of its work, and that all countries should set forth their methods, organization and experience in the field of public-health protection. And if we then want to make useful recommendations, we consider that, in the meantime, a number of expert committees should be called to explain the most important questions and problems necessary to give form to the health policy of certain countries.

This will bring about stronger co-ordination of the work of the various expert committees, each of which will contribute its share in solving the basic question of aid to the Member States of the Organization.

I emphasize once more that the object of these remarks is not to present the work of the Director-General and the Secretariat in a bad sense. If one must criticize anybody, it is ourselves, the Assembly of the World Health Organization, for we alone are competent to determine the direction of the work of the Organization. The problems of mankind in the field of public-health protection are enormous, and our possibilities are relatively limited. Therefore we must carefully choose the methods and the content of our work, in order to achieve the best results with the least difficulties.

It is necessary here to make several remarks on the work of the Executive Board.

Article 28 of the Organization's Constitution provides that the Executive Board should carry out the decisions and the policy of the World Health Assembly, that is, it has to function as the executive organ of the Assembly. In examining the attitude of the Executive Board towards the programme and the budget of the World Health Organization for the year 1952, it may easily be seen, however, that the Executive Board has offered no resistance but that it favours the bureaucratization of the World Health Organization, in recommending the adoption of a budget which leads to a further increase in the

number of employees and does not ensure sufficient funds for international conferences, fellowships and material aid.

As particularly illustrative phenomena, we draw attention to the following items from the seventh session of the Executive Board in Geneva, which relate to the erroneous conception of the role of the World Health Organization by the Executive Board. On page 13, item 42,<sup>5</sup> the Executive Board, approving the regionalization and the decentralization, warns us that this will simultaneously lead to an increase in expenditure, and it approves the increase in the number of vacancies for employees at headquarters as well as in the regional offices. This is rather a misconception of decentralization, which must lead to a diminution of the daily activities in the administration at headquarters, and consequently to a diminution in the number of employees and not to a further increase in bureaucracy.

We further consider that the Executive Board has not taken the right attitude towards the problem of supplying the countries with critically needed material. In the report of the seventh session of the Executive Board the following statement appears :<sup>6</sup>

Although the Board recognizes the critical need for health and medical supplies in many areas of the world, it believes that the distribution of these commodities is basically an economic problem. The Board feels that one of the functions of WHO is to assist and support governments in the utilization of international economic machinery in efforts to obtain supplies for health purposes.

We do not know whether any country in the world has solved the question of the fulfilment of its health programme in this way. The World Health Organization should not pass easily over such an important question.

In short, if we wish to ensure a proper development of our organization, the World Health Assembly must show more concern for the methods and the main object and lines of its activity. If we wish to make the maximum use of the funds which we contribute to our joint budget, if we wish to realize the aims for which we have created this organization, if we wish to be the instrument for strengthening co-operation among the countries of the world in the protection of health, and if we really wish to offer maximum support to the promotion of health in the under-developed countries, then at this session we

<sup>5</sup> *Off. Rec. World Hlth Org.* 33

<sup>6</sup> *Off. Rec. World Hlth Org.* 33, 24

must seriously and extensively discuss the methods and the direction of the work of our organization. We must radically check its further bureaucratization and direct all our forces and capacities to the exchange of experience and scientific achievements through expert committees and conferences, by a copious granting of fellowships, by direct material aid for the work of scientific institutions, and by supplying the health programmes of certain countries with critically needed material.

The PRESIDENT: The Chair recognizes the chief delegate of Saudi Arabia.

Dr. PHARAON (Saudi Arabia) (*translation from the French*): The Saudi Arabian Delegation would like, in the first place, to pay homage to the Honourable Rajkumari Amrit Kaur for the intelligence, efficiency and devotion with which she so admirably presided over the Third World Health Assembly. Our delegation at the same time takes the opportunity of congratulating Dr. Scheele on the well-merited confidence which the Assembly has shown in him by requesting him to preside over the work of the fourth session. We are certain that he will place at the service of WHO his great qualities of heart and mind and his long experience, as well as his integrity of character. We are convinced that he will acquit himself of this heavy task with the same courage, devotion and equity as his predecessors, and that he will uphold the noble traditions of WHO. Mr. President, in passing on to you this torch towards which the hopes of humanity converge, we are sure that you will transmit it to your successor brighter and more ardent.

The delegation of Saudi Arabia would also like to express its sincere thanks for and its admiration of the remarkable work accomplished during 1950 by the Director-General, the Executive Board and members of the Secretariat, as well as by the various regional offices, and especially the Regional Office at Alexandria under the aegis of its Director, Sir Aly Shousha, Pasha.

The reports submitted to us, both by the Director-General and by the Executive Board, show the extent of the work accomplished and command the admiration and gratitude of all. We may congratulate ourselves that, thanks to the integrity of these men who devote themselves to its cause, WHO is realizing its ideals and fulfilling its noble and beneficent mission. These reports provide a striking proof that WHO has passed successfully through the most difficult period of its life and has now entered upon a path which promises soon to bring an era of perfect wellbeing, security and peace for humanity.

WHO has started out on that promising road; I mean by that that its responsibility is great and that its task is still before it. Without allowing myself to slip too easily down the slope of pessimism—since my faith in the future of WHO is unshakable—nevertheless I believe it would be wise and prudent to measure its strength against the effort demanded.

The ills of humanity are, alas, still much too great, much too deep; humanity has still, unfortunately, to pay a very heavy ransom in tears, suffering and human lives before it can celebrate the day of total victory and the achievement of the aims of WHO.

It is not in any spirit of defeatism that I express myself in these somewhat discouraging terms, but in order to urge all countries to renew their faith in the future of WHO and to encourage them to redouble their ardour and zeal in the struggle against disease, poverty and ignorance. I feel sure that my appeal will be heeded everywhere.

This leads me to emphasize how important it is that the work be undertaken by all in a spirit of loyal understanding and sincere collaboration. The objectives of WHO cannot be conceived, still less attained, except on a world level, and it is for this reason that there is an obligation upon each country to take steps to co-ordinate its work with that of WHO and other countries. In my opinion, this is the only way in which we can achieve our aims.

WHO is there to ensure co-ordination of this work; up to the present the Organization has acquitted itself admirably of this task. Nevertheless, we must seek to do even better by adapting the methods of work and administrative processes of the Organization to the particular conditions and requirements of each region, sometimes even of each country. Much has been said about centralization and decentralization. May I be allowed to express an opinion on this subject which I hope will hold the attention of the Assembly and of the Executive Board? It is incontestable that headquarters—and I mean by that the Director-General, the Executive Board and the Secretariat—must promote and co-ordinate all the work of the Organization. But this does not in any way confer on headquarters a monopoly of the Organization's activity. There are a number of factors in favour of regional offices, which must be accorded fairly wide prerogatives and the technical and financial means to undertake, in their separate fields of action, the work entrusted to them—always along the lines of the directives given by headquarters. It is obvious, of course, that the regional offices cannot accomplish these tasks unless they are provided with the necessary funds,

authority and staff. Therefore, it would be well to insist upon the desirability—I would even say necessity—of establishing liaison between the regions and headquarters through the intermediary of the representatives of each region on the Executive Board.

I would here draw the attention of the Assembly to the fact that the Eastern Mediterranean Region is not adequately represented on the Executive Board as compared with other regions. The Saudi Arabian delegation hopes that the Assembly will take decisions to remedy a deficiency which is no longer admissible and put an end to a situation which can in no way be justified.

In fact, the Eastern Mediterranean Region includes eleven countries which are represented on the Executive Board by two members only. The Saudi Arabian delegation hopes that this number may be increased to three to ensure, within this important body, equality of representation in accordance with the principles of the WHO Constitution.

At the same time, the Saudi Arabian delegation would like to take this opportunity of thanking WHO and the Regional Office at Alexandria for the technical assistance which they have already given to Saudi Arabia. This assistance is deeply appreciated by my Government.

I hope, however, that the Assembly will allow me to point out the very special position of Saudi Arabia. On account of its structure, its geographical situation, the manifold problems requiring attention and the fact that it is the cradle of the Holy Places towards which hundreds of thousands of pilgrims turn their steps every year, Saudi Arabia merits particular attention and special favour from WHO. I have a strong hope—and even a belief—that not only for the good of my country, but also for the good of humanity as a whole and for the realization of the aims which WHO has made its own, the Organization will continue to give us its assistance and will make that assistance commensurate to our great needs.

I should be sorry to stop at these grievances and demands. I would like solemnly to affirm that my country intends, while making the most of WHO's assistance, to carry out its own obligations and fulfil its duty towards its people, particularly in the field of health. My Government is sparing neither effort nor funds to this end, and the work accomplished in record time bears witness in its favour.

The Saudi Arabian delegation would draw the attention of the Assembly to the crucial problem of the Palestine refugees. My delegation hopes for the continuation of the measures already taken for

them and a reconsideration of the question of increasing the funds set aside for them, in order to meet the very real needs of these human beings and relieve their suffering and distress.

In conclusion, I should like to say a word on the subject of the sanitary regulations which will shortly be submitted for the approval of the Assembly.

The Saudi Arabian delegation has noted that, in response to the laudable desire to encourage contact between the peoples and to facilitate international traffic, the various committees which have been engaged upon the draft regulations have shown a tendency to minimize the importance of sanitary measures.

The Saudi Arabian delegation, while admitting the necessity of facilitating international contacts in the interests of understanding among peoples, nevertheless considers that such facilities should not be accorded to the detriment of generally accepted principles in the fields of hygiene and prophylaxis.

The PRESIDENT: The Chair recognizes the chief delegate of the Philippines.

Dr. PADUA (Philippines): As chief delegate of the Philippine delegation I wish to take this opportunity of extending the greetings of my Government to the Federal Government of Switzerland and to the City Government of Geneva, and to express its gratitude for the traditional hospitality that we, the members of the Philippine delegation, are now enjoying from the great people of this beautiful land. And to you, Mr. President, the Philippine delegation wishes to extend its sincere congratulations on your unanimous and well-deserved election to preside over this Fourth World Health Assembly, which not only bespeaks an exalted honour but reflects particularly your merit and ability and the high esteem and confidence bestowed upon you by the members of this august body. In like manner, we of the Philippine delegation would like to express our respect and admiration for the Director-General and the members of the Secretariat and members of the Executive Board, who have steered the ship of WHO successfully through these years fraught with immense problems and tremendous difficulties due to existing world conditions.

The World Health Organization is an architect for the building of world health. It is guided by sound principles and lofty ideals, as clearly indicated in the Preamble of its Constitution. It stands for the control and prevention of diseases that are of international importance. It stands for the preservation, protection and promotion of health at its

highest possible level. It stands for the development of the complete physical, mental and social well-being essential to the full happiness and contentment of man. And it stands, I repeat, as a potent agency that works for the ultimate attainment of lasting peace and security throughout the world.

With these principles and ideals, in a nutshell, the Organization has worked its way through, effectively carrying out its functions and duties to obtain its objectives, from a modest beginning in 1946 to what it is today. It has certainly grown in magnitude and importance. It has expanded its activities as Member States have joined the ranks. It has rendered immense benefits to mankind, which no one can deny. Only the blind, the ignorant, or those who refuse to see it will do this. For the Annual Report of the Director-General is clear and comprehensive on this point. The report shows what the Organization has done through the past years. It shows an exact picture of what it accomplished during 1950, and what it has yet to do to benefit the sixty-odd nations at present included within its orbit.

The Organization recognizes that fundamentally public health is concerned not only with the prevention, control and suppression of epidemic diseases but also with the maintenance, promotion and protection of community health. The latter involves methods and procedures more or less varied by local conditions and circumstances. WHO does well in co-ordinating such methods and procedures to produce desired results. It may have to help national health-administrations in their projects in such fields as environmental sanitation, nutrition, maternal and child health, nursing, health education and other activities that tend to conserve health. But while WHO is mainly concerned with these activities, it nevertheless has not relaxed its interest in the prevention and control of communicable diseases. In most instances, human diseases are infectious, and therefore preventable. To reduce sickness rates, and subsequently death rates, these diseases must be controlled. Since WHO is concerned with the reduction and, if possible, the suppression of communicable diseases, especially if they affect international health, the establishment of expert panels or committees to study and formulate plans for their control and eradication would be in order. Undoubtedly this may soon be done to make more effective the enforcement of the International Sanitary Regulations, if and when approved by this Assembly.

In the programme of WHO an activity that stands

paramount is technical assistance to under-developed areas. The Organization has established this policy on the concept that health plays a tremendously important role in the economic development of a country. Accordingly, it has extended technical assistance to bolster the campaign for the eradication of diseases that reduce the working capacity of labourers. I refer to malaria, tuberculosis, venereal diseases and malnutrition. In the Western Pacific Region, to which my country belongs, these are the principal disease problems from a public-health standpoint. In order not to tire you with too many figures let us take malaria and tuberculosis alone, leaving venereal and nutritional-deficiency diseases aside for the time being. In my country, with a population of about 20,000,000, the average annual incidence of malaria is estimated in round figures at 2,000,000, and of tuberculosis at 1,300,000. The average number of deaths annually from malaria is 10,000, and those from tuberculosis 35,000. If we evaluate the economic loss from the death of a labourer at a minimum of \$2,000 and his earnings per day at \$1.50, we find that the country is losing from malaria and tuberculosis a man-potential per year equivalent to a total value of \$660,000,000. To a small country like the Philippines, such a figure is certainly staggering. It does not include the cost of treatment and hospitalization that may be incurred, since indigenous persons are entitled to free medical and hospital services during the time they are sick. If that expense is included, the total sum would be astronomical.

So you may readily see the enormous economic loss to a country from malaria and tuberculosis alone, excluding, for the purpose of this illustration, venereal diseases and malnutrition. Conversely you may appreciate the great national income that may be derived from the saving of even half the number of cases of illness and of death. What is happening in my country may also be occurring in others. In taking my country as an example, it is not my intention to obtain an advantage over the others; I merely wish to describe the situation as it exists there and as it may exist in other countries. The Philippines is one of those under-developed countries, that needs the technical assistance of WHO to rehabilitate itself completely after the devastation of the most cruel war in modern history. It is primarily an agricultural country, but to a certain extent industrial as well. It needs to develop agriculturally and industrially, to develop its national

economy and improve public health and living conditions ; and to do this, it must control malaria, tuberculosis, venereal disease, malnutrition, schistosomiasis and other debilitating ailments, to save manpower for tilling the soil and working in mines and factories.

The Philippines may appear on the world map as a group of islands in the Far East, within the orbit of WHO, but it is inhabited by firm believers in the wonderful work that the Organization is doing for humanity, for which it has been faithfully paying its annual contribution to the funds of WHO. The Philippine Republic has its own problems, some in common with other countries, especially those in the Western Pacific Region, others peculiar to itself. Quite recently my country has had the honour of a visit by Dr. Martha Eliot, one of the most prominent Assistant Directors-General of the Organization. She has observed problems at close range in countries of the Far East and she is now more in a position to determine what particular technical assistance each country included in the Western Pacific Region is in dire need of. Dr. Eliot undoubtedly realizes that the Philippines, as well as other countries in that region, needs more assistance in the way of equipment, supplies and materials to enhance their campaign for the control of malaria, tuberculosis, venereal diseases, beri-beri, schistosomiasis and acute communicable diseases, and for the improvement of environmental sanitation, nutrition and, last but not least, maternal and child health. We need more fellowships along these lines. We believe that there is much benefit to be derived from fellowships—at least that is the experience in my country. There is much to be gained and nothing to lose in increasing the number of persons with “know-how” ; they are not wasted, but productive investments.

Fellowships abroad and in-service training locally are what we should be striving for as a goal, and that may include an improvement in basic medical education and training. With trained men, the experts of the World Health Organization who may have to check the work accomplished in each country will not find much difficulty. Furthermore, they will have personnel available to work with them on their inspections or their study and research.

We are extremely happy that the World Health Organization has been assiduously extending technical assistance to countries for their necessary rehabilitation. We are also happy to learn that it will continue this policy on a larger scale—that is clearly indicated in the Annual Report of the Director-General. The achievements enumerated in the report are but an image of a greater future. They

speak eloquently of wise direction and guidance in the establishment of a world health that will ensure the peace and tranquillity of the human race. We should, therefore, congratulate ourselves on having a Director-General, a Secretariat and an Executive Board of the World Health Organization who are judiciously administering the affairs of this Organization with resultant optimum benefits to mankind. May they be even more successful during the ensuing year.

The PRESIDENT : The Chair recognizes the chief delegate of Australia.

Dr. DOWLING (Australia) : The Australian Government takes much pleasure in being represented at the Fourth Assembly of the World Health Organization and having an opportunity to participate in its discussions. On behalf of my Government, I would first pay tribute to our retiring President, the Honourable Rajkumari Amrit Kaur, for the dignified and efficient manner in which she guided the deliberations of the Assembly last year. I would also congratulate you, Sir, on your appointment as President ; I know that Dr. Scheele's experience, his ability and impartiality will be of very great value to us all in the efficient conduct of the present session. I would also express to the Assembly my Government's deep appreciation of the honour you have conferred upon it in electing an Australian delegate as one of your Vice-Presidents, and my own gratitude for the personal honour you have therefore bestowed upon me. I can assure the Assembly that I shall devote the best of my ability to any tasks which may be imposed upon me by virtue of this office.

In his Annual Report the Director-General has described both the work of the Organization in the preceding year and the magnitude of the work remaining to be done. After reading this report, no one can fail to be impressed by the solid achievements of the World Health Organization in 1950 in promoting better conditions of health in all parts of the world. We owe a debt of gratitude to the Director-General, who, by his imagination and initiative and appreciation of the tasks confronting us, has been able to implement the decisions of the Assembly in such a manner as to achieve the best results. At the same time he has made us fully aware of the vastness and complexity of the problems involved and of the fact that our attack on these problems, within limited financial resources, must be carefully planned and concentrated on projects the completion of which would have widespread repercussions throughout the whole field of our endeavour.

The Australian Government has directed our delegation to express its keen interest in and appreciation of the excellent services being provided by the Singapore Epidemiological Station. The information so rapidly disseminated by this station is of tremendous value in enabling us to assess the disease picture in adjacent countries and to take such measures as may be appropriate. Our country regards the work of this station as one of the most important functions of WHO.

It is inevitable that Australia, separated by long distances from Europe and from the American hemisphere, should be primarily interested in the health needs of the countries which are nearest to it. I speak of South and South-East Asia. We have special sympathy with the peoples of these countries, not merely for geographical reasons but also because we appreciate the magnitude of their needs—needs which are by no means limited to the field of health alone. Since the war, the attention of the world has been increasingly focused on this area, and a deeper understanding of the requirements of its densely populated countries is gradually emerging. As a result of this understanding, Australia, in conjunction with other members of the British Commonwealth of Nations, is participating in the "Colombo Plan". This Plan involves considerable expenditure both in technical assistance and in projects designed to assist the economic development of those countries so that their standards of living and general prosperity may be raised.

The fact that Australia's primary interest lies in this area does not mean that we are not interested in the health needs of peoples in other parts of the world. We are fully aware that tremendous problems exist, and are being faced, in numerous other countries, and that the World Health Organization has the duty of extending all the assistance at its disposal to as wide an area as possible. Indeed, the major problem confronting the Organization consists in planning a broadly based attack taking in as many needs as possible, and then working out a scheme of implementation which would bring the greatest benefits to the greatest number. Obviously, all needs cannot be satisfied, and it is therefore imperative that the Assembly should give earnest thought to deciding how it can best distribute its resources.

In this connexion, the Assembly has before it a resolution, adopted by the General Assembly of the United Nations at its fifth session, on concentration of effort and resources.<sup>7</sup> The Australian delegation

believes that this Assembly should study this resolution very carefully and should bear in mind that the general problem of concentration of effort and resources is not solved simply by the fact that the United Nations has adopted a resolution on it. We firmly believe that each subject must be followed up in each of the bodies and agencies of the United Nations and particular projects examined in the light of the principles cited in the resolution. In our view, the important principles upon which we should base our work demand that international organizations and bodies should only undertake projects which are of real international concern and can be successfully concluded in the near future, and that the maximum amount of co-ordination of effort between organizations should be sought in order to avoid duplication. We should also avoid the multiplication of research projects—I use research in its more modern meaning and not as applied to scientific research—investigations, studies, reports and questionnaires which are not likely to afford a basis for useful action in the foreseeable future. Throughout this Assembly the Australian delegation intends to study the projects of WHO in the light of principles such as these, in an endeavour to ensure that the best use is being made of the resources at the disposal of the Organization.

At the fifth session of the General Assembly, also, Australia gave firm support to the Assembly's resolution of 1 December 1950, on administrative budgets of the specialized agencies, under which the Assembly, *inter alia*, "urges the specialized agencies to intensify their efforts to stabilize their regular budgets by the elimination or deferment of less urgent projects". Our attitude here, as stated by our Minister for External Affairs, is that the policy of stabilization—I quote again—"will give a powerful ally in our struggle against the unnecessary multiplication of new commissions, committees and organizations; it will force us to develop and apply an effective system of priorities to ensure that the resources at our disposal are concentrated upon activities of major importance; it will encourage the revision of existing organizations both on the side of the committees and commissions and on the side of the Secretariat". The Australian delegation believes that it is the duty of this Assembly to give full weight to this resolution when the budget of WHO is under discussion. The immediate question is to determine the level at which the budget should be stabilized. In this connexion, there is the fact that the specialized agencies, including WHO, now have a source of funds under the expanded programme of technical assistance for a considerable expansion of

<sup>7</sup> *Off. Rec. World Hlth Org.* 32, annex 6

their operational work. We should remember that technical assistance contributions by governments are in themselves a major addition to the resources of the agencies. The Australian delegation will refer in greater detail to this question in the Committee on Administration, Finance and Legal Matters. In the meantime, we wish to point out that we are concerned with this problem as a whole, that is, as it affects the United Nations itself and all its agencies and bodies ; we are concerned in effect with steadily increasing demands from many of these agencies and bodies, which are placing a heavy burden on the financial resources of Member States.

I would emphasize that the attitude of the Australian Government towards the problems of concentration of resources and stabilization of budgets is based on firm grounds ; Australia is a Member of the United Nations, of its twelve specialized agencies and of four of its commissions. Only a few other countries have accepted membership of all the specialized agencies and are Members of as many commissions. Moreover, Australia has made substantial gifts of goods and services to international relief and economic development and is undertaking continuing commitments under the Colombo Plan. We are furnishing armed forces and relief supplies in Korea. This record not only shows that we are willing to participate as much as possible in international work, but it also underlines the fact that our commitments involve heavy expenditure and that we must think seriously about any additional burdens which might be placed on our national economy. Other countries with similar records are also faced with this problem.

There is a further reason for the attitude we have adopted. Governments will not be willing to finance heavy expenditures on projects which show little signs of commensurate returns. They realize that limited financial resources demand the establishment of an order of priority in the projects undertaken by any one agency, and, so far as financial contributions are concerned, a job well done is far more attractive than a number of jobs that can only receive temporary or artificial treatment. The adoption of projects in the field of health which will also have favourable repercussions in other fields might be carefully considered by the Assembly when deciding upon its programme of work. In thinking along these lines, one immediately thinks of the obvious examples : the construction of the Panama Canal and, in Italy, the draining of the Pontine marshes.

I have tried to outline the policy of the Australian Government towards some of the problems which

confront the World Health Organization and to state some of the principles underlying that policy. With these points in mind the Australian delegation will attempt to bring a realistic and constructive approach to the numerous items which will be considered in detail in the committees. We earnestly hope that this Assembly's work will pave the way for continued progress in the improvement of health standards all over the world and consequently in promoting decent and happy conditions of life for all.

My Government has instructed me to enter a protest against the continued failure of the Organization to supply documents in good time. The most notable omission has been Part I of the report of the seventh session of the Executive Board, which is the basic document for this Assembly. The Board met in January, and Part I of the report was received in the offices of the Australian delegation only this morning, that is, three days after the Assembly had begun its work. The important point, of course, is that this document is essential for governments in the preparation of the briefs for their delegations and the Australian Government has expressed particular concern at the absence of such a vital document. I would also draw attention to the fact that the blue book containing the draft International Sanitary Regulations was not received by our Government, or had not been received by the Government at the time the committee on the Regulations had begun its meeting. It is hard for these omissions to be excused. The Australian delegation suggests that the administration take proper steps to see that they do not occur again.

Before closing may I express my sense of personal loss in the passing of my good friend, Geraldo de Paula Souza. My comparatively short acquaintanceship with this lovable man was sufficient to develop a great respect for his wisdom, his humanness and his unquenchable enthusiasm for all matters pertaining to the subject of health, but especially for health education. The Australian delegation joins with me in offering our sincere sympathy to his family and to his native country in the loss of such a fine man.

The PRESIDENT : The Chair recognizes the chief delegate of Syria.

Dr. MUNIR SADAT (Syria) (*translation from the French*) : I am proud to have the honour of addressing this Assembly and of greeting you, Mr. President, the Director-General and my fellow delegates on behalf of the Syrian Government.

In this hall a year ago our Assembly took decisions and adopted resolutions for the improvement of world health. And now once more all the delegates here present, gathered from the four corners of the earth, are met to continue the task of this noble organization to which we are all devoted, convinced that it has rendered great service in the field of world health and that it will render even greater.

Syria, whose representative I have the honour to be, was the sixth country to ratify the Constitution of our organization, thus demonstrating her faith in this institution whose role is to accomplish the most humanitarian of tasks, that of combating pain and improving the health and prosperity of the peoples of the world, whatever their race, religion, geographical situation or economic and social condition.

Syria has a population of four million distributed over an area of 190,000 square kilometres. Numerous diseases are rampant there. The public-health services fight effectively against these scourges. As far as malaria is concerned, demonstration teams, under the direction of a Syrian malariologist, carried out during the year 1950 spraying operations using 5 per cent. DDT in several sectors covering a total surface of 14,600,000 square metres and inhabited by 180,000 persons. The results obtained are very encouraging, since in the region in question neither anopheles nor larvae are now to be found, and the spleen rate has fallen by 25 per cent.

The Ministry of Public Health is carrying on an energetic campaign against vesical bilharziasis, which has recently taken root in Syria in the Djezireh and Euphrates (Northern Syria) regions, where it already affects 10,000 persons. Three water courses—the Jarahi, the Sublah, and the Slouk—are infested with molluscs, carriers of cercariae. Dr. Abdel Azim, expert-consultant assigned by the Alexandria Regional Office, came to Syria and drew up for us an excellent plan of campaign which is already being implemented. The Government has granted us a credit of \$40,000 and another credit is in view. We have every hope of obtaining good results.

Over a year ago we commenced a BCG vaccination campaign, which is continuing satisfactorily. I would like here to express my thanks to the Joint Enterprise, that is, to UNICEF and to the Scandinavian Red Cross Societies, which during a whole year worked for the establishment on a solid basis of a BCG vaccination system in our country and trained Syrian teams under the best possible conditions, so that today these latter are continuing the BCG immunization campaign by themselves. To the Pasteur Institute of Paris, which most generously supplied us with the necessary quantities of BCG for

the year 1951, and to the Danish Red Cross, which supplied us, also free of charge, with the necessary tuberculin, I would offer my heartfelt thanks.

During 1951 we also gave our attention to the problem of bejel, whose ravages are widespread in the district of Djezireh and in the Euphrates Valley. A large-scale control campaign is about to be undertaken with the collaboration of WHO, whose regional office has allocated special credits for this purpose.

The new Syrian Constitution, adopted by Parliament on 5 September 1950, aims, by the provisions of its Articles 27 and 129, at the protection of the health of Syrian citizens by raising the level of public hygiene and by strengthening the country's health armoury. To this end, the Ministry of Health convened the Supreme Health Council in November 1950.

The principal decisions of the Council were as follows: insect and malaria control; provision of drinking water in towns and villages where it is not available; control of syphilis, bejel and tuberculosis; setting up of maternal and child health services; increase in the number of mobile units for rural medical services; construction of hospitals, sanatoria and dispensaries; compulsory inoculation against typhoid fever, diphtheria, tuberculosis and tetanus (vaccination against smallpox has for a long time been compulsory); intensification of health education, particularly in rural zones; intensification of school and industrial hygiene control.

Bills will shortly be presented to Parliament providing for the application of all these decisions over a period of five years. As soon as the bills are passed, Syria will launch extensive undertakings in the field of public health generally.

I would draw the attention of the Assembly to the fact that the Supreme Health Council of Syria, when studying the projects in question, took into consideration the assistance which WHO would be able to give us. It was through the Organisation, to which we offer our thanks, that five physicians have been able to continue their scientific training abroad, and we hope that in 1951 other Syrian physicians will be able to do likewise.

In addition, we place great hopes in the collaboration decided upon in Istanbul for the control of bejel, bilharziasis and malaria and for the improvement and extension of our maternal and child health services.

With regard to representation on the Executive Board, I would remind you that the delegates of the Member States of the Eastern Mediterranean Region presented a memorandum to the President of the

Second World Health Assembly during its 1949 session in Rome, pointing out that this region was insufficiently represented on the Executive Board and requesting a third seat. The President, Dr. Evang, acquainted the Assembly with the contents of our memorandum during the eleventh plenary meeting and said that it would be "the duty of the Third World Health Assembly and the General Committee of that Assembly to take into very careful consideration indeed the arguments" put forward in that document.

The proposal to increase the Eastern Mediterranean Region's number of seats on the Executive Board to three was raised last year by my colleague Dr. Aractingi, then a member of the General Committee of the Assembly, but no definite decision was taken at that time.

It is for this reason that the Syrian delegation, and with it the other delegations of the Member States of the region, calls insistently for the allocation of a third seat to our region in view of the fact that, although the region includes a considerable number of States (eleven), it is the least adequately represented on the Executive Board. May I request the Director-General, the Assembly and the General Committee to examine this important matter with the greatest care and attention?

Finally, I would express the hope that the work of our Fourth World Health Assembly will be crowned with success and give practical results which will contribute to the greater wellbeing of mankind. I can assure this Assembly, in the name of my Government, that Syria, the hub of the Middle East and the point of contact between East and West, will not fail in the task which falls to it in the control of communicable diseases and in the raising of the level of social health.

Before concluding I would like to congratulate the Director-General and the Executive Board on their remarkable reports, and it is my pleasure and my duty to thank them for all the work accomplished.

I would also take this opportunity of thanking the Regional Director, Sir Aly Shousha, Pasha, for his unceasing efforts in our region from the time of the setting up of the Regional Office in Alexandria.

The PRESIDENT: The Chair recognizes the chief delegate of the United Kingdom.

Sir John CHARLES (United Kingdom): I am sure we can again congratulate the Organization not only on the progress that has been made, but also on the practical lines upon which it is developing. We would wish formally to express our deep appreciation

of this very satisfactory state of affairs, and pay tribute to the work of the Director-General and the Secretariat.

As far as committee work is concerned, we have, I think, reason to be satisfied. The pattern we set out is beginning to take shape on realistic lines. After the initial creation of the machinery it was clearly desirable, as a first step, to set out, for the use of all governments, an up-to-date statement of the existing knowledge, scientific and administrative, in the various branches of medicine which lend themselves to international collaboration. This has been well done through the medium of expert committees. Concurrently, by the development of the regional organizations, it has been possible to ascertain the specific needs of governments. The fact that today the requirements of individual countries are before us for our consideration can be regarded as a definite achievement, both from a practical point of view and as justification of the regional machinery we have set up.

The regions have their own particular problems and it is right that they should set about solving them with their own people as far as they can, and in their own way. But we hope that they will take full advantage always of the pool of knowledge and experience in the World Health Organization centrally at Geneva, both of methods that have been tried elsewhere and of the measure of success that attended them, and also of the technique of assessment and appraisal of problems and of projects and results. We hope they will draw to the full upon that knowledge and experience, particularly in the Central Technical Services, and that these central services will themselves be fully maintained and kept, and be kept, in touch with all that is going on in the field. Independence is a fine thing, but no one is hurt by skilled advice so given that it is not dictation, but common effort for the general good. I would also like to emphasize, as of fundamental value, the important work that has been done in linking the World Health Organization with the work of the United Nations. Satisfactory co-ordinating arrangements have now been made to enable the World Health Organization to make its full contribution to those other agencies and to occupy its rightful position as "the directing and co-ordinating authority on international health work".

It is clearly too soon to begin to assess the results of much of the work of the World Health Organization, particularly the field work. Nevertheless, we have promising indications of what we may hope for in the future. The control of disease to enable world food supplies to be increased is clearly one of the

biggest problems before the World Health Organization today—with very great potentialities in the light of modern control methods, particularly in respect of malaria. We must all have been struck with the recent report by the World Health Organization antimalaria teams working in the South-East Asia Region. One of these teams, working in the Eastern Bengal area of Pakistan, reports that as the result of only one season's antimalaria work there was a 15 per cent. increase in rice crop yields.

Such results already obtained in the field are indeed promising. Apart, however, from the regional developments, the co-ordination with other agencies and the field work, definite results are being obtained in the constitutional responsibilities we have in connexion with the epidemiological control of disease spread by ships and aircraft, the causes of morbidity and mortality, the standardization of biological products and the establishment, and publication this year, of the International Pharmacopoeia.

All these activities of the World Health Organization are calling more and more widely for the use of experts in very many different branches of medicine. I am not sure whether it is fully realized that the available numbers of these technicians may well be, apart from any other considerations, one of the factors in limiting the amount of money we can usefully spend. The number of experts is limited, and with the rapid health developments in almost all countries at the present time governments are finding it increasingly difficult to find experts for their own national work, apart from international activities. Moreover, the field of supply is further limited, by the special requisites for international work, apart from technical knowledge. Not only is it a waste of money to send unsuitable men, but experience has shown that it may be of definite harm to our organization. The difficulty in obtaining suitable experts is yet another reason—if one be needed—for exploiting to the full co-operation between regions and the central headquarters.

In conclusion, I should like to assure the Assembly of the deep interest of my Government in the activities of the World Health Organization and of our determination to do all in our power to make a success of the work we have undertaken in co-operation with over 70 other governments.

The PRESIDENT: The Chair recognizes the chief delegate of Israel.

Dr. P. NOACK (Israel): The Annual Report of the Director-General shows that during the few years of its existence the World Health Organization has made considerable progress. We congratulate the Director-General, who has succeeded in gathering around himself so many of the best brains in medical science and health administration and in filling his staff with so much ardour.

However, although the head of our Organization is very sound and clever and its heart full of goodwill and humanity, the body seems to be a little weak and some of its members are paralysed. It must be regretted again and again that we have to miss the co-operation of ten important Members who could contribute so much to the Organization, and I would suggest that no endeavours should be spared in order to make them change their decision and to bring them back.

It is said in the Preamble of our Constitution that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States". Now in my opinion it can be said with no less correctness that peace, security and co-operation are fundamental to health. It seems to be a modern achievement not to declare war and never to make peace. How lucky would it be for us to return to those barbaric times when every war was concluded by a real peace treaty—and without real peace we cannot achieve the aims of our Organization. We health people can fulfil an important task by working together in spite of political tensions, as has been for a long time the tradition of the medical profession.

I would now like to make some short remarks on the reports of the Director-General and the Executive Board. It seems to me that the decision of the Technical Assistance Board to furnish equipment and supplies only together with expert advice goes too far. In many countries, as in mine, there is a sufficient number of experts in different fields of medical work and only the necessary equipment and supplies are lacking. In these countries extensive health programmes could be carried out if the means were to be supplied. The question of how to finance national health-programmes should be the concern of the World Health Organization. When the Director-General points out in his report that one government had to state that it was unable to accept more programmes and technical assistance, that necessity may have been based not only on the lack

of trained personnel, but also on the fact that governments cannot raise the funds necessary for such extensive programmes. I know that even an increased budget would be too small and that the World Health Organization cannot spend more than it has in its pocket, but as a remedy there should be the possibility, for instance, of creating a revolving fund which could extend loans for special programmes, or to help governments to get such loans for health projects from some other international financial institution.

I agree that the fellowship programme is one of the most important items of our activities. We are now sending Fellows all over the world, but I am not quite sure whether we are getting the best possible results. I wonder whether we ought not to test the present system in use and to investigate the advisability of having two world training centres for public health—perhaps one in America and one in Europe—with laboratories, libraries and permanent staff, where students can be sent, either on fellowships by WHO, or by governments, or where they even could study at their own expense. These permanent training centres can standardize training, hold examinations, issue diplomas and also be centres for research and reference. They should have three departments, one for public health, one for sanitary engineering and one for public-health nursing. These centres need not necessarily be maintained by WHO, but should be at least sponsored and recognized by it.

The last question to which I wish to call your attention is the problem of medical practitioners. The distribution of medical practitioners is unequal. In most of the countries there is a lack of doctors and this will be felt even more in the coming years. International recognition of medical diplomas would make it easier to deal with this problem. We feel that WHO could take the initiative in this matter.

I do not wish to take your time any longer. I would only like to express the thanks of my country for the help we have received in the past and for the assistance, already in preparation, which we hope to receive in the future and to repay, when called upon, by helping other countries from our own experience.

The PRESIDENT: The Chair recognizes the chief delegate of Thailand.

Dr. PHYA BORIRAKSH VEJAKAR (Thailand): On behalf of the Thai delegation and Thailand I wish to take this opportunity to express our appreciation

of the wise guidance and sound judgment of the World Health Organization in implementing various programmes in my country. We are particularly grateful to the Director-General and to the staff of the South-East Asia Regional Office.

I have read with the greatest interest the Annual Report of the Director-General on the work accomplished by the Organization in 1950—*Official Records* No. 30—and I am deeply impressed with the excellent accomplishments within the limits of the Organization's available resources. I must congratulate all members of the Secretariat on such a careful utilization of WHO funds.

The Government of Thailand and the people of my country are fully appreciative of the many important functions of this organization, from which many of our people have received the direct benefit of better health and well-being, particularly those who have been saved from the terrible effects of malaria by the valuable help extended to them in establishing a malaria demonstration project in the northern part of the country, with the aid of the World Health Organization and the United Nations International Children's Emergency Fund. So far, in 1950, the World Health Organization malaria-demonstration personnel have impressed us with the promising results obtained in reducing malaria in the area from 50 to 7 cases per thousand of the population within one year. With the assistance of the Organization in providing supplies of DDT, sprayers and other equipment, even on a reimbursement basis, the Government has launched similar work in other areas.

In the latter part of 1950, a treponematoses-control project was formulated and implemented jointly by the Government, WHO and UNICEF. This programme is aimed at the eventual elimination of yaws, which is now most prevalent in the rural areas, the estimated number of cases being nearly 1,000,000 for the whole country. A big tuberculosis-control project is also beginning.

A good deal of work is also being done in the field of maternal and child health. The training value of these programmes for local health personnel of all types is extremely important. In fact, we believe that WHO should concentrate especially on training programmes.

All this work has become possible only by the decentralization that has taken place to regional offices. We are strongly in favour of full delegation of powers to regional offices, within the general policies of the Assembly and the Board. Any reduction of this decentralization will weaken the

strongest point of WHO activities, that is, field work. My Government has formed a co-ordinating committee for dealing with all health matters where we seek outside help, for example, from the United States Economic Co-operation Administration and from United Nations agencies. In this work we find the guidance of WHO most valuable. We believe that it is mainly the function of WHO to advise governments on health matters.

The accomplishments of this organization for the people of my country have been fully realized—as, for example, that the Government and the National Assembly have increased the national health budget from about 54 million bahts for the year 1950 to a little over 87 million bahts for 1951. I would like therefore on this occasion to repeat the assurance given to the Third World Health Assembly last year—that the full co-operation of my Government and of the people of Thailand will be available to the World Health Organization.

The PRESIDENT: The Chair recognizes the chief delegate of Iran.

Dr. TABA (Iran): I feel deeply grateful for having been elected as Vice-President of the Fourth World Health Assembly and I wish, on behalf of the Iranian Government, to thank you all for the high honour you have bestowed upon me. I hope I shall be able to fulfil my responsibilities to the best of my capacity.

At the Third World Health Assembly last year I gave a brief account of the various health problems existing in Iran. I stated that the disease affecting the health of our nation most severely was malaria and that vigorous steps were taken by the Government to eradicate it from the country.

It gives me satisfaction to report today to the Fourth World Health Assembly that during the past year the Iranian Government, with the technical assistance of the WHO malaria advisory unit, undertook one of the largest antimalaria campaigns ever undertaken in the world. The Department of Hygiene of the Ministry of Health, the Seven Year Plan Administration and various voluntary social welfare organizations are now working in conjunction and harmony. All funds required for the campaign have been provided by the Government and the implementation has been entirely in the hands of the Iranian technicians and experts, although it may be mentioned that some of the doctors and sanitary engineers engaged in this work received their training in Italy through WHO fellowships, for which we are grateful.

The first step in the programme of work was the establishment of a national antimalaria service. This was followed closely by a nation-wide malaria survey, planned under the guidance of WHO expert advisers, in which the epidemiology of the disease was studied and the scientific development of field programme was carried out.

DDT-spraying by well-equipped and trained teams took place in most of the malarious areas of the country, combined with thorough treatment of the sick. A total of 154,367,000 square metres of wall surfaces was sprayed with DDT. According to the data collected by the Ministry of Health, out of the total Iranian population of 19 million inhabitants, about 4½ million live in widely-scattered and distant malarious districts. Transport difficulties have constituted one of our main problems, but we may safely say that the first year's operations have already given protection to some 1,700,000 persons living in 5,179 localities and rural villages, as well as big cities, both on the Caspian and southern coasts. It is still too early to assess the exact results of this great effort on the part of the Iranian Government to solve one of its most pressing health problems, but it is safe to assume from the available information that results will be satisfactory. It has, for instance, been ascertained that the spleen index in one zone of the Caspian coast has been reduced from 88 per cent. to 39 per cent., and in another area, the Persian Gulf, from 71 per cent. to 40 per cent.

In anticipation of the final complete results, plans are now being made for expansion of the control programme in the next two years. In spite of the difficult financial situation, the Iranian Government is increasing to an appreciable amount its public-health budgets and allowances. For antimalaria work alone, in addition to the 55 million rials already allocated for this year, a sum of 108 million rials was approved and granted to be spent for the same purpose in the next two years.

Public health in Iran is indeed in these days receiving its due and worthy attention. An extensive and mass insect-eradication campaign is under consideration, and we are grateful for the particular attention the subject received at the third session of the WHO Eastern Mediterranean Regional Committee held at Istanbul last September. By the implementation of such a project, it is hoped to put an end simultaneously to all the insect-borne diseases of the area. Now mass BCG-vaccination is also taking place in the country and we shall be glad to receive the assistance of WHO and UNICEF in this field. Water-canalization of all big cities is progressing satisfactorily and a very elaborate anti-

trachoma campaign has been going on for the past two years with satisfactory results. The question of public health in general, be it in Iran or any other country, is fundamentally related to the public-health education and training of specialized personnel, and I am glad that this is to receive full consideration in the technical discussions programme of this Assembly.

Another question worthy of serious attention by WHO is that of medical supplies. I understand that the general policy of the Organization is not to be concerned with the sale and purchase of drugs and chemicals, and, while this may be justifiable in ordinary circumstances, I firmly believe that some steps should be taken by WHO to enable a number of States to secure large and adequate amounts of essential drugs such as DDT. Manufacturers of DDT and all allied chemicals are well aware of the extensive programmes being carried out in various countries, and because of this increasing demand and for other reasons, there is a continual and undue rise in prices which might hamper public-health work all over the world.

As reported by our delegation to the third session of the Eastern Mediterranean Regional Committee, the Iranian Government abolished all customs duties on insecticides and antibiotics so that they would be available to the public as well as to the health authorities at as cheap a price as possible. It also put on order a large DDT plant to provide for the internal needs of the country.

Finally, I wish to mention the fact that decentralization of WHO through the creation of regional offices has indeed been a wise move. But in order to obtain the highest amount of efficiency with good results it seems reasonable that such offices should be given more freedom of action and decision. This will ensure a more rapid and thorough realization of the Member States' regional health programmes.

The PRESIDENT : There are four more speakers on the list, in this order : Lebanon, Austria, Ceylon and

Liberia. And because we should hear too from the Director-General, it will be necessary for us to have another meeting for discussion of the Director-General's Report. In anticipation of the recommendation by the General Committee that a plenary meeting take place this afternoon at 5.30 o'clock, will the delegates please take note of this necessary change in programme ?

The final action by the General Committee will be announced at the opening of the two committee meetings this afternoon.

#### 34. Adoption of Second Report of the Committee on Credentials

The PRESIDENT : I would like to call now on the Rapporteur of the Committee on Credentials for his second report.

*Dr. Espaillat de la Mota (Dominican Republic), Rapporteur, read the second report of the Committee on Credentials.<sup>8</sup>*

The PRESIDENT : Is this report acceptable ? Hearing no objection, it is adopted.

#### 35. Announcements

The PRESIDENT : The General Committee will meet at 12 noon, immediately after this meeting, in Room VII instead of Room XI as announced in *The Journal*. At 3 o'clock this afternoon the first meeting for technical discussions on the education and training of medical and public-health personnel will take place in Room XII. Simultaneously there will be a meeting of the Committee on Administration, Finance and Legal Matters in Room VII.

The meeting is adjourned.

*The meeting rose at 12.5 p.m.*

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<sup>8</sup> See p. 331.

## SIXTH PLENARY MEETING

Wednesday, 9 May 1951, at 5.30 p.m.

President: Dr. L. SCHEELE (United States of America)

**36. Discussion on the Annual Report of the Director-General (continuation)**

The PRESIDENT: Will the meeting please come to order? We will continue the discussion of the Director-General's Report. The Chair recognizes the chief delegate of the Lebanon.

Dr. SHAKHASHIRI (Lebanon): A synoptic review of the Director-General's Report to this Assembly calls in this short interval of time for the following three general, brief, but unbiased comments from the Lebanese delegation.

First, in formulating its overall policy of activity-planning, WHO is gradually shifting from the global priority approach via centralization to the local, national, or regional priority approach based on decentralization. This change of emphasis has been deemed necessary for obvious technical, administrative and financial reasons. While it is more feasible, perhaps, on the one hand, to make this shift of emphasis, on the other hand we feel, as our French colleagues in this Assembly, that the global priority approach is, in some fundamental respects, more desirable, although less feasible—because the world is as healthy, not as its most, but as its least healthy section; because, in our efforts as health workers to overcome disease and to promote health, all of us should, by the necessity of our calling, and in spite of the present development of man's political consciousness, feel united in one front in battle against one common enemy, namely disease in the body of man; and lastly because, in this world family of ours, there are health problems that cannot be solved by any one individual member, just as individuals in any one nation cannot solve as such their public-health problems, again for technical, financial and administrative reasons. WHO, for all these reasons,

is especially called upon to assume and not to forsake its indispensable role in meeting the public-health problems of the world as a whole.

Secondly, the Executive Board was wise enough to see in decentralization an increasing demand on the administrative, technical and financial resources of WHO. In this connexion, the budget for 1952 deserves the following remarks:

(a) The reduction in percentage funds allotted to headquarters from 46 per cent. in 1950 to 36 per cent. in 1952, and the corresponding increase in percentage funds allotted to the regions from 46.9 per cent. in 1950 to 58 per cent. in 1952, is an apportionment consistent with policy.

(b) The reduction in staff at headquarters, from 54 per cent. in 1950 to 31 per cent. in 1952, with the corresponding increase in the regional staff, is again a move consistent with this change of policy or shift of emphasis. The principle established by the Board (on page 35 of *Official Records* No. 33) of selecting personnel not so much on a geographical basis as on a merit basis, is a most praiseworthy suggestion. In it lurks the beginning of the necessary divorce between current politics and modern science in dealing with the health problems of man.

(c) The breakdown of the budget, least being allotted to the meetings, more to the administrative and still much more to the operative procedures over the years 1950-51-52, speaks for an organization that is trying to be active and efficient and is profitably learning from the mistakes of its own tradition and of its predecessors in the international health field.

(d) The basis for the augmentation of the budget allotted to the various regions from 1950 to 1952 is not apparent from the mere inspection of the

figures. Do regions get their share of the WHO budget on the basis of need, or of demand, or of their share in contributing to its total budget? Africa, for instance, has had a much smaller increase in its 1952 budget compared with its 1950 budget than any other region with the exception of Europe, which has an actual expected decrease.

(e) We are not able to learn readily from the report what percentage of the total budget for 1952 goes to personnel. The reason for mentioning this point is this: in several of the so-called under-developed countries, there is a growing public impression that international organizations spend, on the whole, most of their budget on personnel and not on services for the rendering of which their personnel and the whole budget came into being.

Third and last point. Based on the last two items of the basic principles of the Constitution of WHO, and on sub-clauses (c), (r) and (v) of Article 2 (all of which have to do with peoples and with their governments) and on the statement by the Executive Board on page 2 of *Official Records* No. 33 referring to the increasing need for a proper co-ordination of international health activities by WHO for the welfare of local areas, especially in view of the increasing financial and technical help that is being extended to these under-developed areas from technical assistance, UNICEF, President Truman's Point Four Programme etc., a further defence of the global priority approach can be launched. The standardization of training of health workers; the uniform spread of health education to the masses by these health workers, so that their respective governments can in due time reflect in their health administrations the state of development of mass health consciousness; the establishment of research and epidemiological stations, one in every region of the health world, for the study of the local biology and sociology of disease; the establishment in every region of a laboratory for chemical and biological products; the recognition in the health field by WHO of the desirability of the existence of a world supervisory authority, which is not merely advisory, before the politicians feel the same need at the political level, are all global, orientative approaches that constitute the very core of life of this organization.

WHO will continue to win more and more the respect of leading health scientists, of leading therapeutic medical scientists, of the masses and of

governments, if it does not forsake this role of becoming a world authority in the health field, not only academically as it were, but also with more judicious pressure administratively.

In closing, many of us feel that politics and health do not go together. They do actually go together, opposing each other frequently, and it is not merely lack of money but political intervention that hampers health progress in many instances. Man, said Aristotle, is a political animal, and in so far as we are health workers rendering health services to the human population of the globe and not to its animal population, we are bound to take full cognizance of this immutable fact. We should be, primarily, scientific health workers conscious of health problems. The science of health and not the dictates of politics should take priority in guiding our health strategy of war against disease, to win peace for the world. Political strategy may consider other priorities. In this light, WHO is called upon to prove, in spite of the resignation of some of its Members, that man, through reason and science, can be a more expert politician in the Aristotelian sense than otherwise and can better solve his local, national, international and global problems than he has ever been able to do in the past by empiricism, sentiment and superstition.

The PRESIDENT: The Chair recognizes the chief delegate of Austria.

Dr. KHAUM (Austria): As the chief delegate of Austria to the Fourth World Health Assembly, I have the honour of presenting to the Assembly the greetings of the Austrian Government and of wishing this Assembly every possible success. I also present the greetings of my Government and my own compliments to the Government of Switzerland, which has so kindly welcomed us. Further, I wish to pay my respects to the President of the Third World Health Assembly, Rajkumari Amrit Kaur, and to the newly elected President of the Fourth Assembly, Dr. Scheele.

For the third time I have the honour to represent my country at the World Health Assembly. I have seen the results of the activities of the World Health Organization in my own country, and I have heard what the World Health Organization has achieved in other countries. This gathering gives me a welcome opportunity to state that the work done by the Organization during the periods between its Assem-

blies has been most excellent and has contributed much to the elevation of health standards throughout the world, even if its accomplishments were impeded by many obstacles. The report of the Director-General for the past year is a striking document in this respect. Austria, with sincere gratitude, has participated in the benefits offered by the World Health Organization during that year.

It therefore congratulates the Director-General, the Secretariat and the members of the Executive Board on their splendid accomplishments, and wholly approves the Report of the Director-General.

In so far as we are concerned, it is our earnest wish and aim so to consolidate our gains in health that in the future we shall not only be able to subsist without help from abroad, but shall also be in a position to contribute in a modest way to the help given to other countries.

It is not my intention to review the health situation in Austria, but I think it necessary to stress certain factors in order to prove that the assistance given to us was not fruitless and that we are definitely on the way towards reaching the desired goal.

As a matter of fact, the health situation in Austria is now gradually becoming normal. There was a further decrease in the incidence of communicable diseases in the past year; the control of venereal diseases, having been a real problem only in the immediate postwar period, is now satisfactory. The great antituberculosis campaign, started in 1949 with the aid of the Joint Enterprise, was continued in 1950 by our own teams, and up to now 750,000 children and young people from 0 to 18 years have been tested, and about 500,000 have been vaccinated with BCG against tuberculosis. Moreover, since October 1950 the national vaccine production plant in Vienna has been producing Calmette vaccine in sufficient quantity and quality to ensure the continuation of the BCG-vaccination programme throughout Austria. Another achievement has been the establishment of the penicillin-production plant, which at present covers only 30 per cent. of the demands of Austria, but which, with relatively little technical assistance, will soon be able fully to meet national requirements. As to research, I shall only mention the establishment of the WHO Influenza Centre for Austria, the centre for the study of the salmonella group in our National Bacteriological Institute in Vienna, and the projected cancer research institute.

As to the education and training of our physicians and sanitary personnel, it is evident that our formerly renowned medical schools are beginning to regain their position in the medical world. This is due to the

fact that Austrian teachers and students have recently been given the opportunity to make contact with foreign scientists and to learn abroad those new developments in the scientific world to which we had no access during the war.

We also plan to extend the training of Austrian public-health officers from one year to two years and to establish for that purpose an academy for post-graduate training in public health which will be similar to recognized public-health schools abroad.

It was with the greatest interest, therefore, that we in Austria took notice of the programme of the Fourth World Health Assembly and learned that the problem of expanding and improving the professional and technical training of medical and other health personnel has been designated as one of the main topics to be discussed. This problem is vitally important for the entire world and it is absolutely essential that an international solution be reached.

The present training of physicians brings them too little into contact with the realities of the lives of their patients and neglects the requirements of modern social and preventive medicine.

It is sufficiently known that wide regions of the world lack necessary medical personnel, while others have an abundance of trained physicians, many of whom, if properly sponsored, might go abroad and help their less fortunate neighbours. The only remedy, I might even say the *conditio sine qua non*, to dispose of this unsatisfactory worldwide situation would seem to be to establish international basic licensing standards of universal applicability, and to give physicians of every country the possibility of exercising their profession anywhere.

Perhaps even more essential is an at least partially standardized training of all public-health officers throughout the world. The drawing-up of International Sanitary Regulations, the other main topic to be considered by the Fourth World Health Assembly, will do much to bring about such a standardization in the training of health officers.

Thus the two great tasks with which the World Health Organization is faced are to a certain extent linked. Their solution would be an outstanding achievement, which would do much to bring the nations into closer contact and promote understanding and peace.

May I assure you that Austria will co-operate to the utmost in the solution of these problems, although, relatively speaking, her material assistance can only be modest?

The PRESIDENT: The Chair recognizes the chief delegate of Ceylon.

Mr. NALLIAH (Ceylon) : Permit me, Mr. President, to offer you the very warm congratulations of the Ceylon delegation. Your election is not only a recognition of the great interest you are taking in the activities of this organization, but a tribute to the generosity of your great country. I believe that one of the most significant events of the present century is the emergence of the United States of America as the leader of the free nations of the world. America today is something like a fairy godmother to the nations, and not only to the nations, but also to the various specialized agencies of the United Nations. It is, therefore, my faith that while you are the head of this organization you will use your influence with your Government to make America play a leading part in spreading the Organization's activities.

In so far as my country is concerned, from the time that it became a member of this Assembly it has played its part most loyally. The Minister of Health, who has represented my country on two occasions here, and to whose ability and interest the delegates here will, I believe, testify, has functioned for a year as the President of the South-East Asia Regional Committee, and our country had the pleasure of receiving and entertaining the delegates of the various nations of the region only last year. Our country is again going to be the venue of another meeting which is being organized by this organization.

We are quite willing to play our part in improving the health and conditions of the people. As a matter of fact, the Government of Ceylon had taken steps to control malaria a long time before this organization was started, and I can tell you that malaria, which was the dread scourge of our country, is today very much under control, and that the morbidity rate has been reduced from something like 400 to about 80. We have one of the best public-health organizations of any Asian country, and we therefore trust that when this organization sets up training centres our country will be selected for the establishment of such training centres.

But I must draw the attention of the members here to the fact that South-East Asia today is not receiving as much aid as it ought. Remember the fact that many of the European countries, which today enjoy a high standard of life and a high standard of health, owe their prosperity to the South-East Asian countries, and it is only fair that now, at least, they should make a return for all the benefits they have derived. We are not asking it as a mere favour. I say that the European nations of the world owe to the South-East Asian nations a duty that they shall

undertake to raise the living conditions and the health conditions of the people of those areas, whom they have exploited for over 200 years.

I wish also to draw the attention of the members to the speech made on the last occasion by the Secretary-General of the United Nations. He had pointed out to you that the challenge of the second half of this present century—of the next twenty years—is the challenge of the 1,600 million peoples of the Asian countries.<sup>9</sup> Unless and until speedy steps are taken to improve the living conditions of the people of those areas, there will be no peace whatsoever in this world, no matter what the defence expenditure of any country is. Now, when we consider facts, the Director-General of WHO is today finding it difficult to collect together a paltry eight million dollars for an organization of this nature. We are also reminded that there are nations which are prepared to spend 60 billion dollars on defence. I say that the surest way to bring peace into this world is to encourage activities of organizations of this nature, and I therefore trust that America, which is today blessed with vast resources, with leadership and with technical skill, will undertake to bring about a reformation—a revolution—in the world, by taking the leadership not in war but in fighting disease. I therefore trust, Sir, that you will use your influence with your Government and so help WHO to attain its ideals.

The PRESIDENT : The Chair recognizes the chief delegate of Liberia.

Dr. TOGBA (Liberia) : Liberia congratulates the Director-General and his staff on this great report of 1950, which enumerates the many accomplishments made with the relatively meagre and limited funds at hand.

For the first time in the history of the World Health Organization something concrete was done for Africa south of the Sahara. A malaria conference was held in Kampala, Uganda, from November to December 1950, at which were present experts from various parts of Africa at the World Health Organization's expense.<sup>10</sup> The conference was very profitable and proved that everyone realized malaria to be the major problem of Africa and was interested in its eradication or reduction.

To make the activities of the World Health Organization more personal—Liberia was highly honoured

<sup>9</sup> *Off. Rec. World Hlth Org.* 28, 87

<sup>10</sup> *World Hlth Org. techn. Rep. Ser.* 1951, 38

by the visit of two experts from headquarters, one a public-health administrator, the other an environmental-sanitation engineer. The experts were in Liberia for two weeks in August last year. During that time they were given first-hand information and taken to various parts of the country to see for themselves where our greatest problems lie. Our President was so pleased with their visit that he did all within his power to prove his appreciation of whatever help can be given by the World Health Organization. As a result of the visit of the experts, two advisers were sent to Liberia for three months. The mission of the advisers was very fruitful. They were able to study our problems more closely. Their reports are in the making and should contain valuable information and important recommendations for Liberia.

There was also a very brief visit by the Director of the Office for Africa. We look forward to a longer visit from him.

The various visits of experts from the World Health Organization created much interest and aroused the curiosity of the people of Liberia.

We regret that the follow-up of experts recommended to us by the advisers has not been forthcoming. We had requested two teams—one in epidemiology and the other in environmental sanitation. As has been frequently pointed out by Liberia, environmental sanitation is the chief means by which the principal diseases of Africa can be conquered. More emphasis must therefore be placed on it.

Liberia is grateful for being able to receive technical assistance from the United States of America. By co-operation between the two governments, extensive plans are being made for improvement of the health of the country. We wish that the World Health Organization would make a contribution towards accomplishing our goal in the field of health.

We greatly hope that during this year the World Health Organization will be able to grant Liberia fellowships on the undergraduate level and send experts in environmental sanitation and in public-health administration. We also hope that during this Fourth Assembly we shall be able to establish the regional bureau for Africa.

We appreciate the past and look forward not only to a healthier Liberia, but also a healthier Africa and a healthier world.

Dr. TRIANTAFYLLOU (Greece): In reading the Director-General's Report one is impressed by the wide scope of the activities undertaken and the importance of the assistance provided. Let me therefore be allowed to thank on behalf of my country the President of the Assembly, the Executive Board, the members of the expert committees and the Director-General for all they have done.

Greece greatly appreciates the material and scientific assistance generously extended to her by many nations during her hour of trial. Experience has taught us faith in international institutions, among which the World Health Organization is far from the least. We believe that from both the moral and practical points of view the value and usefulness of the World Health Organization has been very great. The prestige of the Organization is well established in my country, as it undoubtedly must be all over the world. We believe, therefore, that the Organization should be supported by all means. Greece hopes and wishes to see the existing ties among the Members of the World Health Organization strengthened even more, in a united effort to raise the standards of this institution and render it the world centre of medical thought and the co-ordinator in all fields of health activities. Good results are already obvious from the Director-General's Report.

I would like to mention just two examples of progress achieved in my country with international assistance. We have practically disposed of the ancient scourge of malaria by DDT. It was done with the assistance of such agencies as the Rockefeller Foundation's International Health Division, UNRRA, the Economic Co-operation Administration and the World Health Organization. We may be on our way to dealing with the tuberculosis problem. We were helped in it—in its aspects of preventive vaccination (BCG), early diagnosis, and clinical care—by UNRRA, the World Health Organization, the International Tuberculosis Campaign, and especially by UNICEF and the Economic Co-operation Administration. It is reasonable to assume that it would have taken much longer to arrive at this stage of programme development without international assistance.

Every country has, of course, particular problems and special local conditions, the study and facing of which need a special approach. The solution of these problems is, however, made easier by drawing, through the World Health Organization, on the aggregate worldwide experience and know-

ledge ; it is also made easier through the prestige that is carried by recommendations and assistance provided by international bodies such as the World Health Organization.

It is obvious at the same time that advice and recommendations are not enough, especially where poor and devastated countries are concerned. The World Health Organization should acquire greater economic power, so that it may be able to give essential assistance to the nations in greater need, by granting to them more scholarships, by setting up demonstration teams for the new methods of scientific work, by establishing new practical measures of organizing the health services, and by direct material support to governments.

We should not however lose sight of the fact that a most important function should be to educate and train the peoples of the world to believe in the supreme importance of good health ; to propagate among the governing classes the idea that without physical and mental health there is no happiness in man ; that money spent on health is productive and that therefore such expenses should be in close relation with local needs and an important proportion of the national revenue ; that health-promotion and medical care are the right of the people and the duty of the State as well as that of all the civilized world ; that doctors, nurses and other health personnel should be adequately trained and given a satisfactory position in the social and State hierarchy.

All the countries are nowadays so near each other, and their problems are so closely related and affect each other so much, that no country can be safe and happy when the other is suffering and undermined by disease. The World Health Organization has a great contribution to make.

The PRESIDENT : Is there any additional discussion ? The Chair now gives the floor to the Director-General.

The DIRECTOR-GENERAL : May I express, for the Secretariat and myself, our gratitude to those members of the Assembly who have given constructive criticisms and shown helpful attitudes. The statements made will provide valuable guidance for the Committee on Programme, the Executive Board and the Secretariat in designing and planning and carrying out the work in the future. Mr. President, in presenting to the Assembly the Director-General's Report for 1950, I think, without too much self-congratulation on the part of the Organization, it may be recognized that a good deal of constructive work has been done. It has to be seen in the context

of the years that went before and in the context of the future, and particularly of the changing situation which faces the Organization in 1951 and in 1952. At the beginning of its work, only the World Health Organization was in the field in terms of long-term care for the health of the peoples of the world. That situation has changed extensively. Now the United Nations Children's Emergency Fund is expending very large amounts of money in the health field in many parts of the world. The United Nations technical assistance programme is becoming very large. The bilateral technical assistance programmes of the United States of America, the Commonwealth Colombo Plan, Union Française and programmes from other directions are also becoming large. This has changed much of the environment in which the World Health Organization works and the conditions of its work. The World Health Organization is being recognized by all the agencies providing help in the health field as the international co-ordinating agency. Without a high degree of co-ordination, the extensive help that is being given in many places could in fact become disrupting to the orderly development of health services within countries, and there is still that danger. The problem of co-ordination is difficult because the necessities binding the various organizations which are providing help are quite different. The terms of reference of these organizations vary widely, and under these circumstances co-ordination in an attempt to make all the work of all the organizations both productive and evenly distributed, as well as helpful, to the countries concerned is not at all easy. There is also the work that has to be done co-operatively between the World Health Organization and the Food and Agriculture Organization, UNESCO, the International Labour Organisation, International Bank and other organizations. A good deal of work is being done co-operatively between the World Health Organization and the non-governmental organizations which are in relationship with it, or with whom only ad hoc arrangements have been made to cover certain common work. It is being recognized very widely that the World Health Organization does indeed hold the place of directing and co-ordinating authority on international health work. But this fact carries complications. It has enormously increased the work of the Organization. It is true that funds available from other sources, through the technical assistance programme, through UNICEF, and from other directions, have increased health work greatly, but they are not taking care at all of the necessities of the World Health Organi-

zation for assuming this greatly enlarged role of co-ordination. The World Health Organization very early in its history decided to adopt a special type of organization, a decentralized regionalized organization. The more the present situation develops, the more it becomes clear that the International Health Conference which adopted that system showed great prevision and great wisdom. There is no doubt that the system which has now been adopted and which is in force in the World Health Organization is by far the most efficient system for doing the kind of work which the World Health Organization is now called on to do.

Only with such a system would it be possible to undertake the degree of co-ordination which is expected of this organization at the present time. 1950 was a year of building, of progress in the Organization. One cannot say the same for 1951. It is true that certain progress will be made this year, but the budget, the total budget, the regular budget of the World Health Organization for 1951 is less than for 1950—this in the face of considerably raised prices and costs, in the face of the necessity for within-grade increases in salaries, for necessary home leave for the staff of the Organization, greatly increased over the early years of WHO—so that the actual money available for services of the Organization in the regular budget will be very considerably less this year than last year. In other words, in many fields of the work of the Organization this is not a year of progress but a year of regression, a year of retreat from responsibilities.

In the present situation, the World Health Organization is having to refuse to undertake many responsibilities which it is expected to assume by the United Nations, by other specialized agencies and by other intergovernmental and non-governmental organizations. We are finding it not possible to attend many meetings at which the World Health Organization should be represented, because the money simply is not available.

After only two-and-a-half years of life, the Organization, then, has suffered a sharp setback—a cut in its 1951 programme. This is serious, but it is still possible to repair the damage that is being done and will continue to be done this year to the responsible position of the World Health Organization.

In 1951 the Organization should have begun to reap the benefit of its organizational pattern, but it is doing so only to a minor degree and it will not be possible to reap the benefit of that pattern this year.

The decentralized pattern, the regionalized pattern, is an expensive one. At a level of approximately

\$6,000,000 it does not begin to pay off, and it does not become economically sensible at a level below 8 or 8½ million dollars.

At the present time the overhead is too high. The housekeeping costs too much. An excellent machine has been built, but there is not enough fuel with which to run it. Too high a percentage of the money available to the Organization necessarily, under these circumstances, has to go into organization and staff, and not a high enough percentage can go into the work of the World Health Organization in the countries which need that work.

This, then, is a crucial moment for the Organization at its Fourth World Health Assembly. This is a time at which the future course of the Organization will be determined because of the responsibilities that appertain to it by virtue of the Constitution, and by virtue of the acceptance of these responsibilities by other agencies and widely throughout the world. If these responsibilities are not assumed by the World Health Organization, they will be assumed by other organizations. The co-ordination that is so important and to which attention has been called repeatedly by the United Nations General Assembly and Economic and Social Council will to a considerable extent break down.

It is vastly important that this responsibility—and the whole of it—should be accepted by the World Health Organization at this time. There are three courses open :

The World Health Organization may give up its concept of one world health organization, strengthen its regional offices, greatly reduce its central office and implement the idea that some nations had at the beginning, that there should be only a loose federation of autonomous regional organizations. This would require an extensive change in the Constitution, but it is a course which should be considered, and considered seriously, unless something better can be found.

Another possibility, also involving considerable change in the Constitution, would be to retreat from the decentralized position and, like the other specialized agencies, support only a centralized organization, sending out, as may be desirable, individuals or missions or groups to work in or with countries.

The other alternative is to support the work of the World Health Organization in its constitutional form and not to weaken or back down from the commitments made only three years ago by the nations of the world to accept responsibilities which this Organization has not yet accepted, except on paper. The acceptance of those responsibilities

requires a budget of not less than eight and a half million dollars, and on less than that they cannot be accepted. The World Health Organization will not be in a position to fulfil the terms of its Constitution on any lesser budget than that. The whole role of the World Health Organization in the future depends on the decisions to be made at this Assembly and the willingness or otherwise of the nations of the world to contribute a sufficient amount, so that their own decisions, taken not once but repeatedly, will in fact be implemented through the work of this World Health Organization to the satisfaction of countries which need this work, and through the avoidance of a great deal of confusion that will persist unless the World Health Organization can assume this responsibility which belongs to it under the decision of the nations of the world.

### 37. Date of Meeting of the Regional Committee for the Western Pacific

The PRESIDENT: Does anyone wish to make additional comments?

We have a further item of business this afternoon. It was agreed in the General Committee this noon that we should consider a resolution relating to the holding of a meeting by the Regional Committee for the Western Pacific. This is a matter of considerable urgency, since a tentative date of 18 May has been discussed and notification will have to be given very soon if the Assembly wishes to permit such a meeting to take place. The resolution which is before us is contained in document A4/43, entitled "Regional Committee for Western Pacific", which was delivered to you this morning. I will read it:

The Director-General has the honour to transmit to the Fourth World Health Assembly the following communication from the delegations of Cambodia, Korea, Laos, Philippines and Viet Nam:

Pursuant to the authorization of the Third World Health Assembly for the establishment as soon as possible of the Regional Organization for the Western Pacific, the first meeting

of the Regional Committee for the Western Pacific was convened to meet in Hongkong on 12 March 1951. The Executive Board at its seventh session decided, in view of the situation in that area, that the proposed meeting in 1951 of the Regional Committee for the Western Pacific should be postponed.

As it is the desire of our delegations to hold the postponed meeting of the Regional Committee for the Western Pacific in Geneva during the current month, and as the Executive Board will not have the opportunity prior to that time to remove the limitation contained in its resolution, the Fourth World Health Assembly is requested to take the necessary action to clear the way for the convening of the first meeting of the Regional Committee by approving a resolution along the following lines:

The Fourth World Health Assembly,

Having noted the resolution of the Executive Board at its seventh session relating to the postponement of the meeting of the Regional Committee for the Western Pacific;

Having received from a majority of the delegations of countries in the Western Pacific area a request to hold the meeting in Geneva during the current month,

DECIDES that the period of postponement shall be terminated and that the first meeting of the Regional Committee for the Western Pacific may be convened during the month of May 1951, in Geneva.

Is the Assembly agreeable to approving this proposal?

Does anyone wish to discuss it?

Since there are no objections, this proposal is approved. We have no additional business this afternoon, and the Chair declares the meeting adjourned.

*The meeting rose at 6.40 p.m.*

## SEVENTH PLENARY MEETING

*Wednesday, 16 May 1951, at 10 a.m.*

*President: Dr. L. SCHEELE (United States of America)*

**38. Suspension of Rule 10 of the Rules of Procedure of the World Health Assembly**

The PRESIDENT: The seventh plenary meeting of the Fourth World Health Assembly is now in session.

The first item on our agenda is the suspension of Rule 10 of the Rules of Procedure of the Health Assembly. I call on the Director-General to explain this point.

The DIRECTOR-GENERAL: Mr. President, in previous Assemblies it has been found necessary late in the proceedings to suspend Rule 10, which provides for 48 hours between the circulation of documents and their consideration in plenary session. It has been found that with the pressure of work that invariably accumulates it is not possible to observe this rule strictly, and on each occasion previously the Assembly has suspended it. Mr. Chairman, I am in the position where again I must ask the Assembly to take this action. I can only assure the Assembly that the Secretariat will take every possible means to get documents into the hands of delegations as soon as possible, and wherever it can be done the 48 hours rule will be observed, even though it has been suspended. But late in the session it is very likely that certain papers cannot be got out in time enough to observe this rule. Therefore, Mr. Chairman, I must ask the Assembly to suspend the rule again.

The PRESIDENT: Is there objection to the suspension of Rule 10? Since I hear no objection, Rule 10 will be suspended for the duration of this Assembly.

**39. Recent Earthquake in El Salvador**

The PRESIDENT: The next item on the agenda is contained in document A4/51, which refers to the

recent earthquake in El Salvador. I will read the document:

The delegation of the Republics of Cuba and Ecuador submit for the consideration of the Health Assembly at its next plenary session the following resolution concerning the recent earthquake in El Salvador.

Considering that this organization is founded on principles of solidarity and universal aid, and

Considering that the recent earthquake in El Salvador has caused considerable loss of human life and rendered great numbers homeless, as well as depriving them of many health benefits,

The Fourth World Health Assembly

RESOLVES to send to the Government and people of El Salvador its deepest sympathy and hopes for a speedy re-establishment of normal conditions; to transmit this message with all speed to the Government of El Salvador; and to stand in silence for one minute and pay tribute to the victims of the earthquake.

If there is no objection, the Chair proposes that we stand.

*The Health Assembly stood in silence for one minute.*

Dr. BUSTAMANTE (El Salvador) (*translation from the Spanish*): I merely wish to thank the delegates of the nations here present for the sympathy they have shown to the people of El Salvador.

El Salvador, a small country of 20,000 square kilometres and 2,000,000 inhabitants, is situated in the Andes and frequently suffers catastrophes of this kind. During the last 15 years there have been no less than five occasions on which towns of some

size have been destroyed. This earthquake caused the total disappearance of two towns with a population of about 17,000 inhabitants, three others in the neighbourhood were severely damaged and other towns nearby suffered varying degrees of destruction.

The first news to come through was already very alarming but unfortunately during the last few days the news has been taking a more and more serious turn. It is now certain that in the two towns which suffered most of the damage over 1,000 persons lost their lives; the hospital collapsed completely, causing the death of all patients; a religious service was in progress in the church which also collapsed, causing the death of all persons present; the same happened in the market of the city. Thus the earthquake has proved to be a large-scale catastrophe.

All the resources of the neighbouring hospitals situated within 25 kilometres of the epicentre were mobilized; the capital is only one hour's journey by road, which made it possible to send with all desirable promptitude help, ambulances and trucks carrying medical staff, who worked all night attending to the wounded.

But the resources of a single country are never enough in a catastrophe of this kind; we were fortunate in receiving help from neighbouring countries, and I must make special mention of the prompt assistance which we received from the United States Government, which sent by air the necessary equipment: tents, blankets, surgical equipment, sera, etc.

Allow me to take this opportunity of thanking on behalf of the Government of El Salvador all the countries of the American Continent who gave us such prompt assistance, and all the delegations here present.

Thank you.

#### 40. Adoption of the Supplementary Agenda

The PRESIDENT: Our next item is adoption of the supplementary agenda contained in document A4/49. According to Rule 6 of the Rules of Procedure of the Assembly, and as has already been announced at the first plenary meeting, the supplementary agenda was considered complete on Saturday last at noon. It was adopted by the General Committee with the following recommendations as to allocation of items:

20.1: Committee on Administration, Finance and Legal Matters.

20.2: The resolution under this item was adopted at the sixth plenary meeting.

The title of the first item is "Admission of non-governmental organizations to relationship with WHO—Proposal by the Government of Belgium" (document A4/15). The second item (20.2) is entitled "Regional Committee for Western Pacific" (document A4/43).

Item 20.3, Salary of the Director-General, to the Committee on Administration, Finance and Legal Matters, unless the plenary meeting decides to take immediate action on it.

Items 5.23, Emergency action by ECOSOC and specialized agencies to assist in the maintenance of international peace and security; 5.24, Co-ordinated programme of rehabilitation of the physically handicapped; and 5.25, Resettlement of refugee physicians, to the Committee on Programme.

Is there objection to allocation of the items of the supplementary agenda as proposed? As no objection is heard, these items will be so allocated.

#### 41. Adoption of Third Report of the Committee on Credentials

The PRESIDENT: The Chair now calls on the Rapporteur of the Committee on Credentials for his third report—Dr. Espaillet de la Mota.

Is the President of that committee here? Is he prepared to make this report?

*M. Ruedi (Switzerland), Chairman, read the third report of the Committee on Credentials<sup>11</sup> in the absence of the Rapporteur.*

The PRESIDENT: Is this report acceptable? As I hear no objection, the report is accepted.

#### 42. Adoption of First Report of the Committee on Administration, Finance and Legal Matters.

The PRESIDENT: The Chair calls next on the Rapporteur of the Committee on Administration, Finance and Legal Matters, Dr. Bravo, to present a summary of his report and remarks.

Dr. BRAVO (Chile), Rapporteur of the Committee on Administration, Finance and Legal Matters (*translation from the Spanish*): I have the honour to

<sup>11</sup> See p. 33.

submit for your examination the first report of the Committee on Administration, Finance and Legal Matters.<sup>12</sup>

This committee worked under the chairmanship of Dr. G. A. Canaperia (Italy) and of Mr. T. J. Brady (Ireland). It created a Legal Sub-Committee which met under the chairmanship of Mr. Geeraerts (Belgium).

After considering the resolutions of previous Assemblies and the recommendations of the Executive Board, and having heard the opinions of delegates and members of the Secretariat, the committee adopted the draft resolutions contained in the report which was distributed yesterday. The text of the report was subsequently revised and in parts amended by the committee sitting in plenary session.

The committee considers that the draft resolutions which it submits to you are the result of thorough study and worthy of your approval. I therefore ask you, Mr. President, to request the Assembly to give its assent and adopt the said drafts as resolutions of the Fourth World Health Assembly.

I would add a few general observations, which will be brief, since the document was distributed yesterday and delegates will already have had time to read it. The report deals with the following matters :

Report of the Director-General : The committee proposes that the Fourth World Health Assembly take note of this document, which appears in *Official Records* No. 30, pages 72 to 79.

Report of the External Auditor : This has already been commented upon by an ad hoc committee of the Executive Board. The Committee on Administration, Finance and Legal Matters proposes that it be adopted ; details appear in *Official Records* No. 34 and in document A4/38 of the Health Assembly.

Arrears of Contributions : The committee noted with satisfaction that certain Members have recently liquidated their arrears. It proposes to the Fourth World Health Assembly that those countries which have not yet paid their contributions be urgently requested to do so as soon as possible.

Working Capital Fund : The committee recommends that you take note of the situation of the Working Capital Fund, details of which are given in *Official Records* No. 34, page 29.

Supplemental Budget for Obligations to the United Nations (in connexion with the special relief granted to the civilian population of Korea) : After an introduction and an explanatory statement, the committee recommends that the Director-General

be authorized to transfer an amount not to exceed \$245,344 from the suspense account as an addition to the other income available for the financing of the Appropriation Resolution for the financial year 1951.

In regard to the supplementary budget to replace the amount used for assistance to refugees in Turkey, the committee recommends that the grant of the sum of \$20,000 under this heading be approved. The sum originally fixed was a maximum of \$55,000, but as you will remember the Minister of Public Health of Turkey himself announced that the Turkish Government was renouncing the additional \$35,000 so that this technical assistance grant will be reduced to \$20,000.

Scale of Assessment for Korea, Viet-Nam and Israel : The committee recommends that the Health Assembly fix these scales of assessment as follows : the assessment for Israel for the years 1949, 1950 and 1951 to be 14 units ; subject to review in respect of future years, the scale of assessment for Korea and Viet-Nam for 1952 to be 5 units and 25 units respectively.

Proposal of the Director-General to improve the Financial Position : In view of the importance of this text, I think it would be useful to read it in its entirety. The proposed resolution is as follows : (*Continues in English*)

The Fourth World Health Assembly,

Having considered a report made by the Executive Board at its seventh session on the financial position of the Organization ;

Notwithstanding the decision of the First World Health Assembly concerning the Working Capital Fund,

1. RESOLVES to transfer the 1948 budgetary surplus from the Working Capital Fund to the suspense account established by the Third World Health Assembly ;

2. REQUESTS the Director-General :

(1) to meet, from the suspense account, the cash deficits for the years 1948 and 1949 resulting from the non-payment of contributions by certain Members and

(2) to effect an appropriate charge against the suspense account ; it being nevertheless understood that this action will in no way relieve the Member States concerned of their obligations to the Organization in respect to their contributions ;

3. RESOLVES

(1) to revoke the decision of the Third World Health Assembly with respect to the establish-

<sup>12</sup> See p. 342.

ment of a building fund by cancelling paragraphs 5, 6, 7 and 8 of resolution WHA3.105 ;

(2) to authorize, by using \$233,645 from the suspense account, the establishment of a building fund, which shall remain available until the completion of the building operation and liquidation of all obligations, notwithstanding the provisions of the Financial Regulations, and

(3) to authorize, upon the completion and liquidation of the outstanding obligations, the return of any remaining balances in the suspense account ;

4. RESOLVES to suspend the application of Financial Regulations 13 and 16(e) for 1952 and future years until the financial position of the Organization is such that these surpluses can be used in accordance with the Regulations ;

5. REQUESTS the Director-General to place these surpluses in the suspense account established by the Third World Health Assembly, to be known as the Assembly Suspense Account ;

6. DECIDES that the status of the Assembly Suspense Account should be reviewed by each Health Assembly, and

7. DECIDES further that, notwithstanding the decision of the Third World Health Assembly on the amount of the Working Capital Fund, the Working Capital Fund is hereby established at \$3,193,955. (*Continues in Spanish*)

In recommending to the Fourth World Health Assembly the adoption of the resolution put forward by the Director-General, the committee would particularly stress the fact that this resolution will involve changes in resolutions taken by the Third World Health Assembly and, in consequence, would request delegates before adopting it to study it with particular care, that they may be fully aware of the implications of their action.

The ninth of the proposed resolutions recommends that Member States be approached with a view to finding out whether it would be possible for all Members or for some of them to agree to the imposition of a tax on certain products, proceeds of which would go to a special fund which would serve to finance the budget of the World Health Organization.

In section 10 the committee recommends that Japan be admitted as a Member of the World Health Organization, subject, of course, to the deposit of an instrument of acceptance of the Constitution.

Section 11 deals with the admission of the Federal Republic of Germany to membership of the Organization, and Section 12 with that of Spain, both subject, of course, to the completion of the appropriate constitutional formalities.

Under section 13 the committee recommends that the Health Assembly adopt a resolution noting the decision of the Government of Poland to withdraw from the World Health Organization, and declaring that the Organization will always be ready to renew collaboration with this Member which, for the time being, will become an inactive Member.

Finally, section 14 deals with amendments to the Rules of Procedure of the World Health Assembly put forward by the committee. Delegates are already aware of the substance of these amendments, which, for the most part, concern Rules 14, 87, 25 and 51.

The PRESIDENT : I call upon the chief delegate of the Philippines.

Dr. PADUA (Philippines) (*translation from the Spanish*) : I have several reasons for asking to speak this morning in this majestic hall.

The Health Assembly is considering Spain's request for admission to membership of our great organization. Perhaps very few members of this Assembly are aware of the close and cordial relations between the peoples of Spain and the Philippines. Spain came to my country as an elder sister and remained there for more than three centuries. During this long period of years Spain was able to establish strong, indissoluble and increasingly close bonds of friendship, sympathy, religion, language, culture and civilization, so that today our heritage from Spain is enshrined like a jewel in the minds and hearts of our people. Anyone turning the pages of a work on the history of my country is sure to come upon a chapter dedicated to Spain and written in letters of gold.

The contemporary history of Spain is worthy of its brilliant past. May I invite you to look back over the centuries? We see Spaniards sailing the high seas in search of new horizons, new lands. We see Spain raising in those lands the Cross, symbol of religion, and her flag, the mark of authority. We see Spain in the halls of colleges and universities dispensing culture, civilization, and religion, and we see her later leaving these foreign lands with the satisfaction of duty done. Spain has made a most valuable contribution to culture and civilization, and thanks to her famous men, her eminent politicians and men of science, she has also made her contribu-

tion in the scientific and political spheres. Today Spain is asking to be admitted as a Member of our Organization in order to be able to benefit by the progress of modern science and in her turn to be able to add her stone to the great public-health edifice which the World Health Organization is endeavouring to build. For these reasons I would urge you to grant Spain's request by unanimous vote and admit her to the World Health Organization.

Dr. PHAN HUY DAN (Viet Nam) (*translation from the French*): It is in a spirit of the purest medical disinterestedness, the spirit of the Constitution of the World Health Organisation, that we come to take our place among you. We shall speak not on behalf of one political group alone, but on behalf of Viet Nam, which you have received in this Organization as a country.

Asia is, of all continents, that which suffers most. Of all the countries of Asia, Viet Nam is, with Korea, the most sorely stricken. Even in time of peace our country did not have a very high standard of health. A severe shortage of medical staff and equipment limited our fight against the epidemic and endemic diseases which took a high toll every year.

War brought with it new difficulties. Of the many problems which we have to solve I would like to draw the attention of the World Health Organization and the other organizations here represented to the refugee problem in Viet Nam. Military operations are so highly mobile and so frequent that a large number of persons have been compelled to abandon their rice fields and their straw huts to wander from village to village. They end by drifting in utter destitution to the already over-populated towns. The privations and sufferings of the women and children are pitiful to see.

To provide lodging, food, and care for these refugees, whose number has reached several hundred thousands in recent years, to restore them to normal life and find them suitable work, are problems out of all proportion to the economic and financial resources of Viet Nam.

The vitality of an organism is measured by the promptitude and strength of its reaction when threatened at any point. Increased assistance from the World Health Organization would be valuable and welcome in Viet Nam.

But more generally, apart from the particular case of our own country, what we are defending is the "concept of priorities", which Professor Parisot so clearly explained and which met with our immediate support. Desirable and necessary though measures of decentralization may be, the central

organs—the general Secretariat, the Executive Board and the Health Assembly—must retain sufficient power to decide on an order of priority, so that those countries which most urgently require it may receive a maximum of assistance. Otherwise the World Health Organization will lose its essential qualities of cohesion and solidarity. Moreover, in applying this concept of priorities and mobilizing its resources to administer aid to the countries which need it most, the World Health Organization would not fail to benefit from the point of view of publicity by the intense interest attaching to great misfortunes.

Viet Nam is beginning to receive its share of WHO assistance. For several years to come this assistance will outweigh our contribution. Our people are grateful to the World Health Organization and all its Members, but far from wishing to see this state of affairs continue, we eagerly look forward to the day when we shall be able to ask much less and contribute far more. We hope that peace, for which all the people of Viet Nam are longing, and which is the essential condition for any improvement in public health, will soon be restored. I am sure that all the delegations here present, whatever the political attitude of their governments toward Viet Nam, will share this hope.

I should indicate here that we are under no illusion as to the nature of the assistance given by the World Health Organization. A study of its Constitution, of its programme and budget, shows that the real importance of its task does not lie in financial and material aid to various countries.

The means at the disposal of the World Health Organization cannot be compared with those of the Marshall Plan, which from February 1948 to February 1950 amounted to more than \$8,000,000,000 for the countries of Western Europe alone—a sum which was nevertheless thought insufficient by more than one receiving government.

Take the highest budget figure for the World Health Organization—that of \$8,703,251 proposed by the Director-General for the financial year 1952, which has given rise to long and painful discussions—give it to a single country; it will still be insufficient for its health programme. The share of this highest budget figure reserved for India amounts to \$159,887, which for a population of 350,000,000 means one dollar among more than 2,000 inhabitants. If sums from the International Children's Emergency Fund and the Technical Assistance Board are added, the total figure for India becomes \$1,498,425, or one dollar among more than 250 inhabitants, hardly enough to buy one quinine tablet per person per year.

While the granting of fellowships and the provision of material aid to various countries are important activities which should be developed, the part played by the World Health Organization, at least with its present financial resources, can only be that of a catalyst, a stimulant to induce governments to pay greater attention to the fundamentally important work of training medical personnel and providing equipment. The World Health Organization could not take the place of the national governments in fulfilling these tasks unless these governments handed over to it the whole of their health budget. This is not the case and cannot be seriously envisaged.

The importance of the World Health Organization lies rather in its contribution of technical experts—steadfast men of vision, active and devoted, knowing how to set aside political considerations and national frontiers in order to work for the health of all peoples; keeping abreast of the most recent technical developments, the latest and most effective methods of curative and preventive medicine, assembling them, listing them and making them available to national health organizations, both governmental and non-governmental, encouraging and advising these organizations, co-ordinating the health plans of all countries, harmonizing them and bringing them together to form a world health plan, bringing home to all peoples the existence of a common enemy—the existence from the earliest times of a world struggle against disease and suffering, persuading them of the need to unite in the battle for health—this work of obtaining, listing harmonizing and co-ordinating information is on its own an immense and difficult task which calls for a numerous and competent staff. We therefore find it logical that a large proportion of the budget of the World Health Organization should go for staff. In our opinion, the budget of the World Health Organization is wisely distributed. Although we appreciate the constructive spirit which prompted the criticism of the Yugoslav delegation, we do not think that criticism fully justified.

In less than four years the World Health Organization has done a body of work which compels admiration. A world health programme has been prepared and international sanitary regulations have been drawn up. The World Health Organization is developing, branching out, establishing regional offices, multiplying its contacts with suffering humanity and beginning to be a real world organization.

After approving the Constitution of the World Health Organization, to be alarmed at the rapidity

of its development and its effectiveness and to seek for means of ending it would be to contradict oneself. The increase in the budget of the World Health Organization as a result of this development is not excessive. The additional contribution payable by each Member cannot be “the last straw that breaks the camel’s back” for any country. Furthermore, as the World Health Organization is pursuing well-defined ends, its growth will not be unlimited. When the Organization has reached its optimum development it will stabilize itself. At the moment it would be premature to speak of “stabilization”.

The Director-General has placed our responsibilities before us. He reminds us that 1951 is already a year of regression as compared with 1950. Unless a minimum budget of 8½ million dollars is voted for the year 1952 the World Health Organization will no longer be in a position to fulfil its constitutional responsibilities. It will be obliged either to reduce its headquarters to a mere liaison organization, with branches vaguely linked one with another in certain parts of the world, or to close its regional offices and become a mere research organization limited to Geneva and having only indirect contacts with the rest of the world. Either of these consequences would mean the disablement, the paralysis of the World Health Organization.

The other day, during a meeting of the Committee on Administration, Finance and Legal Matters,<sup>13</sup> Her Excellency Amrit Kaur, Chief of the Indian delegation, fearing that the budget of the Director-General would be rejected and the work of the World Health Organization endangered, rose to speak and quoted Gandhi that she might the better sway the committee. I was ashamed, and said to myself that our Health Assembly is jointly responsible for having caused her these apprehensions. The Health Assembly has a duty to reassure this noble woman and tell her in no ambiguous terms that the Director-General’s budget will be voted so that the World Health Organization may continue to go ahead.

But the active participation of all nations and all peoples is even more necessary to the success of the good work of the World Health Organization than the approval of an adequate budget. No political considerations or national animosities should be allowed to influence the World Health Organization, whose doors must remain wide open to those who have gone out and to those who have not yet come in. I am sure that the Health Assembly will admit Germany, Spain and Japan to membership, and in

<sup>13</sup> Fourth meeting, section 2

advance the Viet Nam delegation wishes them welcome.

Now Geneva is about to be the meeting place of the first conference of the Far East region, which WHO calls the Western Pacific Region, probably wishing to stress that the contrast between East and West is more artificial than real and that the oceans, ceasing to be abysses which separate and becoming bridges which unite, are growing in importance every day. At the time of this first conference of the Western Pacific Region we are happy to see Japan join us, and all the countries of the Western Pacific will wish to associate themselves with Viet Nam in wishing her welcome.

The PRESIDENT : Does any delegate wish to speak on the report before us ?

The delegate of Israel.

Dr. NOACH (Israel) : Mr. President, I would like to ask if a vote will be taken on the admission of new countries.

The PRESIDENT : Yes, we will vote on the adoption of this report. There are two alternatives : either to vote on the report in its entirety, or to vote on the individual sections of the report.

Dr. NOACH (Israel) : I would propose that a vote be taken on the individual sections.

The PRESIDENT : It has been suggested that we vote on the individual sections of the report. This is permissible under the Rules of Procedure. Under Rule 50, parts of a proposal shall be voted on separately if any delegate or representative of an Associate Member so requests. So we will vote on each of the parts of the report and, as we come to each part, I will ask you, if you care to speak on the particular part, to take the floor.

It has been suggested that there may be only certain sections on which the delegate of Israel wishes to have a separate vote. For example, if it were desired to vote separately on the admission of countries, we might do so ; and, if there were no objection, we might then group all the rest of the report into a single voting. Would there be objection to that ?

The delegate of Israel does not object.

Does anyone else object to that ?

Let us proceed then to the adoption of the report with the exception of section 10 (Admission to

Membership : Japan), section 11 (Admission to Membership : Federal Republic of Germany) and section 12 (Admission to Membership : Spain).

Is there objection to the adoption of the other portions of the report ? As I hear no objection, then, the other portions of the report are adopted.

We will proceed next to section 10, Admission to Membership of Japan. Does anyone wish to comment on this ? No one wishes to take the floor ? We will then proceed to vote on this. May we have a show of cards of those favouring adoption of section 10 ? Against ? Abstentions ? This part of the report is adopted. The vote was 54 for, none against and six abstentions.

We will vote next on section 11, Admission to Membership : Federal Republic of Germany. All those in favour please show their cards. Those against ? Abstentions ? This item is adopted. The vote was 53 for, one against and six abstentions.

The next item is, Admission to Membership of Spain. All those favouring this please show their cards. Opposing ? Abstentions ? Section 12 is adopted. The vote was 54 for, one against, with six abstentions.

The chief delegate of Israel has the floor.

Dr. NOACH (Israel) : Mr. President, my Government has instructed me to vote against the admission of Germany to the World Health Organization. The reasons are generally known and I do not wish to discuss them here. I am however authorized to declare that we fully agree that the people of Germany shall enjoy the benefits of this organization. My Government considers admission of Germany to full membership as premature. Time will show whether we can co-operate with Germany. Thank you.

The PRESIDENT : The delegates of Japan, Germany and Spain have asked for the floor. Before granting them the floor, does anyone else wish to speak ?

The Chairman gives the floor to the chief delegate of Japan.

Mr. KUROKAWA (Japan) : Mr. President and distinguished delegates, on behalf of the Japanese people and Government, I wish to express my sincere gratitude for the honour this Assembly has conferred upon my country in accepting us into this great organization. I would also like to thank the delegates of various nations for the support they have kindly given us in this respect.

The Japanese people today are very eager to redeem the past and to regain their place in the family of nations by collaborating in every field with the peace-loving nations of the world. It is therefore a matter of extreme joy for us to be given this opportunity of proving our desire in the most important sphere of human welfare, that is, in the field of health.

The importance of the public-health programme has always been stressed in our national policies. Particularly since 1945, in spite of all the confusion and the many difficulties confronting us, the Ministry of Health and Welfare has devoted itself to the improvement of the health of our people. I am very happy indeed to be able to tell you with confidence that our people today are suffering less from diseases and enjoying much longer lives, even compared with the pre-war period.

The new Japanese Constitution, in Article 25, proclaims that all people shall have the right to maintain the minimum standard of wholesome and cultured living and that, in all spheres of life, the State shall use its endeavours for the promotion and extension of social welfare and security and of public health.

I believe that this is in conformity with the aims of the World Health Organization. Furthermore, I believe that this aim can only be attained by the collaboration of all nations of the world.

Mr. President and distinguished delegates, by the vote you have just taken you have opened the door for our participation in your worldwide common efforts. We pledge that we shall faithfully abide by all duties and obligations deriving from the Constitution of the Organization. We may often ask your advice and assistance. We shall also be happy to share our responsibility in providing services within our ability for the attainment of the noble aim of the Organization, wisely expressed in its Constitution.

With wholehearted confidence in and admiration of the World Health Organization and Member States, I again sincerely thank you.

The PRESIDENT : The Chair next gives the floor to the chief delegate of Germany. In accordance with Rule 68, the chief delegate will speak in German and will provide translation.

PROFESSOR REDEKER (Germany) (*translation from the German*) : In the name of the Federal Republic of Germany, I would like to thank you for voting for our admission to the Organization as well as for the friendly sentiments which have been expressed on this occasion.

The Federal Republic of Germany, its various health services, its scientists and physicians, eagerly and unreservedly associate themselves with the high aims of the World Health Organization. In recent years we in Germany have come to appreciate such joint work. Many physicians from different countries have helped us in these difficult times to combat epidemics, disease and distress. Germany takes this opportunity of formally thanking them.

For us it is a high honour to take part in future in this work. The devotion to duty of these physicians, their kindness and humanity will serve to guide us in our future collaboration.

Finally, may I assure you that it is the earnest desire of the Federal Republic of Germany that the collective work of the World Health Organization shall continue during the coming decades as successfully as it has commenced.

Thank you.

The PRESIDENT : I give the floor to the chief delegate of Spain.

Dr. PALANCA (Spain) (*translation from the Spanish*) : On behalf of the Spanish delegation I wish to say how deeply we appreciate the signal honour of admission to the World Health Organization. First of all, I would thank the delegate of the Philippines for his affectionate tribute to my country, which might appear somewhat excessive were it not the outcome of a long period of life together. For four centuries the peoples of Spain and the Philippines lived together as comrades, and the Spanish nation sincerely returns the affection.

Spain ardently desired to become a member of the World Health Organization. Our country has never omitted to fulfil its obligations in matters of welfare work, humanitarianism and health on the international level. But going much further, it wished to become a member of so honourable and useful an institution as this.

In spirit, we have been with you for many years—in fact since your Organization was first set up we have followed your work step by step, and, whenever possible, adapted our national health organization to your resolutions. Whenever we were able to establish an unofficial link with your Organization we have done so. We have replied to your questionnaires, answered your queries, and in our turn put many questions which, I must acknowledge, were answered with promptness and civility.

Today we have been officially admitted to membership. Is it too late? No, there is always time. But

however that may be, the delay cannot be imputed to my country. It was not Spain which obscured the question of our international obligations in matters of health and welfare by considerations of political differences, largely of a passing nature. But we are an old country with 2,000 years of history behind us, and this gives us a calmness in judging and acting in international matters which enables us to bide our time and wait until events and perhaps necessity prove us right in the end.

My colleagues on this delegation, Dr. Clavero and Mr. Aguilar, and myself, have great pleasure in coming to you as friends and fellow workers, and on behalf of my Government I would assure you that Spain will willingly, loyally and scrupulously fulfil its obligations. On behalf of Spain, I thank you.

The PRESIDENT : The Assembly is happy to welcome Japan, Germany and Spain. It remains only for the Governments of these countries to deposit the appropriate instruments with the Secretary-General of the United Nations, after which they will be full voting Members of the World Health Organization.

We adopted this last report in four parts. I would ask you now to adopt the report as a whole. Is there any objection to the adoption of the report as a whole? As I hear none, the entire report is adopted.

### 43. Technical Discussions

The PRESIDENT : We will proceed now with discussions on the technical meetings. I give the floor to Professor Parisot, as convener of the general meetings on technical discussions during this Assembly.

Professor PARISOT (France) (*translation from the French*) : During the third plenary meeting on the 8 May, the Health Assembly, at your proposal, approved the resolution providing for technical discussions on the education and training of medical and public-health personnel.

You appointed me—an honour which I deeply appreciate—convener of the general meeting and directed me to guide the discussions.

During the first meeting, many speakers stressed certain basic aspects of the problem and in particular the sanitary, economic and social factors which in a given country determine the kind of staff to be used and also the nature of the training to be given to the various types of personnel thus defined.

The task was then divided as follows between the three working groups which it had been agreed to set up.

The first group, under the chairmanship of Sir Arcot Mudaliar, Vice-Chancellor of the University of Madras, dealt with undergraduate medical education.

The second group, under the chairmanship of Dr. Gaylord W. Anderson, Director of the School of Public Health, University of Minnesota, dealt with specialist training in public health.

The third group, under the chairmanship of Mrs. Aung San, Director of Women's and Children's Welfare Services in Burma, studied the training and utilization of auxiliary personnel in medical and health services.

Professor René Sand was appointed general rapporteur; Professor Anderson, Dr. Shakashiri and Dr. R. M. Morris were elected rapporteurs for the first, second and third working groups respectively.

Each group held four meetings devoted exclusively to technical discussions and finally approved a brief report stating the most important conclusions reached.

A second and last general meeting was held for the discussion and adoption of the general report and the reports of the working groups,<sup>14</sup> and enabled us to draw some general conclusions.

You will excuse me, Mr. President, if I do not go into the technical details of these conclusions, which are embodied in the text of the reports. I would only mention a few points which seem to me particularly worthy of consideration by the Assembly.

First of all, it is evident that discussions of this kind were not enough to cover so vast a subject really thoroughly. It was only possible to deal with it in outline and make clear the essential data. For this reason the general meeting expressed the unanimous desire to see certain aspects of the problems of education and training just discussed retained on the programme of any future discussions.

Of those aspects, special training for preventive medicine received particular stress. It was also recognized that a general study of the problem of preventive medicine, with particular attention to its economic importance, would be a suitable theme for future discussions.

<sup>14</sup> Mimeographed documents WHO/Educ/43 Rev. 2, WHO/Educ/44 Rev. 1, WHO/Educ/45 Rev. 1 and WHO/Educ/47 Rev. 1

The general opinion was that in future subjects much less vast in scope should be chosen for technical discussions so that they could be studied in more detail.

It will be for the Health Assembly, under the item of its agenda entitled "Principle of technical discussions at future Assemblies", to take a decision on these suggestions.

But whatever the subject or subjects chosen, the usefulness of such discussions depends largely on the manner in which they have been prepared. We must be grateful to our Executive Board for realizing this and for taking all the necessary steps to prepare our discussions at its sixth session just after the end of the Third Health Assembly.

It is essential that the subject or subjects for discussion during the following year be chosen each year, either by the Health Assembly itself, or by the Executive Board, if the Assembly should think fit to delegate its powers for the purpose. In this way the Director-General would be in a position to send Members all the necessary information on the preparation of national documents at the end of the session of the Board at the latest. The national administrations would then have six months for the preparation of their documents, which should thus reach the Secretariat before the end of the year.

During the following three months, the Secretariat would analyse the documentation, prepare the necessary surveys and map out the general lines of the discussion. Then the documents prepared by the Secretariat could be sent to the national delegations at least a month before the opening of the Health Assembly, thus allowing them time to prepare the points which they wish to raise.

Need I recall how necessary it is that delegations to the Health Assembly include experts in the subject chosen for the technical discussions? Our recent discussions have set a precedent in this matter which is altogether encouraging and which should be observed in future.

The general opinion is that the time devoted to discussions and their general organization during the present Health Assembly have been entirely satisfactory.

Now the question arises of how we are to derive the maximum benefit from the effort of the various Members, the Secretariat and our delegations to the Health Assembly.

We have all been very interested to read the documents which many countries have sent in, but we should like to see even more complete documentation. May I express the hope that countries which were unable to send their articles to the Organization

before the Health Assembly will nevertheless send them in as soon as possible? The value of such documentation depends to a considerable extent on its completeness. We are sure that the Director-General will find that it contains information of the greatest value, and that the final reports of our discussions will prove to be of great help to him in the future.

Each of the delegations present will take away a large file from which it will be able to learn many valuable lessons.

We wonder whether it might not be useful to make these works even more widely available by publishing them as part of a volume or as a complete volume in one of the periodical publications of the Organization. Such a volume should, of course, appear in the various languages so that it would be the more easily accessible to a larger number of readers. We may be sure that for the physicians and hygienists of the whole world it would be a proof of our interest in a major problem which concerns them all, and in this way it would contribute considerably to increasing the influence and prestige of the Organization throughout the world.

Such are the general conclusions which I wished to submit to the Health Assembly. Perhaps I have gone beyond my mandate, which, as I am well aware, was limited to the study of a definite subject. But I considered that it would not be unprofitable to give certain general conclusions which emerge from our discussions and which may help the Health Assembly to come to the decision which it must take in respect of future discussions.

I would not conclude without paying tribute to all those who have taken part in the general meetings and in group meetings, and to the technical competence and spirit of co-operation which they have constantly shown in a friendly atmosphere where everyone expressed his point of view and quoted his personal experience with complete freedom.

I am sure that my colleagues have appreciated this opportunity of exchanging opinions on a subject which they all have at heart, in discussions without official character and totally independent of all administrative and budgetary considerations.

The figures speak clearly for the interest which these technical discussions aroused; for there were nearly 150 persons present at the general meetings and between 25 and 50 at each meeting of the working groups.

Once again, the Secretariat has performed its task under difficult conditions in a manner which merits only praise.

It is therefore with a feeling of lively satisfaction that I present, on behalf of all my colleagues, the general report and the reports of the working groups on the technical discussions dealing with the education and training of medical and public health personnel.

The PRESIDENT : Thank you. The Chair notes that Professor Parisot, on behalf of the participants in the technical discussions, has recommended that technical discussions take place at future Health Assemblies. He has also suggested the publication of some of the material which was discussed here. Does anyone wish to make further comments, broadly, on the general report by Professor Parisot on the technical discussions or on these recommendations ?

The chief delegate of Norway has the floor.

Dr. EVANG (Norway) : Mr. President, fellow delegates, I would like to congratulate most heartily Professor Parisot and his co-operators in this field on the results achieved at this first attempt to establish technical discussions at a World Health Assembly. I feel that we should try to build upon the experience thus gained and should develop this programme further. As you all know, Article 11 of the Constitution of this Organization states that " each Member " —meaning each Member State—" shall be represented by not more than three delegates, one of whom shall be designated by the Member as chief delegate. These delegates should be chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member ". It follows, Mr. President, that each year the most prominent health administrators of the world, with technical knowledge and competence in the field of health, will gather. This is a unique opportunity for exchanging opinions on technical matters. I therefore think that, in addition to the technical discussions which necessarily will take place in the committees, sub-committees and working parties, there should be at least one main important technical subject under discussion. I think also that those of my fellow-delegates who have had an opportunity to take part in more than one of these Health Assemblies will realize with great satisfaction that the Secretariat and the Health Assembly itself are gradually developing a more and more effective routine, as far as the other subjects with which we have to deal are concerned. I mean by that, Mr. President, that many of the administrative, procedural and legal problems have been solved, and

that the financial aspects have been clarified for us all. We do not need so much time to discuss them and therefore I feel very strongly that we should build upon the experience now gained.

I was perfectly in agreement with Professor Parisot when he suggested that the time schedule be changed, so that Member Governments would be able to prepare their documents before the end of the year, giving the Secretariat an opportunity to prepare working papers for the general discussions at the beginning of the year.

I would like to add two more points, Mr. President, of a practical nature. I think it is absolutely necessary to define very clearly indeed the subject or subjects under discussion, because it seems to me that some of the discussion has, on this occasion, suffered from the fact that the same word in English, in French, in Spanish, or in any other language for that matter, does not mean the same thing and that, therefore, it is necessary to define the subject as well as the words which we all use, and think that we know.

The other and final point I would like to make is that in giving these technical discussions the place they really need we should try to arrange the work of the Health Assembly in such a way that no simultaneous meetings of importance compete with the meetings of the technical groups.

The PRESIDENT : Thank you, Dr. Evang.  
The delegate of the United Kingdom.

Sir John CHARLES (United Kingdom) : I would ask the forbearance of the Assembly for a few moments while I embark upon a short historical digression. In March 1942 the British Government set up a committee of experts, later known as the Goodenough Committee, to enquire into the organization of medical schools, particularly in regard to facilities for clinical teaching and research. In effect the committee's terms of reference were broad enough for it to consider fully any question affecting the organization of medical teaching and its relation to the universities on the one hand and to the hospitals on the other. The committee reported two years later, having held 50 meetings some of which lasted for several days. It received written and oral evidence, which it tested by cross-examination, from 60 separate bodies, represented by no less than 222 expert witnesses from universities, medical schools, hospitals and professional and academic associations. In addition it considered the written evidence of a further 31 bodies and individuals. Its report runs to over 300 pages and, without exaggeration, may be described as one of the classical basic documents of

medical education, fit to rank with the " magna opera " of Abraham Flexner. A biblical period of seven years has elapsed since that date and now, in 1951, we have the first fruits of the Goodenough Report in a substantial increase in the out-turn of medical graduates in Great Britain. These graduates will have had the benefit of augmented teaching facilities and staff, and will have pursued a reorientated, but not reduced, curriculum which reflects the modern emphasis on social medicine, child health and psychiatry.

The purpose of this somewhat long preamble is to emphasize that the comprehensive review of medical education in any country is a long and onerous task. It involves the detailed examination of the multitude of differing views in which academic minds delight and their reduction to concrete practicable proposals. It cannot be done without the assistance of many experts. If it is difficult as a national undertaking, how much greater the task if the object is to produce something which will have international validity and obtain international acceptance. And what has been said of medical education as a subject for technical discussion at the international level can equally be said of many another vague proposition, such as the economic aspects of preventive medicine.

At this point, we would state clearly that, while the British delegation has not been unsympathetic to the idea of the technical discussions, it has always felt that their success or comparative failure will depend upon the choice of subjects, which in our opinion should conform to the following criteria. Firstly, they should be in fields where international discussion can be fruitful ; secondly, they should deal with topics which can be briefly stated and easily defined ; and thirdly, they should not require the attendance of large numbers of experts and the consequential inflation of national delegations, for " quot homines tot sententiae " is still true. We feel that the experience of the three technical committees supports these views. However eloquent and enthusiastic the participants, the results have only been valuable where it has been possible to pinpoint a problem and to bring its discussion within manageable dimensions.

We would therefore make two suggestions. First, that where it is intended to institute a technical discussion during the Health Assembly, it should be limited in its objective and capable of rapid and intensive exploration. Secondly, that there are topics which, while unsuitable for discussion at Assembly level, can more appropriately and with equal advantage be considered by the regional organi-

zations. Such a topic for example might be medical education, both in its general aspect and in certain of its technical branches. Subject to the views of the regions themselves, it would probably be simpler in the first instance to study medical education at the regional level. Not only would the differences between national patterns of education be less marked, but it would be easier to obtain the necessary expertise. The co-operation of universities, academic bodies and professional associations would probably be as readily, and certainly more conveniently, available. These are simple suggestions which hardly require any amplification. They are offered, not by way of destructive criticism, but with sincere and constructive intent.

The PRESIDENT : The delegate of El Salvador.

Dr. BUSTAMANTE (El Salvador) (*translation from the Spanish*) : After first of all congratulating the technical discussion groups on their work, I would put forward the following suggestion.

In view of the importance of these technical discussions, and as the Health Assembly is the supreme body of our Organization, I would suggest that these technical discussions take place not during, but if possible immediately before the Health Assembly. Such a procedure would facilitate work in both fields and prevent meetings of the Health Assembly or of the technical groups being cut short for lack of time. In this way it would be possible to achieve more and better results both in framing the policy of the Organization, which is the task of the Health Assembly, and in the technical discussions themselves.

The PRESIDENT : Are there additional comments ?  
The delegate of India.

Sir Arcot MUDALIAR (India) : Mr. President, the discussions that we have had on professional education have revealed the great interest that all delegations have taken in this particular subject. As one who was intimately connected with one group, I can say without any fear of contradiction that the high level of discussions and the great interest that was taken by all delegations who participated, including some of the non-governmental organizations, was indeed a matter of great gratification to all of us who are interested in the promotion of technical discussion at the Assembly of the World Health Organization. We have realized, through these committees, the great magnitude of the task that has faced the World Health Organization in giving the correct lead and in

promoting the standards of professional education which are so essential if the good work of the World Health Organization is to be promoted in the different parts of the world. We realized that if the World Health Organization was to have its programme carried out in the manner in which it ought to be carried out, the great necessity was to see that the personnel who were entrusted with this task were given the minimum amount, if not the optimum amount, of education to enable them to implement this programme in the most correct and in the most beneficial manner. From this point of view, therefore, it is a matter for congratulation, and we ought to thank the Executive Board for selecting, on the first occasion on which such discussions took place, this great problem of professional education. Fellow delegates, there is a feeling that, in some countries, the standard of professional education may not be attainable immediately; that in other countries compromises may have to be arrived at in regard to the field of professional education. The task, as I see it, for the World Health Organization is to set up standards in such a manner that, ultimately at any rate, all countries will aim at arriving at such standards. From this point of view, therefore, it would be the task of the World Health Organization, as a great international organization, to give a correct lead to all countries in matters which it considers of primary importance and not to arrive at compromises, at this particular stage. I therefore feel that the standards that ought to be set up should be world standards and not regional standards, and from that point of view I should like to express my own feeling of anxiety that, if this question of professional education were to be left to the regional organizations, there would undoubtedly be a tendency to lower standards in view of the many difficulties that face the regions themselves. Difficulties in regard to economy, difficulties in regard to political pressure of various kinds, difficulties in regard to the obtaining of proper personnel, are undoubtedly factors that face many countries in the world. While, therefore, it may be that the regional organizations, when they come together without a definite objective from the World Health Organization, may set up lower standards in regard to professional education, we believe that there ought to be one minimum standard, beyond which there should be no lowering whatsoever, as far as possible, and it will be for the World Health Organization to make known that particular standard. I would suggest that, if regional organizations are to consider these aspects of professional education, they should only set up this minimum standard as the objective, ultimately at

any rate, to be reached, and see how far, in what manner and to what degree they can conform to that minimum standard. I come from a region which is now full of difficulties in regard to the maintenance of standards, and I appeal to my colleagues of the World Health Organization not to stress any point that will give, directly or indirectly, an opportunity to those who are not very particular about minimum standards to lower the standards in those particular regions.

The next point that I should like to emphasize is that, in these technical discussions, we found that there were so many allied topics in these three different groups that it was not possible to do justice to all of them, and from that point of view, perhaps, the discussions may have become a little more discursive than they ought to have been. I think, however, that the preliminary discussions were of so vital a nature and so informative to all delegations that the continuance of these discussions at the next World Health Assembly, in a more limited manner, would perhaps be of the greatest assistance to all the countries concerned. I should like to join with Professor Parisot, the Chairman, who has so excellently described the work of the technical discussions, in suggesting that the Executive Board, when it meets soon after the World Health Assembly session, may be in a position to discuss what exactly should be the nature and the scope of the next technical discussion, to define it in a precise manner, and to send forward to all the Member States a resumé of the information that they would like to obtain on this subject by a particular date. I would also join in the appeal of Professor Parisot to all Member States, and particularly to the Member States who belong to the more advanced countries which have unfortunately not given us the benefit of their advice on this particular occasion, to realize that it is no less their duty and their privilege to give to the World Health Organization all the information that they have. May I also hope that it will be possible for the Secretariat to prepare a competent digest of this information and to make it available to the Member States, so that the delegations may be much better prepared to get their difficulties solved when they come here, and to participate in these technical discussions? Mr. President, I will only conclude by saying that I join with Professor Parisot in congratulating the Secretariat on the material that they made available on this occasion and expressing the hope that, on future occasions, we shall come much better prepared to tackle this most important question, connected with the orderly development of world health everywhere. Thank you.

The PRESIDENT : Are there further comments ?

There would appear to be general agreement that the technical discussions were good and that their continuation would have great value. With that in mind, the President wishes to propose a resolution, or a request, to this effect :

#### The Fourth World Health Assembly

1. DECIDES, on the basis of the experience gained during its present session, that technical discussions shall take place at subsequent Health Assemblies ; and

2. REQUESTS the Executive Board and the Director-General to select the subjects to be discussed at future Health Assemblies and to take the necessary preparatory steps, as far in advance as possible.

Is such a resolution agreeable to you ?

The delegate of Yugoslavia has the floor.

Dr. ŽARKOVIĆ (Yugoslavia) : Mr. President, the Yugoslav delegation highly appreciates the proposal to hold each year technical discussions on important matters, but we think that not only the Executive Board and the Director-General, but this Health Assembly, and especially its committees, should discuss what items should be selected for discussion at the next Health Assembly. The Yugoslav delegation has submitted a draft resolution for the next Health Assembly and would like certain questions to be discussed in the Committee on Programme, as well as in this Assembly, before the proposed resolution is considered. That is why we would like to make an amendment to the proposed resolution.

The PRESIDENT : Would there be any objection to placing this matter before the Committee on Programme for further discussion—for them to consider the matter and kinds of programmes to be discussed at future technical discussions ? So that, instead of acting on the resolution which I proposed to you, the Assembly would refer this matter for additional discussion to the Committee on Programme,

as requested by the delegate of Yugoslavia. If there is no objection, we will so refer it.

#### 44. Announcements

The PRESIDENT : There will be a meeting of the Committee on Credentials to-day at 2.15 p.m., in Room A302, and a plenary meeting this afternoon at 2.30 p.m. We will proceed with the matter of election of Members to designate a person to the Executive Board. I hope it will be a short meeting and, since it may be, I propose to make the following suggestions to the General Committee at its meeting this noon : that the working party of the Committee on Administration, Finance and Legal Matters meet in Room X at the conclusion of this afternoon's plenary meeting, and that the Legal Sub-Committee meet in Room VII, also at the conclusion of the afternoon plenary meeting. The action of the General Committee on these proposals will be confirmed at the afternoon plenary meeting.

Is there further business to come before us ?

The delegate of the Netherlands.

Dr. VAN DEN BERG (Netherlands) : Mr. President, if it is your intention to have the Working Party on Field Allowances meet this afternoon at the same time as the Legal Sub-Committee, then I should like to ask you not to have the two meetings at the same time, because there are members of the working party who would like to attend the meeting of the Legal Sub-Committee.

The PRESIDENT : Unless you deem otherwise, it will not be necessary for us to consider that matter further here. I will bring your comment to the attention of the General Committee this noon and I hope that they will work out a satisfactory arrangement.

The General Committee will meet in Room VII immediately.

As there is no further business, the meeting is adjourned.

*The meeting rose at 12.25 p.m.*

## EIGHTH PLENARY MEETING

Wednesday, 16 May 1951, at 3 p.m.

President: Dr. L. SCHEELE (United States of America)

#### 45. Representation of Bolivia

The PRESIDENT: The eighth plenary meeting of the Fourth World Health Assembly is now in session.

A procedural matter has come to our attention. The official credentials of the chief delegate of Bolivia have not arrived. However, his Foreign Office has certified in his passport that he is the chief of the delegation of his country to the Fourth World Health Assembly, thus making it clear that he should represent his country here. I would ask the Assembly to agree to accept the Minister of Health of Bolivia as the chief of delegation from that country. Is there any objection?

There being no objection, we will then consider that the Minister of Health of Bolivia is the official delegate of his country.

#### 46. Election of Members entitled to designate a Person to serve on the Executive Board

The PRESIDENT: We will proceed now to the election of Members entitled to designate a person to serve on the Executive Board. I will read the rules governing the elections. These are Rules of Procedure 80, 81, 82 and 83, and the revisions to Rules 80 and 81 found in *Official Records* No. 29, pages 52 and 53, which I will read:

*Revised Rule 80:* The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 78 of these Rules of Procedure and to the suggestions placed before it by Members, shall nominate, and draw up a list of, nine Members, and this list shall be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly convenes for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Board.

The General Committee shall recommend in such list to the Health Assembly the six Members which, in the Committee's opinion, would provide,

if elected, a balanced distribution of the Board as a whole.

*Revised Rule 81:* The Health Assembly shall elect from among the Members nominated in accordance with the provisions of Rule 80 the six Members to be entitled to designate persons to serve on the Board by secret ballot. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 80, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

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

*In any ballots taken under the provisions of this Rule, no nominations other than those made in accordance with the provisions of Rule 80 and this Rule shall be considered.*

*Rule 82:* For the purpose of elections in accordance with Rule 81 of these Rules of Procedure, Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled and any ballot paper failing to comply with this Rule shall be deemed a spoiled paper.

*Rule 83:* If in elections under Rule 81 of these Rules of Procedure, two or more candidates obtain an equal number of votes in such circumstances as would render it uncertain which candidate or candidates would be eligible to fill any seat or seats, the votes cast for such candidates shall be declared inconclusive, and, subject to the provisions of Rule 81, further ballots taken as necessary.

I would like to call particular attention to Rule 82, which states that Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled, and any ballot paper failing to comply with this rule shall be deemed a spoiled paper. In other words, we must vote for six names, otherwise the ballot paper will be invalid.

I would also call your attention to the fact that under the revised Rules of Procedure, the six names must be chosen from the list of nine presented by the General Committee. It is not permissible to add new or additional names.

You have before you, in document A4/50, the nine names presented by the General Committee. These are : Yugoslavia, Ceylon, Liberia, Belgium, Cuba, Greece, Lebanon, India and Iran. The General Committee recommended the following six members which in its opinion would provide, if elected, a balanced distribution of the Board as a whole. These are : Ceylon, Liberia, Belgium, Cuba, Yugoslavia and Lebanon.

The chief delegate of India has asked for the floor before the voting takes place.

Rajkumari AMRIT KAUR (India) : I am grateful to the President for having given me this opportunity of speaking before the ballot is taken. India was favoured by fortune inasmuch as she was given the opportunity at the first drawing of lots to serve on the Executive Board for three years. That period has now come to an end. The first years are always vital in the life of any organization, and India has benefited greatly in knowledge and experience by her close association with the work of the Executive Board. There is, as we all know, a desire on the part of every country to be given an opportunity for service on this body. And we feel that not only is this natural but that when the founders of this organization initiated, and the First World Health Assembly accepted, the principle of rotation, it was understood that as a general rule countries would not stand for immediate re-election, so that every Member State might as quickly as possible have the opportunity of serving and learning. India adheres to this principle, and while we feel that countries with large populations and with crying needs like ours, and countries of the Eastern Hemisphere in general, should have at all times adequate representation on the Executive Board, we would, in spite of all these considerations, request delegates to be kind enough not to vote for India this year for membership of this important body. I would like to express our gratitude all the same to the members of the General Committee for having included

India's name in the list of nine, but I do hope that they and the Health Assembly will understand the reasons which prompt India's desire not to stand for membership of the Executive Board this year and to yield place to another country. This does not of course mean that our interest in the work of—our labour on behalf of—WHO will in any way abate. The only rivalry between Member States should, in our opinion, be the rivalry of unremitting toil for this great organization.

The PRESIDENT : The Chair recognizes the chief delegate of Iran.

Dr. TABA (Iran) : I wish to thank the members of the General Committee for having nominated Iran amongst the countries to be elected to the Executive Board. The Iranian delegation would deem it a great honour to serve WHO in that capacity, but having studied carefully the list of nominees contained in document A4/50 and taking into consideration the nomination of another Eastern Mediterranean country, i.e. Lebanon, Iran wishes to retire in its favour.

The PRESIDENT : Does any other delegate wish to speak either on behalf of any of the candidates or on the listing of candidates, or on the procedures which we outlined previously ?

Apparently these procedures are satisfactory. I would remind you then that voting papers must contain not more nor less than six names. In other words, each member must vote for six different names. These six names must be taken from the nine names appearing on the list drawn up by the General Committee—they appear in document A4/50. If the voting paper contains more or less than six names it is null and void. The Chair will ask the chief delegates of Pakistan and Switzerland to serve as tellers. You will proceed to the ballot box at the front of the rostrum as your name is called. I will now call on the Secretary to call the roll.

*The votes of the Member States were taken in turn by secret ballot.*

The PRESIDENT : Will the meeting please come to order ? The tally shows that the number of Members entitled to vote is 63. Two were absent, there was one abstention, and one paper was null and void. The number of Members present and voting was therefore 59. 30 votes are required for a simple majority.

The votes were as follows : Cuba, 55 ; Belgium, 54 ; Lebanon, 53 ; Liberia, 53 ; Ceylon, 44 ; Greece,

42 ; Yugoslavia, 28 ; Iran, 17 ; India, 8. Cuba, Belgium, Lebanon, Liberia, Ceylon and Greece have obtained the majority necessary for election, and the Chair hereby declares them elected.

The Director-General has asked me to request the delegates of these countries to ask their governments to present credentials as soon as possible for the persons whom they are designating to serve on the Executive Board at the forthcoming session.

#### 47. Announcement

The PRESIDENT : We have an announcement to make. The Staff Association of the World Health Organization has asked me to announce that they

are holding an Assembly Ball on Thursday, 24 May, at 9.30 p.m. in the Salle des Pas Perdus here in the Palais. They wish to extend to all members of all delegations, and their wives and husbands attending the Health Assembly, a cordial invitation to attend. Invitations will be issued within the next few days. On behalf of the staff, the President wishes to urge that all of you who can, attend. This will be a means of extending our acquaintance with the Secretariat and it will indeed be a wonderful time, too.

Is there further business to come before the meeting ?

Apparently there is none. The meeting is adjourned.

*The meeting rose at 3.50 p.m.*

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## NINTH PLENARY MEETING

*Saturday, 19 May 1951, at 10 a.m.*

*President : Dr. L. SCHEELE (United States of America)*

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#### 48. Adoption of the First Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters

The PRESIDENT : Will the meeting please come to order ? There is one item on our agenda this morning. That is the consideration of the first report of the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters.<sup>15</sup>

This item was discussed at considerable length yesterday and I wonder if you are now prepared to vote on this report, or if anyone wishes to have the floor. Does anyone wish to speak further on this report which is before us ? The chief delegate of the Philippines.

Dr. PADUA (Philippines) : The Philippine delegation wishes to express its support of the resolution just presented before the Assembly. In the meetings of the Committee on Administration, Finance and Legal Matters, as well as in the joint meetings of the two committees, the Philippine delegation has always

asked for a bigger budget. It has been strongly supporting the budget as presented by the Director-General because we think that with that budget the public-health interests of under-developed countries will be better served ; but since there is this compromise, as approved yesterday in our joint meeting, providing for an effective working budget for the ensuing year, the Philippine delegation would like to register its vote for the approval of the resolution.

Thank you, Mr. President.

The PRESIDENT : Thank you.

Are there any further comments on the report before we vote on it ? I hear no further requests for the floor. Will all those in favour of the adoption of the report please signify by a show of cards ? Those against ? Abstentions ?

The report is approved.

Voting : For 51 ; Against 3 ; Abstentions 3.

This is the only formal item on our agenda. Has any delegate any additional business to place before the Assembly ? There is apparently none.

The meeting is adjourned.

*The meeting rose at 10.15 a.m.*

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<sup>15</sup> See p. 353.

## TENTH PLENARY MEETING

Thursday, 24 May 1951, at 3 p.m.

President: Dr. L. SCHEELE (United States of America)

#### 49. Adoption of Fourth and Fifth Reports of the Committee on Credentials

The PRESIDENT: Will the meeting please come to order?

The plenary meeting is now in session.

The first item on our agenda this afternoon is, consideration of the fourth and fifth reports of the Committee on Credentials. The Chair calls on the Chairman of the Committee on Credentials to take the floor.

M. RUEDI (Switzerland), Chairman of the Committee on Credentials (*translation from the French*): At its meeting of 16 May the Committee on Credentials accepted the formal credentials of the delegation of Belgium, entitling its members to take part in the work of the Health Assembly as delegates.

On the basis of documents presented by the delegation of Bolivia, and considering that credentials are expected to arrive in the near future, the Committee recommends that this delegation be provisionally recognized with full rights in the Health Assembly.

The credentials of the delegations of the Federal Republic of Germany, Japan and Spain were also accepted, entitling the members to take part in the work of the Health Assembly as delegates as soon as the instruments of acceptance of the Constitution of the World Health Organization have been deposited with the Secretary-General of the United Nations.

At its meeting of 23 May the committee accepted the formal credentials of the delegations of Guatemala and Nicaragua, entitling the members to take part in the work of the Health Assembly as delegates.

May I take this opportunity to propose also that the Assembly recognize the validity of the credentials of the Republic of Chile? Since these credentials, signed by the President of the Republic of Chile, did not reach us until yesterday evening, the Committee on Credentials has not yet been able to examine them, but they are in order.

The PRESIDENT: Are there comments on these reports? Or is there objection to their adoption? As the Chair hears no objections, these reports are adopted.

#### 50. Adoption of First and Second Reports of the Committee on Programme

The PRESIDENT: Next we come to consideration of the first and second reports of the Committee on Programme. Will the Rapporteur of the Committee on Programme take the floor, please?

Dr. Žarković (Yugoslavia), Rapporteur, read the first report of the Committee on Programme.<sup>16</sup>

The PRESIDENT: Are there comments on this report? Is there objection to adoption of this report? As no objection is heard, the first report of the Committee on Programme is adopted.

It may be possible for us to save a bit of time, in view of the fact that these documents have been distributed.

We might call on Dr. Žarković, if you have no objection, simply to summarize the reports or possibly just read the headings of the various resolutions. Is there objection to that procedure? Apparently there is none, so will you summarize please?

Dr. ŽARKOVIĆ (Yugoslavia): Second report of the Committee on Programme:<sup>17</sup>

During the seventh, eighth and ninth meetings of the Committee on Programme, held on 21 and 22 May, the committee agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions: I will read only the topics: 1. Tuberculosis Research Office, Copenhagen; 2. Prevention and treatment of severe malnutrition in times of disaster; 3. Technical discussions at future

<sup>16</sup> See p. 333.

<sup>17</sup> See p. 335.

World Health Assemblies ; 4. Concentration of effort and resources of the United Nations and specialized agencies ; 5. Schedule of work of the Economic and Social Council ; 6. Active support for specialized agencies by all governments ; 7. Permanent Secretariat for the International Pharmacopoeia : assumption of functions by WHO in application of Article 72 of the Constitution.

Perhaps it should be noted here that this plenary session of our Assembly should have a two-thirds majority vote for the approval of point 2 of this resolution :

Considering Article 2 (*u*) and 72 of the Constitution of the World Health Organization ;

2. APPROVES the taking over by the World Health Organization with effect from 1 January 1951 of the functions of the Permanent International Pharmacopoeia Secretariat previously entrusted to the Belgian Pharmacopoeia Commission.

8. Regulations for Expert Advisory Panels and Committees ; 9. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East ; 10. Long-range activities for children and relations with UNICEF ; 11. Development of arid land and international co-operation in water control and utilization ; 12. Rehabilitation of the physically handicapped ; 13. Improvement of environmental hygiene and sanitation ; 14. The role of hospitals in world health.

The PRESIDENT : May we ask first for comments on item 7. of this second report, that is : " Permanent Secretariat for the International Pharmacopoeia : assumption of functions by WHO in application of Article 72 of the Constitution " ?

Under Article 72 of the Constitution we require a two-thirds vote of the Health Assembly when WHO takes over from any other international organization or agency. No further comments ? May we then have a show of cards ? All those in favour of the adoption of item 7 of the second report please show their cards. All those opposed ? Abstentions ?

Forty-nine for, no votes against and no abstentions, so this is unanimously adopted.

Are there comments on any other items in this second report of the Committee on Programme ? Is there any objection to adoption of the remainder of the report ?

We shall then consider the remainder of the report adopted.

Now may we have a vote, again by show of cards, on the entire report ? All those in favour of adoption

of the entire report please show their cards. Opposed ? Abstentions ?

The vote was fifty for, none opposed, no abstentions. The entire report is unanimously adopted. Thank you, Dr. Žarković.

#### 51. Adoption of Second, Third and Fourth Reports of the Committee on Administration, Finance and Legal Matters

The PRESIDENT : The next item on the agenda is consideration of the second, third and fourth reports of the Committee on Administration, Finance and Legal Matters.<sup>18</sup> The Chair calls on the Rapporteur of that committee to report to the Assembly.

Dr. BRAVO (Chile), Rapporteur of the Committee on Administration, Finance and Legal Matters (*translation from the Spanish*) : Mr. President, fellow delegates, I have the honour to submit for your consideration the second, third and fourth reports of the Committee on Administration, Finance and Legal Matters. The draft resolutions contained in these reports have been adopted after careful study and full discussion in which practically all the delegates took part, and the committee believes them worthy of your approval. For the sake of brevity, Mr. President, and in view of the fact that the documents have been circulated, I shall confine myself to a brief explanation of the various resolutions proposed in these reports.

The second report deals firstly with the scale of assessment. In compliance with the requests made by the United States of America and Austria, and bearing in mind that new Members have been incorporated, this scale in the case of the United States is fixed for the year 1952 at 33 $\frac{1}{3}$  per cent. of the total assessment budget, Austria's contribution is reduced from 22 to 17 units and the contributions of Spain and the Federal Republic of Germany are fixed at 132 and 387 units respectively. In the case of Japan this scale was fixed at 214 units for the amount of the advance to be made to the Working Capital Fund, but for the amount of Japan's contributions these 214 units will be reduced to 170 during the year 1951 and 192 in 1952. It will be left for next year's Assembly to fix Japan's contribution for the year 1953 and following years.

Section 2 concerns the creation of a special WHO seal or label, a proposal of the Indian delegation which was accepted on the following basis : that intensive propaganda be carried on in all the Member

<sup>18</sup> See pp. 346-52.

States, that these seals be sold at the prices or values fixed by the respective governments and that the proceeds of their sale be distributed in the proportion of 75 per cent. to the government concerned, which must spend it on public-health work, and 25 per cent to the World Health Organization.

Section 3 deals with co-ordination on administrative and financial questions. The resolutions of the Executive Board are noted.

Section 4 concerns the proposal to adopt Financial Regulations uniform with those of the United Nations.

Under sections 5 and 6 the Staff Rules and Regulations are approved and modified.

Section 7 deals with the question of salary differentials as between Geneva, New York, Washington and other places, and it is recommended that the United Nations General Assembly in establishing such differentials take account of concrete and positive data such as might be obtained from a statistical investigation of living costs in the various cities in which officials of the United Nations and its specialized agencies are working.

Section 8 proposes the appointment of Mr. Bruns-kog for a period of three years as External Auditor of the Organization for the auditing of our accounts, and authorizes him to appoint a representative with equal powers to act for him in his absence.

Section 9 is on the administrative structure and efficiency of the Organization. The work accomplished up to the present by the Executive Board is noted and approved, and the Board is requested to continue its studies during the current year, giving particular attention to the problems of biennial assemblies and of publications.

Section 10 takes note of the form of presentation of the programme and budget, accepts the Director-General's form of presentation, commends him for carrying out the resolutions of the Third World Health Assembly and requests the Director-General and the Executive Board to continue to present the annual programme and budget estimates in this form and, if possible, to provide even more detail for the better information of the Assembly.

Passing now, Mr. President, to the third report of the Committee on Administration, Finance and Legal Matters, we have a first resolution concerning the use of Spanish at WHO meetings. Proposals are made for the necessary modifications in the Rules of Procedure so that Spanish may be used with simultaneous interpretation as well as English and French.

Secondly, the transfer of the assets and liabilities of the Office International d'Hygiène Publique is noted with approval, and the Director-General is requested to investigate the position with regard to the denunciation of the Rome Agreement of 1907 by Member Governments of the Office International d'Hygiène Publique.

The third section of this report refers to the agreement between WHO and the Government of Egypt concerning the functioning of the Regional Office for the Eastern Mediterranean. Note is taken of the declaration made by Egypt and the Egyptian Government is invited to be kind enough to reconsider point 5 in the text of the notes to be exchanged.

Section 4 of this report deals with the costs to be borne or services to be provided by countries receiving technical assistance from WHO. Special reference is made to local personnel services, offices and buildings, supplies and materials obtainable within the country, local transportation, postal and tele-communications, medical care and provision of lodging for staff employed on projects.

The fourth Report of the committee includes the following sections :

Firstly, admission of non-governmental organizations to relationship with the World Health Organization. A proposal by the Belgian delegation is noted and the action taken by the Executive Board in the matter is confirmed : the Executive Board is recommended to continue the study and reach a decision on the pending applications without delay.

In section 2 the salary of the Director-General is fixed at \$20,000 a year as from January 1951.

Section 3 proposes the nomination as permanent member of the United Nations Pensions Fund of the member of the Executive Board designated by the Government of Ceylon, and the nomination as alternate member of the member of the Executive Board designated by the Government of Lebanon.

In section 4 the Working Capital Fund of the Organization is fixed at \$3,193,955.

In section 5 it is resolved that the Fifth World Health Assembly be held in Switzerland.

In section 6 note is taken of a proposal by the delegation of India that the Sixth and subsequent Assemblies be held alternately in Switzerland and in other countries, especially in those which are economically underdeveloped. It is recommended that the Executive Board examine this question and report to the Fifth World Health Assembly.

Section 7 also remits to the Executive Board for consideration a proposal of the Government of France concerning the inclusion of Morocco, Tunisia and Algeria in the European area.

Sections 8 and 9 are amendments to the resolutions already adopted with regard to the 1950-51 appropriations, authorizing the Director-General to make the necessary transfers.

That is all, Mr. President, and I thank you very much.

The PRESIDENT : Thank you. Are there comments on the second report of the Committee on Administration, Finance and Legal Matters? Is there objection to adoption of this report? The Chair hears no objection. This report is adopted.

Are there comments on the third report of the Committee on Administration, Finance and Legal Matters? Is there objection to approval of this report? The Chair hears no objection. This report is approved.

We come now to the fourth report of the Committee on Administration, Finance and Legal Matters. The Chair gives the floor to the delegate of Belgium.

Mr. GEERAERTS (Belgium) (*translation from the French*): I wish you to know that there stands before you a man of simple heart who endeavours to be tolerant, to understand his fellow men, to collaborate with them and to love them without distinction of race, colour or opinion. I wish you to know that the cause I have defended before the Committee on Administration, Finance and Legal Matters I have defended without any ulterior motive because my heart and my conscience convinced me that that cause was just. I wish you to know that nothing—no instruction or order or personal sentiment—could have forced me to defend any cause concerning the justness of which my conscience had the least doubt.

In the course of the discussion on document A4/15 in the Committee on Administration, Finance and Legal Matters no valid argument was advanced in opposition to the thesis of the Belgian delegation as set out in that document, which concerns the admission of non-governmental international organizations to relationship with WHO.<sup>19</sup>

The remarks made by delegates who opposed the draft resolution submitted by my delegation were all inspired either by personal feeling or by purely subjective considerations which are inconsistent with the principles laid down by the Third World

Health Assembly when it abolished point vii of the principles governing the admission of non-governmental organizations to relationship with WHO.

Indeed, I cannot help feeling that certain delegations have not entirely grasped the facts of the case. I do not intend here to reopen the discussion on the question as a whole; the facts will emerge sufficiently clearly from a perusal of document A4/15 and the official minutes of the discussion. What I wish to emphasize before this Assembly is that, notwithstanding the declarations of certain delegates, according to whom WHO must have a non-denominational character, nearly all the arguments advanced in opposition to the Belgian delegation's proposal were, nevertheless, based on considerations of a denominational kind. Is this an indication of the spirit that prevails within the World Health Organization? If so, the conclusions which must be drawn may have serious consequences, since the attitude of WHO would be in contradiction to that of the United Nations and in opposition to the fundamental principles of the Charter. Who will maintain that to enter into relationship with one or more important international organizations—I insist on the fact that we are concerned here only with international organizations of incontestable standing—will prejudice WHO's principle of universality and compromise the independence of the Organization? On the contrary, it is by shutting itself off from contact with the opinion of large masses of the world's population that WHO is departing from the principle of universality by which it should be guided.

For all the skilful tactics adopted to avoid a vote on the Belgian delegation's draft resolution, nevertheless in the eyes of the public the situation will be clear. If the Assembly adopts the resolution submitted to it under section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters, it will not be able to escape the consequences of its vote and the judgement of public opinion. From such a vote the only possible conclusion would be that WHO intends to follow a policy which ignores a large proportion of world opinion.

Mr. President, it is necessary that each one here shoulder his responsibilities and I would respectfully ask you to proceed to a vote by roll call on the draft resolution submitted to the Assembly under section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters.

I do not wish to repeat myself but it is sometimes necessary. I would therefore, in conclusion, re-read to the Assembly in its entirety Article 20 of the Universal Declaration of Human Rights: "Everyone

<sup>19</sup> See annex 9.

has the right to freedom of peaceful assembly and association. No one may be compelled to belong to an association”.

Finally, I would refer you to the Charter of the United Nations, which invites us to practice tolerance and to achieve international co-operation by promoting and encouraging respect for human rights and for fundamental freedoms for all, without distinction as to race, sex, language or religion.

The PRESIDENT: It was not clear, Mr. Geeraerts. Did you mean item 1 or the entire report? Item 1. There will be a roll-call vote on item 1 of the fourth report. Are there further comments on the fourth report of the Committee on Administration, Finance and Legal Matters?

We will vote first on item 1 in the fourth report of the Committee on Administration, Finance and Legal Matters.

The delegate of Uruguay has the floor.

Dr. FABINI (Uruguay) (*translation from the Spanish*): Mr. President and fellow delegates, the point under discussion is section 1—which has been read by the Rapporteur—of the report of the Committee on Administration, Finance and Legal Matters. We have heard the honourable delegate of Belgium defend the position taken by him in this matter. The question was discussed in the committee, and I wish to state that certain suggestions and declarations made by the honourable delegate cannot be accepted. He has said that a spirit of sectarianism is preventing the admittance of a body which represents important interests in the world as a professional association. Mr. President, there is no question of a sectarian spirit. Quite the contrary. If we have insisted that the World Health Organization cannot recognize institutions which are themselves sectarian and which make discriminations, it is precisely because we are not sectarian.

I do not think that the argument that the right of association is universally recognized can be invoked. In fact, while refusing to admit the organization in question to relationship with WHO, we are not opposed to particular professional associations grouping themselves as they wish. As I stated in the committee, it is not here a question either of the activities of an organization or the degree of efficiency with which they are carried out; that is not the problem, Mr. President. There is only one problem: the United Nations Charter in Chapter 1, “Purposes and Principles”, Article 1, sub-paragraph 3, says: “To achieve international co-operation in solving international problems of an economic, social, cultural or humanitarian character, and in

promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion.” This means, Mr. President, that neither the Charter of the United Nations nor the people who make up the United Nations can accept discrimination; our principles do not admit of discrimination against any man, against any human being. It therefore means that we cannot approve the existence of professional associations which practise such discrimination. The principle we follow is precisely one which rejects sectarianism and places universality above all other considerations.

Thank you, Mr. President.

The PRESIDENT: Are there further comments on item 1 of the fourth report of the Committee on Administration, Finance and Legal Matters? As none are heard, we will proceed with a roll-call vote. I will call on the Secretary to call the names. You will vote “Yes” for adoption of item 1. You will vote “No” for rejection, “Abstention” if you care to abstain.

*The names of the Member States were called in turn in the English alphabetical order.*

The PRESIDENT: Will Indonesia please vote again?

*The delegation of Indonesia indicated that it would abstain from voting.*

The PRESIDENT: Argentina was absent during the vote. Do you care to vote? Do you know the problem? We are voting on item 1 of the fourth report of the Committee on Administration, Finance and Legal Matters: Admission of Non-Governmental Organizations to Relationship with WHO.

*The result of the vote was as follows.*

*In favour:* Australia, Brazil, Burma, Ceylon, Chile, Costa Rica, Denmark, El Salvador, Finland, Iceland, India, Ireland, Japan, Korea, New Zealand, Nicaragua, Norway, Pakistan, Philippines, Sweden, Thailand, Union of South Africa, United Kingdom, United States of America, Uruguay, Viet Nam, Yugoslavia.

*Against:* Austria, Belgium, Cambodia, Canada, France, Italy, Netherlands, Portugal, Switzerland.

*Abstained:* Afghanistan, Egypt, Ethiopia, Greece, Hashemite Kingdom of the Jordan, Indonesia, Iran, Iraq, Israel, Lebanon, Mexico, Saudi Arabia, Syria, Turkey, Venezuela.

*Absent:* Argentina, Bolivia, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Laos, Liberia, Luxembourg, Monaco, Panama, Peru.

The PRESIDENT :

Number of members present and voting	51
Number required for simple majority	26
Absent . . . . .	13
“ Yes ” . . . . .	27
“ No ” . . . . .	9
Abstentions . . . . .	15

Item 1 is approved.

We will now proceed to the remainder of the report. Does anyone wish to comment on the remaining items in the fourth report of the Committee on Administration, Finance and Legal Matters? Is there any objection to adoption of the fourth report? As no objection is heard, the fourth report is adopted.

Does the delegate of Belgium wish to speak?

M. GEERAERTS (Belgium) (*translation from the French*) : The Belgian delegation cannot accept the fourth report of the Committee on Administration, Finance and Legal Matters, because of section 1.

I should like to know whether the two interventions which have been made from the rostrum will be reproduced verbatim in the *Official Records* of WHO. It would indeed be extremely interesting to have on record for the future the interpretation given, after mine, to certain provisions of the Charter of the United Nations, for it is, I think, unique in its kind.

The PRESIDENT : It is the custom to publish these speeches and they will be published in accordance with that custom.

With your permission, in order that the voting on the fourth report may be clear, I should like to go back and revote the report, and this time I will ask you to vote by a show of cards. Will all those in favour of the adoption of the fourth report of the Committee on Administration, Finance and Legal Matters please show their cards? Those against? Abstentions?

The report is adopted. The voting was 42 in favour, 2 against, with 9 abstentions.

## 52. Adoption of Second Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters

The PRESIDENT : We will now proceed to the second report of the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters.<sup>20</sup> The Chair understands

that there has been agreement between the Rapporteurs of the two committees that Dr. Bravo will present the report.

Dr. BRAVO (Chile), Rapporteur of the Committee on Administration, Finance and Legal Matters (*translation from the Spanish*) : Mr. President, ladies and gentlemen, the combined Committees on Programme and on Administration, Finance and Legal Matters have met four times under the alternate chairmanship of Dr. Jafar and Professor Canaperia. The second report of the joint meetings summarises the discussions of their working group, whose principal task was to adjust the programme and budget estimates proposed by the Director-General to the overall budget figure approved by this Assembly in a previous resolution.

The combined committees paid particular attention to four aspects of the problem. Firstly, they regretted that economic difficulties have made it necessary to postpone or reduce programmes as important as the creation of a Regional Office for Africa, assistance to regional organizations etc. Secondly, the committees noted the promise of the Director-General that if any economies can be effected during the year it shall be done and the funds thereby made available devoted especially to programmes which have been postponed or suppressed. Thirdly, the combined committees recognized the advantages of continuing the present co-operation with UNICEF and proposed a resolution to this effect. Fourthly, the committees recommended that the Executive Board and the Director-General bear in mind the desire that funds be allocated for the provision of supplies, although this has unfortunately been impossible as far as this budget is concerned, for reasons known to all delegates.

The report which the committees submit for your approval also contains the figures for the items which it has been necessary to reduce; they are to be found in the appendix.

Mr. President, I would ask you to submit these draft resolutions to the Assembly for adoption.

The PRESIDENT : Are there any comments on this report or any objection to its adoption? The delegate of Italy has the floor.

Professor CANAPERIA (Italy) : I would like to suggest a slight change in the wording of the resolution which deals with the co-ordination of international health programmes. The textual change would be as follows : in the last line of the second paragraph add, after “required supplies”, the

<sup>20</sup> See p. 354.

following wording: "for approved programmes eligible for assistance from UNICEF". The paragraph would then read as follows:

2. REQUESTS the Director-General in planning his programme and budget estimates for 1953 to bear in mind constantly that in accordance with its charter UNICEF's role in health programmes is to furnish at the request of governments the required supplies for approved programmes eligible for assistance from UNICEF.

This is merely a textual change to bring the resolution into harmony with the requirements of UNICEF.

The PRESIDENT: The change was approved by the General Committee this morning. Is there any objection to adopting the proposed change in the second clause of this resolution? Is there, then, any objection to the adoption of the report as a whole, with the change proposed by Professor Canaperia? As the Chair hears no objection, the report, as amended, is adopted.

Is there any further business to come before the meeting?

### 53. Announcements

The PRESIDENT: I have been asked to remind you that the Committee of the Ladies of Geneva and the Association des Intérêts de Genève are giving a tea-party for the wives of the delegates to the Fourth World Health Assembly and to the wives of the WHO Secretariat. This will be held in the Restaurant at the Parc des Eaux-Vives on Friday, 25 May at 4.00 p.m. I hope we may have a good turn-out of wives for this affair, to show our gratitude to the people of Geneva for all they have done for us.

At 9.30 tonight, there will be a ball given by the WHO Staff Association. Your Chairman hopes to see everyone at that ball.

The Deputy Director-General has asked me to remind you that immediately after the plenary meeting in the morning we all propose to stand on the steps in front of the building and have our official photograph taken. We hope you will all be here for the plenary meeting tomorrow.

The meeting is adjourned.

*The meeting rose at 4.30 p.m.*

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## ELEVENTH PLENARY MEETING

*Friday, 25 May 1951, at 10 a.m.*

*Acting President: Dr. A. H. TABA (Iran)*

*later*

*President: Dr. L. SCHEEL (United States of America)*

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### 54. Adoption of WHO Regulations No. 2, International Sanitary Regulations, and of the Resolutions presented by the Committee on International Sanitary Regulations

The ACTING PRESIDENT: The first item on today's agenda will be the adoption of the WHO Regulations No. 2, International Sanitary Regulations,<sup>21</sup> and of the resolutions presented by the Committee on International Sanitary Regulations to the Fourth World Health Assembly.<sup>22</sup> You will notice in the report<sup>23</sup>—it is rather lengthy—that much elaborate

work has been done on the Regulations. The work was actually begun by the Expert Committee on International Epidemiology and Quarantine which was established more than three years ago, and was continued by the Special Committee which was established by the Third World Health Assembly and began work last month. The work was then carried on by the Committee on International Sanitary Regulations, which was recognized by the Fourth World Health Assembly as a main committee of the Health Assembly. Before we go further into the matter I have a few observations to make on the report.

The adoption by the Health Assembly of inter-

<sup>21</sup> *Off. Rec. World Hlth Org.* 37

<sup>22</sup> See pages 50 to 54.

<sup>23</sup> See p. 367.

national regulations under Article 21 of the Constitution is an act which differs in legal effect from the approval and signature of formal treaties by conferences of plenipotentiaries. WHO Regulations are not negotiated by representatives of the individual contracting parties and signed on their behalf. They are adopted by the collectivity of the Member States of the World Health Organization, meeting together in the Health Assembly. It is the Constitution itself, by virtue of its Article 22 as implemented by Article 106 of the International Sanitary Regulations, which states the conditions under which the Regulations adopted shall enter into force for the States which are Members of the Organization. Article 22 provides in effect that there will be a period during which States may notify either their rejection of, or reservations to, the Regulations. In the case of the International Sanitary Regulations, this period is nine months from the date of the notification of the adoption of the Regulations to Member States by the Director-General, except in the special case of the overseas or outlying territories of Member States. In this latter case the period may be extended to 18 months. It is therefore evident that, having regard to our Constitution and to the legal nature of the Regulations, reservations cannot be made at the time of the adoption of the Regulations by the Assembly by oral declaration, nor can they—as was the case in the previous International Sanitary Conventions—be set forth in the text of the instrument itself. I would therefore request any delegation which feels that its government may wish to make a reservation with regard to any part or parts of the International Sanitary Regulations to abstain from making any oral statement to that effect at this time, since the rights of such governments are reserved under Article 22 of our Constitution and Article 106 of the Regulations.

I now call on Dr. Morgan, Chairman of the Special Committee to consider Draft International Sanitary Regulations, to say a few words about the work of these committees.

Dr. MORGAN (United Kingdom), Chairman of the Special Committee to consider Draft International Sanitary Regulations: The draft Regulations which you now have before you for adoption mark, I believe, a considerable step forward compared with the existing International Sanitary Conventions. They allow greater freedom to shipping and to aviation, and no less to the vast concourse of passengers which is to be found at any moment upon the high seas or in the air. But they do not, in my opinion, yet go far enough, and I believe that it

will not be long—within five years or ten years at the most—before an Assembly of this kind will be able to recommend to governments the deletion or at least the modification of quite a considerable part of the text of these Regulations. Some of the measures and conditions envisaged in the Regulations are indeed museum pieces which should have been scrapped years ago.

May I give just one example? In the Maritime Declaration of Health in Appendix 5, which captains of ships are required to complete before arriving in port, the following question appears: "Has plague occurred or been suspected among the rats and mice on board during the voyage, or has there been an abnormal mortality among them?" This sort of question was appropriate to the days of the old wooden sailing ships, but is nowadays quite futile. In the Port of London, where an average of 800 ships come in from all parts of the world every week, there has not been a plague-infected rat found for 17 years. Dr. Alivisatos tells me that a plague rat has not been found in a ship in the Piraeus since 1926. And even our friend Dr. Hemmes has reluctantly to accept that there has not been a plague rat in the port of Rotterdam for twenty years. Furthermore, the average rat population in ships is nowadays extremely small and many ships regularly receive the periodical certificate of exemption from fumigation, year after year, because there are no rats, or quite a negligible number, on board at any moment. A few years before the war the United States Public Health Service carried out a statistical review of the number of ships found "ratty" during the year. These amounted to only three per cent. of the ships trading with the ports in the United States, and of that three per cent., only ten per cent. were heavily infested. A similar review carried out in the United Kingdom ports produced the same figures. Fumigation of ships with cyanide, its accompanying dangers and its expense will soon be replaced by more modern methods of rat-destruction. We have now in our possession highly efficient rat-poisons, in particular sodium fluoro-acetate. This poison is extremely simple to use, does its work very rapidly and can be employed while the ship is working cargo without any need for removal of the crew ashore or indeed any interference with normal operations. Consequently, I foresee the time in the near future when, thanks to new methods of this kind, to universal rat-proof construction of ships and, further, to the reduction of rodent populations in ports to negligible numbers and their maintenance at that level, the transfer of rodents from country to country by ships will become a thing of the past.

There are a number of other features in the Regulations which are still capable of amelioration—save, of course, to the most intransigent of purists—but this is not the moment to refer to them. I believe that the Expert Committee on International Epidemiology and Quarantine, which has worked out these Regulations over the past three years, and your committee which has now given them their final polish, have done a very good job of work. And I feel sure that this Assembly need have no hesitation in adopting these Regulations and submitting them to their governments for favourable consideration.

It only remains to me, Mr. President, to thank most sincerely all those with whom I have collaborated, particularly the members of the Assembly committee, over which I have had the honour to preside, for their remarkable spirit of collaboration and for their interest, and indeed enthusiasm, in probing every feature and every aspect of this important subject.

I ask you to be good enough to call upon Dr. Raja, the Rapporteur, to present his report on these Regulations.

The ACTING PRESIDENT : Thank you, Dr. Morgan. Could I call on Dr. Raja, the Rapporteur, to give an explanation of his report ?

Dr. RAJA (India), Rapporteur of the Special Committee to consider Draft International Sanitary Regulations : Mr. President, in view of what you have said, and of what Dr. Morgan has said, there is very little for me to say except to present the report, which has already been circulated.

The report describes in some detail, first, how the First World Health Assembly appointed a committee to lay down certain principles on which the International Sanitary Conventions that have been in existence should be revised ; then, the work of the Expert Committee on International Epidemiology and Quarantine, which took these principles into consideration in drafting the Regulations ; the appointment by the Third World Health Assembly of the Special Committee—consisting of the different Member States—in order to review the report of the expert committee ; and, lastly, the work done by the Committee on International Sanitary Regulations which was created by the Fourth World Health Assembly. All this work has been referred to here.

I would like to point out that these Regulations have some special features. They are briefly described in the report. They have been mainly referred to by you, Mr. President, and to some extent by Dr. Morgan. Therefore, I need not go through them in detail.

I will also submit for consideration by the Health Assembly certain resolutions which were passed by the Committee on International Sanitary Regulations. They are meant for the purpose of ensuring fuller freedom to the Assembly, the Executive Board and the Director-General to make appropriate arrangements now and in the future for the successful implementation of the proposals which the Special Committee has put forward.

Lastly, Mr. President, I would like to invite the attention of the Assembly to the work and the valuable advice of Mr. Hostie, who throughout assisted the Expert Committee on International Epidemiology and Quarantine as well as the Special Committee in regard to various legal aspects, as they came up from time to time. I would also like to place on record the valuable services rendered by the Secretariat, and in particular by those persons whose names are mentioned in the report.

The ACTING PRESIDENT : Thank you, Dr. Raja. We take note of the report of the Rapporteur and now I call on the delegate of France.

Dr. BOIDÉ (France) (*translation from the French*) : France welcomes with great satisfaction the adoption by the Fourth World Health Assembly of the draft WHO Regulations No. 2. This adoption marks the end of prolonged efforts and of delicate technical and juridical discussions. It is the outcome of the international sanitary conferences which have been held successively during a century and which themselves were the first signs of a desire for co-operation in the field of health.

It is obvious that there could not be absolute unanimity with regard to regulations of this kind. During one of our first plenary meetings, Professor Jacques Parisot warned us that it would be wise to expect some reservations with regard to their adoption.

But these reservations must not affect the validity and general effectiveness of the Regulations. It is essential that all countries show an equal desire for loyal co-operation and mutual comprehension. This is the primary condition to be fulfilled if the task we have today completed is to be crowned with success.

The World Health Organization receives its prerogatives in this matter from the body which, during more than 40 years, was responsible for the administration and revision of international sanitary conventions—the Office International d'Hygiène Publique—and you will find it natural that the

French delegation desires here to pay a tribute to that body.

Our gratitude is due to all those who, from the inception of our Organization, have participated in the drawing up of the Regulations which are submitted to us today: members of the Expert Committee on International Epidemiology and Quarantine, the joint Office International d'Hygiène Publique and World Health Organization working groups, jurists, qualified members of the Secretariat, and delegates to the Special Committee to consider Draft International Sanitary Regulations which met in April. In particular we would thank our friend Dr. Morgan, Chairman of the Committee on International Sanitary Regulations, ex-Chairman of the Standing Committee of the Office International d'Hygiène Publique, who has now acquired a new claim to our admiration.

The French delegation has the honour to propose to the Assembly the adoption of the World Health Organization Regulations No. 2.

The ACTING PRESIDENT: The proposal for the adoption of the Regulations has been put forward. Any observations? Are there any objections to adoption of WHO Regulations No. 2? In the absence of any objections, we take it that the Regulations are adopted by the Assembly.

Dr. RAJA (India): The resolutions should also be formally adopted by the Assembly.

The ACTING PRESIDENT: Is there any objection to the adoption of the resolutions? I take it that the resolutions are adopted by the Assembly.

### 55. Adoption of Third and Fourth Reports of the Committee on Programme

The ACTING PRESIDENT: The Chair calls on the Rapporteur of the Committee on Programme.

Dr. ŽARKOVIĆ (Yugoslavia), Rapporteur of the Committee on Programme: Third Report of the Committee on Programme.<sup>24</sup> During the tenth meeting of the Committee on Programme, held on 23 May, the committee agreed to recommend to the Fourth World Health Assembly the adoption of eight different resolutions. Among these resolutions we find that there is a resolution on the resettlement of refugee physicians (section 1).

Then, in section 2, we find the resolution on the technical assistance programme. We see that, having taken note of the recommendations and lines of policy laid down by the Economic and Social Council and its Technical Assistance Committee, the Fourth World Health Assembly should reaffirm the principles adopted by the Third World Health Assembly regarding the programme of technical assistance for economic development, approves the co-ordinated programme proposed in *Official Records* No. 31, considers that it conforms to the principles established by the Economic and Social Council at its various sessions, and confirms and extends for the ensuing year the authority granted to the Executive Board and the Director-General in resolution WHA3.116 adopted by the Third World Health Assembly.

In section 3, there is a resolution on co-ordination of technical assistance programmes. In section 4 you will find the resolution concerning projects for technical assistance, where it is proposed that the Fourth World Health Assembly should request the Director-General to consider submitting to the Technical Assistance Board for its consideration certain project proposals which would include complete plans for the technical services, supplies, equipment etc. required, the requirements for the project in so far as possible to be met within the country, and only the equipment and supplies not available in or obtainable by the country and which are an integral part of the project of technical assistance to be provided from technical assistance funds.

Then, in section 5, comes the resolution on medical supplies for Member Governments, where the Executive Board is requested to re-examine the feasibility of providing further services in connexion with medical supplies to governments on request.

Then the resolution regarding scientific research in the field of health (section 6), in which the Fourth World Health Assembly requests the Executive Board and the Director-General to review the policy of the Organization in respect of the co-ordination and promotion of scientific research in the field of health in the light of the discussions of the Committee on Programme.

Section 7: This is a request to the Executive Board and the Director-General to give special attention to the importance of assisting Member States, particularly under-developed States, to draw up short- and long-term health programmes for their respective territories in order to promote the orderly development of public-health measures and to utilize to the

<sup>24</sup> See p. 339.

best advantage, along with national resources, the help that may become available from time to time from WHO and other sources.

Finally, the resolution on utilization of short-term consultants. The Executive Board and the Director-General are requested to study the practicability of reducing the size of the permanent secretariat in favour of short-term consultants whenever technical considerations dictate such a change and financial savings or more effective services may be secured thereby.

The ACTING PRESIDENT : Thank you, Dr. Žarković. Now, gentlemen, you have heard the third report of the Committee on Programme. Are there any observations on that report? The delegate of the United Kingdom.

Sir Andrew DAVIDSON (United Kingdom) : Unfortunately, for good and sound reasons, I have only been able to attend the final week of the Assembly's deliberations. Consequently I have some diffidence in speaking at all at this session, but, strangely enough, I am encouraged to do so for that very reason, because by attending at such a late stage, when discussion is crystallizing into decision, it is possible to get a more detached view of some of the problems with which the Assembly and its various committees have been wrestling.

Let me say right at the outset that the most impressive features to me have been the careful selection of the problems reviewed and the expedition and resolution with which they have been tackled. Another significant fact is that discussion has not been confined to a few quarters but has come from nearly all quarters ; and that, I think, is a hopeful portent. Naturally, with such varying conditions—social, economic and educational—throughout the world, no fixed standard solution to any one problem is possible, and of course discursive discussion is bound to predominate. But this may tend towards reduction as the various countries come to understand the problems and circumstances of the others. Yet, despite all the difficulties, it is a remarkable fact that the achievements of the Assembly and its committees, ably guided by you, Sir, the President, and your assistants, the chairmen of the committees, and not least by the Director-General and his staff, in securing the maximum of compromise and agreement in complex situations and in conflicting views (always inseparable from expert opinion) add hope to

expectation of further progress in the labours of the World Health Organization towards its great objectives.

That there has been already much progress during the past four years is the consensus of opinion. As is only to be expected, the rate of progress has not been rapid, for much foundation work has had to be done. We might have expected that the tempo of effort would be speeded up but, as in national endeavour, the nemesis of financial restriction follows relentlessly. It seems to me that the Assembly's main problem is to see that its decisions are based on the principles of sound administration. The most important of these is, of course, to secure the maximum return for the expenditure approved : in other words, to get value for money and energy expended. How often we all, in our various administrations, come up against that need. Success in world health, I believe, largely depends on the application of that principle and, while I am on this topic, I was interested at yesterday's meeting of the Committee on Programme to note the appreciation from various quarters of the necessity for avoiding waste in the use of insecticides.

Conflicting claims for specific projects call for the listing, I submit, of priorities, if we are unable to afford all those desirable and some that are thought to be necessary.

I was interested also to hear the reference to the need for research. That need will be recognized by all. But we must also recognize that usually a gap exists between discovery and application. And we need, I think, more application of what we already know. On research itself—whether fundamental or applied—when we talk of undertaking research we must remember that the sequence is : the idea ; the man ; and the facilities. Throughout the scientific field it is difficult to get the right men. We must remember that fact. What I have said about personnel for research applies similarly to expert advice. There is a general shortage, and it is irrational to employ any one less than a first class expert, with knowledge of the problem, and—equally important—of the conditions under which the problem exists.

There is one more reflection. It concerns expert committees. A common practice in reviewing any important problem in the past has been to appoint a committee of experts in that particular field. There may be this difficulty in such an arrangement : that each expert may have too narrow an outlook

on the discussed subject, without giving enough thought to the practical side. It is true that the Executive Board, heavily burdened with new problems as a result of this Assembly, reviews, and accepts or refuses, the recommendations of an expert committee. But the actual material on which they base their review is, after all, second-hand, and I have been wondering whether an experiment should not be attempted whereby in some cases one or more members of the Board with a general background of knowledge of the problem should be present to appraise the evidence of the experts. For the present I leave the matter there and hope that such a suggestion might commend itself to the Executive Board. Please forgive me, Mr. President, for imposing these reflections on the Assembly, indeed for presuming to do so.

The ACTING PRESIDENT : Thank you, Sir Andrew. Any other remarks or observations? Well then, I take it that the third report of the Committee on Programme is adopted.

Now we will go to the fourth report. I call on the Rapporteur of the Committee on Programme.

Dr. ŽARKOVIĆ (Yugoslavia), Rapporteur of the Committee on Programme : Fourth report of the Committee on Programme.<sup>25</sup> During its eleventh meeting, held on 24 May, the Committee on Programme discussed some very interesting problems, and recommended to the Fourth World Health Assembly the adoption of five different resolutions.

The first problem discussed was the problem of trachoma in the world, and there are some suggestions in connexion with the work on this subject. The Committee on Programme notes that arrangements have been made to hold a meeting of the Expert Committee on Trachoma in 1951 ; recognizes that in a great number of countries trachoma and other related ophthalmias constitute an urgent health problem ; and finally invites the Director-General, when considering the programme and budget for 1953, to bear in mind the recommendations of the Expert Committee on Trachoma to ensure that full consideration is given to effective preventive measures against these diseases on an international plane.

The second problem discussed in the resolutions is the problem of the supply of insecticides, because the present situation in the world supply of chlorine-based insecticides is rather critical. And, having taken note that the use of insecticides in public-health programmes is already providing effective protection against insect-borne diseases to very large populations, and, as regards malaria, is safeguarding the well-being of at least some seventy million persons, the Committee on Programme proposes the following text :

The Fourth World Health Assembly ...

Being aware that the effectiveness of this weapon in the struggle to improve world health requires its continued and sustained application ;

1. DIRECTS the attention of all governments to the grave repercussions on world health which will follow any interruption in activity resulting from a diminution in the quantities of insecticides available for health programmes ;

2. ENDORSES the action taken by the Director-General to present to governments of producing countries the requirements in insecticides for world health purposes and to request the assistance of these governments to maintain the necessary volume of export shipments to meet these requirements ;

3. CALLS ON all users of insecticides to exercise the utmost economy consistent with technical efficiency ;

4. URGES Governments of countries where the means of production exist to take vigorous action :

(1) to make available to the producers of chlorine-based insecticides in their territories raw materials and other services to an extent sufficient to enable existing productive capacity to be fully employed ;

(2) to make arrangements with producers that priority is granted to requests for such insecticides for health purposes in other countries immediately after their own most pressing needs have been satisfied ;

(3) to facilitate in every way the export of these insecticides for health programmes ;

<sup>25</sup> See p. 341.

5. REQUESTS that, in view of the gravity of the problem and its far-reaching repercussions, the United Nations, through its economic commissions, arrange for the establishment of a working party or working parties, or such other means as the United Nations may decide upon, representing governments concerned both with the production and with the import of chlorine-based insecticides, which would, in consultation with the United Nations specialized agencies and other inter-governmental organizations concerned, investigate this international problem and make recommendations to governments and inter-governmental bodies concerned as to the methods which might be applied in order to alleviate the present situation and to ensure that the best possible use is made of existing availabilities of these precious and scarce commodities ; and

6. INSTRUCTS the Director-General to continue his present efforts to bring about an increase in the world availability of insecticides for public-health purposes and to co-operate with all other inter-governmental agencies concerned with the problem.

The third resolution is also connected with insecticides ; that is, the prevention of intoxication caused by the use of insecticides, anti-parasitics and similar products in agriculture and in the medical field. Here the Executive Board and the Director-General are requested to collect information, in co-operation with ILO and FAO, regarding the extent of the problem and the measures to be taken to promote safe use of the preparations mentioned.

The fourth resolution that has been proposed concerns the control of venereal disease among the Rhine boatmen. There, the Director-General is requested to ask the Commission to include in its annual report to the Executive Board the number of new cases reported of venereal disease among the boatmen, the members of their families and crews, classified according to the port in which the infection was contracted.

The last resolution proposed deals with the regular programme for 1952 :

The Fourth World Health Assembly;

Having examined the Director-General's proposals for the regular programme of the World Health Organization for 1952 as presented in *Official Records* No. 31,

1. CONSIDERS this programme to be technically sound, and in a harmony with the priorities set

up by the Economic and Social Council and the general programme of work for the specific period 1952 to 1955 inclusive ; and

2. INSTRUCTS the Director-General to implement the regular programme for 1952 as modified by the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, taking into account the comments of the joint meeting and those of the Committee on Programme.

The ACTING PRESIDENT : Thank you, Dr. Žarković. Now, gentlemen, that was the fourth report of the Committee on Programme. Any comments? Are there any objections to the adoption of the report? Then I take it that it is adopted.

#### 56. Adoption of Fifth Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT : I call on Dr. Bravo (Chile), Rapporteur of the Committee on Administration, Finance and Legal Matters.

Dr. BRAVO (Chile), Rapporteur of the Committee on Administration, Finance and Legal Matters (*translation from the Spanish*) : Mr. President, ladies and gentlemen, on behalf of your Committee on Administration, Finance and Legal Matters, I have the honour to present for your examination the fifth report on its work.<sup>26</sup> The resolution contained in the report concerns necessary arrangements for taking emergency action to assist the United Nations in the maintenance of international peace and security.

Such an important subject required particularly careful study and for this reason the question was first submitted to the Legal Sub-Committee and later discussed at length by the Committee as a whole. The majority of the Committee accepted the text of the Legal Sub-Committee's report, which takes note of Resolution 377 (V) of the United National General Assembly, considers Resolution 363 (XII) of the Economic and Social Council of the United Nations, notes that by paragraph 1 of the said resolution the Secretary-General was requested to consult with the specialized agencies concerning the specific arrangements they might make to provide the required information and assistance, and finally recalls the World Health Organization's constitu-

<sup>26</sup> See p. 353.

tional provisions and budgetary limitations. On this basis the draft resolution which is proposed declares in the first place that WHO, on the request of the Security Council or the General Assembly, will co-operate with the United Nations in the maintenance of international peace and security and upon the request of the Security Council or the General Assembly will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions. Secondly, it requests the Director-General to communicate this resolution to the Secretary-General of the United Nations, and thirdly and lastly it requests the Executive Board to keep under review the implementation of this resolution and to report thereon to the Fifth World Health Assembly.

I would ask you, Mr. President, to submit this draft resolution for approval and adoption by the Assembly. Thank you, Mr. President.

The ACTING PRESIDENT : Thank you, Dr. Bravo. Are there any comments on the adoption of this resolution? A proposal has been made by the delegation of India that there should be a roll-call vote on the report. Therefore we will proceed to call the names of the countries.

*The names of the Member States were called in turn in the English alphabetical order.*

*The result of the vote was as follows:*

*In favour:* Afghanistan, Argentina, Australia, Belgium, Brazil, Burma, Canada, Ceylon, Chile, Cuba, Denmark, Dominican Republic, Ecuador, Ethiopia, France, Greece, Iceland, Iran, Israel, Italy, Japan, Korea, Laos, Lebanon, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Philippines, Portugal, El Salvador, Turkey, Union of South Africa, United States of America, Uruguay, Venezuela.

*Against:* None.

*Abstentions:* Austria, Cambodia, Egypt, Finland, Hashemite Kingdom of the Jordan, India, Indonesia, Iraq, Ireland, Norway, Pakistan, Panama, Saudi Arabia, Sweden, Switzerland, Syria, Thailand, United Kingdom, Viet Nam, Yugoslavia.

*Absent:* Bolivia, Costa Rica, Guatemala, Haiti, Liberia, Peru.

The ACTING PRESIDENT : The following is the result of the roll-call vote : 38 delegations voted in favour, no country voted against and there were 20 abstentions. Six delegations were absent. The resolution, therefore, is adopted.

## 57. Report of the General Committee

The ACTING PRESIDENT : Now we go to the next item on our agenda, the report of the General Committee.<sup>27</sup> Are there any comments on that? The Assembly, therefore, takes note of the report.

## 58. Approval of Reports of the Executive Board

The ACTING PRESIDENT : The next item concerns the reports of the sixth and seventh sessions of the Executive Board (*Official Records* Nos. 29, 32 and 33). The Committee on Programme has transmitted to the plenary session a resolution regarding the Report of the Director-General, under item 13 of the agenda. The reports of the Executive Board have been examined in part by both the main committees during their discussions, but neither of them adopted any resolutions. The Chair would therefore like to propose to the plenary session the adoption of the following draft resolution approving these reports :

The Fourth World Health Assembly

REVIEWED AND APPROVED the reports of the sixth and seventh sessions of the Executive Board and took action thereon.

Any comment on that? Is there any objection to adoption of the draft resolution? In the absence of any objections, the draft resolution proposed by the Chair is adopted by the Assembly.

## 59. Other Business

The ACTING PRESIDENT : Now we shall take up the next item on our agenda. Is there any other business? I call on the delegate of Monaco, who wishes to make a declaration for the information of the Assembly.

Dr. BOERI (Monaco) (*translation from the French*) : Under the aegis of her Princes, the Principality of Monaco has endeavoured to encourage the holding on her territory of international gatherings and meetings, as well as scientific and humanitarian congresses likely to contribute to a better understanding between the peoples of the world.

Moreover, in 1903 Prince Albert I, oceanographic scientist and descendant of a royal family which has reigned over the Principality for a thousand years, founded an International Peace Institute (Institut International de la Paix), the first concrete attempt to reach a peaceful solution to international conflicts,

<sup>27</sup> See p. 332.

thus placing himself among the authentic forerunners of world organizations for the bringing together of the nations and the reign of justice and peace among men.

In 1934 there was set up, under the benevolent patronage of H.S.H. Prince Louis II, the Medico-Juridical Committee of Monaco, which has recently been given the task of creating an International Centre for the Study of Medical Legislation (Centre International d'Etude de Droit Medical). To this end H.S.H. Prince Rainier III, on 25 March last, in the Palace of Monaco, was pleased to give his assent to the desire expressed by the Réunion d'Information de Droit Médical at Nice, to which the World Health Organization sent an observer in the person of the Chief of its Legal Service.

The Centre which is being formed will be constituted as an international association with its headquarters in the Principality of Monaco; its aims will be to recommend, encourage and undertake studies of comparative medical legislation and therefrom to derive conclusions and recommendations relating to the legal status of the medical profession in time of peace and in time of war.

To this end, the Centre will collect legislative texts and texts of conventions, records of national and international juridical decisions, professional regulations and jurisprudence, views of different schools and, in general, all medico-juridical information concerning the practice of medicine in time of peace and in time of war. It will establish a documentary index and publish an information bulletin, and it will be able to receive investigators and convene congresses.

Since it is international in its composition and in its aims, the International Centre for the Study of Medical Legislation hopes to be able to work in liaison with the World Health Organization.

The ACTING PRESIDENT: Thank you, delegate of Monaco. The Chair recognizes the chief delegate of Egypt. Would you like to make a statement to the Assembly?

Dr. HUSSEIN, Pasha (Egypt): I have the honour, as head of the Egyptian delegation, and on behalf of myself and the members of my delegation, to convey to you all our respect and appreciation for the great work that has been achieved during this session and in previous years. We believe that this organization is a valuable instrument for the co-ordination of team-work in international health problems among the nations of the whole world, aiming at the alleviation of the suffering of mankind. My country has realized from the start the great

services which would be rendered by this organization, and so the Egyptian Government has given the Organization its fullest support, both moral and material. We take great pleasure in assisting the regional bureau of the Eastern Mediterranean Area in Alexandria, providing it with all facilities required for the successful performance of its mission. As believers in the noble principles which aim at the welfare of mankind, we are supporting the Organization in its endeavour to guarantee better health to all peoples.

As this is the first time I have attended your Assembly, I have followed with vivid interest the debates in the various committees. I appreciated the atmosphere of amiability and co-operation with which these discussions were conducted. The spirit of international friendship which prevails among the delegates of the various nations is most gratifying. Such a spirit lights the torch of hope for the future peace of mankind. In spite of the very lively debates and the intricate contentions, international ties still united our Assembly.

The whole world looks forward to the great achievements which are expected from the World Health Organization. The great respect which this organization is enjoying today urges us all to double our efforts in performing the duties which we are shouldering.

I should like to state that Egypt is sparing no effort to raise the standard of health among its people. The outcome of these achievements is gratifying. In this connexion, let me assure you that we appreciate the work which is being carried out by the World Health Organization in Egypt. The Egyptian Government has great satisfaction in placing at the disposal of the regional bureau of the Eastern Mediterranean Region one of the finest palaces in Alexandria, where the bureau now has its offices. Moreover, I can assure you that the Organization will receive the fullest support in our sovereign country.

In concluding, Mr. President, I wish to thank you, my fellow delegates and the Director-General and his staff for the wonderful work accomplished, and to say good-bye to you all before leaving. (*Applause.*)

The ACTING PRESIDENT: Thank you, chief delegate of Egypt. The Chair calls on the chief delegate of the Philippines.

Dr. PADUA (Philippines): In the words of a well-known writer, "All's well that ends well". We are now at the end of our labours of three weeks and

the end is well. In a few minutes the President will use his gavel to adjourn this Assembly. The Fourth World Health Assembly, in the opinion of the Philippine delegation, has contributed a great deal towards accomplishing the objective for which WHO was established under its Constitution. In our fifth plenary session I stated—and permit me to repeat it now—that the World Health Organization stands for ideals and principles, for the protection and promotion of international health and welfare and, consequently, for the establishment of lasting international peace and security. WHO cannot afford to fail in that respect.

Actually, 44 nations, or even more, are waiting for its aid and support. Under-developed nations are expecting to receive technical assistance for their economic rehabilitation. If WHO is to pursue its objectives it cannot tarry, it cannot procrastinate. It should take a determined stand and pursue fearlessly its noble aim and purpose of creating world health—or, may I say, a healthy world—if only to adhere to the aims and purposes of the United Nations, of which WHO is one of the specialized agencies. The United Nations has been established primarily to secure and ensure lasting international peace and security. It cannot do that when the world is sick. It cannot do that when the peoples of the world are suffering from hunger and starvation. It cannot do that when the existing environmental conditions are conducive to unhealthiness. But, if WHO is to perform its duties faithfully and well—as we know it is going to do—if it succeeds in producing not only physical comfort but also mental tranquillity and social contentment, if it succeeds in removing those factors that retard human progress, if it succeeds in its efforts to help keep the peoples of the world healthy, to develop their resources and industries and thus rehabilitate themselves economically and spiritually, then it has achieved the purposes for which it has been established. All the resolutions and decisions we have taken during the last three weeks are directed to that main objective, all our debates indicate that we have not lost sight of it, and as we go out of the halls of this august Assembly we do so with a feeling of satisfaction, and a smile on our lips, that we have done our duty as ambassadors of goodwill from our respective countries—a world organization dedicated to the establishment of world health and of world peace.

Before we depart to our respective abodes, the Philippine delegation would like to express to you, Mr. President, its congratulations for the effective leadership with which you have conducted the affairs of this Assembly, and to you, fellow delegates, the

gratitude of my Government for having permitted the organization of the Western Pacific Region, of which the Philippines is a member. I do not want to exclude mention, in this respect, of the members of the Secretariat, to whom we owe a deep appreciation for their sympathetic attitude and for their help towards the realization of that cherished dream of ours. Au revoir, and thank you. (*Applause.*)

The ACTING PRESIDENT: Thank you, Dr. Padua. Would any other delegation like to take the floor?

Then I call upon the Director-General to say a few words.

The DIRECTOR-GENERAL: Mr. President and delegates, in the name of the Secretariat, may I give you the most sincere thanks of all members of the Secretariat for the very great and increasing understanding of the Secretariat's problems that you have all shown throughout this Assembly? This understanding and willingness to make allowances for the difficulties faced by the Secretariat has made our work very much easier and very much more pleasant. We are indeed very grateful to you for your understanding and helpfulness when at times we have not been able to give the perfect service that we would like to be able to give always.

Mr. President, I have three or four announcements to make. It appears that it will not be necessary to have a plenary meeting this afternoon because all the business of the Assembly may be finished entirely this morning. Immediately after the close of this session, there will be a photograph taken of delegates on the steps of the Palais, as announced in the Journal. At 3 o'clock this afternoon there will be a showing of films in the cinema hall of this building—the films provided by the delegation of the United Kingdom—on medical subjects which are very interesting indeed, but are for medical audiences not lay persons. Finally, Mr. Chairman, in the interests of economy, may I request that all delegations take particular care not to discard any documents. In previous years large quantities of documents have been disposed of by hotels and other places in the city. I would ask you, please, not to place any WHO documents in wastepaper baskets in hotels nor to leave them in your rooms in the hotels. Will you please hand them in to the offices of your hotels and they will be collected by the Organization. A very considerable economy in printing may be effected if all delegations will be kind enough to co-operate

in this way. Please hand in any documents that you do not propose to take home with you to the offices of your hotels for collection by the Organization.

#### 60. Closing Address by the President

The ACTING PRESIDENT : Thank you, Dr. Chisholm. Now I would be very pleased if our President, Dr. Scheele, would kindly take the chair.

*The President took the chair.*

The PRESIDENT : Is there any further business to come before the meeting ?

The Fourth World Health Assembly will soon close, but first I would like to "reminisce" a bit and repeat a story you all know. For nearly a century we have made efforts to control the spread of communicable disease across national borders by international agreement, co-operation and action. Many of these efforts were fragmentary, and they left much to be desired. Too often very few nations participated. But we should be proud of every one of these efforts and organizations, because each one represented a milestone in our long-range efforts to visualize public health as something transcending national boundaries. We were youthful and inadequate in our earliest efforts in the field of world health. But by 1945 the nations of the world were mature enough to discuss concepts of new and expanded action in international health. The latest and greatest of man's efforts in the international health field began in San Francisco in the United States of America in that year when the United Nations was founded. There, representatives of several nations suggested that a special conference be convened to consider the truly international problems of health. During the following year a draft Constitution was drawn up for a world health organization. Late in that year the draft was approved by an international health conference called by the Economic and Social Council of the United Nations, and it became the basis for initial world health action on an expanded scale.

As it emerged from the discussions of the International Health Conference, the Constitution of the World Health Organization may well be considered by future historians as one of the most daring of all international agreements. It includes several concepts of very unusual character. Above all, it

defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Thus the traditional frontiers of health were pushed forward and the close relationship between international health problems and economic and social conditions was fully recognized.

Rapidly, then, the World Health Organization took form. The Interim Commission was formed to carry on until enough nations ratified the Constitution and made WHO a real living entity in the health field. By the summer of 1948, we had established an operating World Health Organization. I repeat this bit of old history because I believe it will serve to emphasize to every one of us who has seen the progress made up to the end of this Assembly how truly we have witnessed a modern miracle of progress. Sometimes one or another of us has decried the slow development of the programme, and probably he was partially correct. But, as one soberly looks at the progress the last three years have brought in concrete programmes, one must be impressed, and proud of what has been accomplished, all the more proud because it has been in the field of international humanitarian progress.

Today the WHO infant has become a full-fledged adult. Each World Health Assembly and each year of life have added to WHO's stature. Our activities are broad. Some of them are taken almost for granted, and yet they represent very vital functions. I have in mind such outstanding activities as the standardization of biological products and the work of the expert committee which has adopted new international standards for penicillin and vitamin E and has formulated recommendations on a wide variety of essential therapeutic, prophylactic and diagnostic agents both of animal and plant origin, including diphtheria and tetanus toxoids, cholera vaccines, tuberculin, BCG and streptomycin. The part of WHO in the development of an international pharmacopoeia with uniform rules of nomenclature and dosage for chemical drugs is a major accomplishment. The work of the Expert Committee on Drugs Liable to Produce Addiction and WHO's work with other international agencies concerned with problems of narcotics should serve as major wedges against the increasing exploitation of large numbers of men, women and children through encouragement of drug habits, a problem currently growing in great proportions in many countries of the world as a

result of the increased illicit export of narcotic drugs from several countries. The sixth decennial revision of the international lists of diseases, injuries and causes of death will bring us closer to comparative national vital statistics than we have ever been before. The epidemiological intelligence service is gradually growing as countries improve their individual reporting programmes.

The journals and publications of WHO are assuming new importance. Training programmes, seminars, congresses and other meetings on a variety of subjects, plus the activities of the expert committees, have been major factors in increasing the exchange of information and scientific knowledge and research and practical applications of research. Programmes to expand knowledge and the production of antibiotics and insecticides have made some progress, and the stimulation of the use of these products has borne remarkable fruit in communicable-disease control.

In the area of organization, many of the early plans and hopes have been realized in the three years since the First World Health Assembly. Most countries are now in regional organizations. The Geneva headquarters is excellently staffed in both programme and management fields.

This Assembly has been one of the smoothest running of the three I have had the privilege and pleasure of attending. More credit for this than one can express adequately is due to the Secretariat. Much credit is due to the original planners, and much is due to the Member Governments of WHO for their serious participation in WHO's affairs and for selecting outstandingly capable and interested health officials to serve on the Executive Board and to represent them as delegates to the Assemblies. It is normal for some progress to be made with time and greater experience, but our progress might have been slower. Ordinarily, large-scale international co-operation is difficult to achieve, but we have demonstrated that it can be done on a large scale and on a friendly basis. We have been helped, too, by the surveys of health needs in countries and by the guidance given the Health Assembly by the Regional Directors through the Director-General in matters of programme requirements.

The Fourth World Health Assembly has not been a meeting characterized largely by stirring speeches

and by lost motions. On the contrary, it devoted itself sternly to the task which was put before it and performed its duty with a minimum of flourishes. Everyone knew that this task was to draw up blueprints for definite and immediate action which would bring greater help and happiness to this embattled earth—plans that, through community of effort, would bring nations closer together. This we accomplished because it was not a fortuitous meeting of men come together solely to protect their national interests, but because, in part, it was a reunion of many delegations which in past Health Assemblies had learned to work together for a common purpose. Those who came for the first time immediately joined in that effort as mutual contributors to the success of the Assembly. Perhaps an outsider, listening in to our debates, would not be able to see the wood for the trees, but now, on this last day of the Assembly, the woods stand out clearly in the picture. They are lofty mountain forests of progress.

Let us quickly review some of the accomplishments of this Assembly. One new Member, Japan, has been added to our roll. Spain and Germany will be full-fledged Members as soon as they deposit the proper instruments with the United Nations. I am informed that the Spanish document has now arrived in Geneva. The United Nations has been informed this morning by cable and the document will be on its way before the afternoon is over. Thus we come a step closer to having as Members one hundred per cent. of the nations of the world. We are not happy over the fact that some nations are inactive, but the door remains open for their participation in the future.

Additional groundwork has been put in to speed up the provision of help to governments under the technical assistance programme. There can now be a rapid stepping-up of action on the 108 requests now on hand from 40 governments and on the 38 additional projects with health implications now before other official international agencies. Ready funds are available for these programmes.

The Assembly has dealt with the problems of co-ordination of assistance from the various sources. Its recommendation for the establishment of national committees of co-ordination is of great practical importance. As every effort is made to co-ordinate

multilateral and bilateral plans at the top level of the distributing agencies, we shall have an assurance of co-ordination at the receiving end, and the wishes and knowledge of local needs of the national health-administrations will be given the fullest weight.

The streamlining of the agenda of the Committee on Programme proved successful in regard to deliberations concerning the regular activities of the Organization. Time was saved by not discussing the programme disease by disease, but by broad topics, and there was clear evidence of the growth of a sympathetic understanding of world needs in the various fields of public health. A general work-programme looking forward over the developing action of WHO on a long-range basis was outlined. An important reduction in percentage assessment was made in the case of one country—namely, the fixing of the United States percentage at one-third of the total. I am sure the United States Government deeply appreciates that. No programme that depends too largely on one country can continue indefinitely to hold the full, active and interested co-operation of all countries. A few temporary unit-payment adjustments were made to meet certain emergency financial problems in certain countries.

It was agreed that a substantial increase in dollar assessments should be made in order that programmes might be added and expanded. In general, the trends of the discussions of the last few years show that there is an overwhelming desire for more programme action by WHO. That should now be possible if governments can, and will, make the higher contributions which were voted, if they will shoulder the additional task of greater simultaneous self-help to support WHO's demonstrations and will make direct contributions to special budgets for regional activities.

The increase in cost of programmes due to current world inflation serves as a challenge to every one of us concerned with WHO's programme, and with national health programmes, to make each dollar and each person on our staff work more efficiently. We have had some experience in this field in my country in the last few years. In spite of substantial cost increases without parallel appropriation increases we have increased our efficiency by elimination of

weak units and programmes, by more efficient purchasing, and by cheerful acceptance of harder work by everyone.

One would be remiss if one did not mention the excellent improvement in speed of payment of assessments to WHO with the result that, except for the inactive Members, there are few in default on back payments. That is a tribute to the better understanding of WHO by nations, to their great desire to participate actively in world health affairs, and to the faith nations have in WHO and its Secretariat.

Increased interest has been shown in field programmes in environmental sanitation. This is probably the type of programme which has been least developed in most countries. I believe that the Fourth World Health Assembly has at long last recognized this more clearly and will continue to demand the kind of programme the Expert Committee on Environmental Sanitation has clearly recommended. The improvement of this programme is one way to make WHO's dollars stretch to save ten or twenty lives for the one that some programmes, at equal or greater cost, will save.

The Regional Office for the Western Pacific was established and Manila was chosen as the seat of this office. WHO recognized many acute problems, as for example problems of refugee physicians. Continuation of the BCG study programme was voted. Decisions on final programme breakdowns within the approved budget were arrived at easily, showing how smoothly our organization and co-operation are working. WHO has increased its ability to work with the United Nations and other specialized agencies in areas of common interest. One challenge we face in the future, as international health activities expand, is the need for quick exchange of programme information to the end that multilateral and bilateral programmes will complement each other and not compete. It will require generous co-operation without jealousy by all concerned.

WHO has done some other things of an unprecedented kind at this Assembly. Since its inception, WHO has attempted to emphasize the basic concept of its responsibility for promoting the professional quality and standards of public-health

work. To this end, the Fourth World Health Assembly has witnessed the establishment of a series of technical meetings as a supplement to the discussions on quarantine, programme, budget, administration and legal matters. After considerable thought, the Executive Board selected as a topic for these technical discussions the subject of training and education for public-health work. Discussion groups were organized, one dealing with medical education, a second with professional training in public health and a third with the training of sub-professional personnel. The meetings were well attended and evoked lively interest and good participation. In fact, on one occasion, there was a complaint because a committee meeting was held simultaneously and some members could not attend both. We agreed that there would not be overlaps in future years.

I believe that I express the sentiment of the Assembly that the experiment has been a success and that such discussion should be an integral part of future Health Assemblies. There seems to be a very common feeling that in planning for future Assemblies the topics for discussion should be even more specific and circumscribed than were those of this year, in order to focus attention on a somewhat smaller and sharper objective. Many topics have been suggested to the Executive Board as suitable for the coming year, and valuable suggestions have been made as to details of operation of the discussions. I sincerely hope that we may look forward to such discussions as a most worthwhile and essential part of future Health Assemblies.

Another valuable facet of professional education is the programme for fellowships and health institutes. There seems to be general agreement that the fellowship programme is one of the most fruitful contributions of WHO and that it can constitute an invaluable aid to the promotion of public health in all countries. The full value of such programmes will be apparent in years to come as those who have benefited from such fellowships assume public-health leadership in their respective countries and provide for the education and training of their fellow-countrymen. There will, however, always be a need for such fellowships if we are to maintain the maximum degree of exchange of ideas and knowledge between nations. Allied with this is the promotion of institutes at which representatives of many nations can gather to share their experiences and obtain new ideas worthy of incorporation into their respective programmes. I

trust that in the years to come we shall never lose sight of the value and potentialities of our educational programmes.

We have made progress in nursing. The Expert Committee on Nursing has set many guide-lines for us, and this Assembly has moved to implement them. The public-health nurses who serve WHO, including those on field teams, have turned in a brilliant record of achievement. They are now accepted as part of the public-health team. Increasingly, our supply of bedside and auxiliary personnel will increase to meet present deficiencies. All of these things will occur as we improve and expand nursing education along the broad lines recognized by WHO.

Another major accomplishment occurred in the field of international quarantine practice, where we are moving gradually from archaic, and oft-times arbitrary, barriers to free movement between countries and are setting up modern practices in line with modern concepts of communicable disease and its control.

We have approved new International Sanitary Regulations—one hundred and fifteen terse articles, with various annexes, laying down the basis for what national health-administrations shall, may or must not do in handling international traffic, in order to prevent the spread of certain diseases. For four weeks before this Assembly met, delegates from nearly forty governments worked on the draft prepared by the WHO Expert Committee on International Epidemiology and Quarantine. They brought to a culmination the work of many people over a period of three years. With the convening of this Assembly, they were joined by delegates from more countries, and further improvements were made. Throughout, there has been a friendly spirit of give-and-take, with a full understanding of mutual needs. In almost every case the final decisions were taken with overwhelming majorities, often with unanimity, always without bitter feelings on the part of those not in complete agreement. Everyone appeared willing to sacrifice a little when necessary to help a neighbour. A fine example of such comprehension was given us by the delegation of Saudi Arabia and the delegations of other countries directly concerned in the Mecca Pilgrimage. A forward-looking solution, acceptable to all, was found to this problem, which yearly involves the journey of over 200,000 persons, and presents grave epidemiological risks for them and for a great many more who might subsequently be exposed to infection.

A short time ago the Assembly adopted the new Regulations, thus taking the greatest step forward ever recorded in this oldest field of international public health. For the first time in history there is a basis for a single code, binding for all Members of the World Health Organization. Nine months are provided for delegations to send in possible reservations. I am sure that everyone hopes there will be only a few such reservations. The Fifth World Health Assembly will have the task of reviewing and dealing with these reservations, and on 1 October 1952 the Regulations in final form will come into force with the effect of world law.

These Regulations define the rights of millions of international travellers, and protect the many more millions staying at home in countries which are receptive to one or more of the quarantinable diseases. A balance has been struck between the need for more and more rapid travel and the necessity for excluding dangerous infection from aircraft, ships and other means of locomotion.

The Regulations are not static. A most important new element is that they establish a means for constant review with a view to revision when sufficient experience has been gathered. When world conditions change, and when nations and WHO are successful in stamping out, or minimizing, the quarantinable diseases (many nations have been so successful in recent years), the Regulations can be relaxed and we can approach our real goal—simple, free and safe travel.

We have met in this Assembly to share ideas and to help guide WHO in the years ahead. We have truly established bonds which should last for ever and should bind our countries closely and permanently in our fight for health.

Finally, on behalf of the Assembly and personally, I want to congratulate everyone who has contributed towards making this session a success: Dr. Chisholm, every member of the Secretariat, the interpreters, and others who have had a role, apparent or unapparent, in making our work easy and successful.

There was seldom even the smallest hesitation in providing accurate documents speedily. I wish to thank the chairmen and officers of the committees, sub-committees and working parties, who have done such a remarkable job in making our meetings run efficiently and smoothly. They were impartial and produced sound, useful reports.

As a result of the work of the Secretariat, the officers and the delegates, we have clipped half a week off the running time of previous Assemblies, and have had that time available for technical discussions. On behalf of the Assembly, we thank the convener of the technical discussions and his section officers for the excellent manner in which their programmes ran. The contributions of the delegates and others to the discussions were superb.

We have worked hard, and the friendly social gatherings have added to our pleasure and acquaintance with each other.

Last, and far from least, on behalf of the Assembly I wish to thank the City and Canton of Geneva and the Swiss Confederation for their generous hospitality. Through the long centuries of its remarkable history, Geneva has always been devoted to the democratic expression of humanitarian ideals, which are the cornerstone of all enduring civilization. Geneva has seen international public-health work grow from a feeble beginning to what now promises to be one of the main roads toward equality among nations—of possibilities for a better, happier, richer life—and therefore the main road towards lasting peace. It was as a tribute to the hospitality and friendship of Geneva that the Assembly chose it to be the site of the Fifth World Health Assembly.

Your Chairman wishes you all a safe and pleasant return journey and success in your various endeavours at home, and looks forward to seeing you all in Geneva again next year.

Your Chairman now declares the Fourth World Health Assembly at a close.

*The session adjourned at 12 noon.*

# MINUTES OF THE GENERAL COMMITTEE AND MAIN COMMITTEES

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## GENERAL COMMITTEE

### FIRST MEETING

*Tuesday, 8 May 1951, at 9.30 a.m.*

*Chairman:* Dr. L. A. SCHEELE (United States of America), President of the Health Assembly

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#### 1. Attendance at General Committee of Representatives of the Executive Board

The Chairman, on behalf of the General Committee, invited the representatives of the Executive Board to attend the meetings of the committee in an advisory capacity.

#### 2. Programme of Meetings of the Health Assembly and its Committees

After consideration of the proposed programme of work of the Health Assembly, the General Committee decided not to adopt certain changes proposed in a letter from Mr. T. J. Brady (Ireland), particularly in view of the difficulties that would be caused to the experts who had come to Geneva for a few days to take part in the technical discussions.

In reply to a suggestion by Rajkumari AMRIT KAUR (India), the DIRECTOR-GENERAL said that it would be possible to arrange for additional meetings of the Joint Working Party of the Committee on Programme and the Committee on Administration, Finance and Legal Matters if necessary.

Consideration was also given, at the request of Dr. ROMERO Y ORTEGA (Chile), to the desirability of holding the meeting of the Committee on International Sanitary Regulations earlier than the third week of the session and of leaving more time between that meeting and the discussion of the subject in the plenary Health Assembly.

The DIRECTOR-GENERAL thought it might be possible to hold the meeting of the Committee on International Sanitary Regulations in the afternoon of 15 May.

The proposed programme of meetings of the Health Assembly and the Main Committees was approved, subject to the above possible modifications and to any other changes that might prove necessary during the course of the session.

#### 3. Procedure for Technical Discussions on the Education and Training of Medical and Public-Health Personnel

The General Committee decided to transmit the resolution proposed on this subject to a plenary meeting of the Health Assembly.

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

The CHAIRMAN proposed that delegations should be invited to send in suggestions for Members to designate a person to serve on the Executive Board up to Saturday, 12 May, at noon; that the General Committee should discuss on Monday, 14 May, or Tuesday, 15 May, the delegations' suggestions; and that the elections should take place on Wednesday, 16 May.

It was agreed that an announcement to the above effect would be made at the next plenary meeting of the Health Assembly.

Dr. DOWLING (Australia) suggested that time would be saved if delegations which did not desire to

designate a person to serve on the Board would so inform the General Committee.

#### 5. Admission of New Members

The committee decided to allocate this item (No. 15) to the Committee on Administration, Finance and Legal Matters.

#### 6. Request presented by the Governments of Cambodia, Laos and Viet Nam for their Inclusion in the Western Pacific Region

The General Committee agreed that the request presented by the Governments of Cambodia, Laos and Viet Nam for their inclusion in the Western

Pacific Region should be discussed at the third plenary meeting.

#### 7. Election of Officers of the Fourth World Health Assembly

The committee was informed that, as at previous Health Assemblies, the election of the President and other officers of the Health Assembly had not been held by secret ballot (Rule 60 of the Rules of Procedure).

The committee agreed that it might be desirable to ask the Executive Board to consider amendments to the Rules of Procedure on this point for recommendation to the Health Assembly.

*The meeting rose at 10.55 a.m.*

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## SECOND MEETING

*Wednesday, 9 May 1951, at 12 noon*

*Chairman: Dr. L. A. SCHEELLE (United States of America)*

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#### 1. Programme of Meetings of the Health Assembly and its Committees

##### *Committee on Administration, Finance and Legal Matters and General Committee*

It was agreed that the meetings of the Committee on Administration, Finance and Legal Matters should end at 12 noon in order to leave Room VII, which was equipped for simultaneous interpretation, free for the General Committee.

##### *Committee on International Sanitary Regulations*

The General Committee decided that the Committee on International Sanitary Regulations should hold two short meetings, the first at 2.30 p.m. on Tuesday, 15 May, to receive the final draft of the Regulations from its drafting sub-committee, and the second a few days later for formal approval of the draft Regulations before transmission to the Health Assembly.

The Director-General would propose to the next meeting of the General Committee the dates for the second meeting of the Committee on International Sanitary Regulations and for the presentation of the Regulations to the Health Assembly.

##### *Regional Committee for the Western Pacific*

It was agreed that the draft resolution on the convening of the Regional Committee for the Western Pacific should be transmitted to the plenary meeting to be held that afternoon at 5.30.

The CHAIRMAN informed the committee that 18 May had been tentatively suggested as the date for the meeting of the Regional Committee.

#### 2. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)

The committee agreed that the suggestions submitted by delegations should be considered on Monday and Tuesday, 14 and 15 May. In order to give this matter careful consideration, the committee might have to hold meetings in the evening as well as at noon on those dates.

At the request of Dr. JAFAR (Pakistan) the committee agreed to give consideration to the geographical distribution of the seats on the Executive Board before formulating its recommendations to the Assembly.

### 3. Legal Sub-Committee of the Committee on Administration, Finance and Legal Matters

The General Committee agreed that, notwithstanding what was tentatively scheduled in the suggested programme of work, the Legal Sub-

Committee would report to the Committee on Administration, Finance and Legal Matters on the question of the admission of new Members as well as on all other legal matters referred to it.

*The meeting rose at 12.30 p.m.*

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## THIRD MEETING

*Thursday, 10 May 1951, at 12 noon*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

### 1. Programme of Meetings of the Health Assembly and its Committees

The committee fixed the dates and times of the final meetings of the Committee on International Sanitary Regulations, of its own meeting to consider the report of that committee, and of the next two plenary meetings of the Health Assembly.

It also decided the dates and times when it would meet to consider the problems arising from the elections to the Executive Board, and fixed the time limit for the submission of proposals relating to the elections.

### 2. Suspension of Rule 10 of the Rules of Procedure

The committee agreed that, in order to avoid prolonging the session, the Health Assembly should

be asked at its next plenary meeting on Wednesday, 16 May, to suspend Rule 10 of the Rules of Procedure.

The DIRECTOR-GENERAL assured the committee that the Secretariat would make every effort to honour Rule 10 even if it had been suspended.

### 3. Overlapping of Meetings

Dr. EVANG (Norway), without proposing any change in the meetings already scheduled, suggested that where possible the technical discussions should not coincide with meetings of the Committee on Administration, Finance and Legal Matters.

*The meeting rose at 12.30 p.m.*

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## FOURTH MEETING

*Friday, 11 May 1951, at 12.15 p.m.*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

*As the committee had no matters for discussion, the meeting rose immediately.*

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## FIFTH MEETING

*Saturday, 12 May 1951, at 12 noon*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

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**1. Programme of Meetings of the Health Assembly and its Committees**

*Joint Meetings of the Committees on Programme and on Administration, Finance and Legal Matters*

At the request of the Chairman of the Committee on Administration, Finance and Legal Matters, the committee considered the possibility of advancing the date of the first joint meeting of that committee with the Committee on Programme.

It was agreed to defer a decision until the next meeting, when the Chairman of the Committee on Programme would be able to state whether his committee had reached a sufficiently advanced stage in its work.

*Special Meeting of General Committee*

The committee agreed to hold a special meeting at 5.30 p.m. on Monday, 14 May, to formulate suggestions to the Health Assembly for elections to the Executive Board.

**2. Supplementary Agenda : Approval and Allocation of Items**

The committee decided to transmit to the Health Assembly, for approval at the plenary meeting on Wednesday, 16 May, the proposed supplementary agenda and allocation of the items thereof.

**3. Salary of the Director-General**

The committee agreed that the proposal by the delegations of Brazil, France and India concerning the salary of the Director-General should be referred to the Health Assembly with a recommendation for allocation to the Committee on Administration, Finance and Legal Matters, unless the Health Assembly decided to take immediate action thereon.

**4. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)**

The committee was informed of the nominations received from delegations up to 12 noon on 12 May, and agreed to consider them at its next meeting.

In reply to a question by Dr. JAFAR (Pakistan), who asked whether further nominations could be put forward, Dr. DOROLLE, Deputy Director-General, drew attention to the revised Rule 81 of the Rules of Procedure (*Official Records* No. 29, annex 12).

**5. Welcome to the Chief Delegate of Egypt**

The CHAIRMAN welcomed in the name of the General Committee H.E. Dr. Abdel Gawad Hussein, Bey, Minister of Health and chief delegate of Egypt, and congratulated him on having recently received the title of Pasha.

*The meeting rose at 12.35 p.m.*

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## SIXTH MEETING

*Monday, 14 May 1951, at 12 noon*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

**1. Programme of Meetings of the Health Assembly and its Committees**

*Joint Meetings of the Committees on Programme and on Administration, Finance and Legal Matters*

After hearing a statement by Dr. JAFAR (Pakistan), Chairman of the Committee on Programme, the committee agreed to maintain Thursday morning, 17 May, as the date for the first joint meeting.

**2. Report on Technical Discussions**

The committee agreed that Professor Parisot (France), Convener of the general meeting for technical discussions, should present his report at the plenary meeting on Wednesday 16 May, which would begin at 2.30 p.m. instead of 3 p.m. The report would be discussed in connexion with item 18 of the agenda.

**3. Date of Closure of the Fourth World Health Assembly**

After discussion it was agreed to defer a decision on the date for the closure of the Fourth World

Health Assembly until further progress had been made. It would be announced later either at a plenary meeting or in *The Journal*.

**4. Committee Reports submitted to the Health Assembly**

*First Report of the Committee on Administration, Finance and Legal Matters*

The committee accepted the report and decided to transmit it to the seventh plenary meeting of the Health Assembly.

**5. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)**

At the request of Dr. JAFAR (Pakistan), it was agreed that the Secretariat should report to the committee at its next meeting on the legal implications of the observations contained in a letter addressed to the Director-General by the delegation of India.

Dr. DOWLING (Australia) informed the committee that Australia did not wish to stand for election.

*The meeting rose at 12.25 p.m.*

## SEVENTH MEETING

*Monday, 14 May 1951, at 5.30 p.m.*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

### 1. Earthquake in El Salvador

The General Committee considered a letter from the chief delegates of Cuba and Ecuador asking that a resolution be placed before the Health Assembly expressing sympathy for the victims of the earthquake disaster in El Salvador.

It was decided to include this item on the agenda of the plenary meeting on Wednesday, 16 May.

### 2. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)

*Letter to the Director-General from Rajkumari Amrit Kaur*

Dr. DOROLLE, Deputy Director-General, drew attention to a letter written by the Honourable Rajkumari Amrit Kaur to Dr. Chisholm concerning membership of the Executive Board, and for the information of members of the General Committee made the following observations on certain of the points raised in the letter :

(a) The question of the eligibility for membership of countries that had not paid their dues for over two years or had withdrawn from co-operation with the Organization fell under Article 7 of the Constitution, which provided that the Health Assembly might take measures in respect of Members that failed to meet their financial obligations ;

(b) With regard to "inactive Members", the Health Assembly had previously decided that no measures would be taken for the time being ;

(c) On the question of the maintenance on the Board of members able to make a valuable contribution to its work, he pointed out that the election or re-election of three such persons by name, without regard to geographical distribution, would not be possible unless the Constitution were amended. The Executive Board might be requested to consider whether it wished to amend its Rules of Procedure in order to reserve to itself

the right to invite three such persons to attend its meetings and assist by their advice during discussions but without the right to vote. India had the right to make that proposal to the Executive Board ; the Director-General would transmit the suggestion to the Executive Board if the Indian delegation so desired ;

(d) Meetings of the representatives of the regions in order to "submit to the General Committee a short panel of names, from among their number, of the countries they would like to be considered for nomination" were among many possible ways of nominating countries from specific regions. It was to be noted that according to Article 24 of the Constitution, the Health Assembly, in electing the Members entitled to designate a person to serve on the Board, must take into account an equitable geographical distribution.

After discussion, the committee took note of Dr. Dorolle's statement and of the fact that Article 24 of the Constitution and Rule 80 of the Rules of Procedure referred to "equitable geographical distribution" and "a balanced distribution of the Board as a whole" and not to regional representation.

*Nomination, and drawing up of a list of, nine Members*

Dr. DOWLING (Australia) informed the committee that neither Australia nor New Zealand was a candidate for election.

Dr. CLUVER (Union of South Africa) likewise announced that in the interest of the practice of rotation South Africa would not stand for election, and supported the nomination of Liberia.

A vote was taken by secret ballot, and the following nine Members were nominated in accordance with revised Rule 80 of the Rules of Procedure of the Health Assembly : Yugoslavia, Ceylon, Liberia, Belgium, Cuba, Greece, Lebanon, India, Iran.

A second secret ballot was taken to determine the six Members who would provide, if elected, a balanced distribution of the Board as a whole. The

following countries were selected : Ceylon, Liberia, Belgium, Cuba, Yugoslavia, Lebanon and Greece, the last two countries receiving the same number of votes. Consequently a third ballot was taken to determine which of those two countries was to be the sixth on the list. The result was that Lebanon was chosen.

The committee approved its report on the subject for consideration at the plenary meeting on Wednesday, 16 May.

Rajkumari AMRIT KAUR (India) drew attention to the fact that, if the proposed six Members were elected, 11 out of the 18 Members entitled to designate a person to serve on the Board would belong to two regions, Europe and the Americas, while Africa and the East, where the population was much larger and the health problems graver, would have a far smaller percentage representation.

*The meeting rose at 7.30 p.m.*

## EIGHTH MEETING

*Tuesday, 15 May 1951, at 12 noon*

*Chairman:* Dr. D. A. DOWLING (Australia) Vice-President of the Health Assembly

### 1. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)

*Letter to the Chairman from Rajkumari Amrit Kaur*

The CHAIRMAN read the following letter from Rajkumari Amrit Kaur (India) :

Dear Dr. Scheele,

While I do not wish to ask either for reconsideration or for change in the nominations to the membership of the Executive Board that were decided on by the majority vote of the General Committee yesterday evening, I am writing these few lines to ask you to be good enough to read out my letter to the members of the General Committee and to have my opinion recorded in the minutes of the committee that the distribution as recommended to the Assembly is neither fair nor equitable, either from the geographical or ethical point of view.

The representation from Europe is concentrated in one small area. The vast continents of Asia and Africa and the Far East are represented by seven members as against 11 from Europe and America. I wonder whether we really give enough thought, when voting, to the larger issues concerned.

Your sincerely,  
(signed) Amrit KAUR

While the committee was in general agreement that the recommendations to the Health Assembly

should not be reconsidered, Dr. TABA (Iran), Vice President of the Health Assembly, reserved the right to draw attention to the matter in the plenary meeting before the elections took place.

Dr. JAFAR (Pakistan), Chairman of the Committee on Programme, urged that, in view of the strong feeling manifested during the last years concerning elections to the Board, those elections should be the subject of very careful consideration in the light of the experience acquired.

### 2. Supplementary Agenda : Approval and Allocation of Items (continuation)

The committee agreed that the Health Assembly should be recommended to refer item 20.1 of the supplementary agenda to the Committee on Administration, Finance and Legal Matters and items 5.23, 5.24 and 5.25 to the Committee on Programme.

### 3. Additional Meeting of the Committee on Programme

At the request of Dr. JAFAR, it was decided that the Committee on Programme should hold an additional meeting at 4.30 p.m. on Tuesday, 15 May.

*The meeting rose at 12.35 p.m.*

## NINTH MEETING

*Wednesday, 16 May 1951, at 12 noon*

*Chairman:* Dr. L. A. SCHEELE (United States of America)

**1. Programme of Meetings of the Health Assembly and its Committees**

As the eighth plenary meeting, scheduled for the afternoon, was expected to be short, the General Committee decided that the Working Party on Field Allowances of the Committee on Administration,

Finance and Legal Matters should meet immediately thereafter and the Working Party on the Kamaran Quarantine Station of the Committee on International Sanitary Regulations at 5.30 p.m.

*The meeting rose at 12.35 p.m.*

## TENTH MEETING

*Thursday, 17 May 1951, at 12 noon*

*Chairman:* Dr. A. H. TABA (Iran) Vice-President of the Health Assembly

**1. Programme of Meetings of the Health Assembly and its Committees**

The General Committee considered the desirability of the chairmen of the main committees being informed when there were no points on the agenda for the General Committee so that their meetings could be prolonged until 12.30 p.m.

The DIRECTOR-GENERAL said that the question had been considered at an earlier Health Assembly, but it had been deemed necessary for the General Committee to meet automatically every day at noon in case individual members desired to raise points. If the committee wished to change that practice

the Secretariat would make the necessary arrangements.

**2. Membership of Japan**

The CHAIRMAN informed the committee that Japan had deposited with the Secretary-General of the United Nations its instrument of ratification and was now a full Member of the World Health Organization. An announcement to that effect would be made at the opening of the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters at 2.30 p.m.

*The meeting rose at 12.15 p.m.*

## ELEVENTH MEETING

*Friday, 18 May 1951, at 12 noon*

*Chairman:* Dr. L. A. SCHEELE (United States of America)

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**1. Programme of Meetings of the Health Assembly and its Committees**

The General Committee considered the programme of meetings for Friday afternoon and Saturday, 18 and 19 May, in the light of the necessity for the budget ceiling for 1952 to be fixed by the Health Assembly before the joint working party of the Committees on Programme and on Administration, Finance and Legal Matters could begin its work.

It was decided that the plenary meeting previously cancelled by the General Committee should take place as originally scheduled on Saturday morning, 19 May, and that the further programme of meetings for Friday afternoon and Saturday should depend on whether the joint meeting of the Committee on Programme and the Committee on Administration,

Finance and Legal Matters to be held on Friday afternoon at 3 p.m. adopted its report on the budget ceiling with or without discussion.

On the invitation of the CHAIRMAN, the Chairmen of the three main committees reported that one or two more meetings of the Committee on Administration, Finance and Legal Matters would be required during the ensuing week for it to complete its work, that the number of meetings scheduled in the programme of work for the Committee on Programme was the minimum that would be required, and that at the most two more meetings of the Committee on International Sanitary Regulations would be necessary.

*The meeting rose at 12.25 p.m.*

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## TWELFTH MEETING

*Friday, 18 May 1951, at 4.55 p.m.*

*Chairman:* Dr. L. A. SCHEELE (United States of America)

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**1. Committee Reports submitted to the Health Assembly**

*First Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters*

The General Committee accepted the report without discussion, and decided to transmit it to the ninth plenary meeting of the Health Assembly.

**2. Programme of Meetings of the Health Assembly and its Committees**

The committee established a programme of meetings for Saturday, 19 May.

*The meeting rose at 5 p.m.*

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## THIRTEENTH MEETING

*Saturday, 19 May 1950, at 12 noon*

*Chairman: Dr. L. A. SCHEELLE (United States of America)*

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**1. Date of Closure of the Fourth World Health Assembly**

It was provisionally agreed that the Fourth World Health Assembly should close on Saturday, 26 May.

**2. Programme of Meetings of the Health Assembly and its Committees**

The General Committee approved a programme of meetings for the last week of the session.

*The meeting rose at 12.40 p.m.*

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## FOURTEENTH MEETING

*Monday, 21 May 1951, at 12.30 p.m.*

*Chairman: Dr. L. A. SCHEELLE (United States of America)*

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**1. Programme of Meetings of the Health Assembly and its Committees**

The General Committee approved the holding of a meeting of the Committee on International Sanitary Regulations at 8.15 p.m. The Chairman of that committee thought it might thus be able to complete its work.

**2. Committee Reports submitted to the Health Assembly**

*Second Report of the Committee on Administration, Finance and Legal Matters*

The General Committee accepted the report,

subject to a drafting change, and decided to transmit it to a plenary meeting of the Health Assembly.

**3. Eighth Session of the Executive Board**

The CHAIRMAN announced that, after consultation with the Chairman of the Executive Board, it had been decided that the Director-General should convene the eighth session for 10 a.m. on Friday, 1 June, instead of 4 June as originally planned.

*The meeting rose at 12.50 p.m.*

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## FIFTEENTH MEETING

*Tuesday, 22 May 1951, at 12.30 p.m.*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

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**1. Programme of Meetings of the Health Assembly and its Committees**

The General Committee rearranged the programme of meetings for the afternoon.

The Chairman of the Committee on Programme announced that the committee expected to complete its work at the afternoon meeting.

The CHAIRMAN informed the committee that the report of the Committee on International Sanitary Regulations, together with the final draft of the Regulations, would be presented for its approval in time for transmission to the plenary meeting of the Health Assembly on Friday afternoon, 25 May.

**2. First Report of the Committee on Programme**

The General Committee decided to postpone consideration of the above report pending formal approval by the Committee on Programme at its next meeting of the operative clause of section 6.

**3. Reallocation of Item 5.23 of the Agenda**

It was agreed that item 5.23, "Emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security", should be reallocated from the Committee on Programme to the Committee on Administration, Finance and Legal Matters.

*The meeting rose at 12.45 p.m.*

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## SIXTEENTH MEETING

*Wednesday, 23 May 1951, at 6 p.m.*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

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**1. Programme of Meetings of the Health Assembly and its Committees**

The General Committee established the programme of meetings for Thursday, 24 May.

**2. Report of the Committee on International Sanitary Regulations**

The committee approved the advance circulation of the final draft of the Regulations and the resolutions proposed by the Committee on International Sanitary Regulations, before consideration by the General Committee, in order to allow delegations time to study them.

### 3. Committee Reports submitted to the Health Assembly

*First and Second Reports of the Committee on Programme and Third and Fourth Reports on the Committee on Administration, Finance and Legal Matters*

The General Committee accepted the above reports without discussion and decided to transmit them to the next plenary meeting of the Health Assembly.

### 4. Second Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters

It was agreed that the report, which was not yet available in its final form, should be circulated to delegations on Thursday morning, 24 May, and that the General Committee should consider it at its meeting at 12.30 p.m.

*The meeting rose at 6.20 p.m.*

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## SEVENTEENTH MEETING

*Thursday, 24 May 1951, at 12.30 p.m.*

*Chairman: Dr. A. H. TABA (Iran)*

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### 1. Date of Closure of the Fourth World Health Assembly

The General Committee, while considering it possible that the Health Assembly might complete its agenda at the plenary meeting on Friday afternoon, 25 May, agreed to defer a final decision on the date of closure until after the next plenary meeting.

### 2. Committee Reports submitted to the Health Assembly

*Report of the Committee on International Sanitary Regulations*

The General Committee accepted the report without discussion and decided to transmit it to the next plenary meeting of the Health Assembly.

*Second Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters*

At the request of Professor CANAPERIA (Italy), joint Chairman of the joint meetings, the General Committee considered the advisability of adding the following footnote to the section of Appendix I containing the proposed deductions from the budget

estimates for Europe: "Subject to revision by the Consultative Committee for Europe". The committee agreed that that was unnecessary, and noted that the joint meeting recommended, in the introduction to the appropriation resolution, "that the Director-General be allowed adequate flexibility in adjusting his programme and budget estimates for 1952".

The committee agreed that Professor Canaperia should suggest to the plenary meeting the amendment of the last part of clause 2 of the resolution proposed at the end of the report, to read: "UNICEF's role in health programme is to furnish at the request of governments the required supplies for approved programmes eligible for assistance from UNICEF".

### 3. Request from the Chief Delegate of Monaco to address the Health Assembly on the Establishment of an International Centre of Research on Medical Law

It was agreed that the delegate of Monaco could address the plenary meeting on the above matter under item 20 of the agenda, "Other business".

*The meeting rose at 12.50 p.m.*

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## EIGHTEENTH MEETING

*Thursday, 24 May 1951, at 4.30 p.m.*

*Chairman: Dr. L. A. SCHEELE (United States of America)*

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**1. Committee Reports submitted to the Health Assembly**

*Third and Fourth Reports of the Committee on Programme and Fifth Report of the Committee on Administration, Finance and Legal Matters*

The General Committee accepted the above reports without discussion and decided to transmit them to a plenary meeting of the Health Assembly.

**2. Adoption of Report of the General Committee**

The General Committee adopted its report subject to certain drafting amendments.

**3. Date of Closure of the Fourth World Health Assembly**

The committee discussed the procedure to be followed in presenting the report on International Sanitary Regulations to the Health Assembly, and agreed that it should be placed first on the agenda for the plenary meeting on Friday morning, 25 May. After consideration by the General Committee at its meeting at noon, an announcement would be made at the plenary meeting in the afternoon as to whether it would be necessary to hold another plenary meeting on Saturday, 26 May.

*The meeting rose at 4.45 p.m.*

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## COMMITTEE ON PROGRAMME

### FIRST MEETING

*Saturday, 12 May 1951, at 10 a.m.*

*Chairman:* Dr. M. JAFAR (Pakistan)

#### 1. Election of Vice-Chairman and Rapporteur

Agenda, 5.1

The proposals of the Committee on Nominations for the positions of Vice-Chairman and Rapporteur—Dr. A. Khaum (Austria) and Dr. G. Žarković (Yugoslavia) respectively—were adopted unanimously.

#### 2. Annual Report of the Director-General for 1950 ; General Programme of Work covering a Specific Period ; Regular Programme for 1952

Agenda, 5.2, 5.3 and 5.4

The CHAIRMAN called on the Deputy Director-General to make a general introductory statement.

Dr. DOROLLE, Deputy Director-General, gave the committee a general view of the programme for 1952, which they were to discuss. The Health Assembly had adopted the procedure for the consideration of the programme and budget proposed by the Executive Board in resolution EB7.R28 (*Official Records* No. 32), and had decided that the Committee on Programme should hold four meetings before meeting jointly with the Committee on Administration, Finance and Legal Matters. He drew attention to the documents which were essential to the committee's deliberations, *Official Records* Nos. 30, 31, 33 and 32, annex 10.

The experience acquired by the Organization during the thirty months of its life as a permanent specialized agency of the United Nations, and the advent of new factors in the field of international collaboration, had necessitated a new orientation in policies and raised new problems for solution. One essential element was the development of new international health activities resulting from bilateral

or multilateral agreements and financed from a number of different sources. It was that factor which had led the Director-General to present to the Health Assembly for 1952, in addition to the regular programme and budget, a programme which would be directed by WHO but financed by other bodies. That co-ordinated programme comprised three parts :

- (a) projects to be financed by the regular budget of WHO ;
- (b) projects whose execution was anticipated as a result of services which UNICEF would be able to render to a certain number of governments ;
- (c) projects which were to be financed by funds made available to WHO within the framework of the expanded programme of technical assistance for economic development undertaken by the United Nations.

With regard to the regular programme, it had been possible for the first time to establish it along the general lines laid down in the four-year plan approved by the Health Assembly and elaborated by the Executive Board (*Official Records* No. 25, annex 5). The " six priorities ", which, in the initial stages of the Organization's development and in the absence of precise data on the needs of the various countries, had proved a useful working basis, had now been revised in the light of the actual situation in the six regions of WHO. Thanks to the development of the regional bodies, to the more active participation of the States composing them, and to the work of the experts who had visited many countries, the Organization was now in a better position to judge the special needs of those countries.

Thus it had been possible to prepare a series of projects to assist the various Member States to embark upon the next stage in the improvement of

their health services. Those individual projects were fitted into the general framework of the four-year programme submitted to the Assembly. Although that programme should not be considered as definitive, it was nevertheless believed that the criteria in accordance with which it was drawn up—criteria which were in conformity with those laid down by the Economic and Social Council in its resolution 324 (XI) B (*Official Records* No. 32, annex 6)—would retain their validity, because they were based on sound and realistic principles.

Dr. Dorolle reminded the committee of the principal headings of the four-year programme, drawing particular attention to that of professional education. One of the outstanding features of the proposed 1952 programme was the large number of projects of an educational nature—a need which no one would deny. It was necessary at one and the same time to increase the number of qualified personnel, to raise standards of professional training, and to secure better adaptation of curricula to the needs of the various countries as well as the conditions with which the different categories of personnel would be faced. Those problems had been the object of close study on the part of both the Organization and governments for several years past, and the technical discussions being held during the present Assembly would, he felt, have a great influence on the orientation of that programme and prove a valuable basis for the work of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel.

Dr. Dorolle went on to speak of the activities to be financed from sources other than the regular budget. Certain programmes would be carried out with funds supplied by UNICEF; the sum of \$5,000,000 was naturally only a tentative estimate, but it was certain that UNICEF would be able to render important services in a number of public health problems, particularly where maternal and child health was concerned.

Again, the integration of the technical assistance programme in the total programme of the Organization was a natural development. The economic development of the less favoured countries—the purpose of technical assistance—depended to a large extent on those countries' attaining greater physical, social and mental wellbeing, which was the goal to which the efforts of WHO were directed. It was also true that improvement in the health of the nations would make them better able to carry forward their economic development.

He emphasized that the list of services to countries given in *Official Records* No. 31, annex 3, should

not be considered as complete. Requests for technical assistance which it would be possible to integrate with the 1952 programme were still coming in.

Thus, the programme which the committee was called upon to discuss had been drawn up with three things in mind: co-ordination of activities financed from various sources; decentralization of the means of investigation and action; concentration of effort on the points where the services could be most effective. He hoped that the committee would not forget that the programme assumed its true significance only when considered in the framework of continuous development. Hence, to the three factors already mentioned should be added a fourth: that continuity without which, as the President of the Third World Health Assembly had stressed, nothing durable could be built.

The CHAIRMAN recalled that a number of preliminary comments had already been made on the Annual Report of the Director-General during plenary meetings of the Health Assembly. He stressed the need for the committee to give careful and thorough consideration to the report before proceeding to discuss the general programme of work for the future. The report should be examined to see how far the policies laid down by WHO in the past had been actually implemented, and whether in the light of experience something further should be proposed. That should be done at the present stage of the proceedings. On that matter, the Executive Board and the Director-General depended entirely on the guidance of the Committee on Programme. He appealed to members to take full responsibility for the future programme and for the policies which should govern it. Experience had shown that after general discussion on the programme little time remained for the examination of policies and major issues, and the responsibility had been thrown on the Executive Board and the Director-General. As representatives of national governments and advisers on technical matters, fully aware of both national and regional needs, members were definitely in a better position to say precisely what WHO should be doing in a particular part of the world.

He directed special attention to annex 10 of *Official Records* No. 32, recommending careful study of its various headings in connexion with the general programme of work for the future.

After saying that the technical assistance programme would be dealt with at a later stage, he called for comments on the Annual Report of the Director-General and on the general programme of work covering a specific period.

Dr. CLEERE (United States of America), after a brief reference to the lucid and comprehensive nature of the Annual Report of the Director-General for 1950, said that his delegation agreed that the strengthening of national health services was one of the most important functions of the Organization, to which end certain priorities had been adopted. However, many requests from governments for assistance were not in the priority field, nor indeed did all the projects appear to be useful for the strengthening of health services. Proposals made by Member States should be scrutinized by regional committees and by headquarters to ensure, firstly that the projects would provide the maximum yield under WHO guidance, and secondly that such projects could be carried out by the national government concerned within a foreseeable time.

The United States delegation was happy to note the increasing emphasis placed on environmental sanitation, because of its importance in the control of a multitude of diseases. Public-health nursing was receiving increased recognition, but should receive even greater emphasis in the future.

The Annual Report showed that WHO was influential in bringing newer methods of control and treatment to the attention of its Members. That was a matter of considerable importance in the light of the rapid development of new methods.

Referring to the increasing need for integration of the various health agencies assisting countries on an international basis, he was of the opinion that such integration should begin early in the planning of projects, which in most cases should be done within the country itself. His delegation would introduce a resolution on the matter for consideration at a later stage.<sup>1</sup>

While a considerable number of fellowships had been granted in clinical subjects, his delegation hoped that a higher proportion of fellowships could be given in preventive services.

He congratulated the Organization on its past accomplishments and was convinced that the programme would continue to increase in usefulness.

Professor FERREIRA (Brazil) observed that the amount of \$8,000,000 proposed for the 1952 budget was less than that expended by some under-developed countries, his own for example, on their own public-

health programmes. He stressed the catalysing effect of expert assistance in developing national programmes and hoped that the amount eventually decided upon would not be much below the figure proposed, but wished to emphasize that it was a small one and that, in the circumstances, the programme suggested was the best which could be done and the policy outlined by the Director-General the best which could be followed.

The CHAIRMAN reminded the committee that, in view of the forthcoming joint meeting with the Committee on Administration, Finance and Legal Matters, it was necessary for delegates to examine the programme generally and decide, to some extent at least, on what they wanted for the future. As the Committee on Programme would have to make out a strong case in order to obtain a favourable decision from the Committee on Administration, Finance and Legal Matters, he again asked delegates to make their comments as early as possible, so that collective proposals could be formulated.

Dr. STAMPAR, speaking as the representative of the Executive Board, supported the Chairman's appeal, and hoped that the Health Assembly, through its Committee on Programme, would give the Executive Board guidance in its work.

Sir Arcot MUDALIAR (India), speaking from his experience as a member of the Executive Board, said that the Committee on Programme should be regarded as the final authority on the extent to which it would be possible to modify, curtail or otherwise change the proposed programme.

Although the question of finance was important, it should be emphasized that an organization which was keeping pace with even the most moderate demands in respect of world health could not regulate its programme according to the money available. The better approach would be to present the Committee on Administration, Finance and Legal Matters with the essential programme and for that committee to see that funds were made available to implement it.

It did not seem to him that it was extravagant for a world health organization to think in terms of the expenditure of \$8,000,000 on its programme. He did believe that, as had been shown by the Director-General at the sixth plenary meeting in his apprecia-

<sup>1</sup> See tenth meeting, section 5 (b).

tion of the position, any attempt radically to curtail the expenditure level would militate against the usefulness of the work that had already been done by WHO.

After saying that the regions which needed it most should be the first to be given help, Sir Arcot Mudaliar asked members of the committee to take a long view and realize that help given to under-developed countries towards the improvement of their health and standards of living would bring economic benefits to all countries through increased trade.

Dr. TOGBA (Liberia) proposed that further discussion on annex 10 of *Official Records* No. 32 be postponed until the following meeting of the committee, to enable delegates to consider what comments they wished to make.

Referring to the remark of the delegate of India that the countries needing it most should be the first to receive help, he said that some such countries

often hesitated to ask for help because they lacked the funds, or personnel, or both, to match the assistance to be given by WHO. Some way should be found by which the contributions required from such countries could be reduced.

*It was agreed to postpone the discussion until the following meeting.*

Dr. ROMERO y ORTEGA (Chile), after thanking the Director-General and the Executive Board for the work which had been done by the Secretariat and for the help already given to under-developed countries, asked for more help for the Latin American countries. Those countries received assistance from the Pan American Sanitary Bureau, as the Regional Office for the Americas, but such help was limited by the amount of the Bureau's budget. He hoped that his request would be considered by the Director-General.

*The meeting rose at 11.30 a.m.*

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## SECOND MEETING

*Monday, 14 May 1951, at 10 a.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

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### 1. Annual Report of the Director-General for 1950 ; General Programme of Work covering a Specific Period ; Regular Programme for 1952 (continuation)

Agenda, 5.2, 5.3 and 5.4

#### (a) General Discussion

The CHAIRMAN reopened discussion on the Annual Report of the Director-General and the general programme of work covering a specific period. He drew attention to *Official Records* No. 32, annex 10, section 5, "Criteria for the Selection of Fields of Action to be included in the Programme of Work", stressed the importance of these criteria and outlined the major headings of the programme of work contained in section 6.

Dr. RAJA (India), reiterating his delegation's support for the Director-General's programme,

called for its full implementation. He shared the Director-General's view that the proposed budget of approximately \$8,000,000 was the absolute minimum for adequate implementation of this programme.

Provision should be made in the 1952 budget for supplies. While UNICEF had done much to provide funds for that purpose, its future was not permanently assured, and it was important that WHO should make its own budgetary provision in this matter.

WHO regional programmes should be flexible in order to cater for the particular needs of individual countries, especially in the under-developed areas. Emphasis should be laid on the need for WHO to assist under-developed countries in their long-term public-health schemes.

Dr. Raja then stressed the necessity for complete co-ordination of the numerous public-health develop-

ment plans being sponsored by different organizations in all parts of the world.

He supported the proposal of the United Kingdom delegation<sup>2</sup> for the development of a body of statistics as part of the Central Technical Services of the Organization. It would have the double advantage of securing the co-operation of Member States in obtaining the necessary statistics and of providing a service of information and advice which would be of the greatest value to public-health bodies throughout the world.

With regard to training for public-health work, whereas it was important to train personnel to meet the particular requirements of individual countries and also to work in preventive medicine, consideration must also be given to the provision of fellowships for clinical training in certain circumstances.

In conclusion, Dr. Raja suggested that, whereas the present form of the budget was most satisfactory and useful, it would be a further advantage if a table could be established showing the total funds to be spent in each particular field.

Dr. HOLM (Denmark) congratulated the Director-General and the Executive Board on the wisdom and foresight they had shown in drawing up the Organization's programme. While welcoming the progress made in establishing the regional offices, he stressed that it was important to make a clear delegation of authority from the Geneva headquarters to the regional offices in order to avoid that duplication of effort normally resulting from too much bureaucratic control. Regional committees should be established for all areas, as soon as possible.

He questioned the wisdom of abandoning the old system of priorities at the present time. There was a danger that regional offices might be overwhelmed with requests for assistance. Instructions should therefore be issued limiting the fields of activity in each region to a minimum and asking regional offices to establish their own area priorities.

His Government also felt that, in the early years of WHO's development, preference should be given to projects producing quick and tangible results in order to achieve the popularity and worldwide public interest which would facilitate the long-term policies of the Organization. In the budget estimates for 1952 the largest allocation of funds had been made in the field of public-health administration.

Although that subject was important, ordinary people would more readily appreciate a spectacular campaign against a particular disease, and the Organization, by spending to that end, would eventually obtain more striking results.

Dr. MELLBYE (Norway) congratulated the Director-General on the results achieved by the Organization in spite of a very limited budget. His Government had always maintained that a general assault on all causal factors was the only method of eliminating disease and improving general health standards and, since WHO could deal with only some of the factors involved, he welcomed the efforts of other international bodies in this field. The fullest co-ordination was essential between the various international organizations concerned, and he wondered whether the Director-General could not expand the service of information to governments so that they were always advised of international meetings on matters bearing upon the programme of WHO.

Dr. Mellbye then referred to the section in the Annual Report of the Director-General on "Control of the Physical Environment". This work was one of the most important parts of the programme of the Organization and he fully agreed with the Director-General's emphasis on it. He hoped that it might be possible in 1952 to expand discussion of the housing problem. With reference to the section on "Mental Wellbeing", more might be done by studying the structure of modern society rather than, as at present, the superficialities of a people's way of life. The present tendency of the Organization was to treat the symptoms rather than the cause of the complaint.

He praised the sound principles of the four-year programme. As was indicated in *Official Records* No. 32, annex 10, sub-sections 5.4 and 5.8, the Organization could succeed only if it had sufficient trained personnel and an adequate budget. His Government wished the training of medical and auxiliary personnel to receive special emphasis.

Dr. ROMERO Y ORTEGA (Chile) drew attention to the specific public-health problems existing in Latin America, in many parts of which, owing to the lack of facilities for the protection of health, the low birth rate, a sign of maturity, was not offset by any correspondingly low rate of infant mortality. If that tendency continued, the countries of Latin America threatened to become within the next fifty years lands of the aged.

<sup>2</sup> See third meeting, section 1 (b).

He outlined the progress made in the field of public health by Latin American countries over the past 20 years. Public-health experts now numbered 4,000, and every country had established a governmental health service. That showed that progress was not limited by lack of knowledge, but rather by economic difficulties and the geographical nature of the regions. Lack of funds and facilities rendered almost impossible the task of tempting qualified personnel away from the cities. He emphasized that with technical and financial assistance from WHO and the United Nations the governments concerned would not fail to make the necessary effort on their own behalf, and that young public-health workers would be attracted towards the rural areas. In view of the desperate need for adequate health services in the rural areas he strongly recommended close co-ordination of the Latin American programmes of WHO, UNESCO, FAO, ILO, UNICEF, the various pan-American organizations and private interests such as the Rockefeller and Kellogg Foundations.

Referring to *Official Records* No. 32, annex 10, sub-section 5.3, "Scope of the Proposed Field of Action", Dr. Romero y Ortega pointed out that in view of the large area covered by Latin America any generalization could only be superficial. Taking into account the diverse nature of that large area, he recommended an increase in the number of regional offices and close co-ordination with the work of national health authorities to ensure continuity of action and the full participation of all countries. Referring to sub-section 1 of the same annex, "General Principles", he wondered what exactly was meant by the word "normally" in paragraph (b): "Services provided to governments to assist them in developing their health services should not normally be operations carried out directly by the Organization." What was the position when an under-developed country did not have the necessary facilities to implement WHO action? He felt that the individual economic possibilities of countries should be taken into account in establishing health assistance programmes. His country, for instance, possessed a public-health school which had seven years' experience of university level teaching, and which, if further developed with WHO assistance, could be of great value in the training of personnel and in carrying out the fellowship programme.

The activities of the Pan American Sanitary Bureau were, unfortunately, greatly limited by lack of funds.

Summing up, Dr. Romero y Ortega said that Latin America needed effective aid in both the economic and the technical fields: harmonious direction of its various public-health programmes, an increased number of fellowships and a unified and extended programme of sanitary education. In addition, it was extremely important that the diverse regional characteristics and economic problems be studied and taken into account.

Dr. TOGBA (Liberia), referring to *Official Records* No. 32, annex 10, made the following comments:

Section 1, paragraph (d): It was impossible for an international organization to carry out an efficient public-health programme without research. He did not propose that research be undertaken at headquarters, but assistance in research should be given by WHO whenever requested. He suggested that the paragraph be amended to read: "WHO should not as a rule carry out direct medical or scientific research as such at headquarters, but should endeavour to stimulate and to co-ordinate work done in these fields whenever requested."

Section 1, paragraph (e) should be amended, in conformity with paragraph (a), to read: "Services shall be available to all countries, including trust and non-self-governing territories, without discrimination."

Section 4: He did not consider that WHO was ready for complete decentralization, since at least three of the regional areas were not fully organized. It would be advisable to maintain the present system of operation until all regional areas were fully organized.

Sub-section 5.1 he found acceptable apart from the last sentence. He did not believe that a health programme should be deemed impracticable because of economic factors within a country; WHO should give assistance wherever it was needed.

Sub-section 5.2: Greater stress should be laid by WHO on the control of environmental sanitation. He believed that an extensive programme in that field would result in the elimination of many diseases, such as tuberculosis and malaria, particularly in Africa. The success of such a programme on a global scale would demonstrate unquestionably the effectiveness of WHO.

Sub-section 5.3 should be amended to conform with section 1, paragraph (a), by deleting " Member States " and inserting " countries, including trust and non-self-governing territories."

Sub-section 5.4 : The following should be added to the end of the paragraph : " and trained nationals to replace the foreign personnel at the end of the programme period."

Sub-section 6.3.1 : It was necessary for health statistics to be complete, if they were to be of any value. WHO should impress on governments the necessity of including in their health statistics all indigenous persons living within their territories.

Finally, Dr. Togba said that although the question of the education of medical and technical personnel was on the agenda for the technical discussions, he would like to stress, in the Committee on Programme, the necessity for awarding fellowships for a lower academic level of training, such as pre-medical training, to persons from the under-developed countries.

(b) *Draft Resolution on Co-ordination and Promotion of Research in the Field of Health*

Dr. ŽARKOVIĆ (Yugoslavia) said that the general principles outlined in *Official Records* No. 32, annex 10, section 1, were acceptable to his delegation. With regard to the proposed plan of expenditure, more provision should be made for the supply of equipment to under-developed countries. Consideration should be given to the feasibility of making greater use of expert committees and consultants, thereby reducing the number of specialized personnel on the staff. Consideration should also be given by Member States to the possibility of creating funds in national currencies for the purchase of necessary supplies and for fellowships.

The co-ordination and stimulation of research in public health (sub-section 6.3.6) was of the greatest importance. Reference was made in *Official Records* No. 30, page 16, to the achievements of WHO in that field, but in spite of the results obtained, he did not believe that the methods followed so far were adequate. Public-health institutions throughout the world should be integrated into a WHO framework for the promotion of research. To that end, WHO should list all public-health institutions with facilities for research and then establish priority lists of items requiring research, for the guidance of scientists in those institutions. In addition, WHO

should provide assistance to under-developed countries to enable them to set up public-health institutions which would eventually be able to take part in the general research programme. He therefore proposed that the committee recommend to the Health Assembly a draft resolution along the following lines :

In order to promote better co-operation among scientific and professional groups that are contributing to the advancement of health, and in order to foster further research in the field of health,

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1. REQUESTS the Director-General to compile data on the important institutions throughout the world which are or could be engaged in research in the field of health, as well as data concerning the nature of the research activities being carried out in these institutions ;
2. REQUESTS the Executive Board and the Director-General to take the steps necessary to study the subject of research in the field of health, and to indicate the most urgent problems that require expanded research activities, with a view to promoting international co-operation and co-ordination of research activities on the problems of greatest importance to the peoples of the world ;
3. RECOMMENDS publication of the results obtained and of information regarding the results of research on the most urgent problems ; and
4. REQUESTS the Executive Board to consider the advisability of establishing a fixed proportion of each annual WHO budget to be devoted to the promotion and co-ordination of research in the field of health, and to the support of research institutions in under-developed countries.

(For discussion of this draft resolution, see tenth meeting, section 4.)

(c) *Draft Resolution on Principles and Methods of Health Policy*

Dr. ŽARKOVIĆ went on to say that in the view of the Yugoslav delegation the strengthening of national health-administrations (sub-section 6.1) should be one of the major objectives of the work of WHO during the coming year. From the Annual Report of the Director-General (*Official Records* No. 30,

page 18), it was clear that regional advisers and consultants had been sent to many countries for that purpose, but there was no indication of the type of advice they had given. In the general programme of work covering a specific period there was a similar lack of concrete plans for strengthening health administrations. The problem was most complex and should not be left to the Director-General and the advisory personnel. It was essential that it be discussed internationally, preferably first by an expert committee and subsequently by the Health Assembly. It would be helpful if Member States would submit critical statements on their own public-health systems and policies.

There were great differences in public-health policy among countries with well-organized health administrations, and these could not entirely be explained by differences in living conditions. The main objective of the public-health services of a country was to protect the lives and health of its population, but many countries did not maintain records on the causes of mortality, while other countries had no indications of the incidence and structure of morbidity. Very few countries possessed data on morbidity arising from preventable diseases, or, in other words, from unhygienic conditions. Moreover, in under-developed countries, although the lack of finance was one of the major problems, the activities of public-health workers were often not directed towards those measures which could be most effectively carried out with a minimum expenditure. It was still the custom to allot the larger part of public-health funds to curative institutions and only a small part to the prevention of disease, although there was general recognition that that policy was mistaken. It would be possible to reverse it only if sufficient arguments, based on the health statistics of populations, were readily available.

Many national health-administrations were not in a position to co-ordinate health activities in a unified public-health policy, since food control, housing, town planning and the health protection of school children, or other similar national activities, might not come within their sphere of influence. Health workers, too, often had to contend with difficulties which were due to a lack of co-ordination among administrative departments. There were considerable differences in the requirements of the sanitary legislation in various countries, arising from the fact that health protection had

progressed independently in all countries. For all these problems international discussion was the only means of finding a workable solution. He therefore proposed that the committee recommend to the Health Assembly a draft resolution along the following lines :

Considering that the strengthening of the health services of the Member Governments is essential for the improvement of the health of all peoples

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1. RESOLVES that the main subject of the technical discussion at the Fifth World Health Assembly shall be the problem of "The principles and methods of health policy" ;
2. CALLS UPON all Member States to elaborate for the Fifth World Health Assembly critical statements of their own public-health systems and policies, outlining not only their achievements and valuable experiences, but also the insufficiencies which should be avoided by other countries ;
3. REQUESTS the Executive Board and the Director-General to convoke, during the coming year, conferences and expert committees to study and make recommendations on methods of solving the various problems inherent in public-health policy.

If the Health Assembly should adopt a resolution on those lines, he would propose that the following items be considered : firstly, the methods of determining the causes of morbidity and mortality and the methods of utilizing this information ; secondly, the methods and means of health protection ; thirdly, epidemiological and similar measures for the control of certain diseases, including measures to be taken against non-infectious diseases ; fourthly, sanitary legislation in various countries ; fifthly, sanitary and hygienic standards in housing ; and sixthly, health education of populations. If WHO were able to advise countries on these problems on the basis of a co-ordinated policy, a considerable advance would have been made in strengthening national health-administrations.

(For discussion of this draft resolution, see seventh meeting, section 4.)

*The meeting rose at 11.50 a.m.*

## THIRD MEETING

*Monday, 14 May 1951, at 3 p.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

**1. Annual Report of the Director-General for 1950, General Programme of Work covering a Specific Period and Regular Programme for 1952 (continuation)**

Agenda, 5.2, 5.3 and 5.4

*(a) General Discussion*

Dr. MOTT (Canada) expressed his delegation's appreciation of the excellent work done during the past year by the Director-General, the Secretariat and the Executive Board. He felt, however, that it would help the work of the Health Assembly if basic documents relating to the agenda could in future be distributed to Members at an earlier date so that the departments of governments concerned could call their delegations together for consultation and co-ordination of policy before the delegates left their respective countries. That would enable the Committee on Programme to start its work without unnecessary delay.

In studying the general programme of work, three considerations were of particular importance—firstly, that the plan as a whole should be one that could actually be carried out with the resources likely to be obtainable by the Organization; secondly, that projects should conform with the criteria worked out with so much care; and thirdly, that there should be adherence to the priorities agreed to from time to time by the Health Assembly. He agreed that relative priorities within regions should be decided by the regional offices, but there should be continuous co-ordination and review of regional programmes by the central organization. A more specific reference to this effect might have been included in the general programme of work set forth in annex 10 of *Official Records* No. 32. The high priority to be accorded to selected health services, which had been recognized by a previous Health Assembly, had not lost its validity, and that might well be stated positively in the fifth paragraph of sub-section 6.1 of annex 10. Similarly, a positive statement with regard to the desirability of establishing health units should be included in the seventh paragraph of the same sub-section. His delegation

welcomed the emphasis which had been laid in sub-section 6.2 on training of medical and auxiliary personnel. It felt that in many areas the training of highly specialized health workers might be less urgent than the early provision of a large number of health workers who had received basic training in appropriate fields. His delegation supported the recommendation of the Executive Board to the effect that each proposal for the use of a short-term consultant should be judged on its own merits (*Official Records* No. 33, sub-section 43). It was desirable to employ such consultants in cases where their services were indispensable and where their use would effect a genuine saving for the Organization.

He mentioned in conclusion that public interest in the work of the World Health Organization was growing and that his delegation had been gratified by statements of a number of delegates reflecting the success already achieved by the Organization.

Dr. SAVONEN (Finland) said that the establishment of a four-year programme by the World Health Organization was much appreciated by his Government as it would make it easier for them to plan their work in the public-health field on a long-term basis.

His delegation strongly supported the proposed establishment of a series of standard forms for health assessment on an international, national and community basis (*Official Records* No. 32, annex 10, sub-section 6.3.5 in fine). He was convinced that competition among different provinces and communities would be of great value in promoting public-health work.

Dr. BURGER (Netherlands) drew attention to the very unequal distribution of doctors and auxiliary medical personnel among the various countries of the world. It would be many years before medical educational facilities in countries which lacked doctors and auxiliary medical personnel could make good the deficiency, and it would therefore be necessary to adopt short-term methods. His delegation suggested that the Director-General be asked:

firstly, to study the problem of the distribution of medical manpower, paying particular attention to the requirements of the various countries where there was a shortage, in the light of the opportunities open to doctors in the way of immigration and existing possibilities of training medical personnel for use outside the country where training took place; and secondly, to take action wherever necessary with a view to distributing medical care evenly over the world.

Mr. DOMINGUEZ DRAGO (Argentina) said that the Republic of Argentina followed the activities of the Organization with the greatest interest and fully appreciated the results it had achieved. His Government was most eager to co-operate to the utmost with the Organization and, as a token of that desire, proposed that Buenos Aires should become the Latin-American centre for training health experts, since Argentina had at its disposal a large number of public-health institutes known for their efficiency and advanced methods.

Professor ALIVISATOS (Greece) drew attention to the statement in the Preamble to the Constitution that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being. It followed that equal importance should be given to the health of individuals in all parts of the world. But governments had other urgent problems to consider and had not all been able to apply that principle in practice. The importance of the prevention of disease had not yet been realized in many quarters. Individuals were only grateful to those who actually cured them and remained indifferent to measures taken to prevent their contracting illnesses. In many countries money for prophylactic measures was not forthcoming until actual outbreaks of disease occurred. It was of the utmost importance to intensify health programmes and to aim at achieving a uniformly high standard in all countries.

It should be generally realized that the standard of health in any one country had repercussions on other countries. The standard of health should be raised as soon as possible in countries where conditions were worst, with a view to preventing repercussions on other Member States. Regional directors should, therefore, study in great detail the questions which particularly affected the countries in their regions and submit appropriate programmes to the Health Assembly, taking into account the priority of their various requirements. The present programme had been drawn up in accordance with the above principle and he would like to con-

gratulate those who were responsible for it. He would also like to suggest, in conclusion, that more fellowships be allocated to countries in which health programmes were at present being developed.

Dr. EL-HALAWANI (Egypt) expressed once more his delegation's satisfaction that the Annual Report of the Director-General had been presented on a regional basis, thus enabling the Health Assembly to see clearly the results of approved programmes. Similarly, the way the programme and budget estimates were presented enabled the Health Assembly to assess the present situation and compare the proposed programme with that for the previous year. The Committee on Programme was in a position to see whether the results already obtained justified the provision of further funds, and similarly it could be clearly seen whether new projects were justified.

The report contained evidence of the tangible results achieved by the Organization in assisting governments in the planning of internationally aided projects. That was a step in the right direction.

He accordingly wished to congratulate the Executive Board on its instructions in the matter, and hoped that the form and presentation of the Director-General's report and of the programme and budget estimates would be continued.

Professor CRAMAROSSA (Italy) said his delegation welcomed the decision mentioned in the introduction to the Director-General's report to abandon the concept of priorities in favour of a system better adapted to the needs of each country. He was of the opinion that the dispersion of funds and activities for demonstration purposes should be avoided. It was essential for WHO to concentrate on problems which, taking into account local resources, could be resolved by the country concerned after the cessation of assistance by WHO.

Italy particularly approved activities such as the seminar of sanitary engineers which had taken place the year before at The Hague. Similarly, his delegation approved the efforts of WHO towards a better application of the principles of sanitation, which was a permanent step forward in the realm of public health. All efforts towards cultural exchanges between countries should be encouraged and, to this end, the necessary equipment should be placed at the disposal of specialized schools.

Lastly, he hoped that WHO would continue to apply the policy stated in the report, and constantly seek to perfect the various forms of assistance in accordance with the real needs of the various countries.

Dr. KARABUDA (Turkey) thought it was time the resources of the Organization were increased in proportion to the magnitude of its responsibilities. He wished to know what action had been taken in connexion with the proposal for improving the financial position of the Organization made at the seventh session of the Executive Board (*Official Records* No. 33, page 5).

Turning to sub-sections 6.3.2 and 6.3.3 of annex 10 of *Official Records* No. 32, he said that certain regions were unable to receive the daily epidemiological radio bulletins from Geneva. Investigation should be made and the necessary measures taken to furnish such countries, if necessary, with the technical aid required.

His delegation agreed with the statement on addiction-producing drugs in sub-section 6.3.4 of the same annex, welcomed the co-operation with the United Nations and approved the work done in connexion with the unified convention.

Lastly, recalling the statement made by his delegation at the Third World Health Assembly (*Official Records* No. 28, page 236), he declared once more that the use of diacetylmorphine as a therapeutic agent should be suppressed.

Dr. DAENGSVANG (Thailand) agreed with the views expressed earlier by the Indian delegation. Thailand had the same difficulties as other under-developed countries of the South-East Asia region in implementing health and medical measures on behalf of its population. The proposed programmes, in particular the general programme of work covering a specific period (*Official Records* No. 32, annex 10), should meet the requirements of his country. The provision by the World Health Organization of DDT and other insecticides would be most welcome pending the manufacture of adequate local supplies. The provision of such supplies on a large scale would be of great assistance in the rapid expansion of his country's approved national health programme, in particular that part of the programme dealing with the control of malaria, the most important cause of death in Thailand, where each year there were three million cases (50,000 of them fatal) among the country's population of eighteen million.

Dr. TOUKHI (Iraq), stressing the need for greater assistance for under-developed countries, compared the number of fellowships granted by WHO to the South-East Asia region during 1947, 1948, 1949 and 1950 (*Official Records* No. 30, page 35) with the number granted to the European region. It was well known that the more developed countries had

greater possibilities than the under-developed regions, namely sufficient medical personnel, higher standards of living, less or no communicable diseases.

He supported the proposal of the Canadian delegation that documents be distributed to governments in advance of the Health Assembly.

Dr. BUSTAMANTE (El Salvador) pointed out that the principal objective of WHO, namely to help countries to develop their own resources, could be carried out only by means of regionalization. The countries of each region should pursue five main objectives: (1) to provide preventive and curative services; (2) to stimulate the training of indispensable technical personnel; (3) to give priority to important problems such as insect control, maternal and child welfare; (4) to implement only such programmes as would benefit all countries within the region; (5) to ensure co-operation between the various international organizations.

In his opinion the training of technical and auxiliary personnel was one of the most important of those objectives.

#### (b) *Draft Resolution on Health Statistics*

Mr. JOLL (United Kingdom) apologized for raising the subject of statistics for the third year in succession, but pointed to the increasing recognition of its importance. He mentioned, as a practical proof of such recognition by the United Kingdom, the facilities recently made available by the General Register Office in England to the Clearing Centre lately established by WHO for problems arising out of the International Statistical Classification of Diseases, Injuries and Causes of Death.

He explained that the draft resolution on health statistics submitted by his delegation was really a continuation of the proposal made, also by his delegation, at the Second World Health Assembly (*Official Records* No. 21, page 367). Certain resolutions had been subsequently passed on the subject, stressing the value of statistics in planning, controlling and evaluating action and investigations carried out or sponsored by WHO, whether in the field or in the laboratory. Those resolutions, however, did not stress sufficiently the value of statistics in helping to define the general and regional policies of the Organization, nor did they provide for sufficiently positive efforts towards gradually building up, in spite of all difficulties, an increasingly reliable body of statistics at headquarters from which all branches of the Organization and the regions would be not only able but encouraged to draw regular assistance.

It was perhaps due to the somewhat tentative and qualified resolutions<sup>3</sup> on the subject at the Second World Health Assembly that statements about the aims of health statistics had been less positive than they might have been. The resolution now proposed was intended to rectify the matter. No sudden expansion of the statistical part of the Central Technical Services was implied; his delegation suggested, however, that its development in future should be gradual and sure and that statistics should be viewed as live instruments of policy and as practical measurements of action and results. The fact that statistics were either non-existent or inadequate in certain parts of the world was no justification for postponing the positive task of making every practical effort to fill the gaps. The object was to produce, gradually and in course of time, a central body of objective and comparable data on health and disease and allied matters which could be relied upon.

Expressing appreciation of the support already given by the Indian delegation at the second meeting, he formally moved the adoption of the resolution submitted by his delegation, which read as follows :

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RESOLVES that, in future, general statements on the programme of the Organization should recognize, without prejudice to other objectives, that a main aim of the Organization should be :

- (1) to build up gradually at headquarters a body of sound statistical information and advice by which the policy of the Organization, including the regions, can be guided and its operations and their results measured, and
- (2) to encourage the various branches and regions of the Organization to make the fullest use of the statistical data and facilities so made available at headquarters.

Dr. TOGBA (Liberia) was of the opinion that the statistical data referred to in the draft resolution should include information from the trust and non-self-governing territories.

In his opinion, statistics should be impartial and include all peoples within the various countries. On that understanding he strongly supported the resolution.

Mr. JOLL confirmed that the resolution covered the whole world; that was implicit in the wording.

Replying to Dr. Togba, who was of the opinion that the resolution should be more explicit on the

matter, he proposed that the words "covering all parts of the world" be added after the word "advice" in sub-clause (1) of the resolution.

Dr. TOGBA agreed to the amended wording.

Dr. CLEERE (United States of America) likewise supported the United Kingdom draft resolution. He further suggested that the Executive Board should examine the possibility of convening an international conference early in 1953 to study technical problems in statistics. He recalled that the Expert Committee on Health Statistics at its first and second meetings had requested the calling of such a conference. He understood that national representatives and delegations to the meeting would be sent by their respective governments and that WHO would therefore have no financial burden in the matter.

*Decision* : The resolution, as amended, was adopted (for text, see first report, section 3).

#### (c) *General Discussion* (resumed)

The CHAIRMAN summarized the discussion, mentioning the following points which he considered should be brought to the notice of the Health Assembly :

- (1) The need for supplies for the programmes of under-developed countries. That was a matter which should receive very special attention. Future programmes should be planned with some flexibility so that urgent needs could be met. The World Health Organization might also be able to provide facilities for obtaining currency in cases where currency problems prevented under-developed countries from buying the supplies they needed.
- (2) In view of the Organization's policy of decentralization, emphasis should be laid on the autonomy of the regions in the matter of the planning and implementation of their own programmes. Such programmes would then have greater prospects of success.
- (3) It had been felt that priorities had been established at too early a stage. A policy of decentralization having been adopted, priorities should be laid down again in accordance with regional requirements.
- (4) The fact that health activities in the preventive field did not show immediate results had caused governments to lay insufficient emphasis on

<sup>3</sup> WHA2.39 and WHA2.40, *Off. Rec. World Hlth Org.* 21

preventive medicine. The allocations of governments for that work had, moreover, been too small. That aspect of the Organization's work should, therefore, be stressed and activities undertaken which were likely to yield results. He considered that the best way of demonstrating the importance of preventive medicine was to concentrate on improving environmental sanitation. Effective action in that field would reduce the incidence of diseases such as malaria, bilharzia and dysentery. Better housing would, for example, improve the position as regards tuberculosis. Environmental sanitation must play a fundamental part in any effort to attain a higher standard of health.

(5) No progress could be made without qualified personnel. The committee must therefore recommend that health institutions be given the strongest possible support. That was a matter of high priority. The useful purpose served by health units both for raising the standard of health in the areas where they were established and for training public-health personnel was well known.

He personally felt that an increase in the facilities for training doctors was of even greater importance, for as long as there was a shortage of doctors no number of auxiliary personnel could fill the gap. The Committee on Programme should clearly state its opinion that WHO must support the establishment of both undergraduate and postgraduate training centres, so as to increase the total number of doctors available to the world.

Dr. STAMPAR, representative of the Executive Board, said that the Board had had the task of elaborating proposals on the basis of decisions made at the Third World Health Assembly. The discussions of the Committee on Programme had been most interesting, constructive and profitable. He thanked all delegates on behalf of members of the Board for the support they had given to its proposals. Now that the latter had been endorsed, the Board's future work would be much facilitated.

Dr. TOGBA considered that certain changes should be made in the wording of the Executive Board's proposals before they could be looked upon as entirely acceptable. It was not sufficient to say, for example, that services should be available to all Member States without discrimination (*Official*

*Records* No. 32, annex 10, section 1, paragraph (e)) ; they should be available to all countries, including self-governing and non-self-governing territories. It would then be clear that the Organization was interested in the world and not merely in its Member States. With regard to the policy of decentralization recommended by the Executive Board, it should be remembered that only three out of the six regions were functioning normally. What were the proposals for the areas for which a regional organization had not yet been established or was not in operation ?

The CHAIRMAN explained, with regard to the second point, that until the regional organizations in question came into existence, the areas referred to would be served by the headquarters of the Organization, where a nucleus of the Regional Office for Africa was already in existence.

Dr. FORREST, Secretary, said that the Organization had defined the geographical limits of the regions (*Official Records* No. 13, page 330). It was for the governments of countries situated in a region to decide on the form which the regional organization would take.

With regard to *Official Records* No. 32, annex 10, section 1, paragraph (e), the services provided by the regular budget were available to Member States in accordance with a long standing decision. Services under the technical assistance programme would, however, be available to all countries without exception.

Dr. TOGBA thought that the explanation given by the Secretary should be included in the text of the programme so as to make the position clear to all concerned.

Dr. BRADY (United States of America) said that, although services had been given in the past to all countries, there should be no obligation on the Organization to provide them to countries which were not Member States and took little interest in the Organization's work.

*Decision:* Two draft resolutions, on the Annual Report of the Director-General and the general programme of work for a specific period, were adopted unanimously (for texts see first report, sections 1 and 2).

*The meeting rose at 4.30 p.m.*

## FOURTH MEETING

Tuesday, 15 May 1951, at 10 a.m.

Chairman: Dr. M. JAFAR (Pakistan)

**1. Permanent Secretariat for the International Pharmacopoeia : Assumption of Functions by WHO in Application of Article 72 of the Constitution**

Agenda, 5.7

Dr. TIMMERMAN, Director, Division of Therapeutic Substances, recalled the agreement signed by various countries in Brussels in 1929 regarding the unification of pharmacopoeial formulae for potent drugs. Under Article 35 of that Agreement, provision was made for the creation of a permanent secretariat, but, pending its creation, its functions had been entrusted to the Belgian Pharmacopoeia Commission. Since Article 72 of the Constitution of WHO permitted the taking over of any agency whose purpose and activities lay within the field of competence of the Organization, the Secretariat had entered into negotiations with the Belgian Government regarding the assumption by WHO of the functions of the permanent International Pharmacopoeia Secretariat. Owing to the co-operation of the Belgian Government, the negotiations had been successfully concluded and WHO had assumed those functions as from January 1951. There would not be any consequent increase in the work of the Secretariat and no additional staff would be required.

*Decision:* The committee agreed to refer consideration of a draft resolution on this subject to the Legal Sub-Committee.

**2. Adoption of amended Regulations for Expert Advisory Panels and Committees**

Agenda, 5.14

*Decision:* The committee agreed to refer consideration of a draft resolution on this subject to the Legal Sub-Committee.

**3. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East**

Agenda, 5.22

*Decision:* The committee agreed to refer consideration of a draft resolution on this subject to the Legal Sub-Committee.

**4. Regular Programme for 1952 (continuation)**

Agenda, 5.4

The CHAIRMAN expressed his agreement with the stress laid by the Director-General, in his introduction to *Official Records* No. 31, on the functions and duties of WHO. He was pleased to note that the document included all the details which had been requested by the Third World Health Assembly, and grateful to the Director-General for providing that information. The programme was based on the principles established for the programme of work for the specific period 1952 to 1955. In general, the programme had been determined in response to requests received by the regional offices and at headquarters. The procedure for consideration of the programme was set out in resolution EB7.R28 (*Official Records* No. 32, page 10), while the comments of the Executive Board were given in *Official Records* No. 33, pages 5 to 8.

Dr. WILLIAMS (Ceylon) observed that the programme was based on recommendations made by regional offices and that the financial provision of \$8,703,251 was only a 20 per cent. increase over the \$7,300,000 budget for the preceding year. At the present early stage of the life of the Organization, he considered that the budget should increase each year until it reached a point where it could be stabilized. Any attempt to restrict the activities of WHO to their present level or to curtail them would be most discouraging to those interested in promoting the health of mankind. It was of paramount importance that WHO should justify its existence by effective action. Certain programmes of WHO were beginning to show results; it would be regrettable if their completion were hampered by lack of funds. Furthermore, many projects had already been instituted in conjunction with other international agencies, particularly with UNICEF, and other possible joint-action plans were being investigated; the failure of WHO, through lack of funds, to take its share in those plans might well mean that they could not mature. A growing organization must have sufficient finances for expansion, or grave injustice would be done to the countries that looked to it for assistance.

The First World Health Assembly had resolved that the regional offices should develop progressively the scope of their activities and the extent of their responsibility. Tribute had been paid by many countries to the success, in practice, of that principle. If decentralization was to progress, particular consideration must be given to the budgetary proposals of the regional offices. Ceylon had always worked in complete harmony with its regional directorate and it fully supported the programme proposed by the South-East Asia Region. It was essential that that programme should not be restricted, both because of the danger of epidemics which started in that area and subsequently swept the world, and because of the extreme need in the area for the assistance of WHO in the control of disease and the development of adequate health services. He therefore appealed to the committee to give unanimous approval to the programme proposed by the Director-General.

Dr. TOGBA (Liberia) expressed approval of the programme proposed by the Director-General. He asked what would be the effect on the programme of the adoption of the budget proposed by the Executive Board instead of that proposed by the Director-General.

Dr. FORREST, Secretary, said that from the footnote to sub-section 19 of *Official Records* No. 33 it would be seen that the assessment on Member States proposed by the Director-General would amount to \$7,901,871, and from sub-section 24 that the Executive Board proposed an assessment of \$7,200,000. Approval of the latter budget by the Health Assembly would entail a 10 per cent. reduction in the field programme of WHO.

Dr. STAMPAR, representative of the Executive Board, said that the Board was not empowered to change the budget proposed by the Director-General, only to comment upon it. The comments of the Board were recorded in *Official Records* No. 33, pages 6, 7, 8 and 9. The Executive Board believed that the field services of WHO would be to a large extent supported by technical assistance funds and that these funds should therefore be taken into consideration when preparing the assessment budget. Since they amounted to approximately \$4,000,000, the total budget for WHO operations, if the assessment budget proposed by the Board were accepted, would be approximately \$11,000,000. The Executive Board had proposed the reduced assessment budget because many Member States had pressed for a

reduction in their assessments. In addition, the Board had considered that a substantial sum would be saved if specialists and experts could be found in the regions to advise on WHO programmes, instead of being sent from headquarters.

The CHAIRMAN pointed out that technical assistance funds could be used only for certain purposes, mainly the solution in under-developed countries of health problems related to economic development.

Dr. MA'MOEN (Indonesia) said that a means must be found of distributing doctors more evenly throughout the world. Consideration should also be given to the problem of malaria, which was one of the most widespread diseases in the world and which was injurious both to the health of populations and to the economic development of many countries. The most effective means of combating the disease was by the use of DDT, but many countries were not economically in a position to buy enough. WHO should consider whether it might not be possible to assist such countries in obtaining supplies.

Dr. RAJA (India) said that, in the view of his delegation, since the proposed programme of the Director-General was based on the requests of regional areas, and since it was very necessary that the pace of programmes in under-developed countries be increased, the programme proposed in *Official Records* No. 31 should be approved. He had therefore submitted a draft resolution for submission by the committee to its joint meeting with the Committee on Administration, Finance and Legal Matters. The resolution, which had been circulated, read :

The Fourth World Health Assembly,

Taking into consideration the fact that the proposals embodied in the budget estimates for 1952 (*Official Records* No. 31) have been consolidated from the recommendations put forward by the different regional committees in the light of the requirements of individual Member States, and that a reasonable advance towards the progressive fulfilment of the functions imposed on the Organization under its Constitution requires the acceptance of these proposals without curtailment,

CONSIDERS that the proposals contained in *Official Records* No. 31 should be implemented in full by whatever methods of assessment the World Health Assembly may consider necessary to attain this objective.

Dr. DOWLING (Australia) said that it was essential to be realistic; the only funds available for expenditure by WHO were those supplied by governments, and the drain on government resources by the increasing budgets of international organizations was reaching alarming proportions, so much so, indeed, that on 1 December 1950 a resolution (No. 411 (V)) had been adopted by the United Nations, requesting specialized agencies to stabilize their budgets as soon as practicable. Certain measures had been suggested whereby the expenditure of WHO could be decreased. Until those measures had been further examined, his delegation would not be prepared to support the proposed draft resolution.

Professor FERREIRA (Brazil) said that it was the function of the Committee on Programme to determine the programme and policy for the following year, while it was for the Committee on Administration, Finance and Legal Matters to establish a budget which would permit that programme to be carried out. He hoped that eventually it might be possible to stabilize programmes and policies as well as budgets. It was strange to consider that in his country, which was classed as under-developed, the budget for malaria control was considerably larger than the WHO operational budget. It would obviously be easy for him to recommend his Government to press for a reduced assessment, but he believed that the proposed programme of the Director-General was good and he would recommend that his Government accept whatever assessment the budget for that programme would entail.

The CHAIRMAN asked the Secretary whether any assurance could be given that if funds were voted in excess of the established scale of contributions they would actually be provided. Were decisions of the Health Assembly binding on Member States, or could governments refuse to accept a higher assessment than in previous years?

The SECRETARY pointed out that, in order to provide the total budget figure of \$7,901,871 proposed by the Director-General, it would be necessary, as indicated in sub-section 22 of *Official Records* No. 33, to increase the assessments of active Members by \$1,947,852.

The DIRECTOR-GENERAL added that towards the end of the Health Assembly delegates would vote a final appropriation resolution and table of assessment. Since delegates to the Health Assembly represented their governments, their decisions at that time would commit the latter.

Dr. HYDE (United States of America) felt that the Committee on Programme was digressing too far into budgetary matters. Its real task was to study and appraise the proposed programme and to report thereon to the joint meeting of the Committees on Programme and on Administration, Finance and Legal matters. He approved the soundness of the Director-General's proposed programme, but pointed out that the resolution proposed by the Indian delegation stated that that programme had been "consolidated from the recommendations put forward by the different regional committees in the light of the requirements of individual Member States . . ." Many areas still had no regional committee, and in others, the Americas for example, the proposed programme had merely been noted, since it had been placed before the committees too late for detailed study.

At the present time the activities of WHO were expanding rapidly. According to *Official Records* No. 33, page 9, the total increase in personnel in 1951 and 1952 was estimated at 670, of which 229 were professional medical staff. The primary aim of Member States and the Director-General was to ensure for WHO a first-class programme implemented by first-class personnel. The nature of the programme proposed required personnel of the highest technical ability, and the Organization might be faced with a difficult recruitment problem resulting from the reluctance of governments to release their best experts from national duties. Even his own country would experience difficulty in that respect, and he was sure that smaller nations would be even more reluctant to part with their national experts. There was no point in Member States' providing for an expanded programme with increased funds if the standards of the Organization's services were to be lowered through failure to obtain adequately qualified personnel. A statement from the Secretariat on the success of its present recruitment campaign would be of value before further consideration of the extent of the programme.

The CHAIRMAN said that it was impossible entirely to divorce consideration of the budget from that of the programme, but he fully endorsed Dr. Hyde's remarks on staffing. If an increased budget was one prerequisite for an expanded programme, the availability of suitably qualified personnel was another, of equal importance.

Dr. GONZÁLEZ (Venezuela) could not support, at the present stage, the resolution proposed by the Indian delegation, since it implied acceptance of the Director-General's budget proposals requiring a

higher scale of contributions for 1952. His Government was already concerned at the constantly increasing cost of the various international organizations and feared that further increases might leave it unable to fulfil its obligations.

He agreed that the programme and budget should not be discussed as entirely separate matters and therefore suggested that the committee await the report of the joint meeting of the Committees on Programme and on Administration, Finance and Legal Matters before voting on the present resolution.

Since the policy of decentralization was proving both efficient and popular, regional committees should establish their own budgetary policy for the implementation of their own area programmes.

He supported the remarks of the United States delegate on the recruitment of first-class technical personnel. A statement from the Secretariat on that subject would be of value.

Dr. PADUA (Philippines) supported the resolution proposed by the delegation of India. The Director-General should be given the funds he requested for full implementation of his programme. The work of WHO was worldwide and of primary importance, especially in under-developed areas, and the Health Assembly had to choose between reducing its programme and increasing its budget. WHO could not, at the stage it had reached, afford to move backwards. Curtailment of the Director-General's proposed programme was most undesirable.

Dr. RAJA said that Dr. Hyde's remarks on personnel had an important bearing on the resolution proposed by his own delegation, but thought that the Director-General would have given the matter careful study in drawing up his programme. He also would welcome a statement from the Secretariat.

Dr. MACKENZIE (United Kingdom) said that his Government was also concerned as to the availability of suitable experts to implement WHO's technical programmes. His delegation had already raised the matter in plenary session. Many governments would be unable to release qualified personnel since they already had difficulty in staffing high-level domestic projects. It would do the Organization more harm than good to employ second- or third-rate personnel, especially on field work, and that point should be stressed in an amended resolution.

The total budget and the scale of contributions could only be decided by the individual Member Governments, bearing in mind their national respon-

sibilities and other international commitments. The specific task of the Committee on Programme was to study the value of the projects contained in the Director-General's proposed programme, together with such allied problems as the availability of personnel, and to report thereon to the joint meeting of the Committees on Programme and on Administration, Finance and Legal matters.

Dr. MELLBYE (Norway) agreed with the remarks of the United States delegate on personnel. He was not sure that the resolution proposed by the delegate of India was in order, since it implied acceptance of the Director-General's total budget figure, and that was outside the competence of the Committee on Programme. He therefore proposed that the resolution be amended to read as follows :

The Fourth World Health Assembly,

Taking into consideration the fact that the principles of programme embodied in the budget estimates for 1952 (*Official Records* No. 31) have been consolidated from the recommendations put forward by the different regional committees, regional offices and individual Member States, and that a reasonable advance towards the progressive fulfilment of the functions imposed on the Organization under its Constitution requires the acceptance of these principles without curtailment,

CONSIDERS that the principles contained in *Official Records* No. 31 should be implemented in full by whatever methods of assessment the World Health Assembly may consider necessary to attain this objective.

Dr. CANDAU, Director, Division of Organization of Public Health Services, said that the Organization had met no difficulties to date in its recruitment programme. In the past few months 45 experts had been selected and recruited. No problem existed for normal project recruitment, but he emphasized that Member States must be prepared to co-operate by releasing their most highly qualified experts for certain specialized tasks.

The CHAIRMAN suggested that delegates comment, at the following meeting of the committee, on their own governments' experiences in the matter of releasing highly qualified personnel for international service.

*The meeting rose at 12 noon.*

## FIFTH MEETING

*Tuesday, 15 May 1951, at 5 p.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

**1. Regular Programme for 1952 (continuation)**

## Agenda, 5.4

The DIRECTOR-GENERAL explained that there was difficulty in recruiting high-grade personnel for the work of the Organization in certain spheres and areas as the salaries paid by the Organization were not in all cases high enough. Sanitary engineers, for example, were normally capable of earning considerably more in other employment. It was not really necessary, however, for all the personnel employed to be of a high internationally recognized standard of training. A large proportion of them would have to work in the field with the teams of the countries to which they were sent. For this type of work relatively young men with field experience were to be preferred. The main difficulty was not to find sufficient trained personnel, but to find the money with which to pay them. He mentioned, in this connexion, that the salaries of the WHO experts who were carrying out field work on behalf of UNICEF were at present being paid by that organization. Such personnel would in the future be transferred to the World Health Organization's payroll and would be available for work on projects included in the programme. Hence the problem of recruitment was somewhat less than might appear from the proposed programme.

There had been some misconception with regard to the use of technical assistance funds, which were not provided solely for the expansion of the programmes of the World Health Organization. There were many fields in which they could not be used, particularly those in which other governmental and non-governmental organizations were asking for co-operation and co-ordination by WHO.

It could not be said with absolute certainty that all the personnel provided for in the proposed budget for 1952 could actually be enlisted, but so far there had been no indication that there would be great trouble in finding them. The delay in starting technical assistance programmes had been due to the time required for negotiations with govern-

ments before the necessary agreements could be signed. A considerable number of technical assistance projects would, however, shortly come to fruition and the Organization should then be able to proceed much more quickly with its technical assistance programme. He emphasized the fact that the expansion of the regular programme of the World Health Organization was almost entirely independent of the technical assistance funds.

Dr. DAENGSVANG (Thailand) agreed with the resolution put forward by the delegation of India at the last meeting in support of the Director-General's proposals. He assumed that those proposals must be based on the minimum requirements of the regions, so that any cut in the programme for 1952 would have serious repercussions in many countries, particularly those in under-developed areas. He reminded the committee that the Director-General and the Secretariat had repeatedly emphasized the need for a highly-trained technical staff. As the Director-General considered that the necessary personnel for the 1952 programme could be found, the Health Assembly need have no fear that there would be a shortage. His delegation wholeheartedly supported the programme for 1952 which had been submitted to them.

Dr. HYDE (United States of America) wished to make it perfectly clear that his Government was not refusing to make trained personnel available. On the contrary, the United States was actively co-operating in the recruitment of personnel for the World Health Organization. But the Organization was in fact competing in the personnel market of his country, and the salary scales paid by the Organization were not as attractive to United States citizens as to the nationals of other countries where salaries were normally lower. The problem was one of supply and demand and he was very much concerned as to whether a sufficient number of personnel of the required standard of training would be available for future projects. His delegation

wished to submit the following resolution on the 1952 programme :

The Committee on Programme,

Having made a broad appraisal of the proposed programme submitted by the Director-General for 1952 (*Official Records* No. 31) ;

Taking into account the comments of the Executive Board thereon ;

Noting that certain of the regional committees participated in its development ;

Noting that there exists a world shortage of highly qualified public-health personnel ;

Noting that the technical assistance programme will place additional demands on resources and available personnel ;

Noting the difficulty encountered on the part of some governments in implementation and support of international aid programmes carried on within their boundaries ;

1. RECOGNIZES that the proposed programme is basically sound as a public-health programme ;
2. BELIEVES that, at the proposed level, the programme exceeds the limitation set by availability of fully qualified personnel ;
3. COMMENDS the Director-General and the regional committees on the excellence of the proposed programme ;
4. THANKS the Executive Board for its careful study and analysis of the proposed programme and its comments thereon ; and
5. REFERS this resolution to the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, so that it may give due consideration to the above aspects when making its recommendations on the total amount of the budget.

Dr. HOLM (Denmark) said that the Danish Government had always been ready to facilitate the release of personnel from government positions so that they could undertake work in the international field. He was convinced that there would be no change in that attitude. But it was not certain that qualified personnel in Denmark would wish to join the Organization. Their decision would depend on the conditions of work offered, the salaries paid etc., and there was a risk that the standard of personnel recruited might be lowered, with a consequent fall in the prestige of the Organization, if the numbers enlisted

were too great. The number of new programmes undertaken should be reduced if that was the only way to avoid lowering the standard of training required of the Organization's personnel. His delegation supported the United States resolution.

Professor FERREIRA (Brazil) was not convinced that trained personnel could be made available in sufficient numbers to carry out the new programmes proposed without either depleting national health-administrations or lowering the standard of the personnel recruited. On the other hand, the programme proposed by the Director-General would eventually lead to an increase in the number of trained personnel available. He drew attention to the great value of even a very small number of very highly qualified technicians, who could normally bring about a marked change in the local attitude towards public health. Such men had the prestige that was needed in order to secure funds and influence governments, a prestige which locally trained personnel often lacked. The Committee on Programme should leave financial details to the Committee on Administration, Finance and Legal Matters and concentrate on its own task of deciding whether the proposed programme was in principle too ambitious, normally ambitious or unambitious. Delegates should consider world needs and not be afraid of the reactions of their own governments. He personally felt that they should support the policy laid down by the Director-General of recruiting the greatest possible number of highly qualified personnel.

Dr. MELLBYE (Norway) said that the Norwegian delegation had proposed an amendment to the Indian proposal not because they disagreed with the Indian delegation's views but because they had deemed it more appropriate for the committee to say the same thing in a slightly different way. His delegation had, however, found the Director-General's remarks most convincing and would therefore like to withdraw their proposal in favour of that of the Indian delegation.

Dr. BRAVO (Chile) said that many of Chile's best sanitary engineers, trained in the excellent public-health school of his country, were already serving in international organizations, which could offer higher salaries than they would receive in their home country. As a result, the Government of Chile had to call in foreign technical assistance in starting its own health programme. The problem affected other countries as well as his own, and he

hoped that WHO, in planning future programmes, would take into consideration the availability of qualified technical personnel. His delegation strongly supported the United States proposal.

The CHAIRMAN observed that, although both the resolutions before the committee supported the programme for 1952, their final recommendations were not the same. That put forward by the delegation of India recommended that the proposals contained in *Official Records* No. 31 be implemented in full, the necessary funds being obtained by any method of assessment which the World Health Assembly might consider necessary. The resolution of the United States delegation, which he had admitted for discussion under Rule 42 of the Rules of Procedure of the Health Assembly, emphasized that the most important element in the implementation of the programme, namely the availability of suitable personnel, was not a certain factor. The Director-General had stated that so far there had been no difficulty in recruiting personnel. On the other hand, the delegates of the United Kingdom and the United States of America had both thrown doubt on the matter so far as their countries were concerned. The committee should consider the question very seriously and try to reach a conclusion before its joint discussion with the Committee on Administration, Finance and Legal Matters. He invited members of the committee to express their views on the two proposals.

Sir Arcot MUDALIAR (India) felt that it was impossible to state categorically whether or not the necessary personnel could be obtained to implement in full the programme of the Director-General. Various opinions had been expressed on the matter. There had, on the other hand, been no difference of opinion as to the necessity and desirability of implementing the programme as outlined. Sub-section 29 of the Executive Board's report on the programme and budget estimates for 1952 (*Official Records* No. 33) showed that the question of the availability of trained personnel had been the subject of careful enquiry by the Executive Board, some members of which had been concerned about the possibility of recruiting enough qualified candidates to fill the additional posts proposed. He drew attention to the tables on page 9 of *Official Records*

No. 33 and pages 146 and 147 of *Official Records* No. 31. The fact that a total of some two hundred additional staff was needed might well cause apprehension, but when the staff employed on advisory services was analysed it would be seen that the increases as compared with 1951 were in fact very reasonable. The Director-General had rightly said that what was required by field services was a large number of well-trained personnel and not a large number of highly specialized experts. In that connexion, attention should be directed to the local recruitment of well trained personnel for work such as malaria control.

A stage had been reached where the Organization must achieve concrete results which would justify it in the eyes of the populations of the world. While they were fighting for a few thousand dollars, the world was looking to the Organization for something tangible. They must demonstrate the value of the high ideals for which they stood at a time when the nations were faced with conflicting ideologies. There was no need to be pessimistic. He was convinced that when the World Health Organization made its requirements known, the response on the part of Governments would be better than was anticipated.

Dr. HYDE explained that the United States draft resolution merely pointed out certain aspects of the problem which should be considered. Its effect would be to leave the door open for further discussion. He understood that the Committee on Administration, Finance and Legal Matters had recently adopted a resolution on the same lines.

Professor FERREIRA drew attention to a further point in regard to the availability of technical personnel. Even if qualified personnel did not remain in their own countries, they were nevertheless fulfilling the high function of co-operation. Those who joined the World Health Organization temporarily might eventually return to their own countries, where their experience would be of even greater value than before.

*Decision:* The resolution proposed by the United States delegation was adopted by 21 votes to 14, with 3 abstentions. (See first joint meeting, section 3.)

*The meeting rose at 6.15 p.m.*

## SIXTH MEETING

Friday, 18 May 1951, at 10 a.m.

Chairman: Dr. M. JAFAR (Pakistan)

## 1. Publications

Agenda, 5.8

Dr. HOWARD-JONES, Director, Division of Editorial and Reference Services, referred to resolution WHA3.63 of the Third World Health Assembly (on publications), to the Director-General's report to the Executive Board on measures taken in application of the resolution (*Official Records* No. 32, page 47) and to the Executive Board's observations on that report (*Official Records* No. 32, resolution EB7.R16). In addition, an account of the work accomplished in the field of publications and in the Editorial and Reference Services generally was contained on pages 54-59 of the Annual Report of the Director-General (*Official Records* No. 30). A general statement of the objectives of the publications programme would be found in *Official Records* No. 31, pages 59 and 60, whilst details as to the budgetary provision and staffing pattern of the service appeared on pages 140-145 of the same document. Dr. Howard-Jones also pointed out, as a matter of some importance, that the Executive Board had chosen publications as one of the subjects for detailed study by its Standing Committee on Administration and Finance (*Official Records* No. 33, sub-section 162).

Dr. AUJALEU (France) commended the general excellency of WHO publications but had some suggestions to make, in particular with respect to the *International Digest of Health Legislation*. He felt that it was extremely difficult for an international organization to appreciate the relative importance of texts emanating from different countries, and he therefore suggested that such publications be produced by the Secretariat in close collaboration with the public-health authorities of the Member States concerned. It might also be of value to publish a summary of the conditions which had motivated the drafting of new health legislation by the various Member States.

Dr. HOWARD-JONES said that the Secretariat would note the suggestions of the French delegation,

but referred to the difficulty at present experienced in obtaining the texts of new sanitary legislation from some countries.

Dr. CLUVER (Union of South Africa) expressed his delegation's great satisfaction with the very high standard of WHO publications of all types, in regard both to content and to presentation.

*Decision:* A draft resolution on publications, presented by the Chairman, was adopted un-animously (for text see first report, section 4).

## 2. Dental Hygiene

Agenda, 5.10

Dr. SAVONEN (Finland) drew attention to the importance of the prophylactic aspects of dental hygiene. He felt that WHO should make a special study of the matter, including the effect of sweets, chocolate etc. on the oral cavity. He even favoured the establishment of an expert committee.

Dr. ROWLETT (International Dental Federation) congratulated the Director-General on the degree of co-operation with interested non-governmental organizations now maintained by the Secretariat. He appreciated the simplification of procedure in WHO's relations with non-governmental organizations, and spoke of the pleasure with which he had received a recent letter from the Director-General inviting interested, affiliated non-governmental organizations to participate as observers at WHO headquarters and regional conferences.

Dr. MURAZ (France) deplored the ancient customs of certain African tribes, which entailed mutilation of the oral cavity to the detriment of their dental health. He felt that WHO should investigate such practices with a view to their abolition, and suggested the organization of groups of dental surgeons to tour the areas concerned and provide the natives with proper dental care and treatment.

Dr. MELLBYE (Norway) and Dr. FABINI (Uruguay) supported the Finnish delegate's suggestion of an expert committee on the prophylactic aspects of dental hygiene.

Dr. BRISKAS (Greece) stressed the primary importance of dental hygiene, in particular where children were concerned, since many diseases and disorders were due to dental caries. He would propose the inclusion in the report of a recommendation that dental students be required to take a course of from six months to one year on pediatrics.

Dr. ROWLETT felt that a definition of the modern concept of dentistry was essential to the discussions of the committee. That branch of medicine was now known as odonto-stomatology, and was the health service specifically concerned with the maintenance, restoration and improvement of the health, function and appearance of the oral cavity and its associated parts. That included the recognition of the oral signs of systemic diseases, the prevention and treatment of oral diseases, injuries, malformations and deficiencies, the repair of teeth when damaged by accident or disease and their replacement when lost. The field of dentistry was thus comparable but not analogous to such fields as ophthalmology, laryngology, otology and dermatology. It was therefore reasonable that modern dentistry should be termed odonto-stomatology.

Dr. Rowlett then referred to the unfortunate lack of qualified dental personnel, which necessitated the use of less qualified ancillary staff for minor surgical work. In New Zealand such ancillary staff were known as "dental nurses", but his Federation felt that that title was insufficient and recommended the use of the term "dental therapist".

Dr. BRADY (Union States of America) said that the Finnish delegate's proposal for an expert committee on the prophylactic aspects of dental hygiene was premature, since the Health Assembly was only now considering the report on the findings of the consultant appointed under resolution WHA3.33 of the Third World Health Assembly to study dental-health problems in relation to the overall programme of WHO and to develop a dental-health programme.<sup>4</sup> He therefore proposed the following draft resolution :

The Fourth World Health Assembly,

Having noted the report of the Director-General on dental hygiene, made in accordance with the request of the Third World Health Assembly (resolution WHA3.33) ;

Considering that a dental health programme is within the terms of the general programme of work for a specific period,

REQUESTS the Executive Board and the Director-General

- (1) to include such a programme in plans for the future work of the Organization ;
- (2) to start as soon as possible such dental-health activities in connexion with demonstration services as may be feasible ; and
- (3) to encourage the training of dental-health personnel through WHO fellowships.

Dr. RAJA (India) and Dr. SAVONEN spoke in favour of this draft resolution, but the latter requested the addition of a phrase stressing his previous remarks regarding the prophylactic aspect of dental hygiene, and the effect of sweets, chocolate etc. on the oral cavity.

Dr. MACKENZIE (United Kingdom) supported the draft resolution but felt that reference should be made to the financial feasibility of undertaking additional projects within the WHO programme. In formulating new projects it should always be noted that their implementation was entirely subject to budgetary limitations.

Dr. O'FLANAGAN (Ireland) agreed with this suggestion, since it was important to approach new proposals realistically, no matter how desirable they might appear.

After further discussion it was agreed to amend sub-clauses (1) and (2) of the draft resolution to read as follows :

- (1) to include such a programme in plans for the future work of the Organization, taking into account the discussions in the Committee on Programme ;
- (2) to start as soon as possible such dental health activities in connexion with demonstration services as may be financially feasible ; and ...

*Decision:* The resolution, as amended, was adopted unanimously. (See first report, section 5.)

<sup>4</sup> See annex 1

### 3. Co-ordination of Local Programmes with Programmes carried out by WHO

Agenda, 5.12

Dr. AUJALEU wondered what exactly was the difficulty which the proposal by the Government of Guatemala<sup>5</sup> was designed to meet. Presumably WHO would not undertake any work in a country unless requested to do so by the government concerned, and it was therefore difficult to see how any duplication of services could arise.

Dr. BRADY thought that the committee might wish to discuss the matter later when the paper submitted by his own delegation on the co-ordination of technical assistance programmes came up for consideration.<sup>6</sup> The delegate of Guatemala was in any case not present.

*It was agreed to defer consideration of item 5.12.*

### 4. Fiftieth Anniversary of the Founding of the Pan American Sanitary Bureau: Representation of WHO

Agenda, 5.13

The CHAIRMAN drew the attention of the committee to the last paragraph of EB7.R21, *Official Records* No. 32, page 7.

Dr. HURTADO (Cuba) expressed the gratitude of his delegation to the Executive Board for recognizing the importance of the celebration of the fiftieth

<sup>5</sup> The Ministry of Public Health and Social Welfare for Guatemala, in a communication to the Director-General, had remarked that some of the programmes implemented in the past by WHO in Guatemala had been parallel to programmes already in operation in the country. To avoid such duplication in the future, it recommended that the existing services of Member countries be included in all WHO programmes carried out in them.

<sup>6</sup> See tenth meeting, section 5 (b).

anniversary of the founding of the Pan American Sanitary Bureau. He suggested that the Board's proposal be adopted and that the Director-General himself be chosen as the representative of WHO at the ceremony.

Dr. BUSTAMANTE (El Salvador) and Dr. BRISKAS agreed that the proposal should be adopted, the latter pointing out that the sending of a representative would enable WHO to establish useful contacts with other technical bodies.

The CHAIRMAN suggested that the proposal be adopted and that it be left to the Executive Board to designate a representative.

*Decision:* The Chairman's suggestion was adopted. (See first report, section 6, and ninth meeting, section 4.)

### 5. Adjournment to permit Study of Documents

Dr. DOWLING (Australia) said that he would later wish to make some comments on items 5.15 and 5.17 of the agenda, but was not at the moment prepared to do so.

After some further discussion, he proposed formally that since items 5.15, 5.16, 5.17 and 5.18 were all interrelated their consideration be deferred until the following meeting and the committee proceed to the next item.

The CHAIRMAN suggested that as the committee had apparently not had sufficient opportunity to study the relevant documentation to any of the remaining items the meeting be adjourned.

*It was so agreed.*

*The meeting rose at 11.25 a.m.*

## SEVENTH MEETING

*Monday, 21 May 1951, at 10 a.m.*

*Chairman:* Dr. M. JAFAR (Pakistan)

### 1. Tuberculosis Research Office, Copenhagen

Agenda, 5.9

The CHAIRMAN drew attention to resolution EB7.R85 of the Executive Board (*Official Records* No. 32), and said that the subject had also been

raised in the meeting of the Joint Working Party of the Committees on Programme and on Administration, Finance and Legal Matters.

Dr. ANDERSEN (Denmark) stressed the significance attached in Denmark to the work of the Tuberculosis

Research Office and the value attached to scientific research in the control of tuberculosis both on a national and on an international scale. His Government's interest in international research was demonstrated by the fact that almost half a million dollars had been contributed to work in that field: \$70,000 had already been earmarked for the purchase of headquarters for the Research Office, \$60,000 would be set aside for continuation of the study on tuberculosis problems in the Danish mass tuberculosis campaign, and \$360,000 would be used for establishing laboratory facilities for international research on a vaccine against tuberculosis. Such financial support from a small country like Denmark indicated its sincere belief in the value of work on tuberculosis.

Tuberculosis was on the decline in Denmark, the mortality rate in the past year for all forms of the disease being 14 per 100,000 inhabitants. Denmark could make no better contribution to the general effort for the improvement of health than by assistance in the field of tuberculosis. He hoped that WHO would allocate the necessary funds for the continuation of the activities of the Research Office during the coming years.

Dr. SAVONEN (Finland) spoke of the importance attributed by his country to the work of the Research Office in assessing the value of BCG and other tuberculosis-control measures. Very few non-reactors to tuberculin had been found in a recent mass BCG campaign covering the whole population of Finland, during which some 800,000 persons had been vaccinated out of a population of 4,000,000. To ascertain the effect of BCG vaccine on tuberculosis morbidity, co-operation had been established between the Research Office and the Finnish Tuberculosis Association. While the study would be facilitated by the fact that Finland had reliable tuberculosis statistics, it would take considerable time, and collaboration with the Research Office was expected to last at least five years. The study would also be of interest to other countries.

Professor GRASSET (Switzerland) stressed the importance of the Research Office, whose co-operation in the research undertaken in Switzerland had been of the greatest value with regard to both the improvement and the standardization of BCG vaccine.

He stressed the need to expand international research work both on tuberculosis and on the detection of diseases sometimes indicative of tuberculosis, such as histoplasmosis.

The Research Office had recently made available purified tuberculin and histoplasmin for tests on 2,000 international students at Geneva for the detection of those diseases in Switzerland. He hoped that the international Research Office would be able to continue its work.

Dr. BRIDGMAN (France) considered that, for the purpose of determining procedures, the working group appointed by the Executive Board at its seventh session (*Official Records* No. 33, subsection 39) should be requested to examine objectively the achievements of the Research Office, make recommendations as to its future activities and study the possibility of effecting economies in the immediate future. The very name "Tuberculosis Research Office" indicated that, after a period of research and improvement of techniques, the Office would attain concrete and positive results and be able to reduce its activities.

Dr. FABINI (Uruguay) felt that extremely valuable work could be done by the Research Office for the prevention of tuberculosis not only among human beings but also among animals. He drew attention to the great loss of human life through that disease. He quoted figures to show the development of anti-tuberculosis measures in Uruguay and mentioned the excellent results obtained through intelligent publicity and efficient health workers. As far as the general programme of tuberculosis control was concerned, two or three regional research centres were to be set up both in the Americas and in Asia.

Dr. RAJA (India) strongly supported the proposal of the Executive Board to maintain the Research Office at Copenhagen and to extend its activities to cover studies on the evaluation of BCG and the duration of the immunity period. BCG vaccination was of particular value in countries where it was not easy to achieve rapid amelioration of standards of living and improvement of housing and other conditions, and the campaign in India, started three years before, was therefore considered as the most important weapon in the fight against tuberculosis.

Some opposition to BCG vaccination had been encountered among certain sections of the population; difference of quality in the vaccine had also been found. In that connexion an investigation unit, under the guidance of WHO and in close contact with the Tuberculosis Research Office, had been set up in South India.

Dr. PALMER, Director, Tuberculosis Research Office, speaking at the invitation of the Chairman, stressed the importance which must be attached to tuberculosis research in view of the worldwide distribution of the disease. While findings about the use of BCG, techniques and immunity had not been conclusive, there could be no question as to the fundamental value of the method. In view of the services which could be rendered to the world at large, the proposed budget for the Research Office was none too large. He thanked the previous speakers for their confidence and support and said that the proposed programme would be carried out as economically as possible.

Dr. ŽARKOVIĆ (Yugoslavia), while in favour of the maintenance of the Research Office, raised the question of how it was being subsidised. It was listed in *Official Records* No. 31 (page 4) under Central Technical Services, implying that it was part of WHO, yet the wording of resolution EB7.R85 of the Executive Board suggested its exemption from the rule laid down in *Official Records* No. 32, annex 10 on the general programme of work covering a specific period, sub-section 1 (d), namely that WHO should not carry out research work on its own account.

He formally proposed that WHO subsidize the work of the Tuberculosis Research Office for 1952 by a grant (the amount to be decided upon by the Joint Working Party), but that the Danish Government be requested to assume full responsibility as soon as practicable.

Dr. FORREST, Secretary, outlined the history of the Research Office, which had originally been established in connexion with the combined tuberculosis activities of the Scandinavian Red Cross societies and had subsequently been supported by UNICEF. It was, accordingly, by origin international in character.

Dr. STAMPAR, representative of the Executive Board, recalled that a small working group, appointed by the Executive Board at the ninth meeting of its seventh session, had considered the whole matter in detail. While the majority of the Board had been

in favour of referring the question to the Health Assembly for decision, others had considered it more economical to allocate grants to institutions carrying out international research. It was for the Committee on Programme to submit a final recommendation to the Health Assembly in regard to the future of the Research Office.

Dr. HOLM (Denmark), speaking on the formal proposal of the Yugoslav delegation, said his Government would not accept any such grant since the problem was an international one.

Turning to the BCG campaigns carried out in a number of countries, he pointed out that experience during the last three years had shown the lack of precise knowledge about the extent, timing and significance of BCG campaigns outside Europe. Thanks to the Research Office at Copenhagen many practical problems were on the point of being solved. Such matters could not be tackled by isolated activities on a national scale but required co-ordination of research on an international basis. The funds earmarked were not excessive in the light of the problems involved and the results obtainable.

Dr. SAVONEN endorsed the above remarks and considered that the committee should thank the Government of Denmark for their efforts in support of the Research Office.

Dr. BRADY (United States of America) said that discussion had shown that the activities of the Research Office were useful. No doubt the Joint Working Party would take that into consideration when deciding on the specific sum to be allocated to the Office.

Dr. TOGBA (Liberia), recalling his proposal at the second meeting that research be undertaken at headquarters on request, wondered whether such a recommendation would meet with approval in the present case. It would be unfair to place all the onus on the Danish Government.

Dr. MOAÏED HEKMAT (Iran), after a brief reference to tuberculosis control in Iran, said that WHO should give thorough attention to the problem of tuberculosis and should recommend that all States Members take the widest possible measures to combat the disease, in particular by means of BCG vaccination.

Dr. FABINI noted that there was general agreement that all countries should collaborate in a study on

the problem of tuberculosis, which was a matter of worldwide concern. That obligation, however, should not be limited to Denmark simply because the Tuberculosis Research Office happened to be located in that country. He would therefore vote in favour of the proposal of the Executive Board.

The CHAIRMAN summarized the discussion, pointing out that the Yugoslav proposal involved a change in procedure. Any further questions or comments should be made before a vote was taken.

*Decisions:* (1) The Yugoslav proposal was rejected by 40 votes to 2 with 6 abstentions.

(2) The resolution of the Executive Board (EB7.R85) was approved by 43 votes to 2 with 1 abstention. (See second report, section 1.)

## 2. Adoption of Draft First Report of the Committee

On the proposal of the delegate of India, the report was considered item by item.

*Decision:* The draft first report was adopted (for text, see page 333; see also ninth meeting, section 4).

## 3. Prevention and Treatment of Severe Malnutrition of Civilian Populations during War Periods

Agenda, 5.11

Dr. BURGER (Netherlands) recalled that, during the Third Health Assembly, the Netherlands delegation had pointed out that hunger-diseases were a frequent cause of mortality in the world (*Official Records* No. 28, page 275). During recent years millions of people in the Netherlands had suffered from severe malnutrition and starvation; advice and help had been received from the Allies, but it had been found that the available knowledge on the treatment of malnutrition was very limited. In the report on malnutrition and starvation in the Western Netherlands, published by the Ministry of Social Affairs, that point had been particularly stressed. It was on that account that the Netherlands delegation had proposed to the Third Health Assembly the resolution which had subsequently been adopted as WHA3.40 (*Official Records* No. 28, p. 29).

It was true that, in principle, the best prevention of malnutrition was the distribution of adequate

food, and several nations, particularly those which had been occupied, had acquired considerable experience in that field. It was therefore obvious that a synthesis of that experience, made by experts, would be of great value to any other nation which might subsequently find itself in the same circumstances. The Netherlands delegation appreciated the excellent report on "Prevention and Treatment of Severe Malnutrition of Civilian Populations during War Periods" which had been produced by the Joint FAO/WHO Expert Committee on Nutrition.<sup>7</sup> In view of the fact that malnutrition might result from natural disasters, as well as war, the title of the report might be changed to "Prevention and Treatment of Severe Malnutrition of Civilian Populations in Times of Disaster".

In sub-section 2.4.5 of the report, it was stated that more women and children than men might be expected to suffer from hunger-diseases. That had not been the experience of the Netherlands, largely because food supplies had been distributed according to a list of priorities, in which children and expectant and nursing mothers had ranked amongst the highest. The establishment of such a list of priorities obviously affected considerably the distribution of hunger-diseases throughout the population.

War was certainly one of the most important causes of famine, and the report on malnutrition and starvation in the Western Netherlands showed that, if the German occupying forces had held out against the Allied attack for a further two or three weeks, hundreds of thousands of people in the towns of the Western Netherlands must inevitably have died of starvation. He stressed that the famine had not been due entirely to lack of food in the occupied area as a whole, but also to the fact that transport had been hindered by war conditions and by measures taken by the occupying forces. It was the considered opinion of his delegation that an international convention to protect civilians in an occupied country from suffering from inadequate nourishment was urgently needed. He hoped that the International Committee of the Red Cross would note those facts and the contents of the report of the joint expert committee.

<sup>7</sup> Mimeographed document, subsequently published, under amended title of *Prevention and Treatment of Severe Malnutrition in Times of Disaster*, as *World Hlth. Org. tech. Rep. Ser.* 1951, 45.

The report showed that the speed at which starvation developed varied considerably. It was impossible to give a minimum calorie-requirement for all parts of the world, since too many factors influenced the nutritional status of populations. However, it was certain that a pronounced percentage reduction of calorie-intake as compared with normal conditions would always bring the risk of more or less severe malnutrition to populations. The experience of the Netherlands showed that a reduction of 50 per cent. in calorie-intake would give rise to severe malnutrition within some months, but that did not exclude the possibility of starvation arising from a much smaller percentage reduction.

The question of the storage of food, as a major factor in the prevention of malnutrition, was of the greatest importance. Detailed advice concerning the kinds of food that should be stored by private persons and by governments, and the measures to be taken to prevent deterioration of such stored food, would be of the greatest value. The Netherlands delegation had made other and more detailed observations on the report which would be circulated to delegates.

In conclusion, Dr. Burger said that his delegation was convinced that the report would be of great value to all those concerned with the prevention of malnutrition and starvation. He therefore wished to propose the following resolution :

#### The Fourth World Health Assembly

1. AUTHORIZES the Director-General to publish the report on the prevention and treatment of severe malnutrition of civilian populations during war periods as one of the Technical Reports ;
2. CONSIDERS that the basic measures for prevention of malnutrition do not pertain to the sphere of public health and therefore asks that this report be brought to the attention of all governments and especially to the attention of the International Committee of the Red Cross.

Dr. MACKENZIE (United Kingdom) expressed his appreciation of the valuable report. He supported the wish of the delegate of the Netherlands to see the title amended, especially in view of the fact that no limitation of the subject to war periods was expressed in the resolution of the Third Health Assembly.

The SECRETARY said that the title of the report had been taken from the draft resolution submitted to the Health Assembly, instead of the resolution which the Health Assembly had adopted. He regretted the error, and agreed to amend the title in accordance with the proposal of the delegate of the Netherlands.

Dr. BRISKAS (Greece) considered the title of the report inappropriate. The preventive measures which it proposed against severe malnutrition in time of war were more applicable to periods of peace or of natural disaster. For such conditions the advice given in the report was excellent, but in time of war ultra-modern, scientific measures for the prevention of malnutrition were useless in face of the necessity for each nation to provide a means whereby its population might be fed. WHO should recommend to every country the storing of food as the only practical solution to the problem of malnutrition during war. It was essential that a section dealing specifically with that problem be added to the report.

Dr. MULHOLLAND (United States of America) supported the resolution proposed by the delegate of the Netherlands. The report was excellent and should be widely distributed.

Dr. SAVONEN expressed his gratitude for the advice given in the report. He was sure it would be of great value to many countries.

The CHAIRMAN proposed the following draft resolution :

#### The Fourth World Health Assembly

1. NOTES the report on the prevention and treatment of severe malnutrition of civilian populations during the war periods ;
2. NOTES with pleasure that it was the result of a joint study organized by FAO and WHO ;
3. THANKS the experts for their work ;
4. REQUESTS the Director-General when arranging for the publication of this report to change the title to read, " Prevention and Treatment of Severe Malnutrition of Civilian Populations in Times of Disaster " ; and
5. REQUESTS the Director-General to draw the attention of governments and the International Committee of the Red Cross to this report.

In response to proposals by the delegates of the United Kingdom and Australia, it was agreed that the words "of civilian populations", in the fourth paragraph of the resolution, be deleted.

Professor TOBGY, Bey, (Egypt) commented upon the excellence of the report and stressed that international legislation should be enacted to prevent occupying troops in any country from commandeering food destined for the civilian population.

*Decision:* The resolution proposed by the Chairman, as amended, was adopted. (See second report, section 2.)

#### 4. Technical Discussions at the Fifth World Health Assembly

Dr. ŽARKOVIĆ said that his delegation had decided to change the title of the draft resolution it had submitted at the second meeting under the title "Principles and Methods of Health Policy" to read: "Technical Discussions at the Fifth World Health Assembly."

The strengthening of the health services of Member States was one of the most important problems facing WHO, and few details of the advice which had been given to governments on the subject were available. It was essential that the whole question of the principles and methods of health policy be discussed by a large gathering of public-health administrators, and the occasion of the Fifth Health Assembly would seem to be the obvious choice. He suggested that at future Health Assemblies technical discussions might be devoted to such subjects as the economic value of preventive medicine and international and national standards of hygiene.

The CHAIRMAN said that the Executive Board, in resolution EB7.R51 (*Official Records* No. 32) had decided to reconsider at a future session the question of technical discussions at World Health Assemblies. In so doing the Board would naturally take into account the comments made by delegates in the Committee on Programme.

Dr. O'FLANAGAN (Ireland) considered that the Executive Board should not be restricted in its choice of subjects for technical discussions. Those proposed by the delegate of Yugoslavia would require too intensive research and were too large in scope to be suitable.

Dr. BRIDGMAN said that technical discussions at the present Health Assembly had been a great success. However, it had not been possible to cover the whole field of medical education. Among the questions passed over was that of specialist and postgraduate training, which was of such worldwide interest that it ought to be made the subject of a study by an expert committee extending over several years. He recognized the value of the proposal by the delegate of Yugoslavia but considered that technical discussions should be restricted to problems of worldwide interest. Certain health problems, and in particular those of health administration, could be usefully treated only on a regional basis. He mentioned as an example an unofficial committee of experts that had met the year before under the auspices of the Special Office for Europe to study health-administration problems in the European countries.

Dr. FABINI, supported by Professor RODHAIN (Belgium), stressed the importance of clear definition of subjects to be considered in the technical discussions. During the present Health Assembly, the technical discussions had been successful, but it had, on occasions, been difficult to determine the precise basis of the discussion. In the discussion on dental hygiene at the sixth meeting of the present committee, on the other hand, the subject had been well defined, thus facilitating the interchange of views.

Dr. DOWLING (Australia) thought that technical discussions should take place towards the end of Health Assemblies, after the business of the main committees had been completed.

Dr. BUSTAMANTE (El Salvador) agreed with the delegate of Australia, particularly in view of the fact that many small countries could send only one delegate to the Health Assembly.

Dr. HÖJER (Sweden) suggested that the Executive Board decide upon the subject and time of the technical discussions in the light of the comments which had been made.

The CHAIRMAN read a draft resolution on technical discussions at future Health Assemblies submitted by the delegation of France.

*Decision:* The draft resolution was adopted (for text, see second report, section 3).

## 5. Supplemental Programme for 1951 related to Obligations of WHO to the United Nations

Agenda, 5.5

The CHAIRMAN said that this matter came within the competence of the Committee on Administration, Finance and Legal Matters. It had, however, been submitted to the Committee on Programme for its approval of the emergency measures taken by the Executive Board for relief to the civilian population of Korea (EB7.R50, *Official Records* No. 32).

In reply to the delegate of India, who wished to know whether "Korea" meant the country as a whole, as soon as it became possible for the United Nations to operate over its entire extent, Dr. DOROLLE, Deputy Director-General, said that the word was used with no restrictive implications. The resolution of the Executive Board applied to collaboration with the Government of Korea, which was a Member State, and with the agencies of the United Nations working in that country. It was not for WHO to decide the geographic limitations of the territory in which such collaboration might take place.

*Decision:* The committee expressed its general approval of the supplemental programme and agreed to refer the matter to the Committee on Administration, Finance and Legal Matters. (See first meeting of that committee, section 10.)

## 6. Concentration of Effort and Resources of the United Nations and Specialized Agencies; Priorities recommended by the Economic and Social Council; and Submission of Programme and Budget for the Following Year to the Economic and Social Council and the General Assembly

Agenda, 5.15, 5.17 and 5.18

The SECRETARY said that the Economic and Social Council, having determined upon a policy of concentration of effort and resources, had decided upon two methods of implementing its policy: firstly, the establishment of criteria for priorities in projects, and secondly, the examination of the programmes and budgets of the United Nations and the specialized agencies. The criteria for priorities, set out in *Official Records* No. 32, annex 6, page 49, had been established by the Administrative Committee on Co-ordination, which the Director-General of WHO had attended. The Executive Board had noted in *Official Records* No. 33, subsection 27, that the Director-General had taken the

criteria into account in his proposed programme for 1952. The Economic and Social Council had also said that those programmes which concerned more than one agency should as far as possible be the subject of inter-agency secretariat consultation before their adoption by the competent governing bodies (*Official Records* No. 32, annex 6, page 48). That procedure had been followed, for example, in dealing with the rehabilitation of the handicapped and had proved successful. Further, by its resolution of 13 March 1951,<sup>8</sup> paragraph 2 (b), the Economic and Social Council required information from the specialized agencies as to those projects which could most easily be deferred or eliminated.

As regarded the submission by specialized agencies of their programmes and budgets, hitherto the Economic and Social Council had discussed the programmes or actions of the current year, but as would be seen from *Official Records* No. 32, annex 6, Part 2, it was now established that the Economic and Social Council should review the programmes for the following years. In future, the budget estimates of the Secretary-General of the United Nations were to include a summary schedule of the estimated costs of the projects provided for in the budgets of the specialized agencies. The Director-General would submit *Official Records* Nos. 30 to 34 inclusive to the Economic and Social Council together with any amendments or alterations adopted during the present Health Assembly.

Dr. DOWLING (Australia) considered that the task of concentrating effort and resources and of establishing definite priorities of work was one of the most vital problems facing the United Nations and all the specialized agencies. He considered that the criteria for priorities set out in *Official Records* No. 32, annex 6, section 1, should be in the mind of every delegate during the whole discussion on the programme for 1952, for it was only by taking into full account the urgency, feasibility, scope, preparation, co-ordination and likely results of each project that any effective programme for WHO during its next year of operation could be established. It was true, as stated in the resolution of the Executive Board (*Official Records* No. 32, EB7.R17), that the criterion of demonstrable results was not always obtainable in public-health programmes, but the other criteria should be considered and applied to each project. The proper application of an effective

<sup>8</sup> Unpublished working document A4/25 and UN document E/1951

system of priorities would prevent the continuance of programmes which were unimportant or impracticable.

With regard to concentration, his delegation believed that each agency should embark on a programme of work based on a realistic appraisal of the intrinsic value of particular projects and a sound estimate of whether those projects could be carried out with the resources available. As a general principle, it was better to carry out a few projects thoroughly than to give superficial treatment to a large number. The tendency to over-expand programmes would in the long run do harm to the Organization and would entail the additional danger that it might be necessary to recruit second-rate staff for their implementation. It was not easy to determine which projects in the field of health were of the least urgency, but a selection must be made. In the view of his delegation, the least urgent projects in the present programme of WHO were those for social and occupational health, mental health, nursing

and assistance to educational institutions. Those projects were important, but they were less essential than others in meeting the needs of many countries for immediate and practical health services. The Australian delegation were gratified to note that the Director-General had applied the criteria of priorities to his proposed programme for 1952. The secretariat should apply the principle of concentration of effort and resources to world health programmes and, in particular, should ensure that conferences and expert committees were not convened to perform tasks which could be undertaken by the Secretariat; that projects undertaken were capable of successful conclusion; that only projects of serious international concern were undertaken; that continued attention was paid to the avoidance of duplication of effort; and that staff was not recruited on such a large scale that funds were devoted to administration which should be devoted to practical health services.

*The meeting rose at 12.30 p.m.*

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## EIGHTH MEETING

*Tuesday, 22 May 1951, at 10 a.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

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| <p><b>1. Concentration of Effort and Resources of the United Nations and Specialized Agencies; Priorities recommended by the Economic and Social Council; and Submission of Programme and Budget for Following Year to the Economic and Social Council and the General Assembly (continuation)</b></p> | <p><b>2. Emergency Action by the Economic and Social Council and Specialized Agencies to assist in the Maintenance of International Peace and Security</b></p> |
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Agenda, 5.23

Agenda, 5.15, 5.17 and 5.18

The CHAIRMAN read a draft resolution on concentration of effort and resources.

*Decision:* The draft resolution was adopted (for text, see second report, section 4).

Dr. FORREST, Secretary, said that action might be taken in three possible ways. Firstly, a proposal by the United States delegation,<sup>9</sup> involving a change in the agreement between WHO and the United Nations, might be adopted. Secondly, it might

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<sup>9</sup> For text and discussion, see thirteenth meeting of Committee on Administration, Finance and Legal Matters, section 2.

be stated that no particular action was necessary since sufficient latitude had already been granted to the Executive Board and the Director-General. Or thirdly, a resolution might be passed stating the intention of WHO to co-operate fully with the General Assembly and the Economic and Social Council in achieving the objectives of General Assembly resolution 413 (V) on concentration of effort and resources.<sup>10</sup>

Dr. MACKENZIE (United Kingdom) wondered whether the amendment proposed by the United States delegation would commit the Secretariat to taking action before it had received the proper authorization.

Dr. HYDE (United States of America) felt that, since the amendment proposed by his delegation affected the form of the agreement with the United Nations, a legal problem arose. He therefore suggested that the amendment be referred to the Committee on Administration, Finance and Legal Matters for examination by the Legal Sub-committee.

Dr. RAJA (India) supported the proposal of the United States delegate.

The CHAIRMAN said that since the amendment had been referred to the Committee on Programme by the General Committee it would have to be returned to the General Committee for reference to the Committee on Administration, Finance and Legal Matters.

*It was so agreed.*

### 3. Schedule of Work of the Economic and Social Council

Agenda, 5.19

Dr. HYDE referred to the following sentence in an unpublished working document entitled "WHO Proposal concerning Reorganization of the Work of the Economic and Social Council": "WHO submitted suggestions concerning the examination by the Economic and Social Council of the programmes of specialized agencies before such programmes are put into operation." He asked that a summary of the suggestions be published in an annex.

The SECRETARY agreed to act on the suggestion of the United States delegate. (See annex 12.)

*Decision:* The committee adopted the resolution reproduced in section 5 of its second report.

<sup>10</sup> See *Off. Rec. World Hlth Org.* 32, annex 6, section 2.

### 4. More Active Support for Specialized Agencies by All Governments

Agenda, 5.20

*Decision:* The committee adopted the resolution reproduced in section 6 of its second report.

### 5. Permanent Secretariat for the International Pharmacopoeia: Assumption of Functions by WHO in Application of Article 72 of the Constitution; Adoption of amended Regulations for Expert Advisory Panels and Committees; and Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (continuation)

Agenda, 5.7, 5.14 and 5.22

The CHAIRMAN asked the committee to approve three resolutions adopted by the Committee on Administration, Finance and Legal Matters on the three items of the agenda which had been referred to it for consideration in the Legal Sub-Committee (fourth meeting, sections 1, 2 and 3).

*Decision:* The resolutions were approved (for texts, see second report, sections 7, 8 and 9. See also Legal Sub-Committee, fourth meeting, sections 2, 3 and 4).

### 6. Development of Arid Land

Agenda, 5.21

The SECRETARY said that the problem of the development of arid land was one with which both the Economic and Social Council and the General Assembly were immediately concerned (see annex 4). WHO had discussed the problem at meetings of the Council and had put forward the point of view which had later been incorporated in resolution EB7.R20 (*Official Records* No. 32, page 6). He thought that the committee might wish to reaffirm that resolution, particularly as regarded the danger to health of uncontrolled irrigation. The matter had first been taken up by UNESCO, but the Food and Agriculture Organization had recently become closely concerned with it.

Mr. GILBERTSON (United States of America) stressed the importance of the collaboration of WHO in the planning of development programmes for arid lands so as to avoid the creation of man-made problems relating to malaria, bilharzia, mosquito-borne encephalitis, enteric infections and other diseases. By incorporating preventive principles into development projects, much expensive correction

at a later time and many repetitive control measures could be avoided. Further, the economic benefits of those projects would be safeguarded and enhanced by providing the fullest measure of health protection.

Dr. DOWLING (Australia) said that the Australian delegation to UNESCO had opposed the setting-up of the Arid Zone Research Council, since it considered that the problem was primarily one of economic development, which was being pursued by the United Nations and other specialized agencies more fully equipped for the purpose. His Government felt that more efficient work could be carried out under a technical assistance programme.

The SECRETARY explained that the work of WHO in connexion with arid lands was restricted to drawing attention to the various health hazards involved and to suggesting methods for circumventing them.

Dr. AUJALEU (France) emphasized that the collaboration of WHO was essential in the development of arid lands if troubles such as had accompanied the first attempt at cutting the Panama Canal were to be avoided.

He observed that while it was an excellent thing to develop arid land, it was also important to ensure that land did not become arid. A progressive impoverishment of the land could be seen throughout the world, and he felt that it was in part due to health work. Since the days of Pasteur, public-health officers had been endeavouring to stop the transmission of diseases and epidemics from human excreta by reducing the latter to the simplest possible chemical form. In doing so, they drew away extremely powerful fertilizers. The French delegation therefore asked whether it would be possible for WHO to examine with experts how to achieve the compromise between the desire of public-health officers to nullify the danger from human excreta and the need to retain powerful fertilizers which could not be replaced by any existing artificial fertilizers.

Dr. EVANG (Norway), supported by Dr. RAJA, considered that WHO should not limit itself to problems of sanitary engineering, but should also give advice on the organization of health services in the areas that would become newly populated. There was a unique opportunity to establish rational health services from the very beginning.

The SECRETARY suggested that the proposal made by the delegate of France should be referred to the next meeting of the Expert Committee on Environmental Sanitation.

Dr. EL-HALAWANI (Egypt) referred to the experience gained in his own country on the development of desert areas. It had been found that labourers in oil fields situated in arid zones had lost many of the parasitic diseases which they had acquired in the Nile Valley. It appeared that with the irrigation of arid areas the problem of parasitic diseases became much more acute. He therefore emphasized that projects for the development of arid zones should be carefully studied by health experts in order to avoid such scourges as malaria and bilharzia.

The CHAIRMAN stressed the importance of the fullest possible co-operation among all those concerned in development projects. Since the development project put forward by UNESCO and FAO was going to be implemented, WHO could be of the greatest help in ensuring that healthy areas did not become centres of disease.

He proposed the following draft resolution :

The Fourth World Health Assembly,

Noting resolution 402 (V) on the development of arid land, adopted by the General Assembly of the United Nations on 20 November 1950, and resolution 346 (XII) on international co-operation on water control and utilization, adopted by the Economic and Social Council on 9 March 1951,

1. RECOMMENDS to Member Governments that plans for the control or utilization of water and the development of arid land should be so framed as to include measures to prevent the introduction or aggravation of disease ;

2. REQUESTS the Director-General :

(1) to provide technical assistance to governments, on request, in planning projects relating to the control or utilization of water and the development of arid land ;

(2) to co-operate with the United Nations and other specialized agencies concerned with such projects.

Dr. DOWLING wished to make it clear that in his previous remarks he had not wished to oppose international co-operation but had merely wanted to

avoid the setting up of clumsy machinery. His delegation would support the draft resolution.

Dr. CLUVER (Union of South Africa) wondered whether the resolution could not be worded in broader terms to include other types of reclaimed land. In his own country it had been found that the reclaiming of swamp land had resulted in an increase of malaria carried by the *Anopheles gambiae* mosquito.

Dr. MALAN (Italy) agreed that the problem referred to by the chief delegate of the Union of South Africa was extremely important, but thought that it should be discussed at the Fifth World Health Assembly, in order that proposals might be put forward by countries particularly concerned in the matter.

The CHAIRMAN proposed that the problem be referred to the Executive Board for inclusion as an item on the agenda of the next Health Assembly.

*Decisions:*

- (1) The Chairman's proposal was adopted.
- (2) The draft resolution was adopted. (See second report, section 11.)

#### 7. Long-Range Activities for Children and Relations with UNICEF

Agenda, 5.16

The SECRETARY said that resolution EB7.R60 of the Executive Board (*Official Records* No. 32) was in the nature of a progress report on the development of the relationship between WHO and UNICEF. That relationship had recently reached a further stage. The Administrative Committee on Co-ordination had established a working party consisting of representatives of the United Nations and of all those specialized agencies which were concerned with the planning of long-range activities for children. By means of that working party, consultation, at the planning stage, on all projects for child welfare could be co-ordinated. The working party would shortly hold its first meeting; WHO was taking its full share in the necessary preparations and would co-operate in every way possible to ensure the success of the new effort. The working party would report through the Administrative Committee on Co-ordination to the Economic and Social Council and would stress long-range activities for children rather than, as hitherto, short-term policies.

Dr. DOWLING asked the significance of sub-clause 4 (2) of resolution EB7.R60.

The SECRETARY explained that the Executive Board of UNICEF had originally consisted of 18 representatives of governments. The Board now had 26 members, representing governments which were not necessarily Members of the United Nations.

*Decision:* The committee adopted the resolution reproduced in section 10 of its second report.

#### 8. Resettlement of Refugee Physicians

Agenda, 5.25

The SECRETARY observed that in addition to resolution EB7.R22 of the Executive Board (*Official Records* No. 32) the committee had before it a draft resolution submitted by the Government of the Netherlands, reading as follows:

Whereas training programmes for health personnel necessarily provide primarily long-term benefits, and

Whereas there exists today a maldistribution of trained workers in the field of health,

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REQUESTS the Executive Board and the Director-General to study the problems involved in the distribution of trained health workers, the availability in certain countries of such workers in excess of their own needs, and the problems inherent in their resettlement in countries more urgently in need of their services.

Whereas the resolution of the Executive Board referred specifically to the resettlement of refugee physicians, the draft submitted by the Netherlands referred generally to the redistribution of health workers. It would therefore be perfectly in order for the committee to endorse the former and adopt the latter, though it should be remembered in that case that no provision had been made in the budget for 1952 for the study of the problems involved in the distribution of health workers and that no action could therefore be taken until the following year.

Dr. EVANG considered that the resolution submitted by the Government of the Netherlands referred to a particularly important matter which should be investigated as soon as possible. He was also in favour of endorsing the resolution of the Executive Board.

Dr. DOWLING, while sympathetic to the principles which had motivated the resolution of the Executive Board, said that in his country, at least, the registra-

tion of doctors was the function of the State Government, on whose decisions the Central Government had no influence.

Dr. MACKENZIE expressed a certain anxiety regarding the proposal of the Netherlands Government. Much information might be collected without any definite results being achieved. It was necessary to consider whether such a course of action would be worth the expense involved. The matter had been discussed in the Executive Board, where it had been decided that the terms of the resolution which had been adopted expressed the limit of the action which WHO should take. The amount of information demanded by specialized agencies from government departments was steadily increasing and had already reached the point where it was causing some difficulties. It was therefore essential that governments should be satisfied that any new demand for information would produce worthwhile results.

Dr. HYDE asked the delegate of the Netherlands to clarify some points in the proposal submitted by his Government, particularly the statement that certain countries had health workers in excess of their own needs.

Dr. RAJA said that the position in India regarding the registration of doctors was analogous with that in Australia. State Governments were advised as to registration by the State Medical Councils, which were statutory bodies. Hitherto, the Councils had permitted foreign doctors to practise only on a basis of reciprocity. Legislation would be necessary to change that situation and would be difficult at present. Certain provisions had, however, been made to permit the entry into India of foreign doctors for work in institutions, where they were not competing in private practice with local doctors.

Dr. BURGER (Netherlands) said that the resolution submitted by his Government did not refer to refugee physicians but only to those medical workers who could not find work suited to their abilities in their own countries. The cost of the project need not be high, since a great deal of the information was readily available and had only to be collected and analysed. He believed that the results would be extremely valuable.

The CHAIRMAN proposed that the resolution submitted by the Government of the Netherlands be referred for consideration to the Executive Board, which would probably wish to discuss the matter with the World Medical Association.

Dr. EVANG felt that guidance from the committee would be of great value to the Board in considering this matter. He agreed that co-operation with the World Medical Association would be useful. He would prefer the resolution to be adopted by the committee but would agree to its being referred to the Board, if that was the general desire.

Dr. HYDE considered that the distribution of medical workers was a matter rather of national than of international concern. However, the lack of balance between distribution in urban and in rural areas, and the difficulty of finding suitable employment for trained workers, both required study, and he therefore supported the proposal of the Chairman.

Dr. AUJALEU (France) expressed sympathy for the proposal of the Netherlands Government but was sceptical as to the results that would be achieved. In some countries different opinions on the supply of medical personnel might be held by the government and by national medical associations, the former holding that there were too few, the latter too many doctors. The countries with a shortage of medical personnel were already known. What remained to be learned was which countries were ready to make the necessary financial sacrifices to attract physicians from other countries. That was the real difficulty, and it was hardly likely that WHO could solve the financial problems that would arise.

*Decision:* It was agreed to refer the draft resolution submitted by the Government of the Netherlands to the Executive Board.

The SECRETARY said that, with regard to the resettlement of refugee physicians, the committee would recognize that the United Nations High Commissioner for Refugees was most anxious to be assured of the co-operation of WHO in his difficult task. Such co-operation was implicit in the agreement between the United Nations and WHO, but the committee might wish to express that assurance. He reminded delegates that the International Refugee Organization was terminating its activities at the end of the year, when the responsibility for all refugees would pass to the High Commissioner.

Dr. WEIS, representing the United Nations High Commissioner for Refugees, explained that that the task of the High Commissioner was to give international protection to refugees and promote their interests. The High Commissioner regretted that he was not able to attend the present meeting,

but hoped that there would be close co-operation between his office and WHO, particularly on the question of resettlement of refugee physicians. The problem was twofold; it concerned firstly national legislation regarding the practice of medicine by foreign medical personnel and secondly the entry into countries of refugees as medical personnel. Legislation such as that of India, which permitted the practice of medicine by foreigners on a basis of reciprocity, was obviously of no assistance in the resettlement of refugees who had no country. He therefore asked the committee, if it endorsed the resolution of the Executive Board, to add a clause requesting Member States to facilitate the entry of refugee physicians and to allow them to practise medicine.

The CHAIRMAN proposed that the Secretary, with the assistance of the High Commissioner's representative, prepare a draft resolution on the resettlement of refugee physicians for consideration at a later meeting.

*It was so agreed.* (See tenth meeting, section 2.)

#### 9. Co-ordinated Programme of Rehabilitation of the Physically Handicapped

Agenda, 5.24

The SECRETARY recalled that this subject had originally been discussed by the Interim Commission of WHO. In June 1950, the Economic and Social Council had requested the Director-General of WHO to prepare a programme and had recommended to the specialized agencies concerned that they provide advice and help to governments, as requested. The General Assembly had subsequently included provision in its budget for this work. A meeting had been called within the framework of the Administrative Committee on Co-ordination and a technical working group had been set up to prepare a co-ordinated programme for all the specialized agencies concerned. A report on the work of the group, in which WHO had taken its full share, had been considered by the Social Commission at its last session. The points considered by the working group had included the main types of disability among handicapped children (studied from the regional point of view), the usefulness of group-training courses and the rehabilitation of the blind, particularly of blind children. The group had agreed that the methods of co-ordination already evolved by the Administrative Committee on Co-ordination were adequate. It had discussed rehabilitation programmes in under-developed areas, and WHO representatives had

stressed the importance of preventive measures in view of the difficulty of establishing rehabilitation projects; the group had, however, recommended the establishment of demonstration and training centres in such areas. It had also considered the request of the Government of Egypt for a similar centre. There was a possibility that some assistance for rehabilitation programmes might be obtained from technical assistance funds.

Dr. BURGER said that the rehabilitation of tuberculous patients was of great importance in his country. He wondered whether the working group had considered that aspect of the problem.

The SECRETARY said that the matter had not yet been discussed, since it was more within the competence of WHO than of the other specialized agencies.

Dr. AUJALEU said that in rehabilitation it was important to distinguish clearly between two classes of patients: the infirm, in the sense of those who were not suffering from any disease in an active state, and who could therefore be rehabilitated by special training methods without affecting their state of health; and the sick, for example those suffering from tuberculosis, whose rehabilitation must be carried out with due regard to a possible relapse and under medical supervision.

Dr. EVANG agreed with the views expressed by the delegates of France and the Netherlands.

It should be remembered that there was no such thing as a purely physical handicap; psychological factors must always be taken into consideration. In his country the handicapped were referred to as "persons with reduced working capacity," whatever the nature of their disability. That had been found to improve morale.

The SECRETARY said that the points being raised in the discussion would be of the greatest value to the Director-General at the next meeting of the working group.

Miss HILL, International Society for the Welfare of Cripples, said that the society noted with pleasure the policy of WHO of working with and through the non-governmental agencies to the greatest possible extent. The society had followed with great interest the proceedings of the working group and looked forward to opportunities of placing its

experience in rehabilitation at the disposal of WHO and of the group. The society and its affiliated national societies were ready to help the specialized agencies to carry out an active programme for the benefit of the physically handicapped. The society expected that its Fifth World Congress, which was to be held in Stockholm in September and which would be attended by both governmental and non-

governmental representatives, would mark a further step forward in international co-operation for the benefit of the handicapped.

*Decision:* The committee adopted the resolution reproduced in section 12 of its second report.

*The meeting rose at 12.15 p.m.*

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## NINTH MEETING

*Tuesday, 22 May 1951, at 3 p.m.*

*Chairman:* Dr. M. JAFAR (Pakistan)

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### 1. Draft Resolution on Improvement of Environmental Hygiene and Sanitation

The committee considered the following draft resolution submitted by the Indian delegation :

#### The Fourth World Health Assembly

Recognizing the supreme importance of providing, as an essential part of the public-health programme, for the improvement of environmental hygiene and sanitation, including the development on sound lines of urban and rural planning and of housing schemes,

1. RECOMMENDS to all Member States that appropriate provision should be made to train and employ, in their health administrations, adequate numbers of public-health engineers, town planners, architects and other allied personnel ;
2. REQUESTS the Executive Board and the Director-General to give to Member States all possible help in creating the necessary training facilities.

Dr. PHAM-LE-TIEP (Viet Nam), supporting the proposal, stressed the great importance of activities connected with hygiene and sanitation, particularly in under-developed countries. It was clear that epidemics and communicable diseases could be

greatly reduced by the improvement of unsound environmental sanitation.

Mr. GILBERTSON (United States of America) likewise supported the draft resolution. One-fifth of all deaths were caused by faulty environmental conditions, and the fact that three-quarters of the world's population lacked the simplest elements of a healthy environment resulted in a terrific toll of illness and death. He mentioned the initial steps taken to establish public-health engineering courses at institutes in India, Sao Paulo, Santiago, Yugoslavia and other places. The establishment of such schools throughout the world would do much to overcome the present shortage of personnel in the field of environmental sanitation.

Dr. O'FLANAGAN (Ireland) said it would be difficult to apply the resolution in his country, because health administrations were under the jurisdiction of the State, whereas training colleges and universities, which produced various types of public-health engineers and other technical personnel, were voluntary institutions.

Dr. TOGBA (Liberia) supported the resolution, the more so since the results achieved by the improvement of environmental sanitation would be readily demonstrable.

Dr. MACLEAN (New Zealand) proposed that clause 1 be amended to read: "RECOMMENDS to all Member States that appropriate provision should be made to train, and to employ in their health administrations, adequate..."

Dr. RAJA (India) explained that the purpose of the resolution was that the necessary training facilities should be provided by the setting-up of training courses in universities or by any form of training programme considered appropriate. He agreed to the amended wording.

*Decision:* The draft resolution, as amended, was adopted. (See second report, section 13.)

## 2. Draft Resolution on the Role of Hospitals in World Health

Dr. MACEACHERN (United States of America) introduced the following draft resolution submitted by his delegation:

### The Fourth World Health Assembly

1. BELIEVES that, among the many services essential for the care of health, hospitals, through their facilities, trained personnel and organization, contribute effectively to world health,
2. NOTES that it is difficult as well as undesirable to draw a definite line of demarcation between curative and preventive medicine; and
3. RECOMMENDS that, as soon as funds may become available for this purpose, the Director-General, in co-operation with appropriate non-governmental organizations, prepare a study on the work being done in Member countries to promote the health of their people through good hospitals and other facilities for the care of the sick in order to further the objectives of the World Health Organization.

He pointed out that hospitals were becoming increasingly the health centres of the community. He gave an account of his personal experience in hospital administration in the United States and mentioned the growing interest in hospital work over the past ten years, evidenced by the founding of a number of schools and societies for hospital administrators. Any effective health programme, whether curative or preventive, should be based on the closest

integration of institutional care and public health in its preventive stage. He stressed that a hospital should be a health centre working in close co-operation with public health officials, each complementing the work of the other in all departments: the care of the sick and injured, the training of medical and nursing personnel, research and the furthering of knowledge about disease, the prevention of diseases and the aftercare of patients. Where such co-operation existed, gratifying advances had been made in the preservation of health and life, in shortening periods of illness, in improving the care of mother and infants and of workers in industry, and in the control and elimination of deadly diseases of all kinds. In conclusion, he submitted that the study proposed in the United States draft resolution would effectively contribute towards the attainment of the objectives of WHO.

Dr. RAJA endorsed the views of the previous speaker. He agreed that only by a programme of curative and preventive medicine and by the co-operation of all institutional services could world health be promoted.

He proposed that the words "including domiciliary services" be inserted after "facilities" in clause 3.

Dr. MACEACHERN agreed to the amended wording.

Dr. CLUVER (Union of South Africa) welcomed the proposal of the delegate of the United States. In his country there was a sharp division between curative and preventive services. While professional men realized the necessity for the integration of the two services, legislators took the view that hospitals were concerned solely with the in-patient and not with so-called extra-mural activities. He hoped that the resolution proposed by the United States delegation would be widely circulated among government departments in his country.

Dr. EVANG (Norway) also strongly supported the resolution. In his view, it was necessary to educate not only legislators but also hospital administrators, nurses and others about the importance of full collaboration of all medical services.

*Decision:* The draft resolution, as amended, was adopted. (See second report, section 14. See also eleventh meeting, section 2.)

### 3. Draft Resolution on Director-General's Programme for 1952

Agenda, 5.4

Dr. RAJA introduced the following draft resolution submitted by his delegation :

Having consideration to the recommendations of the Director-General on the Programme and Budget for 1952,

The Fourth World Health Assembly

RECOMMENDS that, in the future, further consideration should be given to :

- (1) the desirability under certain circumstances of providing medical supplies from the regular WHO budget ;
- (2) the need in certain regions for continued emphasis on activities from which will be derived readily demonstrable results, especially activities in the field of environmental sanitation ;
- (3) the practicability of reducing the size of the permanent secretariat in favour of short-term consultants whenever financial savings can be effected thereby ;
- (4) the importance of assisting Member States, particularly underdeveloped States, to draw up five-year health programmes for their respective territories in order to promote the orderly development of public health measures and to utilize to the best advantage, along with the national resources, the help that may become available from time to time from WHO and other sources.

Dr. Raja said that the purpose of the draft resolution was to draw attention to certain important points made during the discussion of the Director-General's report. It was felt that these would be of help to the Executive Board and the Health Assembly in framing long-term programme policy.

*Each sub-clause of the operative part of the draft resolution was considered separately.*

#### *Sub-clause (1)*

Dr. RAJA explained that this point was intended to emphasize the necessity for flexibility in meeting the varying requirements of different countries. Some countries laid more emphasis on advisory assistance, others on help in the form of supplies to enable them to carry out their own health programmes. The World Health Organization's budget

ought therefore to provide a certain amount for the latter form of assistance. The present budget had no direct provision for medical supplies.

By its resolution WHA3.70 (*Official Records* No. 28) the Third World Health Assembly had approved the programme on medical supplies as contained in the Proposed Programme and Budget Estimates for 1951 (*Official Records* No. 23, page 175). At the present time, with currency and other difficulties, it was all the more necessary, if national health programmes were to proceed on a reasonably rapid basis, for medical supplies to receive special attention.

Dr. DOWLING (Australia) appreciated the need pointed out by the delegate of India, but warned the committee that to turn WHO into a supply organization would be treading on dangerous ground.

Dr. ŽARKOVIĆ (Yugoslavia) expressed his delegation's full support for the proposal. He agreed that WHO should not be made into a supply agency. In some cases, however, the introduction of new government programmes was dependent on sufficient materials being received. He recalled that the United Nations General Assembly had requested the specialized agencies to do everything possible to combat poverty and other root causes of war.

Dr. FORREST, Secretary, pointed out that the Economic and Social Council had laid down that any supplies furnished to governments should form an integral part of a project of technical assistance (resolution 222 (IX), annex 1, last paragraph, reproduced in *Handbook of Basic Documents*, fourth edition).

He also drew attention to the fact that WHO's present activities already included assistance to governments in obtaining supplies.

Dr. HYDE (United States of America) considered that sub-clause (1) of the Indian delegation's proposal implied a modification of WHO's policy on supplies. That policy had been agreed upon only after difficult and intensive discussion by the Executive Board, the Standing Committee on Administration and Finance and various Health Assemblies, and any modification would require a specific proposal. If the Health Assembly adopted the proposal as it stood the Executive Board would be left with the difficult task of interpreting its rather loose terms.

Dr. MACKENZIE (United Kingdom), referring to page 41 of *Official Records* No. 31, quoted figures to show that WHO was already spending considerable amounts on supplies to governments.

Dr. RAJA explained that there were two kinds of supplies, those relating to schemes organized by WHO in collaboration with other organizations and those relating to government programmes. From Chapter 54 on the page referred to by Dr. Mackenzie it would be seen that in the 1952 budget no provision had been made for supplies of the latter kind. He did not understand how WHO could carry out the policy of promoting standards of health without giving governments some help in the matter of supplies. He asked for flexibility in the distribution of technical aid so that there might be some balance between advice and supplies.

Dr. HYDE said that, while page 41 of *Official Records* No. 31 showed provision of \$100,000 for supplies for governmental programmes for the years 1950 and 1951, in fact the 1951 amount had not been available owing to the limitation of expenditure. Even if it were available, it would be impossible for the Executive Board to distribute a comparatively small amount among projects costing millions of dollars.

He repeated that if it was the intention of the Indian delegate to modify existing supply policy he must make precise recommendations.

Dr. RAJA said that his intention was that governments should be helped by gifts, by assistance in obtaining supplies at reasonable rates and by assistance with currency difficulties, so that their health programmes could be put in force as rapidly as possible. He agreed with Dr. Hyde that the wording of sub-clause (1) of his draft resolution was not precise.

He agreed that it would be difficult for WHO to allocate a limited amount of money if the demand was greater than the sum budgeted. He suggested for consideration, and not as a proposal for the 1952 budget, that funds be provided for advances to countries in respect of supplies, such advances to be recoverable at a later date. He would not press the matter to a vote because it related to the long-term programme.

Dr. HYDE proposed asking the Director-General and the Executive Board to reconsider supply

policy with a view to extending further services to governments in regard to supplies.

Dr. RAJA agreed that it would be desirable for the Executive Board to examine the whole question of supplies to see how far governments could be assisted in furthering their health programmes.

The SECRETARY said that the World Health Organization was already using its good offices in every way possible. It was difficult to envisage what other services it could render in the matter of supplies.

*Decision:* It was agreed, on the Chairman's proposal, that the substance of the discussion should be brought to the notice of the Executive Board.

#### *Sub-clause (2)*

Dr. RAJA said that this point referred to countries where demonstrations of successful health measures secured the favourable opinion and consequently the co-operation of the public. Such demonstrations had been a great help in India in areas where certain diseases were prevalent.

Dr. O'FLANAGAN suggested that the point had been covered at the second meeting in the discussion of *Official Records* No. 32, annex 10, section 5, and in particular of sub-section 5.2, *Possibility of Demonstrating Results*.

Dr. RAJA said that he would not press for the adoption of sub-clause (2) of his draft resolution if the general feeling was that sufficient attention had already been drawn to the ideas which it contained.

Dr. DOWLING (Australia) wished to see the sub-clause retained. It would be as well to emphasize yet again the importance of giving publicity to the work of the World Health Organization.

Dr. EL-HALAWANI (Egypt) suggested that, with new and advanced methods and equipment, teams which had hitherto each concentrated on one disease might now be able to deal with several. Malaria, for example, could now be controlled in any area much more quickly and effectively, and with recent advances in knowledge of bilharzia the control of the snails that spread the infection could be limited to the village and its immediate surroundings.

*Decision:* It was agreed that the substance of the discussion, together with the suggestion made by the delegate of Egypt, should be sent to the Executive Board for consideration.

*Sub-clause (3)*

The SECRETARY, in reply to Dr. Raja, who asked for a definition of long-term and short-term consultants, recalled that the Director-General had made a statement on the matter to the Joint Working Party of the Committees on Programme and Administration, Finance and Legal Matters. The Director-General had explained that short-term consultants were possibly, though not necessarily, on a higher academic or professional level than long-term and that their services were often obtainable only for short periods. He had also said that there was little point in discussing the respective advantages of employing long-term and short-term consultants, since, to take one example, even the most under-developed of countries might in particular respects have reached the stage where it required highly-specialized advice for short periods rather than a resident consultant with less specialized knowledge.

Dr. RAJA said that sub-clause (3) had been proposed firstly in order to save as much money as possible for the development of programmes and

health schemes in different countries, and secondly because experience had made his delegation feel that there was little likelihood of the budget being expanded to meet the needs of countries for assistance.

Every effort should be made by the Director-General to ensure that permanent secretariat staff both at regions and at headquarters was kept at the minimum level consistent with ensuring continuity of the work of the Organization. He hoped the Director-General and Executive Board would keep in mind the advisability of employing short-term consultants wherever it would reduce expense.

(For continuation of discussion, see tenth meeting, section 3.)

**4. Amendment to Draft First Report of the Committee**

*Decision:* At the Chairman's suggestion, it was agreed to delete the words "from the headquarters staff" at the end of section 6 of the draft first report. (As adopted at the seventh meeting, the operative part of the section read: "REQUESTS the Executive Board to designate a senior representative from the headquarters staff.")

*The meeting rose at 4.55 p.m.*

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TENTH MEETING

*Wednesday, 23 May 1951, at 10 a.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

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**1. Draft Second Report of the Committee**

*Decision:* The draft second report of the committee was adopted with a minor drafting amendment (for text, see page 335).

**2. Resettlement of Refugee Physicians (continuation from the eighth meeting, section 8)**

Agenda, 5.25

The committee considered a draft resolution prepared, in accordance with the decision taken at the eighth meeting, by the Secretary in consultation with the representative of the High Commissioner for Refugees.

*Decision:* The draft resolution was adopted with a minor correction (for text, see third report, section 1).

**3. Draft Resolution on Director-General's Programme for 1952**

Agenda, 5.4

*Sub-clause (3)* (continuation from the ninth meeting)

Dr. ŽARKOVIĆ (Yugoslavia) supported sub-clause (3) of the draft resolution submitted by the Indian delegation, which recommended that further consideration be given to "the practicability of

reducing the size of the permanent Secretariat in favour of short-term consultants, whenever financial savings can be effected thereby."

He considered that the most valuable technical advice received by governments from WHO was contained in the reports of the expert committees, published in the *Technical Report Series*. For certain countries, short-term consultants had proved to be very valuable. It did not seem necessary, therefore, that the permanent Secretariat should include many consultants in specialized fields.

Dr. HYDE (United States of America) considered that the phrasing of sub-clause (3) implied that short-term consultants should be employed solely to effect financial savings, whereas he felt sure that the delegate of India had intended to imply that their employment would promote greater efficiency as well.

Dr. RAJA (India) agreed that that was a correct interpretation. He would redraft the sub-clause accordingly.

#### *Sub-clause (4)*

Dr. RAJA proposed to substitute the words "short-term and long-term" for "five-year" in sub-clause (4), which recommended that further consideration be given to "the importance of assisting Member States, particularly under-developed States, to draw up five-year health programmes for their respective territories in order to promote the orderly development of public-health measures and to utilize to the best advantage, along with the national resources, the help that may become available from time to time from WHO and other sources". The amendment was necessary in view of the fact that it was now possible for governments to obtain assistance from a number of specialized agencies as well as from Technical Assistance funds and from United States bilateral programmes. If overlapping of projects was to be avoided, it was essential that under-developed countries should draw up short- and long-term programmes in order to utilize financial assistance, as it became available, in the best possible manner. In countries where there was a shortage of suitably qualified personnel, he believed that WHO should assist in the preparation of such programmes.

*Decision:* It was agreed to recommend to the Health Assembly that the matter be referred to the Executive Board and the Director-General for further consideration.

#### **4. Draft Resolution on Co-ordination and Promotion of Scientific Research in the Field of Health** (continuation from second meeting, section 1 (b))

Dr. ŽARKOVIĆ referred the committee to the first of the two draft resolutions he had submitted at the second meeting. While satisfied that it was not the function of WHO to engage in scientific research, he thought it essential for the Organization to co-ordinate and promote research. The measures taken hitherto were inadequate. There were three research centres in Yugoslavia which received WHO support, but there were many other centres with great potentialities in which WHO appeared to have little interest, seeing that it had not even asked for any information on the research that was progressing in them. Co-ordination of research should be systematic: firstly, a priority list of the most urgent problems requiring research should be established; secondly, complete data should be obtained on the more important research institutions in the field of health; and thirdly, information should be obtained on the scope of research already in progress. On that basis, it would be possible for WHO to request that research institutions undertake research on those problems on the priority list which were not already being investigated, and WHO would be able to provide co-ordination between scientists engaged in research on the same subject. He considered that WHO should provide a fixed amount in its budget for assisting research institutions and developing those in under-developed countries. It was obvious that such a provision could not be included in the budget for 1952, but the preparatory measures could be initiated during the present session of the Health Assembly.

Dr. HYDE considered that the proposal of the delegate of Yugoslavia was essentially only an amplification of the measures already adopted by WHO. The request in clause 1 of the draft resolution was already being met through the expert committees, and that in clause 2 by such projects as those for influenza and salmonella centres; the recommendation in clause 3 was unnecessary in view of the established practice of publishing research results in the Technical Reports, and the request in clause 4 was already met by a budget provision of \$152,316 for 1952 (*Official Records* No. 31, annex 2, sub-section 4.1.3).

Dr. ŽARKOVIĆ agreed that WHO had a programme of co-ordination of research, but there was no record of the most urgent health problems requiring research nor of the main research institutions in the world.

The CHAIRMAN pointed out that the main subject of discussion at the First World Health Assembly had been a list of priorities of most urgent health problems, and that each subsequent Health Assembly had revised and amended that list as necessary.

Dr. BRISKAS (Greece) said that it would be difficult for WHO to co-ordinate research programmes among the different institutions in the world, since each country followed different lines of research. WHO could, however, co-ordinate the results of such research from information published by medical societies all over the world or supplied by the delegates to the sessions of the Health Assembly. He did not believe that WHO should make financial provision for new research, since that would entail considerable expenditure.

Dr. HYDE said that a list of the major research institutions in the world could be compiled with little difficulty from the annual reports of those institutions.

Dr. EL-HALAWANI (Egypt) supported the draft resolution submitted by the delegation of Yugoslavia, since he considered that research was the eyes and ears of curative medicine. He asked for information regarding research work in tropical countries, which had been supported by WHO during the last two years.

Dr. BIRAUD, Director, Division of Epidemiological Services, said that co-ordination of research by WHO had been achieved mainly through the work of the expert committees. The information so collected had been circulated to all Member States. Most of the research had been undertaken by members of the expert committees, without cost to WHO, since expenses had been borne by national institutions. WHO had, however, helped the institutions in a certain number of States to procure necessary supplies otherwise unobtainable through lack of foreign currency. In addition, WHO had supported some research of a general nature for which countries had been unable to accept the financial responsibility. He gave the following examples : a small contribution from the funds of the Office International d'Hygiène Publique for research on cholera in Southern India, a subsidy for the work of delimiting the yellow-fever endemic zone in Africa, and small subsidies of of a few hundred dollars to laboratories in Africa and Europe working on the manufacture of rickettsial antigens, to certain research institutes working on

the determination of bilharzia snail vectors and to research institutions manufacturing anti-rabies vaccine. WHO also made a regular contribution to the centres in Copenhagen and London where biological standards were prepared. That contribution not only assisted the research but covered part of the considerable expense of preparing and distributing the standards. Finally, certain small sums had been devoted to furnishing supplies to research institutions working on brucellosis and influenza.

Dr. BURGER (Netherlands) said that the proposal of the delegate of Yugoslavia was most interesting. He believed, however, that although planned research might save money, individual liberty of mind, which had in the past achieved the greatest scientific discoveries, might be endangered.

Dr. EL-HALAWANI said that research work in the tropics needed more support than it had hitherto received. Bilharziasis was a particularly grave problem in the tropics, since it affected more than four million people ; much more research was necessary in the countries where it was prevalent. It was also essential that there should be research on rural sanitation in the under-developed countries.

Dr. HYDE proposed that the Executive Board be asked to review the policy of co-ordination of research in the light of the present discussion.

Dr. RAJA supported the proposal, since he agreed entirely with Dr. Hyde in questioning the necessity of the draft resolution proposed by Yugoslavia.

Dr. ŽARKOVIĆ said he would accept Dr. Hyde's proposal.

*Decision:* It was agreed to recommend to the Health Assembly that the matter be referred to the Executive Board and to the Director-General for further consideration.

## 5. Technical Assistance for Economic Development of Underdeveloped Countries ; Programme for 1952

Agenda, 5.6

### (a) *Draft Resolution on Technical Assistance Programme*

The committee had before it a draft resolution submitted by the United States delegation (for text see third report, section 2).

The CHAIRMAN read resolution EB7.R84 of the Executive Board on Technical Assistance (*Official Records* No. 32). He then drew the attention of the delegates to certain of the more important passages in annex 15 to *Official Records* No. 32, namely: section 1, second, fourth and fifth paragraphs; section 3; section 4; section 5, second paragraph; section 6 and section 7.

Dr. FORREST, Secretary, said that the progress report on technical assistance (*Official Records* No. 32, annex 15) covered the programme to mid-January 1951. It was expected in the future, when technical assistance programmes became stabilized, to provide reports twice yearly, on progress from 1 January to 30 June and from 1 July to 31 December.

He was able to state the position at the end of April 1951. WHO had received 116 requests for assistance from 47 governments, and requests to other specialized agencies which might involve participation by WHO numbered 44, giving a total of 160 requests, for approximately 20 of which it was to be expected that WHO would hold only a watching brief. Thirty-eight experts had been recruited, of whom 19 were already in the field, and 24 more experts had been selected for 24 projects. Eight agreements had been signed with the Technical Assistance Board and ten supplementary agreements between governments and WHO. Moreover, 15 WHO basic agreements had been signed with governments. The allocation to WHO from technical assistance funds would be \$3,740,000, of which \$1,660,000 had been contributed and \$1,150,000 had already been allocated by WHO.

Mr. SHAW (Australia) said the technical assistance programme should be approached from a budgetary point of view. It would be noted from the summary of estimated expenditure (*Official Records* No. 31, page 29) that there was a total increase for 1952 of approximately 80 per cent. over 1951.

The budget in respect of technical assistance activities under the United Nations programme was distinct from that part of the regular budget of WHO which was assigned to technical assistance. In the former case the monies were provided from the technical assistance fund administered by the Economic and Social Council in accordance with principles approved by the Technical Assistance Conference which had met the year before. That fund would be replenished by further voluntary contributions to be requested at the end of 1951. The attitude adopted by any country in the Health Assembly should not be regarded as foretelling its attitude when the WHO technical assistance

programme was reviewed by the Technical Assistance Committee of the Economic and Social Council or the Council itself.

Turning first to the technical assistance budget for 1951, he feared that the details given in *Official Records* No. 31 with regard to the number of projects, agreements signed etc. did not convey a proper picture. It would be useful to know what proportion of the sum budgeted for had been spent so far, and also what commitments had already been made. At the same time it should be made clear whether "commitments" were requests from regional offices or projects actually covered by an agreement signed with the recipient government.

Another point should be clarified in the budget for 1951. The total estimated expenditure under "Technical Assistance," listed at \$4,244,045, should be compared with the amount of \$3,740,000 which he understood WHO would automatically receive as its allocated share of the technical assistance fund. It might well be that the estimated sum would never be spent, but it would be interesting to know how the Organization was to meet what appeared to be a planned deficit of \$500,000.

Commenting generally on the 1952 programme, he considered that specialized agencies participating in the United Nations technical assistance programme might do well to frame their annual plan of operations under the programme with two basic principles in mind: firstly, that no more funds would necessarily become available in any 12-month period from the technical assistance fund to any one agency than had been made available in the period immediately preceding; and secondly, that plans should be prepared on the basis of requests for technical assistance likely to be received and likely to be met, such judgment being made in the light of past experience.

On the first principle, it was perhaps rather unrealistic for WHO to envisage that 180 per cent. of the amount given to it for the period ending 31 December 1951 would be available for the twelve months ending December 1952. The implication behind such reasoning was (i) that WHO's percentage allocation would be substantially increased, or (ii) that the total amount of contributions for 1952 would be almost double those for 1951, or (iii) that the reserve of three million dollars held in the technical assistance fund would be used to finance increased operations by WHO. None of those assumptions seemed to him justified.

The second principle did not mean that it was not necessary for WHO to make reasonable provision for meeting future requests for technical assistance,

but on the other hand it must be remembered that the basic idea of the United Nations programme was that the initiative in requesting assistance must lie largely with the prospective recipient country. That did not mean that WHO could take no initiative at all, but that the Organization must first ascertain that assistance would be welcomed by the countries to benefit, and was in their opinion really necessary. It was essential to have more information than was contained in *Official Records* No. 31 regarding the requests which the Director-General expected to be submitted during the forthcoming year. How, for example, had the figure of \$7,103,161 for advisory services and regional offices been reached? Only by such examination could the Health Assembly know whether the estimated figure was reasonable. Even if found to be reasonable it might appear to have little relationship to the funds which might prove to be available to WHO in 1952.

For those reasons his delegation urged that it might be necessary to revise the estimated expenditure under the United Nations programme for 1952. He wished to be sure that the estimates as prepared were based on the number of worthwhile requests for technical assistance likely to be received and likely to be met. Such estimates should also be prepared on the assumption that no more than two-thirds of the amount made available to WHO from 1 July up to 31 December 1951 would be made available for 1952, in other words on the assumption that contributions for 1952 would be at the same rate.

The SECRETARY explained that the statement on activities to be financed from technical assistance funds in *Official Records* No. 31 was not a budget in the same sense as the figures listed under "Regular". The total of \$7,103,161 for advisory services and regional offices had been reached on the basis of actual requests in hand or of statements made by governments to regional committees about their intentions and desires for 1952. The table had been prepared on the basis of the view taken at the last Health Assembly that the proper course for WHO to follow was: (a) to consult with governments as to their possible needs; (b) to prepare a programme based on such needs; and (c) after approval by the Health Assembly, to submit the programme to the Technical Assistance Committee of the Economic and Social Council for consideration as to available funds.

The programme had not been drawn up on the basis of any consideration as to what proportion of the cost might be made available, but rather on

what governments considered they would ask for, together with estimates of the feasibility of carrying out the projects and the probable overhead expenses. The figure of \$7,103,161 was a total for all the items listed in the column headed "Technical Assistance". In short, the programme had not been based on any of the assumptions adduced by the delegate for Australia.

With regard to the sum of \$3,740,000 and the question of a possible deficit, the 1951 programme had been based entirely on the principles mentioned above. According to resolution 222 (IX) of the Economic and Social Council the amounts received by the participating organizations should be available to them for the purpose of assuming obligations or commitments during the fiscal year in which those amounts came in, but actual expenditures should be allowed to extend over a period of not more than the two ensuing fiscal years. While monies had begun to become available in the early autumn of 1950, certain projects had not been started until the beginning of the present year. It was therefore difficult to talk in terms of a deficit for 1951. With regard to commitments and actual expenditure to date, information came of course from the regional offices and the Secretariat was not in a position to give precise details of each project at the present stage. \$1,100,000 had so far been allocated for projects to which the Organization was committed, and the word "committed", to answer a further question put by the Australian delegation, meant not that a request had been received but that an actual contract existed.

Mr. SHAW, commenting on the explanations of the Secretary, felt that no special criteria had been applied to the requests received, particularly in regard to their practicable feasibility. It was not enough merely to add up the number of requests received and interpret them as total estimated expenditure.

His second point was that some estimate should be made as to the approximate amount available for the second period; there was no basis on which to assume that the amount would be 80 per cent. over that available for 1951. He maintained that certain budgetary principles should be applied in the matter.

Dr. MOAÏED HEKMAT (Iran) called for the adoption of the United States draft resolution.

Dr. DOROLLE, Deputy Director-General, felt there was some misunderstanding in regard to criteria for the establishment of the technical assistance pro-

gramme. He recalled his statement at the opening meeting of the committee that the programme and budget had been presented in the form of a co-ordinated programme and budget including a section on the technical assistance programme, in accordance with recommendations of the Third World Health Assembly and of the General Assembly of the United Nations. The section dealing with technical assistance could not be regarded as part of the budget statement proper, since available resources were as yet unknown. That section should be regarded more in the nature of a critical inventory of probable needs ascertained through the intermediary of regional offices. Naturally, how far effect could be given to these projects would depend on the funds which the Members of United Nations would make available. It was not, as had been suggested, a mere enumeration of heterogeneous and fanciful requests. States Members had been invited to indicate their needs along the lines of the four-year programme approved, although not in a definitive form, by the last Health Assembly. Accordingly, recommendations had been made by regional committees in accordance with the criteria clearly set forth by the Economic and Social Council for the expanded programme of technical assistance for economic development. He invited attention to annex 3 of *Official Records* No. 31, in which was set out a detailed analysis of the various projects and their estimated cost. It would be noted that over 60 per cent. of the projects for 1952 were a continuation of those started in 1951, new projects representing only about one-third of the total number. If it was felt that any one of the projects did not correspond to established criteria, the Secretariat would be happy to answer any questions on the matter.

Mr. SHAW did not find his objections fully answered, and could not therefore support the draft resolution submitted by the United States delegation. His delegation considered the programme set out in *Official Records* No. 31 as basically unrealistic. While he agreed that it was difficult to formulate a regular budget for technical assistance, an attempt should be made to present something sound and practical to the Technical Assistance Board. The Deputy Director-General's statement that the programme was a critical inventory went some way to meeting his point, but some information was needed as to the criteria applying in the first place.

The DEPUTY DIRECTOR-GENERAL repeated that the criteria applied were those defined by the Executive Board at its sixth session and by the Economic and

Social Council in establishing the Technical Assistance Board. While it was difficult to reply precisely to the general questions raised, the Secretariat would welcome constructive criticism in the matter.

Mr. SHAW maintained his previous statement.

*Decision:* The United States draft resolution was adopted.

(b) *Draft Resolution on Co-ordination of Technical Assistance Programmes*

The committee had before it the following draft resolution submitted by the United States delegation :

The Fourth World Health Assembly,

Noting that technical assistance in the field of health is furnished in many countries by more than one agency and in some cases by several agencies ;

Recognizing that co-ordination in the host country is essential to the achievement of effective working relationships between these agencies ;

Recognizing that in some countries in the field of health a high degree of co-ordination has been achieved through the creation of national co-ordinating committees under the Minister or Director of Health ;

1. URGES upon Members the desirability of promoting such co-ordination in their own countries

(1) by establishing within their own governments single points of contact for outside agencies furnishing technical assistance ;

(2) by establishing appropriate arrangements for consultation between their own governments and such outside agencies with respect to technical assistance ;

2. EMPHASIZES

(1) that, if no overall co-ordinating arrangements exist, a national co-ordinating committee in the field of health may be desirable and this or some similar arrangement should be actively considered and promoted, and

(2) that, if overall co-ordinating arrangements do exist, any special arrangements in the field of health should be brought within the framework of such overall arrangements, and

3. REQUESTS the Director-General to use appropriate means and occasions to bring to the attention

of Members these and other suitable methods of co-ordinating technical assistance programmes.

Amended versions of the above resolution had been circulated by the delegations of Thailand and Norway. (For text as amended by the Norwegian delegation, see third report, section 3.)

Dr. MOTT (Canada) said his delegation attached great importance to the technical assistance programme, which it considered could be successfully developed provided it was based on a solid foundation. Canada's initial contribution was therefore based on what was felt to be a realistic calculation of the amount which could effectively be spent during the first stages. Canada considered that the ultimate success of WHO's participation depended to a great extent on the rational co-ordination of the various programmes through the Technical Assistance Board. He welcomed the reference in resolution EB7.R84 (*Official Records* No. 32) to the responsibility which the Technical Assistance Board had assumed for making periodical economic analyses of the programme. His country had established an inter-departmental technical assistance service to co-ordinate all Canadian activities in connexion with technical assistance. He accordingly fully supported the United States draft resolution as amended by the Norwegian delegation.

Dr. DAENGSVANG (Thailand) expressed approval of the principle of the resolution proposed by the delegate of the United States of America. His delegation had however submitted the following amendments in an attempt to define more clearly the scope of overall co-ordinating functions :

(a) in the second clause of the preamble, after the word co-ordination, to add " in planning and operating " ;

(b) to add to the preamble a fourth clause reading: " Recognizing that a major function of WHO is to act as co-ordinating authority on international health work " ;

(c) in order to avoid the undesirable suggestion that in some countries there were no overall co-ordinating arrangements, to replace sub-clauses 2 (1) and 2 (2) by the following :

2. EMPHASIZES that, within the framework of such overall co-ordinating arrangements, a national co-ordinating committee in the field of health

is desirable and this or some similar arrangement should be actively considered and promoted, and

(d) to replace clause 3 by the following :

3. REQUESTS the Director-General with the assistance of the Regional Directors to play their appropriate parts in the establishment of such arrangements for consultation and co-ordinated planning between governments and outside agencies with respect to technical assistance in the field of health.

Thailand had set up an overall co-ordinating committee which consisted of representatives of all governmental departments concerned with technical assistance, and which functioned as a general clearing house for the administration, co-ordination, planning and implementation of all projects. Representatives of international agencies had been invited to take part in its work.

Dr. MELLBYE (Norway) fully endorsed the views expressed by the Canadian delegation.

Dr. HYDE explained that the purpose of the United States draft resolution was to draw attention to the importance of co-ordination at the national level. Since, however, the amendments suggested by the delegations of Thailand and Norway, by laying stress on co-ordination at the higher levels and on the importance of the role of WHO as a co-ordinating authority, both corrected what had perhaps been an oversight in his own draft, he was prepared to withdraw it in favour of either of them.

Dr. MOTT preferred the Norwegian draft because it was more comprehensive than that offered by Thailand. It made reference not only to co-ordination of activities in the host countries but also to the need for close co-ordination among the various agencies supplying technical assistance.

Dr. DAENGSVANG considered that the additional points referred to were already covered in annex 10 of *Official Records* No. 32. He wished to maintain his proposal.

Dr. TOGBA (Liberia) suggested that the draft resolution be reworded by agreement among the three delegations concerned for submission in written form to the committee.

The CHAIRMAN considered that the proposal of the delegate of Norway covered the amendments of the delegate of Thailand. Since the United States proposal had been withdrawn, he proposed putting the Norwegian proposal to the vote.

Dr. BARKHUUS, United Nations Department of Trusteeship and Information from Non-Self-Governing Territories, expressed warm appreciation of the co-ordination achieved between the United Nations and WHO, particularly as expressed in resolution EB7.R10 (*Official Records* No. 32).

*Decisions:*

(1) The United States draft resolution, as amended by the Norwegian delegation, was adopted by 31 votes to 1, with 4 abstentions.

(2) There being no objection, sub-section 73 of *Official Records* No. 33 was approved. (See third report, section 4.)

#### 6. Proposal concerning the Use of Insecticides

Dr. BURGER emphasized the danger resulting from the use in agriculture of certain modern insecticides which were known to be highly toxic for humans and animals. He suggested that the Director-General and the Executive Board be requested to make a study, in collaboration with the International Labour Organisation, on measures to be laid down for the use of insecticides.

Dr. EL-HALAWANI (Egypt) proposed that molluscicides be included in the proposed study.

Dr. BURGER agreed to submit a resolution in writing to be considered at a later meeting. (See eleventh meeting, section 6.)

#### 7. Proposal concerning Fellowships

Dr. BURGER, speaking of the interest felt by health workers and others in the periodical reports submitted by persons having obtained WHO fellowships, suggested that the Director-General should regularly publish the titles and subjects of all reports, together with the names of the reporters. Such data should be published in national medical periodicals and copies of the reports made available through national authorities on request.

*Decision:* It was agreed to ask the Director-General to take the above views into consideration in connexion with future programmes.

#### 8. Proposal concerning Venereal-Disease Control among the Rhine Boatmen

Dr. HEMMES (Netherlands), referring to page 387 of *Official Records* No. 31, proposed that the Health Assembly should ask the International Anti-Venereal-Disease Commission of the Rhine to include in its annual report to the Director-General the number of known new cases of venereal disease among boatmen, their families and crews, classified according to the ports in which the infection was contracted.

His delegation would submit a resolution in writing. (See eleventh meeting, section 7.)

*The meeting rose at 12.30 p.m.*

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### ELEVENTH MEETING

*Thursday, 24 May 1951, at 10 p.m.*

*Chairman:* Dr. M. JAFAR (Pakistan)

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#### 1. Adoption of Draft Third Report of the Committee

*Decision:* There being no objections, the draft third report of the committee was adopted (for text, see page 339).

#### 2. Amendment to Second Report of the Committee

*Decision:* At the suggestion of the Chairman, it was agreed to replace the word "BELIEVES" in the first clause of section 14 of the second report

by the words "Recognizing the fact". (See ninth meeting, section 2, and tenth meeting, section 1.)

### 3. Draft Resolution on Trachoma

Dr. PHAM-LE-TIEP (Viet Nam) introduced the following draft resolution on behalf of his delegation :

The Fourth World Health Assembly,

Considering that trachoma is a worldwide problem,

INVITES the Director-General to take the necessary steps to :

- (1) implement an adequate trachoma control programme ;
- (2) arrange a meeting of the Expert Committee on Trachoma in 1952.

He spoke of the grave problem created by trachoma and associated infectious eye diseases, which few regions of the world escaped. Statistics showed that half the world's population paid a heavy toll to this endemic disease and its consequences. According to the report of the Ophthalmological Institute in Hanoi, it was difficult to find a village with a single inhabitant free from trachoma, which often led to blindness and resulted in the loss of a tremendous number of working days per year. It was of paramount importance to intensify and reorganize the campaign against trachoma, and to set up, under the auspices of WHO, a centre for research and co-ordination. He mentioned the satisfactory results obtained by means of modern chemotherapy and such drugs as aureomycin and terramycin, and urged that his resolution be adopted in the interest of suffering humanity.

In conclusion, as he understood that the Expert Committee on Trachoma was to meet in 1951, he proposed to replace the words "in 1952" in sub-clause (2) of the draft resolution by "at the beginning of 1953".

Dr. HURTADO (Cuba) warmly supported the resolution. He was glad to see from page 161 of *Official Records* No. 31 that WHO was paying special attention to communicable diseases other than those covered by the draft International Sanitary Regulations, in particular to trachoma. He asked for further details about the forthcoming meeting of the Expert Committee on Trachoma, since its conclusions would be submitted to future Health Assemblies, and it was important carefully to review any recommended procedures and prophylactic measures.

Dr. MURAZ (France) also supported the resolution. He described in detail the costly irrigation works which had been undertaken by his country in the Sudan, and which, by modifying the climatic conditions, would, probably lead to a reduction in the incidence of trachoma. France had also set up in the Sudan a trachoma institute which was on the point of completion.

Dr. KARABUDA (Turkey) fully supported the resolution. In spite of all efforts to eradicate it, trachoma still persisted in Turkey, especially in the southern and south-eastern regions. He proposed that the draft resolution be completed by a third sub-clause covering the promotion of research.

Dr. FABINI (Uruguay) also spoke in favour of the draft resolution. Trachoma was not widespread in his country, but isolated cases existed in the interior. Studies carried out by a trachoma centre had given excellent results.

Dr. RAMCHANDANI (India) said that trachoma was one of the main problems in India, particularly in the northern regions. During the last war many persons had been rejected for military service owing to the prevalence of the disease.

Professor TOBGY, Bey, (Egypt) reiterated the view he had expressed at the fifteenth meeting of the Committee on Programme at the Third World Health Assembly (*Official Records* No. 28, page 267) that acute purulent ophthalmias and not trachoma were responsible for about 80 per cent. of blindness in Egypt. It was now known that purulent ophthalmia could be cured by antibiotics and chemotherapy in a few days.

He was of the opinion that a meeting of the Expert Committee on Trachoma should be envisaged for 1952 in order to provide continuity in the work.

He formally proposed that the draft resolution be amended to cover the question of adequate treatment not only of trachoma but of acute purulent ophthalmias.

Dr. GONZÁLEZ (Venezuela), while recognizing the importance of the problem of trachoma, did not believe that the draft resolution could be implemented with the reduced budget voted by the Assembly and therefore proposed the closure of the debate.

Dr. BIRAUD, Director, Division of Epidemiological Services, said that a meeting of the Expert Committee on Trachoma would take place towards the end of

1951. The following subjects were on the agenda for this meeting : chemotherapy of trachoma by sulfonamides and antibiotics ; organization of measures against trachoma in under-developed countries ; prophylaxis of trachoma to avoid its transmission from country to country ; and co-ordination of scientific research on trachoma. No budgetary provision had been made for a meeting of the expert committee in 1952. There would be a report from the committee at the end of 1951, and it was unlikely that there would be many new developments which would warrant re-convening the committee in 1952. Moreover, it should be remembered that the co-ordination of research required time. He therefore suggested that if the committee considered a further meeting of the expert committee desirable the Director-General should be asked to provide for such a meeting in the 1953 programme and budget.

Dr. DOROLLE, Deputy Director-General, considered that the resolution would give the impression, to a reader unfamiliar with the subject, that WHO had taken no action hitherto with regard to trachoma. That impression would be erroneous, since *Official Records* No. 31, annex 3, showed that programmes against trachoma were planned in Iran, Pakistan and Egypt, in response to requests from governments. The regional offices were in the best position to know where such programmes should be initiated.

Dr. PHAM-LE-TIEP appreciated the interest shown by the committee in the draft resolution submitted by his delegation. The delegate of Venezuela had objected that there was no budgetary provision for its implementation, but in fact such provision could be found on page 162 of *Official Records* No. 31. While not suggesting that WHO had taken no measures against trachoma, he recalled that the Expert Committees on Cholera and Bilharziasis had met during the past two years, whereas the Expert Committee on Trachoma had not met since 1948.

Dr. KARABUDA withdrew his proposed amendment in view of the statement made by the Secretariat.

Professor TOBGY, Bey, reiterated his statement that in countries where trachoma was prevalent other ophthalmias were even more dangerous. He proposed that the resolution be amended to include mention of these other diseases.

Dr. MACLEAN (New Zealand) proposed a draft resolution which he thought would meet the wishes of all delegates.

The CHAIRMAN ruled that, in view of the fact that the delegate of Viet-Nam had not withdrawn his proposal, voting should take place first on the resolution proposed by the delegate of New Zealand.

*Decision:* The resolution proposed by the New Zealand delegation was adopted by 32 votes to 1, with 2 abstentions (for text, see fourth report, section 1).

#### 4. Draft Resolution on Supply of Insecticides

Professor FERREIRA (Brazil), on behalf of his own delegation and those of India and Iran, introduced the following draft resolution :

The Fourth World Health Assembly,

Considering the present critical situation of the world supply of chlorine-based insecticides employed in public health ;

Having taken note that the use of insecticides in public-health programmes is already providing effective protection against insect-borne diseases to very large populations and, as regards malaria, is safeguarding the wellbeing of at least some seventy million persons ;

Taking into account the stimulation of demand for these types of insecticides which will result from the demonstrations in this field of health work which are being made possible through the United Nations programme of technical assistance for economic development ;

Being aware that the effectiveness of this weapon in the struggle to improve world health requires its continued and sustained application,

1. DIRECTS the attention of all governments to the grave repercussions on world health of any interruption in activity resulting from a diminution in the quantities of insecticides available for health programmes ;
2. ENDORSES the action taken by the Director-General to present to governments of producing countries the requirements in insecticides for world health purposes and to request the assistance of these governments in maintaining the necessary volume of export shipments to meet these requirements ;
3. URGES governments of countries where the means of production exist, to take vigorous action :

(1) to make available to the producers of chlorine-based insecticides in their territories,

raw materials and other services to an extent sufficient to enable existing productive capacity to be fully employed ;

(2) to make arrangements with producers for the granting of priority to requests for such insecticides for health purposes in other countries immediately after their own most pressing needs have been satisfied ;

(3) to facilitate in every way the export of these insecticides for health programmes ;

4. REQUESTS that, in view of the gravity of the problem and its far-reaching repercussions, the United Nations, through its economic commissions, arrange for the establishment of a working party or parties (or such other means as the United Nations may decide upon) representing governments concerned both with the production and with the import of chlorine-based insecticides, which working parties would, in consultation with the United Nations specialized agencies and other inter-governmental organizations concerned, investigate this international problem and make recommendations to governments and inter-governmental bodies concerned as to the methods which might be applied in order to alleviate the present situation and to ensure that the best possible use is made of existing availabilities of these precious and scarce commodities ;

5. INSTRUCTS the Director-General to continue his present efforts to bring about an increase in the world availability of insecticides for public-health purposes and to co-operate with all other inter-governmental agencies concerned with the problem.

He wished to draw special attention to two points. Firstly, the use of DDT had been a revolution in malaria control and had become extremely widespread, so that it was probable that if there were a sudden shortage of DDT, the malaria situation might become worse than before its discovery. Secondly, it was necessary that a body be set up to control the distribution and price of DDT, in order that all countries which needed it might get sufficient supplies at a price they could afford.

Dr. VARGAS-MENDEZ (Costa Rica) considered that the preamble to the draft resolution was unnecessary. Otherwise the resolution would be entirely satisfactory if it were possible to be certain of adequate supplies. In view of the present circumstances, he believed that an additional paragraph on the following lines should be added :

REQUESTS the Director-General to obtain from Member Governments information as to the

availability of raw materials needed for the manufacture of insecticides, with the purpose of examining the possibilities of installing regional manufacturing plants, with the co-operation of sound and internationally recognized enterprises.

Dr. RAJA (India) expressed his agreement with the draft resolution and with the comments made by delegates. In those areas where DDT was used for the control of malaria, it had been found that the control of fly-borne diseases, plague etc. had been greatly facilitated. He sincerely hoped that the resolution would be adopted.

Dr. MURAZ said that the supply of insecticides throughout the world was becoming critical owing to the scarcity of the essential basic ingredients : chlorine, benzene and sulphuric acid. But, since certain parasites were sensitive only to organic sulphur, it had been found that disinsection by emulsified oils, resulting from the pyrogenation of thio-ichthyolic limestone, gave results which were equal or sometimes superior to those obtained from chlorine-based insecticides. The emulsified oils had the following characteristics : (1) lack of toxicity for humans and animals ; (2) powerful efficacy ; (3) lower cost than chlorine-based insecticides. He gave further technical details about the oils and concluded by suggesting that all governments, particularly of countries which could not produce chlorine-based insecticides, should survey their territories in order to find deposits of the raw materials for the oils.

Dr. EL-HALAWANI (Egypt) strongly supported the draft resolution. He hoped that WHO would use all the means at its disposal to assist those countries suffering from a shortage of insecticides due to high prices in obtaining the necessary supplies to prevent the spread of disease. He suggested that it might be possible to use technical assistance funds to provide regions requiring DDT with the means to set up plants for its manufacture.

Dr. TABA (Iran) stressed the importance of sufficient supplies of DDT in all countries where it was needed for the control of malaria, at a price which the countries could afford.

Dr. O'FLANAGAN (Ireland) said that, in view of the shortage of DDT, it would be advisable to include in the draft resolution a request to all countries where it was used in public-health schemes to practise the greatest possible economy.

The DEPUTY DIRECTOR-GENERAL said in reply to the delegate of Costa Rica that the preamble to the draft resolution might be unnecessary in the Health Assembly, where the subject was familiar, but that, if it was proposed to bring the matter to the attention of the United Nations, some explanatory detail was advisable. As regarded the establishment of plants for producing insecticides, any such projects would be likely to receive favourable consideration from WHO and assistance from WHO and UNICEF. As for the new insecticides mentioned by the delegate of France, he would remind the meeting that the Expert Committee on Insecticides met each year mainly for the purpose of discussing new insecticides.

Dr. VARGAS-MENDEZ expressed satisfaction with the reply of the Deputy Director-General. He emphasized, however, that the shortage of insecticides could never be remedied except by the establishment of new factories, particularly in those countries which had none.

Dr. RAJA agreed to include a recommendation to governments, on the lines of that proposed by the delegate of Ireland, in the draft resolution.

Mr. GILBERTSON (United States of America) stressed the importance of the proposal by the delegate of Ireland. Economy in the use of insecticides was essential and could be achieved by two methods: firstly, by clear delimitation of the areas to be treated; and secondly, by evaluating the necessity for and the methods of treatment. Particular attention should be paid to the first two lines on page six of the document entitled "Supply of Insecticides":<sup>11</sup> "Any serious overstatement of requirements would necessarily detract from the force of such applications and would thus defeat their purpose."

*Decision:* The resolution, as amended, was adopted. (See fourth report, section 2.)

##### 5. Statement by the Official Observer from the Food and Agriculture Organization

Mr. McDUGALL (Food and Agriculture Organization) regretted that he had been unable to be present at the seventh meeting during the discussions on malnutrition in times of disaster. WHO and FAO had co-operated closely and fruitfully long before the Economic and Social Council had requested co-operation and co-ordination between

specialized agencies, for it had been realized that increased world food supplies and better distribution of food were essential to the improvement of world health. He would like to draw the attention of the meeting to three aspects of the co-operation between the two organizations: firstly, the successful work of the Joint WHO/FAO Expert Committee on Nutrition which had met in Rome during April;<sup>12</sup> secondly, the work of the Joint Working Party on Food Production and Malaria Control,<sup>13</sup> which it was hoped might receive assistance from technical assistance funds; and thirdly, the co-operation of both organizations with UNICEF in establishing long-range programmes for children.

##### 6. Draft Resolution on Toxic Hazards of Certain Insecticides and Similar Products (continuation from the tenth meeting, section 6)

Dr. BURGER (Netherlands) introduced the following draft resolution on behalf of his delegation:

The Fourth World Health Assembly,

Considering that among the preparations used in agriculture and in the medical field as insecticides, parasiticides and molluscicides or for similar purposes there are many which are highly toxic for human beings and animals;

Considering further that this fact involves a considerable and increasing danger for all workers exposed to these substances;

Recognizing that adequate preventive measures and early treatment seem to allow the safe use of these preparations;

Recognizing that regulations on the use of these preparations are extremely different in many countries and are more or less missing in others:

REQUESTS the Executive Board and the Director General to study, in co-operation with ILO and FAO, what measures could be taken to promote safe use of the preparations mentioned.

Dr. MACKENZIE (United Kingdom) considered that the draft resolution, as worded, over-emphasized the danger of toxicity in insecticides, since only a very few insecticides could be classed as toxic. He therefore proposed that the resolution be amended as follows:

Preamble, first clause: replace "many" by "some".

<sup>11</sup> Unpublished working document

<sup>12</sup> *World Hlth Org. techn. Rep. Ser.* 1951, 44

<sup>13</sup> Unpublished working document MH.1010.50

Preamble, second clause: amend to read: "Considering further that this fact may involve, in the case of certain insecticides, a danger for workers exposed to them".

Operative clause: amend to read: "REQUESTS the Executive Board and the Director-General, in co-operation with ILO and FAO, to collect information on the extent of the problem and the measures to be taken to promote safe use of the preparations mentioned."

Dr. BURGER accepted the amendments proposed by the delegate of the United Kingdom, although he considered that the danger had not been over-emphasized in his original draft.

*Decision:* The resolution, as amended, was adopted. (See fourth report, section 3.)

**7. Draft Resolution on Control of Venereal Disease among the Rhine Boatmen** (continuation from tenth meeting, section 8)

*Decision:* A resolution submitted by the Netherlands delegation was adopted (for text, see fourth report, section 4).

**8. Production of Antibiotics**

Dr. FABINI (Uruguay) asked for information regarding the production of antibiotics. The Execu-

tive Board had been requested to examine the feasibility of setting up a pilot plant (*Official Records* No. 28, page 239), and budgetary provision had been made for 1952 (*Official Records* No. 31, page 560). He would like to know whether penicillin alone would be produced in the plant or whether other antibiotics such as streptomycin would also be manufactured. It was of particular importance that streptomycin should be made more generally available at a lower market price than at present.

Dr. SOKHEY, Assistant Director-General, said that the pilot plant would probably not be in operation until 1954 but that production of most antibiotics, including streptomycin, would be undertaken as soon as it was ready.

**9. Regular Programme for 1952**

Agenda, 5.4

The CHAIRMAN read a draft resolution, which he pointed out was the logical culmination of all the work of the committee.

*Decision:* The resolution was adopted (for text, see fourth report, section 5).

**10. Final Report of the Committee**

It was agreed that the preparation of the final report should be left to the Rapporteur and that no further meetings of the committee should be held.

*The meeting rose at 12.20 p.m.*

# COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

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## FIRST MEETING

Wednesday, 9 May 1951, at 3 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

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### 1. Election of Vice-Chairman and Rapporteur

#### Agenda, 6.1

The proposals of the Committee on Nominations for the posts of Vice-Chairman and Rapporteur—Mr. T. J. Brady (Ireland) and Dr. A. L. Bravo (Chile) respectively—were adopted unanimously.

### 2. Statement by the Chairman of the Executive Board

Dr. GEAR, Chairman of the Executive Board, said that in view of the constitutional position of the Executive Board in relation to the Health Assembly he felt that a brief outline of the Board's work during the past year was warranted. Its first responsibility had been to adjust the Organization's level of expenditure to meet the actual, rather than the budgeted, income. At its sixth session the Board had reluctantly decided that an expenditure ceiling of \$6,150,000 would have to be established for 1951 (EB6.R.22, *Official Records* No. 29). The 1950 level had been \$6,300,000 (WHA3.80, *Official Records* No. 28), so that a reduction in programme activities in 1951 was unavoidable. At its seventh session the Board had been able to increase the 1951 level to approximately \$6,230,000, as further funds became available (EB7.R.30, *Official Records* No. 32).

Its second responsibility had been to study the organizational structure and administrative efficiency of WHO. The Board had reported to the Third World Health Assembly that the position in these matters was reassuring (*Official Records* No. 26, Section II), and had then been asked to study the particular problems of staff and the decentralization of activities (WHA3.89, *Official Records* No. 28). Again the Board had to report a satisfactory position

(*Official Records* No. 33, pages 27 to 33) but felt that these questions were of a continuing nature and suggested the selection by the Assembly of one or two points for study each year. For this year the Board would suggest the questions of (1) biennial Assemblies and (2) publications (*Official Records* No. 33, sub-section 162).

The Board had then studied many interrelated financial matters on which the committee would later receive a more detailed report.

A further item had been the emergency action necessary for relief in Korea, Turkey and Palestine, a full report on which could be found in *Official Records* Nos. 29 and 33.

The Board had also closely investigated the new policy of regionalization, since it was important that the administrative problems involved therein should not be overlooked. It was satisfied that the new regional offices were being organized on a sound basis.

In conclusion Dr. Gear paid tribute to the unfailing co-operation the Board had received from the Director-General and all members of the Secretariat.

### 3. Adoption of Working Agenda

The agenda, rearranged in accordance with the Committee's schedule of work, was adopted.

### 4. Establishment of Legal Sub-Committee

#### Agenda, 6.3

The CHAIRMAN said that the Secretariat had drawn up the following list of delegations to serve on the Legal Sub-Committee: Belgium, Egypt, France, India, Indonesia, Israel, Italy, Laos, Nether-

lands, Switzerland, United Kingdom, Union of South Africa and United States of America.

*Decision:* The Legal Sub-Committee was established on the basis of the above list with the addition of the delegations of Mexico and Saudi Arabia, added at their own request.

## 5. Agenda of the Legal Sub-Committee

### Agenda, 6.3

*Decision:* It was agreed to refer the following items of the agenda to the Legal Sub-Committee : 6.3.1., 6.3.2., 6.3.3., 6.3.4., 6.3.5., 6.3.6.2 and 6.3.6.3.

## 6. Report of the Director-General on Administrative, Financial and Legal Matters <sup>1</sup>

### Agenda, 6.2

Mr. SIEGEL, Secretary, summarized the progress made in the administrative, financial, and legal affairs of the Organization, during the period of its existence of little more than two and a half years. Between 1 September 1948 and the present date the number of Member States had risen from 54 to 75 (and one Associate Member), the staff from 206 to 816 (the latter figure including staff provided for from technical assistance and UNICEF funds).

The First World Health Assembly had approved for the last four months of 1948 a budget of \$965,000, plus \$2,150,000 for the repayment of the sum advanced by the United Nations to the Interim Commission and an initial provision of \$1,650,000 for the working capital fund (*Official Records* No. 13, pages 317 to 319). It had also approved a programme for 1949 costing \$7,000,000 but, allowing for delays in starting activities, the budget for that year had been fixed at \$5,000,000 (*Official Records* No. 13, page 319). In addition, about \$400,000 had been spent from the UNRRA special fund (*Official Records* No. 27, page 26). No provision had been made at that time for joint WHO/UNICEF activities.

The Second World Health Assembly had approved a budget of \$7,501,000 for 1950 (*Official Records* No. 21, page 42) ; but, following resolution 311 (IV) C of the United Nations General Assembly, and bearing in mind the ten inactive Members, the Executive Board at its fifth session had restricted expenditure to \$6,300,000 (*Official Records* No. 25,

sub-section 7.1.3). The Third World Health Assembly had approved for 1951 a budget of \$7,300,000 (*Official Records* No. 28, page 68) which, for similar reasons, had given place to an expenditure level of \$6,150,000, which sum, with the addition of \$82,057 from the funds of the Office International d'Hygiène Publique, brought the total amount of the effective budget for that year to \$6,232,057 (*Official Records* No. 32, page 11).

WHO expected to receive \$3,740,000 from technical assistance funds in 1951 (*Official Records* No. 32, annex 15, section 2), and it was hoped that the amount would be increased in 1952. It was estimated that UNICEF might provide some \$9,000,000 for technically approved health programmes in 1951 and \$5,000,000 in 1952 (*Official Records* No. 31, page 29). Since WHO under its Constitution had the function of directing and co-ordinating international health programmes, the programme and budget for 1952 presented in a single document this integrated programme, reflecting the co-ordination which had taken place at the planning level.

The period under review could be considered a formative stage in the Organization's development. The First World Health Assembly had laid down basic principles regarding administration, finance, and employment of staff, and had committed the Organization to the policy of decentralization, thus laying the foundations for the development of regional programmes and the budgetary consequences of that policy. In accordance with those decisions the organization and staffing of headquarters had been substantially accomplished and much progress had also been made towards decentralization. The Executive Board, through its Standing Committee on Administration and Finance, had, in January 1950 and again in 1951, reviewed the organizational structure and administrative efficiency of the Organization, making valuable suggestions (*Official Records* No. 26 and No. 33).

Although the budgetary position could not be said to be adequate, the actual cash position had improved. At the end of 1948 and 1949 cash deficits of respectively \$1,345,101 (*Official Records* No. 20, page 13) and \$1,306,397 (*Official Records* No. 27, page 17) had had to be covered by advances from the Working Capital Fund, the causes of those deficits being the debt contracted with the United Nations, the small collection of contributions, and the fact that in carrying out the programme approved by the Health Assembly, the Organization was spending more than it was receiving in contributions. To improve a dangerous situation the Executive Board

<sup>1</sup> *Off. Rec. World Hlth Org.* 30, 72-79.

and the Third World Health Assembly had established expenditure ceilings for 1950 and 1951, in keeping with the income which could reasonably be expected to be received. Member States had made strenuous efforts to improve the situation by paying their contributions more promptly. The decision of the Third World Health Assembly to place the unused budget surpluses for 1949 and 1950 in a suspense account until the unpaid contributions on which those surpluses were based had been received (WHA3.105 and WHA3.112, *Official Records* No. 28) had also helped the position. The Director-General had constantly practised economy of operations.

As a result a marked improvement in the financial position had been achieved. The debt to the United Nations had been paid off, the cash deficits for 1948 and 1949 reduced to \$356,779 and \$249,950 respectively; the deficit for 1950, which had been \$1,679,654 at 31 December 1950, was now \$384,413. Arrears of contributions had been reduced to 2.35 per cent. for 1948, 2.15 per cent. for 1949, and 7.2 per cent. for 1950. Unpaid advances to the Working Capital Fund were 2.77 per cent. The Health Assembly had before it additional measures to improve the financial position of the Organization.

It would be seen that in the period under review there had been evolved a basic organizational structure and staffing pattern adapted to attaining the objectives of the Constitution and carrying out the programmes and policies approved by the Health Assembly and the Executive Board. The financial position had improved, though at the expense of reductions in the programme approved by the Health Assemblies. The Director-General considered, however, that with adequate budgetary provision the Organization was now fully able to assume all the responsibilities laid upon it.

After Dr. VAN DEN BERG (Netherlands) had congratulated the Secretary on his clear statement, Dr. TABA (Iran) and Mr. NALLIAH (Ceylon) added their congratulations but earnestly requested that efforts be made to distribute such important documents as the Director-General's Annual Report to Member States at least a month before each World Health Assembly.

The SECRETARY explained that it was the very heavy workload the present year that had prevented the Director-General from sending out the report in time, and that every effort would be made to do so in the future.

*Decision:* The committee took note of the report. (For text of resolution, see first report, section 1.)

## 7. Financial Report and Accounts of WHO for 1950 and the Report of the External Auditor

Agenda, 6.6.1

Dr. HÖJER (Sweden) presented the comments of the ad hoc committee appointed by the Executive Board to consider the report of the External Auditor. (See annex 5.)

*Decision:* The resolution recommended by the ad hoc committee was adopted. (See first report, section 2.)

## 8. Status of Contributions

Agenda 6.5.2.1

The SECRETARY pointed out that only six active Members remained in debt for 1948 and seven for 1949. Since 30 April 1951, Brazil, Cuba, Ethiopia, Italy, Laos, Indonesia and Peru had either paid their contributions for 1950 and 1951 or had indicated that their contributions might be expected in the near future.

The CHAIRMAN proposed that the Rapporteur be asked to draft a resolution noting the improvement in the status of contributions and asking Member States that had not paid to do so as soon as possible.

*It was so agreed.* (For text of resolution, see first report, section 3. See also fourth meeting, section 1.)

## 9. Status of Working Capital Fund and Advances from Working Capital Fund

Agenda, 6.6.3.1 and 6.6.3.2

The CHAIRMAN drew the attention of the committee to the status of the working capital fund as contained in Schedule E (*Official Records* No. 34) and to resolution WHA3.105 of the Third World Health Assembly (*Official Records* No. 28); he proposed that the Rapporteur draft a resolution stating that the committee took due note of the schedule and resolution.

*It was so agreed.* (For text of resolution, see first report, section 4.)

**10. Supplemental Budget for 1951 related to Obligations of WHO to the United Nations**

Agenda, 6.5.1

The CHAIRMAN drew the attention of the committee to resolution EB7.R50 of the Executive Board (*Official Records* No. 33, sub-section 86). He proposed that a resolution be drafted along the lines approved by the Executive Board.

*It was so agreed.* (For text of resolution, see first report, section 5.)

**11. Supplemental Budget for 1951 to replace the Amount of the Emergency Fund of the Executive Board used for Assistance to Refugees in Turkey**

Agenda, 6.5.5

*Decision:* The committee adopted the resolution set out in section 6 of the first report.

**12. Scale of Assessment for Korea, Viet Nam and Israel**

Agenda, 6.5.3.1

Dr. PHAN HUY DAN (Viet Nam) recalled that, when Viet Nam had been admitted to membership of WHO the previous year, it had first been proposed that Viet Nam's assessment should be 35 units, but in view of the poor economic situation of his country the assessment had been reduced to 25 units (*Official Records* No. 28, page 387). The situation had not improved during the last year and he noted that the resolution of the Executive Board on the scale of assessments for Korea, Viet Nam and Israel (*Official Records* No. 32, page 14) maintained the Viet Nam assessment at the same level. Should the Health Assembly, however, decide to make a general increase in the assessment of Member States, Viet Nam

would vote in favour of such an increase in order to allow the WHO budget to attain the minimum laid down in the budget estimates proposed by the Director-General.

*Decision:* The draft resolution recommended by the Executive Board in its resolution EB7.R40 was adopted. (See first report, section 7.)

**13. Use of Spanish Language in WHO**

Agenda, 6.2.5

Dr. TABA wondered what increase in the expenditure of WHO would ensue from the adoption of Spanish as a working language.

The SECRETARY pointed out that the Executive Board had discussed various cost estimates for the adoption of Spanish as a full or partial working language (*Official Records* No. 33, sub-section 109). In resolution EB7.R44 (*ibid.* and *Official Records* No. 32, page 16) the Executive Board recommended only that Spanish be used in the interpretation of speeches at sessions of the Health Assembly, the Executive Board and its Standing Committee, expert committees and other advisory bodies. The cost of providing such a service in 1952 was estimated at \$22,055.

The CHAIRMAN suggested that, since the resolution recommended to the Health Assembly in part I of resolution EB7.R44 of the Executive Board involved changes in the Rules of Procedure, it should first be submitted to the Legal Sub-Committee.

*Decision:* The Chairman's suggestion was adopted. (For adoption of resolution as amended by the Legal Sub-Committee, see ninth meeting, section 3.)

*The meeting rose at 5 p.m.*

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SECOND MEETING

*Friday, 11 May 1951, at 10 a.m.*

*Chairman:* Professor G. A. CANAPERIA (Italy)

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**1. Additional Members of Legal Sub-Committee**

The CHAIRMAN told the committee that after the previous meeting the New Zealand and Korean delegations had asked to be represented on the Legal Sub-Committee. In view of the principle under

which all delegations requesting representation on the sub-committee were to be authorized to sit, he himself had granted the authorization to those two delegations. He asked the committee to approve his action.

*Decision:* The Chairman's action was approved.

## 2. Proposal of the Director-General for improving the Financial Position of the Organization

Agenda, 6.6

Dr. GEAR, Chairman of the Executive Board, briefly reviewed the factors leading up to the Director-General's proposal that the Fourth World Health Assembly reverse the decision of the First, whereby the 1948 budgetary surplus was transferred to the Working Capital Fund, and that the amount of the surplus be placed in the suspense account established by the Third World Health Assembly (*Official Records* No. 33, annex 2).

The Working Capital Fund had been created by the First Health Assembly for 1948 and 1949 and had totalled \$1,650,000. A Working Capital Fund of approximately \$4,000,000 had been established at the Second World Health Assembly. The Third World Health Assembly, by resolution WHA3.105 (*Official Records* No. 28), had placed the budget surpluses for 1949 and 1950 in a suspense account, and the Committee on Administration, Finance and Legal Matters had considered a proposal to do the same with the surplus for 1948. It had been decided to give the question further study, and the Executive Board had consequently considered the matter during the previous year and had adopted the resolution contained in sub-section 18 of *Official Records* No. 33 (EB7.R41). The object of the proposed transfer of the budget surplus for 1948 to the Assembly Suspense Account was to cover the deficits of 1948 and 1949 and to pay the WHO commitments for the building extension. The Board therefore recommended that the Health Assembly adopt the draft resolution in sub-section 18.

Mr. INGRAM (United States of America) drew the attention of the committee to the following amendments to the Executive Board's resolution proposed by his delegation :

Sub-clause 2(1) : delete the words " the 1948 budgetary surpluses transferred to " ;

Sub-clause 3 (2) : delete the words " by the transfer of \$233,645 from the 1948 budgetary surpluses transferred to the suspense account " and substitute " by using \$233,645 from the suspense account " ;

After clause 4 add the following clause : "REQUESTS the Director-General to place these surpluses in the suspense account established by the Third World Health Assembly, to be known as the Assembly Suspense Account ;".

The above were intended as drafting amendments and did not change the substance of the new resolution.

He wondered what would be the effect of the changes proposed in the Board's recommendation on the outstanding assessments against inactive Members.

Mr. SIEGEL, Secretary, stated that the adoption of the Director-General's proposal would in no way relieve the Members concerned of their indebtedness. The total indebtedness of those Members did not change. In the accounts of the Organization they had been shown as debtors to the budgets of 1948 or 1949 or to the Working Capital Fund. Those debts would now be transferred to the suspense account. Payments received from the inactive Members would be credited to the Assembly Suspense Account. The cash represented by any such payments would then be available for appropriation by the Health Assembly.

He proposed that clause 5 of the resolution (to become clause 6) be amended to read, "DECIDES that the status of the Assembly Suspense Account should be revised by each Health Assembly, and", in order to make it consistent with the amendments proposed by the United States.

*Decision:* The resolution, as amended, was adopted. (See first report, section 8.)

## 3. Additional Funds for the Budget of WHO

Agenda, 6.6.4

The CHAIRMAN drew the attention of the committee to the resolution recommended by the Executive Board for adoption by the Fourth World Health Assembly (EB7.R89, *Official Records* No. 32, page 38).

Dr. GEAR, in reply to a request by the delegate of Norway for a clarification of the proposal in sub-clause (1), said that the question of undertaking such a study had been raised by the Belgian delegation at the Third World Health Assembly and brought up again by Professor De Laet at the last session of the Executive Board. The intention was that the revenue from any tax imposed should be payable in part to WHO.

The DIRECTOR-GENERAL pointed out that the matter had been much discussed and that the question of whether such a tax was practicable was extremely controversial. However, the Executive Board had been assured by certain of its members that possibilities existed, and he had accordingly stated that he would be willing to explore such possibilities with any interested governments.

Dr. PADUA (Philippines) wondered exactly what was meant by the phrase "certain products". Did it, for instance, mean the principal products of a given country?

Dr. GEAR explained that no particular products were implied, but that each country could study its own internal situation and impose what taxes it thought best.

Dr. VAN DE CALSEYDE (Belgium) recalled the proposal put forward by Professor De Laet at the previous session of the Executive Board. After citing the example of certain countries which had ceased to tax imported insecticides, Professor De Laet had proposed that producers increase the price of insecticides very slightly, so that although there would be no appreciable rise in cost, quite considerable additional funds would become available to WHO.

In reply to a question put by the Chairman, he said that in recalling the original suggestion of Professor De Laet he was merely giving an example of the kind of product that might be taxed, and was not suggesting any modification of the resolution before the committee.

*Decision:* The resolution recommended by the Executive Board was adopted. (See first report, section 9.)

#### 4. Provision by Governments of Funds for Field Service Allowances of WHO Staff

##### Agenda, 6.6.5

The CHAIRMAN drew attention to the draft resolution recommended by the Executive Board for adoption by the Health Assembly (EB7.R58, *Official Records* No. 32, page 23).

Dr. GONZÁLEZ (Venezuela), while generally in agreement with the wording of the proposed resolution, thought that it might be better not to include any reference to the willingness of governments to provide funds for field service allowances; it would be better simply to state that any country which could supply the necessary funds should do so. He therefore proposed to delete the words "willing and" in clause 1 of the resolution.

Mr. INGRAM understood that the Technical Assistance Board and the Technical Assistance Committee had already adjusted their procedure according to the principle laid down in clause 1. He therefore proposed that clause 3 be deleted as

redundant, and that the following words be added to clause 2: "notes with approval that the Technical Assistance Board and the Technical Assistance Committee have adopted this principle with respect to that programme;"

Mr. SHAW (Australia) asked whether UNICEF had not adopted the principle by which governments were to pay a large part of the costs of local projects.

The SECRETARY replied that UNICEF no longer had the exact provisions to which he thought Mr. Shaw referred.

Mr. TALJAARD (Union of South Africa) asked whether an indication could be given of the conditions under which recipient governments should be required to pay for part of the costs of projects.

The SECRETARY pointed out that those conditions were laid down in the resolutions adopted by the Technical Assistance Committee at its twelfth session and the Technical Assistance Board at its tenth session (see annex 8). He stressed that there was an important difference between the resolution proposed for adoption by the Fourth World Health Assembly and the resolution of the Technical Assistance Committee. The former resolution stated that governments should provide funds for field service allowances only where they were willing and able to do so; the Technical Assistance Committee, on the other hand, would require recipient governments to bear the cost of lodgings, save in exceptional circumstances, when they might present their case to the Technical Assistance Board. He reminded the committee that when the Technical Assistance Committee had made that provision it had been aware of the proposed resolution of the Executive Board.

Mr. TALJAARD wondered how it would be decided whether a government was able to provide the necessary funds.

The SECRETARY remarked that it was not possible for the Director-General to investigate the economic and financial situation of every country in order to assess its ability to pay. That question would have to be determined by another means.

Mr. INGRAM said that in view of the Secretary's remarks he would now like to revise his proposed addition to clause 2 of the resolution to read: "notes with approval that the Technical Assistance Board and the Technical Assistance Committee

have relaxed somewhat the requirement that governments provide the funds to pay field service allowances with respect to the technical assistance programme ; ”.

Dr. HASHEM (Egypt) proposed that the phrase “ or certain legislative restrictions ” be deleted from the second clause of the preamble, since he felt that any government seeking assistance should abrogate any restrictive legislation in order that it might bear its fair share of the expenses.

Dr. EVANG (Norway) felt it important to distinguish between attempting to set up international legislation on the payment of expenses and attempting to find a way in which field services could be effectively undertaken. He therefore suggested that the second clause of the preamble be amended to read simply : “ Noting that some governments find themselves unable to comply with this requirement ; ”.

Dr. VAN DEN BERG suggested that there was an important difference of substance between the opinions expressed by the delegates of Norway and Egypt. The economic difficulties of individual countries must be recognized, but he agreed with the delegate of Egypt that national legislation should not restrict the work of international organizations.

Dr. JAFAR (Pakistan) said that many countries in undeveloped areas objected to the large subsistence allowance they were required to pay to visiting WHO experts, as the sum was normally out of all proportion to the salaries of local government officials. The seemingly unjustified difference between the salaries and allowances of United Nations employees and those of even high government officials caused misunderstanding and lack of co-operation. In addition, the responsible member of the government found himself in a most embarrassing position when called upon to justify such high payments before his own parliament. He requested an enumeration of the items for which a field allowance was provided and asked whether there was a limit to the period over which it was paid.

The SECRETARY explained that conditions of service for personnel in WHO were much the same as in the technical assistance programme. A distinction was made between short-term contracts—those of less than one year—and long-term contracts—those of over one year. In the former case the

Organization accepted no responsibility for transportation of the staff member’s family and, on the presumption that he would therefore have to maintain two homes, he was paid the full subsistence rate, which comprised the daily estimated cost of his food and lodging plus 25 per cent. of that amount for incidentals. In the case of personnel with long-term contracts, family transportation was paid for by the Organization, the staff member receiving an installation allowance for one month and then free lodging only.

Dr. KHADDOURI (Iraq) fully supported the statement of Dr. Jafar.

Mrs. BIEMOND (Indonesia) also strongly supported Dr. Jafar’s remarks and added that in her country the subsistence allowance of a WHO official brought his total remuneration to a level higher than that of the Minister himself. In addition her Government had received a circular letter outlining the type of accommodation and office equipment which should be put at the disposal of visiting WHO officials, and it was felt that some of the demands made were excessive.

Dr. JAFAR said that he knew of definite examples where governments had refrained from seeking WHO assistance because it proved so costly. Not only had they to meet the excessive subsistence allowance payments, but they were also expected to make income and import tax concessions. Since at least one other specialized agency, UNICEF, required payment of a lodging allowance only, he did not understand why WHO should maintain a full subsistence allowance. He fully supported Mrs. Biemond’s remarks with regard to office accommodation and equipment.

After Mr. BRADY (Ireland) had suggested that the discussion was becoming too detailed and irrelevant, Mr. NALLIAH (Ceylon) insisted that on the contrary the matter was of the utmost relevancy, since it was essential to fix a scale of allowances in conformity with the economic position of individual countries. He suggested that inviting governments should be required to pay only the lodging allowance and that the cost of any supplementary allowances should be borne by WHO.

Mr. TALJAARD reaffirmed the necessity for a clear definition in the resolution of the exact financial obligations of inviting governments and suggested the establishment of a working group to draft a revised resolution.

The SECRETARY reminded the committee that the First World Health Assembly had agreed in principle that recipient governments should be responsible for all expenses which could be met in local currency. That decision had been confirmed by the Second World Health Assembly. To meet difficulties raised by certain governments, the Executive Board after due consideration had proposed the resolution under discussion. The Organization was in fact paying the same rates of allowance as other specialized agencies—sometimes slightly lower. He felt that it was essential to achieve the highest degree of co-ordination among all specialized agencies in the fields of both programme and administration. With regard to the circular on accommodation mentioned by Mrs. Biemond, such a letter had indeed been sent, but contained only an indication of the articles to be provided and was not in any way mandatory.

Sir Dhiren MITRA (India) felt that there were two problems involved: firstly whether the subsistence allowance laid down by WHO was reasonable, and secondly whether local governments should be required to pay the full WHO scale. The first point was not relevant to the present discussion, but with regard to the second he suggested that governments be required to contribute toward the field subsistence allowances of WHO personnel on a scale adjusted to the economic position of the country in question, any payment in excess of that

amount being made by WHO. He proposed that the resolution be amended to that effect.

Dr. VAN DEN BERG appreciated the difficulties of the governments concerned and, although he agreed with the Secretary on the policy of uniformity with the United Nations and other specialized agencies, he felt that an exception might have to be made on the present point. He therefore supported Mr. Taljaard's proposal to appoint a working group to reach an acceptable solution.

Dr. JAFAR said governments were not seeking to avoid their responsibility for meeting all expenses payable in local currencies. They merely objected to the excessively high level of WHO subsistence allowances. They would be willing to accept the solution of paying a basic lodging allowance, or the system previously adopted by UNICEF whereby the full subsistence allowance was paid and the Organization then deducted a sum from the staff member's salary as a contribution towards the budget. Governments did not object to that principle, since they felt that some of the money paid by them in subsistence allowances was recovered by the Organization for work on its programme. He further pointed out that the Technical Assistance Board in the resolution adopted at its tenth session had not laid down the rate at which subsistence allowances must be paid.

*The meeting rose at 11.58 a.m.*

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### THIRD MEETING

*Friday, 11 May 1951, at 3 p.m.*

*Chairman: Mr. T. J. BRADY (Ireland)*

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#### **1. Provision by Governments of Funds for Field Service Allowances of WHO Staff (continuation)**

Agenda, 6.6.5

Dr. EVANG (Norway) associated himself with the proposal of the Union of South Africa to establish a working party to consider the terms of the resolution to be put before the Health Assembly.

The CHAIRMAN believed that the previous meeting had shown that there was general agreement on the substance of the matter. It would therefore expedite the committee's work if a working party were established immediately to consider the terms of the resolution in the light of the discussion which had taken place. He suggested that it should consist of representatives of the Union of South Africa, Pakistan, the Netherlands, Venezuela and India.

Mrs. BIEMOND (Indonesia), Dr. PHAN HUY DAN (Viet Nam) and Dr. TOUKHI (Iraq) requested that their countries be represented on the working party, and Dr. DE PINHO (Portugal) proposed the inclusion of a representative of the United Kingdom.

Dr. GONZÁLEZ (Venezuela) and Sir Dhiren MITRA (India) believed that more useful work could be done if the number of participants in the working group remained low. Their delegations would therefore withdraw.

*Decision:* It was agreed that a working party consisting of representatives of the Union of South Africa, Pakistan, the Netherlands, Indonesia, the United Kingdom, Viet Nam and Iraq should be established to consider the terms of the resolution.

(For consideration of report of working party, see tenth meeting, section 3.)

## 2. Consideration of First Report of the Legal Subcommittee

Mr. SHAW (Australia) moved that a separate vote be taken on each resolution in the first report of the sub-committee (for text, see page 363).

His delegation would abstain from voting on the admission to membership of Japan, since it considered that pending the restoration of Japanese sovereignty by a peace treaty Japanese participation in World Health Assemblies was amply provided for by the presence of an observer, in accordance with the decision of the Far Eastern Commission. His Government had always urged the necessity of concluding a peace treaty with Japan and, since steps had been taken in that direction, the matter of Japanese admission to membership of WHO might better have been deferred to the next Health Assembly.

He would vote in favour of the admission to membership of the Federal Republic of Germany and of Spain.

Dr. GREGORIĆ (Yugoslavia) announced that he would abstain from voting on the admission of Spain.

The CHAIRMAN put to the vote the constituent parts of the report.

*Decision:* Sub-section 1.1, on admission to membership of Japan, was adopted by 39 votes to none, with 3 abstentions.

Sub-section 1.2, on admission to membership of the Federal Republic of Germany, was adopted by 38 votes to 1, with 5 abstentions.

Sub-section 1.3, on admission to membership of Spain, was adopted by 37 votes to 2, with 7 abstentions.

Section 2, "Action taken by Poland with regard to membership of WHO", and section 3, "Amendments to the Rules of Procedure of the World Health Assembly", were adopted unanimously.

## 3. Scale of Assessment for 1952

Agenda, 6.5.3.2

### *United States of America*

Dr. GEAR, Chairman of the Executive Board, explained that it was necessary for the committee to agree on the scale of assessments for 1952 as the first step in examining the programme and budget for that year.

He described how, in conformity with Article 56 of the Constitution, the First World Health Assembly had initiated the practice of establishing the budget on the basis of the criteria set by the United Nations and of using the statistical facilities provided by the United Nations to draw up the scale of assessment on the unit system.

It should be pointed out, however, that the budgets for 1949 and 1950 had been prepared on a theoretical basis and did not represent the actual levels of expenditure on which the Executive Board worked, since those Member States which had expressed their unwillingness to continue as active Members of WHO had continued to be assessed. It should also be noted that by resolution WHA2.68 (*Official Records* No. 21, page 41) the Second Health Assembly had adopted the principle of limiting the contribution of any one Member State to one-third of the total, provided that the per capita contribution of any Member State should not exceed that of the Member paying the highest contribution. The committee would therefore have to consider whether it was yet opportune to make the necessary adjustments reducing the existing United States contribution of 35 per cent. to 33 $\frac{1}{3}$  per cent.

Mr. INGRAM (United States of America) recalled that the Second World Health Assembly had agreed that the proportion of 38.54 per cent. of the Organization's contributions which was at the time being borne by the United States was too heavy a share for any one Member and had consequently resolved to reduce that figure to 33 $\frac{1}{3}$  per cent. That resolution had been immediately implemented by a reduction to 36 per cent., an action which had been greatly appreciated by the United States Government and which had been particularly noted by the

United States Congress as a true recognition of the principle of community of effort which should prevail. The Third World Health Assembly had reduced the proportion further to 35 per cent. During the present Health Assembly, therefore, the United States delegation requested that it be reduced to the final figure of  $33\frac{1}{3}$  per cent.

He wished to point out that the contributions from the new Members to be admitted into WHO would more than balance the reduction in the United States contribution.

Mr. GARCÍA SANCHEZ (Mexico) opposed any change in the existing scale of assessments, since he considered that an additional burden would fall on the smaller countries.

Mr. SHAW was afraid that any reduction in the scale of contributions would raise difficulties, although he fully recognized the heavy burden assumed by the United States in the field of international co-operation.

Emphasizing that he was concerned only with the principle, since his country would not, under the per capita ceiling contribution, suffer any increase in its own contribution should it be agreed to reduce that of the United States, he expressed the view that the present scale was not inequitable taking into account the basic consideration of capacity to pay. Resolution WHA2.68 referred to a gradual reduction in the United States contribution; that did not necessarily mean an annual reduction. Moreover, although the United States contribution to WHO had been reduced, its contribution to ILO had been maintained at 25 per cent. Consequently, he would urge the United States not to press for a reduction at the present stage.

Mr. BOUCHER (United Kingdom) associated himself very strongly with the remarks for the Australian representative, speaking in the interest of the countries which would not be protected by the ceiling contribution.

Dr. HÖJER (Sweden) believed that it would be most difficult to vote against the United States in the matter. He asked the United States representative if he could not reconsider his position.

Mr. INGRAM did not think that it would be either reasonable or in order to withdraw his proposal.

In point of fact, the United States had increased its contribution to ILO the previous year from 22 per cent. to 25 per cent., and its contribution to ICAO from 18.27 per cent. to 25 per cent. He

noted too that, as a result of changes in the scale of assessment the previous year, a large number of Members had benefited financially.

Mr. MASON (New Zealand) supported the representatives of Australia and the United Kingdom. He had always understood that the United States contribution would be reduced gradually in relation to the improvement in the world economic situation. In his view, the situation for many countries had not improved in recent months.

Dr. HASHEM (Egypt), Dr. VAN DEN BERG (Netherlands), Dr. EVANG and Dr. GREGORIĆ shared the views of the representatives of Australia, New Zealand and the United Kingdom.

Mr. SIEGEL, Secretary, on the request of Dr. MCCUSKER (Canada) explained the situation with regard to contributions from new Members.

Should any of the three new Members deposit its instrument of ratification with the Secretary-General of the United Nations before the close of the Fourth World Health Assembly, it would be included in the scale of assessment for 1952 and a proportional reduction in the assessments of other Members would follow. Should the new Members become full Members only after the end of the Health Assembly, they would still be assessed for the year their membership became effective, but their contributions would be carried over for use in the programme and budget for 1953.

Although no definite news was available, it was believed that Spain and Japan had taken steps to act speedily in depositing their instruments of ratification if their applications were approved by the Health Assembly in plenary session.

Dr. VAN DEN BERG, supported by Dr. JAFAR (Pakistan), proposed to amend the United States proposal to reduce the United States contribution to  $33\frac{1}{3}$  per cent. by the following addition: "provided one or more of the new applicants have become Members before the close of the Fourth World Health Assembly by depositing their instruments of ratification with the Secretary-General of the United Nations."

Dr. TABA (Iran) disagreed with the principle and questioned the necessity of introducing a conditional amendment.

Mr. INGRAM said that his delegation was firm in its decision not to withdraw its proposal. In his

view, the economic conditions of a great part of the world had undergone a significant improvement, largely due to United States efforts, and he hoped the United States would still be in a position to pursue its integrated policy of assistance in the international field.

He would prefer the proposal not to be amended in a conditional sense.

*Decisions:*

(1) The amendment was adopted by 25 votes to 10, with 12 abstentions.

(2) The United States proposal, as amended, was adopted by 23 votes to 1, with 20 abstentions. (See second report, section 1, sub-clause 2 (1). See also ninth meeting, section 2.)

*Inactive Members*

*Decision:* A proposal of the United Kingdom delegation for the continued assessment of inactive Members was adopted unanimously. (See second report, section 1, clause 1.)

*Per Capita Ceiling Contribution*

The CHAIRMAN believed it was the sense of the committee that the principle of the per capita ceiling contribution should be maintained.

*Decision:* There being no objection, it was so agreed. (See second report, section 1, sub-clause 2 (2).)

*Austria*

Mr. STROBL (Austria) drew attention to a letter addressed by his delegation to the Secretariat, in which it was pointed out that during 1951 Austria would have to pay the equivalent of 19 million dollars for the maintenance of the allied forces and would at the same time be deprived of revenue from the taxation of industrial enterprises under Russian administration. He stressed the fact that his delegation had not taken any political considerations into account but had been content to explain the situation in a realistic light. Although his country was very happy to co-operate in the work of WHO, it was obliged to request a reduction in its assessment from 22 units to 17 units for the time of the occupation of Austria by the Allied Forces.

Dr. VAN DEN BERG supported the Austrian request.

*Decision:* It was agreed to grant the reduction. (See second report, section 1, sub-clause 2 (3).)

*Spain and Federal Republic of Germany*

*Decision:* The scale of assessment recommended by the Director-General was adopted. (See second report, section 1, clause 3.)

*Japan*

Dr. SODA (Japan) said that he was in consultation with his Government regarding the proposed scale of assessment and hoped to receive a reply before the matter came before the plenary session of the Health Assembly.

(For further discussion of assessment of Japan, see sixth meeting, section 2.)

**4. Programme and Budget for 1952**

Agenda, 6.5.4

Dr. GEAR drew attention to resolution EB7.R28 of the Executive Board (*Official Records* No. 32, page 10). Whether the procedure recommended therein would prove more efficient than that followed in the past remained to be seen. With regard to the form of presentation of the programme and budget, which the committee had also to consider, he drew attention to resolution EB6.R20, adopted at the sixth session of the Executive Board in accordance with resolution WHA3.107 of the Third World Health Assembly and the principles set out in annex 6 of *Official Records* No. 29.

He thought that the committee, bearing the above references in mind, should give special note to the following items in *Official Records* No. 33: subsections 19, 20, 22, 23, 24, 27, 28 and 29. He would later have to draw attention to other points.

The CHAIRMAN thought that attention should again be drawn to the functions of the committee at the stage in its work which it had reached, and in that connexion he referred in particular to subsection 121 of *Official Records* No. 33 and the general considerations set out on page 8 of that volume.

Mr. SHAW recalled that his delegation had already at the fifth plenary meeting of the Health Assembly given its views on the need to stabilize the budgets of the United Nations and the specialized agencies and drawn attention to the resolution to that effect adopted by the General Assembly of the United Nations (411(V)). The estimates in *Official Records* No. 31 gave little indication of progress towards

stabilizing the budget of WHO. The figures given in the comparative table drawn up by the Secretariat (see annex 13) showed that the budget proposed by the Executive Board, while representing a reduction of the Director-General's estimates, was a considerable increase on the budget for 1951. If WHO found it impossible to apply the General Assembly resolution on the stabilizing of budgets, the fact should be stated openly.

He suggested that as an approach to stabilizing the budget the Organization should adopt the figure of \$5,954,019 for assessments on active Members given in the 1951 budget, adding the \$477,782 which would be available from various sources in 1952 minus the \$105,000 calculated for assessments on new Members admitted during the previous year. That last sum, together with assessments on new Members in the current year, should be used to lighten the burden of assessments on other Members rather than to increase the total estimates. The total working budget for 1952 should therefore be of the order of \$6,325,000.

He was not singling out WHO for criticism, seeing that the combined budgets of the United Nations and all the specialized agencies had risen from 63 million dollars in 1948 to 73 million in 1951, and two other agencies apart from WHO were planning further increases in 1952. It was, however, worth noting that WHO had a useful additional source of revenue in the technical assistance funds, and no government contributing to those funds could be accused of trying to curtail the activities of the Organization by reducing its budget.

He would not at the present stage submit any formal resolution.

Dr. MCCUSKER wished to explain the general principles which would guide the Canadian delegation in examination of the budget. While admitting the truism that if all countries could spend for peace a fraction of what was spent for war there would be no problems of peace, security or health, account must be taken of political realities, which at present imposed a considerable burden of taxation for defence purposes on many countries. Reasonable economies and practical priorities were necessary in national and international projects.

He had no intention of attacking the budget and his country had fully shown in the past its support of the ideals of WHO, but if those ideals were to be realized the Organization must be businesslike and consider firstly whether projects were worth

while, secondly whether any possible waste or extravagance had been eliminated and thirdly whether sufficient co-ordination existed between WHO and other organizations to avoid overlapping and duplications.

It was recognized that some increase on the 1951 budget was probably unavoidable as a result of automatic salary increases, staff promotions and rising prices. Limited expansion of programme activities might also be necessary and desirable, though the Director-General was commended for omitting certain projects owing to financial limitations (*Official Records* No. 33, sub-section 76).

Dr. GREGORIĆ observed that over 70 per cent. of the budget was to be allotted to personnel and only 17.58 per cent. to what he considered the most beneficial activities of the Organization, such as the provision of fellowships and the work of expert committees. He felt that at least 20 per cent. of the budget should be allotted to supplies for activities in individual countries, 25 per cent. to fellowships and 20 per cent. to the work of committees. A corresponding reduction in expenditure on personnel would be feasible if the Organization did not insist on maintaining a large permanent staff of experts but made more use of temporary expert collaboration. Every permanent expert dispensed with should make possible a reduction of the general secretarial and other staff by three.

The CHAIRMAN observed that at the present stage the committee was limited by its terms of reference to the consideration of the broadest financial implications of the budget estimates. The remarks of the Yugoslav delegate would be more appropriately placed before the Committee on Programme, which he was sure would take due note of them.

Dr. FABINI (Uruguay) thought that the general feeling of the committee would be that, as the delegate of Canada had pointed out, it would be difficult to prepare budget estimates providing for no increase at all.

He noted that the countries of Latin America were in a peculiar position in that they were required to pay contributions not only to WHO but also to the regional offices. Consideration should be given to the possibility of a fairer assessment of contributions for those countries in accordance with the view of the Executive Board that their contributions to the regional offices could be considered partly as contributions to WHO.

Mr. BOUCHER thought the time opportune to draw attention to the memorandum<sup>2</sup> in which the United Kingdom delegation had attempted to reconcile the need for stabilization of the budget with the inevitability of some degree of increase.

Dr. PHAN HUY DAN felt that the main role of WHO was to help Member countries to co-ordinate their health projects rather than to dole out sums as a charitable organization. Its recent activities had shown the recognition of that principle.

He had been impressed by the remarks of the Director-General at the sixth plenary meeting to the effect that while the Organization had made some progress in 1951 there was a danger, for budgetary reasons, of regression in 1952, and that WHO must either reduce its regional bodies and content itself with acting as a co-ordinating agent between the various countries, or increase its regional organization to the detriment of its co-ordinating function.

Considering the aims of the Organization and its modest resources, any reduction or stabilization of its budget was unthinkable. His delegation would support the highest estimate proposed by the Director-General, which was itself the barest minimum on which the programme of WHO could be carried out.

Dr. GARCÍA SANCHEZ thought that the budget estimates eventually placed by the committee before the joint meetings with the Committee on Programme should be based on the 1951 budget together with the revenue derived from the contributions of new Members.

M. RUEDI (Switzerland) agreed with the Australian delegation that the budget should be stabilized. If automatic increases were accepted year by year, the Organization would find, when it wished to undertake some project of real importance, that no further increase was possible.

The committee, before adopting the budget estimates, should obtain some information on the technical assistance programme. Of the 20 million dollars voted for that programme, nearly four million had been assigned to WHO and should be added to the amounts estimated as available for carrying out its programme.

<sup>2</sup> Unpublished working document. The budget proposals which it contained are given in tabular form in annex 13.

Dr. EVANG felt on the one hand that the Director-General and the Executive Board, in presenting their budget estimates for 1952, had in fact taken into account the General Assembly resolution recommending the stabilization of budgets, and on the other hand that the Australian and Swiss delegations had not properly distinguished between "stabilizing" and "freezing". It had not been intended that the budgets of specialized agencies should be fixed permanently at particular figures attained in some past year. Moreover, it should be remembered that WHO differed to some extent from other agencies, and in particular from the United Nations itself, in that it was both an administrative and an operative agency. He felt that the General Assembly resolution had been intended to refer mainly to administrative expenses; operating expenses must inevitably depend on specific requests from governments and the feasibility of suggested projects. In short, a careful study of the resolution in question and of the discussions leading to its adoption had not suggested to him that a body like the United Nations had intended to lay down strict directives, freezing the operating expenses of a technical body.

In passing, he wished to congratulate the Secretariat and the Executive Board on the presentation of the estimates, which represented a great improvement in clarity.

The CHAIRMAN suggested that to bring a long discussion to a head the Australian delegation might be willing to present its views at the next meeting in the form of a resolution, which, since those views related to the overall figures of the estimates, would be within the terms of reference of the committee. The United Kingdom memorandum would be more appropriately considered at the joint meetings.

Mr. SHAW undertook to submit such a resolution at the next meeting.

Dr. GEAR, while recognizing that he could not properly intervene in any controversy on the proposals submitted by the body which he represented, wished to remind the committee that the procedure of examining the budget estimates and the programme in separate committees was designed to obviate the difficulties which had arisen in previous Health Assemblies, where there had been a tendency for the programme to be dictated by financial considerations. He suggested that before the com-

mittee proceed further with its discussions it give careful attention to Resolution EB7.R28 of the seventh session of the Executive Board, to which he had referred earlier.

Dr. HÖJER, supported by the Australian delegation, felt that consideration should be given to the

possibility of holding the first joint meeting earlier than the date fixed.

The CHAIRMAN said that the suggestion would be conveyed to the General Committee, though he thought that its adoption would not be feasible.

*The meeting rose at 5.45 p.m.*

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## FOURTH MEETING

*Saturday, 12 May 1951, at 10 a.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

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### 1. Adoption of Draft First Report of the Committee

#### *Sections 1 and 2*

The sections were adopted without comment.

#### *Section 3 — Arrears of Contributions*

Mr. SIEGEL, Secretary, proposed that clauses 4 and 5 of resolution EB7.R32 (*Official Records* No. 32) be employed in place of clause 2 of section 3, which read :

CALLS UPON Members who are still in arrears to pay their assessed contributions promptly and in entirety, in order that the full programmes of the Organization may be carried out ;

*Decision:* The section was adopted with that amendment.

#### *Sections 4 to 12*

The sections were adopted without comment.

#### *Section 13 — Action taken by Poland with regard to Membership of WHO*

Rajkumari AMRIT KAUR (India), supported by the Iranian and Netherlands delegations, proposed that the preamble, which began : " Having noted a communication " be amended to begin : " Having noted with regret a communication " .

*Decision:* The section was adopted with that amendment.

#### *Section 14 — Amendments to the Rules of Procedure of the World Health Assembly*

Mr. CALDERÓN-PUIG (Mexico) recalled that the matter of Rule 25 bis had been raised by him at the first meeting of the Legal Sub-Committee. He had opposed limiting the representation of delegations as observers in the General Committee to a single person, considering that governing bodies which became too strong might infringe on the sovereignty of the Health Assembly. The argument adduced on the other side, that if no limit was imposed the meeting room might become grossly overcrowded, seemed to him beside the point, and he therefore proposed that Rule 25 bis be altered to read, " The General Committee may be attended by members of each delegation . . . " .

The CHAIRMAN pointed out that Rule 25 bis had been submitted to the Legal Sub-Committee, which had decided to adopt the text given in annex 12 of *Official Records* No. 29. Rule 54 stated that, " When a proposal has been adopted or rejected, it may not be reconsidered at the same session unless the Health Assembly, by a two-thirds majority of the Members present and voting, so decides. " He therefore asked for a vote by show of hands to determine whether the proposal of the delegation of Mexico should be considered.

*Decision:* It was decided that Rule 25 bis should not be reconsidered, and section 14 was adopted without change.

The CHAIRMAN asked for the adoption of the report as a whole.

*Decision:* There being no objection, the report, as amended, was adopted (for text, see page 342).

## 2. Programme and Budget for 1952 (continuation)

Agenda, 6.5.4

In accordance with its undertaking, made at the end of the third meeting, to express its views in a draft resolution, the Australian delegation submitted the following text :

The Committee on Administration, Finance and Legal Matters,

Recalling the resolution adopted by the General Assembly of the United Nations on 1 December 1950 on administrative budgets of the specialized agencies ;

Recognizing the obligation of the World Health Assembly to give full weight to the General Assembly's appeal to the specialized agencies to "intensify their efforts to stabilize their regular budgets by the elimination or deferment of less urgent projects" ;

Taking into consideration the extent to which contributions from the technical assistance fund are enabling the World Health Organization to expand its operational work ;

RECOMMENDS to the Joint Meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters that the regular budget of the World Health Organization for 1952 should be based on a sum equal to that assessed on active members in 1951 plus income from miscellaneous sources together with an amount covering justifiable increases in service costs.

Rajkumari AMRIT KAUR was amazed at the attitude of the delegations which supported the views expressed in the Australian draft resolution. She was also surprised that the Executive Board itself should have suggested a reduction in the Director-General's proposed programme and budget estimates for 1952. It was well known that the vital problem of health did not receive all the attention it deserved in certain countries, but the Director-General's illuminating statement of the World Health Organization's financial requirements should have convinced all the delegates present at the World Health Assembly. Money could be produced for wars, so why should there be hesitation when a paltry two

million dollars extra were needed to fight disease and to prevent the unrest produced by unhealthy living conditions? The money was badly needed and could be forthcoming by one means or another. All the Health Assembly should do was to state what was required and let the governments find the means of providing it. Moreover, it was the nations that stood in need of help which should have the right to say what money should be forthcoming. Countries which already possessed adequate health facilities had no right to prevent other countries whose populations were in urgent need of assistance from receiving the help they required. She was convinced that if the World Health Assembly were to send telegrams to governments explaining that a further two million dollars were needed to carry out the Organization's programme, there would be a good response.

She reminded the delegates that in the past, when it had first been proposed to set up regional organizations, similar objections had been raised ; but they had been overcome. The Assembly must now display the same faith and courage that it had shown then. She regretted that there were not more women among the delegates ; for women had more faith and courage than men. She recalled a discussion on finance in India when the fact that the women were unanimous in their opposition to the policy advocated by the men present had caused Mr. Gandhi to change his own opinion.

The Organization must stand for progress and there must be no regression. The budget estimate should be increased annually as its work extended and developed. It was not money that was lacking, but the will to get the money they needed. The Indian delegation proposed, therefore, that the budget estimates put forward by the Director-General should be accepted.

Mr. MASON (New Zealand) did not agree with the delegate of India that it was only the nations in need of assistance which were concerned with the amount of the budget. All delegations had the right and duty to speak on behalf of their governments and of the public whose money they were spending. There were many other demands on the finances of the countries of the world. The emphasis today was on stabilization, although some expansion was obviously necessary in view of rising costs and rising salaries. Additional expansion was largely allowed for by the participation of the World Health Organization in the UNICEF and technical assistance programmes. He was glad to note that the Director-General himself had abstained from launching forth

into new programmes. His delegation was in substantial agreement with the United Kingdom proposals (see annex 13) and with the Australian draft resolution.

Dr. PADUA (Philippines) said the budget was the life-blood of the Organization, which was bound to grow and expand. The technical assistance of the World Health Organization was urgently required at the present time in many countries, and no brake must be placed on its evolutionary progress. His delegation supported the Director-General's proposed programme and budget estimates for 1952, which should, he considered, be made adjustable and fluid so as to permit of further expansion.

Mr. SHAW (Australia) considered that the World Health Organization, being a specialized agency, should either accept the policy recommended to specialized agencies in the General Assembly resolution referred to in his delegation's draft resolution, or else register its disagreement with that policy in specific terms. The United Nations technical assistance funds were a major addition to the resources of the specialized agencies, and governments contributing to those funds could not be accused of putting a brake on the development of the agencies in question. He agreed with the delegate of New Zealand that all governments should have a voice in the amount of the budget estimates.

He considered that the words "regular budget" should mean the total assessments of Member States (apart from technical assistance funds and UNICEF contributions). Stabilization did not mean "freezing"; it did not, on the other hand, mean a rise of 33 per cent. in the total budget.

He pointed out that the Australian resolution had, as requested, been drafted in general terms, no specific figure being named.

Mr. CALLEA (Italy) felt that the stabilization of the budget was of the utmost importance, not only from the point of view of the orderly development of the Organization but also because it would allow the procedure for voting contributions in the various countries to be simplified and unfortunate delays thus to be avoided.

The Italian delegation felt, like other delegations, that stabilization should take place at a level which would allow the Organization to carry out the tasks for which it was responsible. Future programmes would have to be taken into account, and his delegation therefore suggested that the amount fixed by the joint meeting of the two committees should

be stabilized for a period of four years. Flexibility could be given to the budget by varying the amount received from the technical assistance funds.

Dr. NOACH (Israel) asked whether a budget of approximately 8½ million dollars could really be considered adequate for an organization which aimed to improve the health of the whole world. The time for stabilization had not yet come. Retrenchment at the present juncture would eliminate all operational activities and merely leave a bureaucratic machine.

Mr. BRADY (Ireland) considered that too rigid a form of stabilization at the present early stage in the life of the World Health Organization might possibly handicap it in relation to other organizations which had been in existence longer. But unfortunately money was limited in the international as well as in the national sphere. Unnecessarily large demands and an over-rapid development of the Organization would not help to loosen the financial strings. What was wanted was orderly development on a sound basis and solid work by the Organization as a whole. His delegation felt therefore that there should be no excessive increase in the budget, and would like to propose the following recommendation:

The Committee on Administration, Finance and Legal Matters,

Having reviewed the broad financial aspects of the programme and budget, together with the comments and recommendations thereon of the Executive Board,

SUBMITS for the consideration of the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters a recommendation that the amount of the budget to be adopted for 1952 should be of the order of that recommended by the Executive Board in *Official Records* No. 33 (page 8) on the basis that both active and inactive Members are assessed for budgetary purposes.

He would like, in conclusion, to stress the fundamental equality of all the Member States of the Organization.

Dr. PHAN HUY DAN (Viet Nam) agreed with the delegate of Israel. Even if the budget were fixed at 8½ million dollars it would still be ridiculously small compared with the Marshall Plan budget for the years 1948, 1949 and 1950, which came to more than eight billion dollars. An eight-and-a-half-

million-dollar budget would not enable the Organization to expand, but would allow it to continue its existence and prevent it from becoming nothing more than a co-ordinating agency between other organizations dispersed throughout the world.

As the delegate of Israel had said, the time had not yet come for stabilization, which under existing circumstances would mean a regression. His delegation was in favour of the Director-General's proposed programme and budget estimates for 1952.

Dr. VAN DEN BERG (Netherlands) did not consider that the committee could come to any decision with regard to the draft resolution proposed by the Government of Australia until the extent of the contributions from the technical assistance funds to the World Health Organization was known, as the third paragraph of the draft resolution referred specifically to such contributions. He proposed that the present discussion be adjourned until further information on the subject was received.

The SECRETARY informed the committee that the total sum made available to the specialized agencies from the United Nations technical assistance funds for the period of one and a half years from 1 July 1950 to 31 December 1951 amounted to \$20,000,000, of which the World Health Organization's share was \$3,747,000. \$1,600,000 had already been received. The amount to be received during the second fiscal period was not yet known; the Economic and Social Council and Technical Assistance Committee would reach decisions on the matter when they met in August. Further information regarding technical assistance was given in *Official Records* No. 31.

He pointed out that while certain types of programme could be financed from the technical assistance funds, others could not. In drawing up the programme for 1952, the Director-General had borne in mind the distinctions between the purposes for which the various funds might be used. The increase of \$2,000,000 in the Director-General's budget proposals provided, for instance, for an

increase in the number of fellowships and aid to scientific establishments. Much of such expenditure could not be included under the expanded programme of technical assistance.

Dr. EVANG (Norway) reminded delegates that they were not discussing the ceiling of the budget, but the principles on which they should work. At the present stage the World Health Organization was able to make effective use of a great deal of money. UNICEF and the technical assistance funds would also have considerable calls made upon them. It was necessary when discussing stabilization to remember that the World Health Organization was both an administering and an operative organization. The present was obviously not the time to stabilize its budget. Stabilization on the lines suggested in the Australian draft resolution would in actual fact mean freezing the budget.

Mr. NALLIAH (Ceylon), referring to the second paragraph of the Australian draft resolution, considered that none of the Organization's projects was "less urgent". There were two methods by which the health standards of a nation could be raised, that favoured by the World Health Organization and that followed by the group of absent nations. His country preferred the former, which they believed was the sounder, but if the help which the peoples of Asia had a right to expect was not forthcoming, they would be forced to join the group of absent nations and improve their standard of living by other methods.

Dr. WAHBI (Iraq) supported the views expressed by the delegate of India. To curtail the budget would mean curtailing the work of the Organization in the field. His delegation therefore supported the Director-General's proposed programme and budget estimates for 1952.

On the proposal of the Chairman, the discussion was adjourned to the next meeting.

*The meeting rose at 11.50 a.m.*

## FIFTH MEETING

Monday, 14 May 1951, at 10 a.m.

Chairman: Professor G. A. CANAPERIA (Italy)

### 1. Programme and Budget for 1952 (continuation)

Agenda, 6.5.4

Two further draft resolutions were before the committee in addition to those submitted at the fourth meeting by the delegations of Australia and Ireland. One, put forward by the Norwegian delegation, read :

The Committee on Administration, Finance and Legal Matters,

Considering that the following proposals for the effective working programme and budget are now before the Health Assembly :

- (a) the Director-General's proposal of \$8,379,653,
- (b) the Executive Board's proposal of \$7,677,782,
- (c) the United Kingdom proposal of \$6,692,982 ;

Having reviewed the broad financial aspects of the programme and budget, together with the comments and recommendations thereon of the Executive Board ;

Considering the resolution of the United Nations General Assembly on administrative budgets of the specialized agencies ;

1. RECOMMENDS to the joint meeting of this committee and the Committee on Programme that special consideration be given to :

- (a) the content of the proposed programme ;
- (b) the ability of governments to finance this programme ;
- (c) whether the programme and budget of WHO should provide for a reasonable expansion or whether the Organization has reached the point at which its programme and budget should be stabilized ;
- (d) the considerations and recommendations of the Executive Board as contained in subsections 20, 21 and 23 of *Official Records* No. 33 ;

(e) the extent to which funds available under the technical assistance programme will enable the Organization to carry on additional health work, and the types of programmes which can be carried out thereunder ;

(f) the necessity of providing for rising costs of supplies, equipment and salaries.

Further, recognizing the fact that the inactive Members of the Organization are being included in the scale of assessments for 1952,

The Committee on Administration, Finance and Legal Matters

2. RECOMMENDS that the Programme and Budget for 1952 be considered on the basis of an " effective working budget " to be financed by contributions from the active Members plus casual income available for the year, and that an amount representing the assessment against the inactive Members be added thereto to establish the gross budget.

The second draft resolution, submitted by the United Kingdom delegation, read :

The Committee on Administration, Finance and Legal Matters,

Having reviewed the broad financial aspects of the regular Programme and Budget for 1952 in the light of all circumstances,

RECOMMENDS to the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters that the regular budget of the World Health Organization for 1952 should be of such order as will take fully into account the considerations and proposals outlined in the memorandum submitted by the United Kingdom delegation.<sup>3</sup>

<sup>3</sup> Unpublished working document. See annex 13.

Dr. TRIANTAFYLLOU (Greece) thought that if the successful results achieved by WHO in the past were to be continued, it must not act as a purely advisory body, but must give practical assistance to Members not in a position fully to realize their health programmes. He was therefore in favour of adopting the budget estimates submitted by the Director-General.

Dr. FABINI (Uruguay) considered that the work of the Pan American Sanitary Bureau was an example of the excellent results which could be achieved through budgetary decentralization. He therefore urged that in its final report to the Health Assembly the committee draw particular attention to subsection 52 of *Official Records* No. 33.

Dr. HÖJER (Sweden) observed that, as the Chairman had said, it was not the task of the committee to submit any precise proposals regarding figures to the joint meeting. He could not therefore support the Australian proposal, which recommended a figure based on the 1951 assessment budget. Nor was the United Kingdom proposal any more acceptable, since it recommended that the budget take into account the considerations in the United Kingdom memorandum, which named the specific figure of \$6,692,982. The Norwegian proposal should be the basis of any resolution adopted.

M. FOESSEL (France) thought that it was generally agreed in the committee on the one hand that the resources of WHO were not adequate to meet all needs, and on the other hand that the capacity to pay of Member States in general had been reduced by the international situation and the regrettable inactivity of certain countries. His own country, which already had difficulty in financing its own public services, and which had accepted some 350,000 displaced persons in recent years, could not increase its contribution to WHO by more than a moderate degree.

The stabilization of the activities of the specialized agencies need not mean a regression, but rather a salutary respite. It was in periods of temporary penury of resources that the true value of individuals and institutions was put to the test.

Dr. TABA (Iran) did not think that the time had yet come to stabilize the budget of WHO, which was still only completing its formative stage and had so far spent most of its time and resources on the development of its organizational structure and the levelling up of financial deficits for previous years.

Programmes approved by past Health Assemblies had not been fully carried out though, in his opinion, apart from co-ordination the most important duty of WHO was to give practical aid to countries in need.

He did not agree with the Australian delegation as to the interpretation of General Assembly resolution 411 (V). WHO under its Constitution was vested with full autonomy, and the resolutions of the United Nations, in so far as they concerned the specialized work of the Organization, could be taken only as suggestions. Furthermore, the Australian delegate had referred only to one clause of the resolution, and had ignored the fifth, in which the United Nations requested the Secretary-General, in consultation with the specialized agencies, to pay particular attention to the further development of satisfactory arrangements for the provision of common services, particularly in respect of regional and branch offices of the United Nations and specialized agencies, with a view to achieving greater efficiency and economy.

Much had been said in the committee about the technical assistance funds and UNICEF aid, but the work to be carried out with those funds was intended to be supplementary and not a substitute for existing programmes of WHO. As the Secretary had pointed out at the last meeting, there were limitations to the ways in which those funds could be used.

His delegation realized that the successful execution of an expanding programme would have serious budgetary implications, but thought that radical measures could and should be taken to improve the position. Such measures would include strict administrative economy, of which he would speak when the time came, and larger contributions if necessary.

For those reasons his delegation supported the budget proposed by the Director-General.

Dr. HASHEM (Egypt) agreed that at the present stage of the Organization's development it was premature to speak of stabilizing its budget. Moreover, stabilization should be considered from a dynamic point of view in relation to the health needs of the world. As the Indian delegation had pointed out, what were commonly known as the under-developed areas, which comprised two-thirds of the population of the world, suffered gravely from deficiencies of essential health services, and the fulfilment of those crying needs would be a determining factor not only in the improvement of the health of the world but also in the development of inter-

national economy and the maintenance of world peace. WHO should follow the sound budgetary principles applied by any effective organization. Rather than limit its programmes to what could be achieved with the resources at the moment available, it should first decide on its requirements and then try to meet them in an equitable way.

There had been many references to the General Assembly resolution calling on the specialized agencies to stabilize their budgets, but none to the resolution calling on nations to strengthen their efforts for the establishment and maintenance of economic and social wellbeing in all countries. Economic and social wellbeing were not attainable while health conditions in many countries remained unsatisfactory.

It should also be remembered that the United Nations had accepted with regard to the financing of its own organization and of the specialized agencies the principle of capacity to pay, which corresponded on the international scale to the requirements of social justice on the national scale. Any limitation of the budget would not only defeat the aim of the Organization but would also be a violation of those principles of social justice. He therefore supported the budgetary proposals submitted by the Director-General.

Mrs. BIEMOND (Indonesia) was in entire agreement with the remarks made by the Indian delegation at the fourth meeting. The amount of assistance required by the countries of South-East Asia in developing their health services was perhaps not fully realized. It was true that some help was received from other organizations, but the peoples of South-East Asia looked mainly to WHO, and she feared the effect that any cut in the budget proposed by the Director-General might have upon them.

Mr. BOUCHER (United Kingdom) felt that a realistic approach to financial problems, such as was advocated in the draft resolution submitted by his delegation, would be the best way to maintain general confidence in the Organization and so lead in the end to the best results.

Dr. BRAVO (Chile), though Rapporteur of the committee, wished to speak not in that capacity but as a member of his delegation.

His Government, for all its recognition, to which its collaboration had testified, of the value of the work and the greatness of the needs of WHO, suffered from a shortage of hard currency, especially

dollars, which would make any additional contribution a sacrifice. It was difficult to reconcile those opposing considerations, especially in view of present world economic conditions and the urgent needs of some countries. The budget could not be completely stabilized without paralysing the activities of WHO, but it might be well to effect some reduction in staff expenses, as suggested by the Executive Board, and devote a larger proportion of available resources to the technical assistance programmes.

He would therefore support the budgetary proposals of the Executive Board together with the draft resolution submitted by the delegation of Ireland.

Sir Dhiren MITRA (India) submitted the following draft resolution :

The Committee on Administration, Finance and Legal Matters

RECOMMENDS to the joint meeting of the Committee on Programme and of the Committee on Administration, Finance and Legal Matters that the regular budget of the World Health Organization for 1952 should be based as closely as possible on the proposals of the Director-General in *Official Records* No. 31.

The terms of this draft resolution, he felt, were entirely consistent with the General Assembly resolution, so often referred to in the committee, concerning the stabilization of budgets. The United Nations had surely not intended that WHO should act like a limited liability company. If so, it should merely collect money from governments, buy bonds, and redistribute the dividends. That was not the way in which any humanitarian organization achieved stability. What humanitarian organization could ever say that its funds and its programmes were adequate ?

If he asked which government's budget was to be stabilized it might be replied that it was the budgets of all governments ; but his country was in the peculiar position of having to wage continuous warfare against disease. In that connexion he drew attention again to the fifth paragraph, quoted earlier in the meeting by the delegate of Iran, of the General Assembly resolution in question. The budget proposed by the Director-General was entirely in conformity with that paragraph. The last part of the General Assembly resolution recommended that the possibility of further economies should not be lost sight of, but that surely implied not that overall cuts should be adopted but that economies on

particular items, if any were suggested, should be considered on their merits.

Referring to sub-clause (b) of the Norwegian proposal, he said his colleague Dr. Raja had informed him that the present budget of the Organization represented an expenditure per head of eighteen pence per year. That was not outrageous. It would of course be difficult to persuade governments to increase their contributions, but he was sure that they would have no hesitation in doing so once they realized the importance of the task before the Organization. Moreover, his delegation intended to propose a scheme which if applied ought to bring in substantial funds, and he invited other delegations to propose further schemes.

Dr. McCUSKER (Canada) thought that the committee should content itself at the present stage with the fruitful general discussion which had taken place rather than adopt any formal resolution. The procedure suggested by the Executive Board on page 28 of *Official Records* No. 33, and adopted at the third plenary meeting of the Health Assembly, had been intended to obviate the difficulty that had arisen at previous Health Assemblies through the independent examination of programme and budget proposals by two committees. That procedure provided for a review of the broad financial aspects by the committee and the making of recommendations on the total amount of the budget jointly with the Committee on Programme. For the committee to pass any resolution indicating the level of the 1952 budget would be to bind itself before meeting with the Committee on Programme and would therefore be to ignore the procedure adopted. It was in any case an entirely logical procedure since the committee should not decide on a budget level without examining the programme to be implemented under that budget.

He could not therefore agree with those delegations which had suggested the immediate approval of the budget proposals put forward by the Director-General; nor was it reasonable to decide straight away that any other budget level was appropriate. If the draft resolutions recommending various budget levels were put to a vote his delegation would therefore have to abstain in every case. The Norwegian proposal admittedly made no such recommendation, but that too seemed out of place.

The CHAIRMAN agreed that it was the function of the committee to consider the broad financial aspects of the programme of WHO, but it must go to the joint meetings with some definite ideas on those broad aspects.

Dr. VAN DEN BERG (Netherlands) agreed with the delegate of Canada that most of the draft resolutions submitted by various delegations were scarcely within the terms of reference of the committee. He did not, however, agree that the Norwegian proposal was out of place. On the contrary, it would be useful for the committee, so long as it kept within its terms of reference, to place its opinion before the joint meeting.

Dr. HURTADO (Cuba) thought that some of the arguments put forward during the present discussion had been based on political rather than economic and health considerations; he referred in particular to the suggestion that the methods applied by inactive Members might be superior to those adopted by the Organization. He hoped that delegations would in future refrain from employing such arguments.

It had also been suggested that WHO was in danger of becoming only a co-ordinating agent for various international health activities. His delegation felt, on the contrary, that the present resources of the Organization were sufficient for carrying out the programme already adopted without imposing further burdens on Member States.

Technical assistance to Eastern countries, particularly in the matter of fellowships, should be increased, but for that purpose the Director-General should ask the United Nations to increase the share assigned to WHO of the twenty million dollars set apart for technical assistance programmes.

His delegation would therefore support the Australian proposal.

Mr. INGRAM (United States of America) agreed with the Canadian delegation that the committee should not adopt any resolutions providing for a budget ceiling. When it met jointly with the Committee on Programme its views would be known, since both were committees of the whole Health Assembly. The discussion should be adjourned and the various resolutions submitted should be placed before the joint meeting.

Mr. MASON (New Zealand) thought that of all the proposals submitted that of the United Kingdom could be most usefully placed before the joint meetings, since with its reference to the United Kingdom memorandum it contained both the general considerations covered by the Norwegian proposal and the detailed figures which would be needed in the joint discussion.

In relation to the health needs of the world the budget of the Organization could be increased

indefinitely, but there must be some limit. Furthermore, in spite of the arguments brought forward by some delegations, he was convinced that the General Assembly resolution on the stabilization of budgets had been intended to refer to overall expenditure and not merely to administrative costs.

The delegate of India had said that the budget of the Organization amounted only to eighteen pence per head of population, but it should be remembered that that sum by no means represented all that certain countries were required to pay. His own country, to take one example, had contributed no less than six shillings per head to UNICEF.

Dr. EVANG (Norway) agreed with the Netherlands delegate that the various draft resolutions submitted, apart from that of his own delegation, were perhaps not quite within the terms of reference of the committee. However, there were certain features of the Indian proposal which he would like to incorporate in that of his own delegation by deleting sub-clause 1 (b) and adding at the end of sub-clause 1 (d) (which would become 1 (c)) the words "and the programme and budget estimates proposed by the Director-General for the financial year 1952, in *Official Records* No. 31".

Mr. DE SOUZA-BANDEIRA (Brazil) expressed his general support of the Director-General's proposals. He would, however, be glad to hear them clarified further by the Secretariat.

His delegation would be prepared to support the Indian proposal, but felt that the memorandum submitted by the United Kingdom delegation should also be put before the joint meeting, since it set out the situation in a most comprehensive way.

Mr. SIEGEL, Secretary, welcomed the opportunity to clarify certain points over which confusion might possibly arise from the way the budget figures were presented in various documents. He invited the committee's attention to the table prepared by the Secretariat, in which were summarized the Director-General's budget proposals, the Executive Board's recommendations and the proposal of the United Kingdom (see annex 13).

He stressed that the Director-General, in framing his proposed programme and budget for 1952, had borne in mind the fundamental fact that the programme should be one that it would be possible to carry out if the Organization was adequately financed. Turning to the table, in line 7 of the column for the Director-General's adjusted estimates appeared the figure of \$8,379,653 for the effective working budget, an amount arrived at after the programme had been

properly costed and certain adjustments made in agreement with the Executive Board. To provide that sum, it was necessary to assume a gross assessment budget (line 3 of the same column) taking into account assessments on inactive Members (line 4). Line 5 showed the assessments on active Members necessary to provide the proposed effective working budget.

The United Kingdom memorandum did not provide in the same way for assessments against inactive Members. It assumed that the Director-General's programme was to be financed by assessments against all Members, active and inactive, and proposed a deduction represented by the amounts of the assessments on inactive Members in order to arrive at an effective working budget considerably lower than the Director-General's.

In answer to a question put by Mr. Ingram, he confirmed that assessments on active Members would be higher by one-third in 1952 than in 1951 if the Director-General's proposals were adopted.

Mr. CALDERÓN-PUIG (Mexico) said that his delegation had heard with the greatest interest and sympathy the appeals of certain delegates, notably those of India and Indonesia, who had pointed to the magnitude of world health needs. His country was anxious to do its utmost to co-operate in health matters in the international field. However, internal considerations could not be overlooked, and it should not be forgotten that any increased contribution to the Organization might prove dangerous in certain countries where internal needs were great, since funds would have to be drawn from the national budget for public health. He therefore supported the Uruguayan suggestion to intensify action within the regional organizations, since that appeared to be by far the most satisfactory means of providing for future expansion of the Organization's work.

He considered the Australian resolution to be of constructive value since, in safeguarding national interests, it left the way open to make use of funds which would become available from various sources, such as the technical assistance programme and UNICEF, as well as from the contributions of new Members.

He did not agree with the Canadian delegation that no resolution was necessary. It was desirable that the Committee on Programme should have some idea of the resources that would be available, and therefore some general directive should be adopted.

He wished to stress his country's faith in and respect for the Organization. Nevertheless, it was

essential that Members should approve a concrete budget that would definitely be covered. He urged the committee, therefore, to vote in favour of the Australian resolution.

Rajkumari AMRIT KAUR (India), said that as the attention of the committee had been drawn to the question of its competence, under resolution EB7.R28 of the Executive Board, adopted by the Health Assembly at the third plenary meeting, to decide on any budget level, her delegation would withdraw its draft resolution and support the Norwegian proposal as amended. However, she would continue to maintain fully the views she had previously expressed on the subject.

Dr. CLARK (Union of South Africa) supported the Canadian and United States proposal. The debate which had taken place had been most helpful, but he believed that it would be preferable for no resolution to be adopted and for the matter to be left open for further consideration at the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, to be held very shortly.

Dr. GEAR, Chairman of the Executive Board, was pleased to have the opportunity of explaining the position of the Executive Board, which he would also do at the joint meetings of the committees.

He recalled that the Standing Committee on Administration and Finance had examined the programme and budget in full detail during the two weeks preceding the seventh session of the Executive Board, and that the Board itself had also considered the budget, taking into account all the necessary factors and not only the financial aspects of the programme. He called the committee's attention to the report of the seventh session of the Executive Board (*Official Records* No. 33), and in particular to sub-section 20. Of the various considerations listed there in sub-paragraphs (1) to (13), some concerned mainly the Committee on Programme, but the following points would be of interest to the Committee on Administration, Finance and Legal Matters.

Sub-paragraph (1) : The Board had taken account of the fact that WHO could attain its maximum efficiency only if its policies were closely integrated with those of other health organizations.

Sub-paragraph (2) : The Board was fully aware of its responsibilities and had, on its own initiative, established an expenditure level based on expected income.

Sub-paragraph (3) : It should be noted that UNICEF resources made available to WHO were solely sources of supply, whereas WHO was called upon to supply the technical personnel to implement their joint programmes.

Sub-paragraph (5) : The Board realized that technical assistance funds would be available on requests from individual nations, and that they would not be provided directly for assimilation into the regular budget of the Organization.

Sub-paragraph (7) : The question of stabilization of the budget had been discussed at considerable length. The Executive Board had in fact anticipated resolution 411 (V) of the General Assembly and consequently, at its fifth session, had undertaken a study of the administrative efficiency of the Secretariat (*Official Records* No. 26). That had been the first time that an international organization had examined the structure of its own Secretariat. He went on to show how the Executive Board had worked with exactly the considerations in mind which were set out in the General Assembly resolution, notably with regard to the necessity for prompt payment of contributions, to the desirability of providing common services, particularly in respect of regional and branch offices of the United Nations and specialized agencies, and to certain matters of finance policy and economy mentioned in clause 6 of that resolution.

Sub-paragraph (11) : The Executive Board had requested the Director-General to approach the Members concerned, and results had been satisfactory,

Sub-paragraph (12) : The question of competent personnel had been minutely examined by the Board, which had taken full account of all the relevant considerations and not merely those which were purely financial in nature.

The Board had felt it its duty to consider the budget for 1952 on the basis of a broad developing programme. It had therefore recommended to the Health Assembly that the total assessed budget for 1952 be \$8,600,000, and it considered that, on the assumption that suitable staff could be obtained, the programme proposed could be implemented during the budget year.

Mr. INGRAM, referring to Dr. Gear's remarks on the procedure for obtaining technical assistance funds, pointed out that, although individual requests

for such funds were made by the countries in question and the funds were not directly absorbed in the regular budget, the resources made available did in fact form part of an integrated policy of expenditure by WHO.

The CHAIRMAN announced that he would postpone taking a vote on the various proposals before the committee until that afternoon's meeting.

*The meeting rose at 11.55 a.m.*

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## SIXTH MEETING

*Monday, 14 May 1951, at 2 p.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

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### 1. Programme and Budget for 1952 (continuation)

Agenda, 6.5.4

Dr. SHAH (Pakistan) remarked that the proposed programme for the financial year 1952 differed from those of previous years in that it was an integrated international health programme including projects to be financed from both the regular budget and the estimated technical assistance and UNICEF funds. The proposed regular budget amounted to \$8,703,251 as opposed to \$7,300,000 for 1951 (*Official Records* No. 33, sub-section 19). That increase would necessarily entail additional contributions from Member States. Pakistan would oppose the proposal if WHO maintained its present policy. The programme must be adjusted to the available financial resources.

The CHAIRMAN reminded the committee that several draft resolutions had been submitted at the last two meetings. There was also a proposal by the Canadian delegation that no resolution should be adopted but that a report on the discussion which had taken place should be presented to the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters. He asked first for a vote on that proposal, since the others depended on its rejection or adoption.

*Decision:* The proposal of the delegate of Canada was rejected by 19 votes to 19, with 4 abstentions.

The CHAIRMAN then observed that draft resolutions had been submitted by the delegations of Australia, Ireland, Norway and the United Kingdom. Considering that submitted by the Norwegian delegation to be the farthest removed in substance from the original proposal (the Australian draft resolution), he asked the committee, in accordance with Rule 51 of the Rules of Procedure, to vote on it first.

*Decision:* The Norwegian draft resolution, as amended at the fifth meeting by the Norwegian delegation itself, was adopted by 36 votes to 14, with one abstention.

The CHAIRMAN asked the Rapporteur to prepare a summary of the committee's discussions to be presented together with the resolution as its first report to the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters.

(For adoption of report, see seventh meeting, section 1, and for text, see first joint meeting, section 3.)

### 2. Scale of Assessment for 1952

Agenda, 6.5.3.2

*Japan* (continuation from third meeting, section 3)

The CHAIRMAN read a letter received by the Director-General from the chief of the Japanese delegation. It stated that the Japanese Government had taken the necessary steps to ensure that, should the Fourth World Health Assembly vote in favour of

admitting Japan to membership, the required instrument of acceptance would be deposited immediately with the Secretariat of the United Nations. Further, in view of the financial difficulties in Japan and the low standard of living, the Japanese Government would wish the assessment for Japan to be as low as possible.

Mr. HAGIWARA (Japan) assured the committee that should Japan be admitted to membership it was ready to co-operate fully and to assume all its obligations and duties under the WHO Constitution. He stressed that, while his country was ready to pay its contributions as from the financial year 1951, the Japanese Government would appreciate as low an assessment as possible in order to avoid too heavy a drain on its foreign currency resources. The Japanese budget for 1951 had already been voted by parliament and included approximately \$100,000 for the contribution to WHO. However, an assessment of 214 units was about double the sum provided for.

The CHAIRMAN asked whether the committee wished to maintain the assessment for Japan at 214 units or to propose a reduction, subject to confirmation by the Health Assembly.

Mr. RUEDI (Switzerland) wished to know whether, when the scale of assessments had been drawn up, the current difficulties of Japan had been taken into consideration.

Mr. SIEGEL, Secretary, answered that the scale of assessments had been drawn up according to the criteria used in the case of all Member States and that no additional considerations had been taken into account.

Mr. CALDERÓN-PUIG (Mexico), Dr. HASHEM (Egypt) and Dr. FABINI (Uruguay) spoke in favour of reducing the assessment of Japan.

*Decision:* It was agreed in principle that a reduction should be recommended, and a working party, to be composed of delegates of Ceylon, Egypt, New Zealand, Switzerland and Uruguay, was set up to consider the amount of the reduction. (For report of working party and conclusion of discussion, see ninth meeting, section 1.)

### 3. Budget

Agenda, 6.5

#### *Form of Presentation of Programme and Budget Estimates*

The CHAIRMAN drew attention to sub-sections 27 and 28 of *Official Records* No. 33, and invited

comments on the form in which the Director-General's programme and budget estimates for 1952 were presented in *Official Records* No. 31.

Dr. GEAR, Chairman of the Executive Board, said that the Executive Board at its sixth session, after considering resolution WHA3.107 of the Third World Health Assembly (*Official Records* No. 28), had immediately drawn up, in its resolution EB6.R20 (*Official Records* No. 29), principles which the Director-General had followed in presenting his programme and budget estimates for 1952. Soon after the sixth session of the Executive Board, the United Nations General Assembly had adopted its resolution 411 (V) on administrative budgets of specialized agencies, clause 3 of which requested "specialized agencies participating in the technical assistance programme to provide information concerning the estimates for expenditure of technical assistance funds, as well as other extra-budgetary funds, in their regular budget documents..." That request had been taken into account, and expenditure under the joint WHO/UNICEF programme had also been indicated. The programme and budget estimates therefore included headquarters projects, regional projects (subdivided by countries), projects financed from the United Nations special account for technical assistance and projects financed in part by UNICEF.

Since the principles laid down by the Executive Board in resolution EB6.R20 had been based largely on the discussions and requests of the Third World Health Assembly, it could be stated that the instructions of the Health Assembly had been carried out.

Dr. HÖJER (Sweden) said that a number of delegates felt that the committee should give advice for the future. In discussing the programme and budget, the Health Assembly needed to know something about the size of each project, the means by which it was to be carried out and the local conditions. It must also be satisfied that there had been realistic planning with the government concerned, and that effective co-operation was assured between that government, WHO and any other specialized agencies involved in the project. It was doubtless those necessities which the General Assembly had had in mind in asking specialized agencies to specify what part the programmes derived from technical assistance and other extra-budgetary funds.

He accordingly read the text of a draft resolution which his delegation wished to submit.

Dr. PADUA (Philippines) considered that the instructions of the Third World Health Assembly and the United Nations General Assembly had been

effectively carried out. It remained to discuss the financial aspect of the integrated programme. In studying and taking decisions on the joint WHO and UNICEF programmes the Organization would be fulfilling its co-ordinating function. The Philippine delegation wished the same manner of presenting the programme and budget to be followed in the future.

Dr. TABA (Iran) agreed that the existing form of presentation should be continued, since it was clear and straightforward.

The CHAIRMAN proposed that the draft resolution presented by the delegation of Sweden should be reproduced for distribution to members and discussed at the following morning's meeting.

*It was so agreed.* (See seventh meeting, section 2.)

#### 4. Additional Funds for the Budget of WHO

Agenda, 6.6.4

##### *Proposal of the Indian Delegation concerning WHO Seals*

Rajkumari AMRIT KAUR (India) presented the following draft resolution :

The Fourth World Health Assembly,

Noting the report of the Executive Board on the question of the issue of special World Health stamps, labels and flags,<sup>4</sup>

1. ENDORSES the suggestions made by the Board to Member Governments ;
2. DESIRES to supplement the action taken by the Board ;
3. RESOLVES that
  - (1) special WHO seals shall be created for use on a worldwide basis ;
  - (2) the seals shall be supplied by the Organization and placed at the disposal of those Member Governments which are prepared to put them on sale to the general public on a purely voluntary basis ;
  - (3) each government shall be left to fix the price at which it will sell the seals to the public ;
  - (4) the proceeds of the sale shall be divided between WHO and the government concerned, WHO receiving 25% and the government retaining 75% to be used for health programmes in its country ;

(5) to finance the issue of the seals, there shall be set up a special revolving fund to be called "Special Fund for World Health Seals" ;

(6) to start this fund, there shall be transferred to it \$5,000 from the Assembly Suspense Account and subsequently paid into it 25% of the proceeds of the sales by Member Governments ; and

(7) the Director-General shall submit every year to the Health Assembly a report on the operation of the fund, the Assembly then deciding what part of the fund, if any, shall be used to supplement the regular budget of the Organization ;

4. REQUESTS the Director-General to implement the above decisions.

The measures provided for in the above draft resolution were suggested as a means of raising money until the proposal for WHO stamps (WHA3.97, *Official Records* No. 28) had made more progress. Though not all countries were anxious for another campaign, some would agree to the sale of seals. In the previous year, as a result of a three-month campaign, India had collected a million rupees from the sale of "TB Stamps". Such a campaign could popularize the work of WHO and show the man in the street what the Organization was doing. Since it would be purely voluntary, it was difficult to see any objection.

Dr. GEAR said that in putting forward the proposals in EB7.R33 (*Official Records* No. 32) the Executive Board had gone some way towards meeting the wishes of the Health Assembly as expressed in resolution WHA3.97.

Dr. BRISKAS (Greece) supported the proposal of the Indian delegation, which was on the lines of his own suggestion to the Committee on Programme in 1948 (*Official Records* No. 13, page 163). Both the financial and psychological effects were important and an issue of stamps would be good propaganda. The money raised could greatly help scientific research.

M. GEERAERTS (Belgium) regretted that, though he appreciated the motives inspiring the resolution, and though the head of the Belgian delegation had suggested a WHO stamp at the Second World Health Assembly, he must point out the complica-

<sup>4</sup> *Off. Rec. World Hlth Org.* 33, 26

tions involved where the Universal Postal Union and the postal administrations of various countries were concerned.

Rajkumari AMRIT KAUR felt that the representatives of Belgium and Greece had misunderstood her resolution. She had not spoken of stamps, but of seals, which could in no way affect postal agreements.

The CHAIRMAN apologized for the misunderstanding, explaining that the word "seal" had been wrongly translated in the French text of the draft resolution by "timbre" (stamp) instead of by "vignette".

Dr. VAN DEN BERG (Netherlands) fully supported the draft resolution. At the same time he felt that it should be amended to include the provision suggested in clause 3 of resolution EB7.R33, and he therefore proposed that the words "for purposes in conformity with the principles set forth in the Constitution of the World Health Organization" be inserted at the end of sub-clause 3 (4).

Rajkumari AMRIT KAUR accepted the proposed addition.

M. GEERAERTS, while accepting the Indian proposal on the understanding that it referred to seals and not to stamps, thought that a bigger proportion of the resulting money should be given to the World Health Organization.

Dr. BRISKAS said a stamp would be more useful than a seal since it would serve to raise more money and would be a better instrument of propaganda.

The CHAIRMAN pointed out that the Executive Board had already settled the question in resolution EB7.R33, by leaving the decision to individual governments. All that was now in question was the allocation of the resulting funds between WHO and national governments.

Dr. TABA opposed any change in financial allocation. An increased proportion given to WHO would involve a decrease in national revenues from the sale of stamps and seals for charitable purposes.

He proposed that a definite week in the year, beginning on the official WHO Day, be assigned for the sale of the seals, and that the draft resolution be amended accordingly.

The SECRETARY pointed out that proceeds from such sales would be in national currencies and could best be used for work within the countries concerned. There were limitations on the use of those currencies.

Dr. VAN DEN BERG considered it essential to the success of any such scheme that countries should be completely free to choose the date of issue.

Dr. BRISKAS thought that, for psychological reasons, the seals should be on sale simultaneously in all countries, whatever the length of period chosen.

*Decision:* The amendment proposed by the Iranian delegation was rejected.

Dr. BRAVO (Chile) considered that the final provision of sub-clause 3 (4), while entirely reasonable in itself, was incompatible with sub-clause 3 (7). If there was to be a limitation on the use of the fund by governments, the same should apply to WHO. He therefore proposed that sub-clause 3 (7) be amended to read: "The fund shall be used solely for technical assistance for public-health programmes and for fellowships in public health ;".

Mr. INGRAM (United States of America) wondered if any useful purpose would be served by laying down that the fund should be used only for certain purposes, seeing that money from the regular budget could also be used for those purposes.

It seemed to him that sub-clause 3 (7) was superfluous and should be deleted, since the committee had already adopted a provision for the annual review of the Assembly Suspense Account (first report, section 8).

The SECRETARY thought there was perhaps some confusion regarding the fund mentioned in paragraph 3 (7). "Fund" there referred to the fund whose establishment was authorized in sub-clause 3 (5), and which derived its revenue from the initial transfer of \$5,000 from the Suspense Account and the 25 per cent. of the proceeds accruing to the Organization, as provided in sub-clause 3 (6). Sub-clause 3 (7) provided for an annual review of the operation of the fund; it in no way dealt with the 75 per cent. retained by each country.

Seeing, therefore, that the draft resolution already provided for each Health Assembly to determine what part of the percentage accruing to the Organization should be used, and for what purposes, he

wondered whether the delegate of Chile still thought it necessary to lay down those purposes in the resolution itself.

Mr. INGRAM said that in view of the Secretary's observations he would withdraw his proposal to delete sub-clause 3 (7).

*Decision:* The draft resolution, as amended by the Netherlands proposal, was adopted. (See second report, section 2.)

## 5. Co-ordination with the United Nations and Specialized Agencies on Administrative and Financial Questions

Agenda, 6.2.4

*Decision:* The committee adopted a resolution taking note of the relevant resolutions of the Executive Board (for text, see second report, section 3).

*The meeting rose at 5 p.m.*

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## SEVENTH MEETING

*Tuesday, 15 May 1951, at 10 a.m.*

*Chairman:* Professor G. A. CANAPERIA (Italy)

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### 1. Draft First Report to the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters

Mr. INGRAM (United States of America) believed that the second paragraph of the report would more correctly reflect the existing situation if the final sentence (which read: "Others also indicated that responsibilities of the Organization previously financed from UNICEF funds, at the request of governments, now would have to be financed from regular funds.") were amended to read: "Others also indicated that certain responsibilities of the Organization previously financed from UNICEF funds, at the request of governments, now would have to be financed from regular funds and technical assistance funds."

Mr. SIEGEL, Secretary, agreed that such an amendment would be appropriate.

*Decision:* There being no objection, the United States amendment was adopted.

M. FOESSEL (France) called attention to sub-section 150 of *Official Records* No. 33. It did not seem to him compatible with the reference in sub-clause 1 (e) of the resolution contained in the draft report to the necessity of providing for rising costs of supplies, equipment and salaries.

The SECRETARY said that although the Executive Board had, in approving the application of the new salary and allowances scheme of the United

Nations and other international organizations to WHO, estimated that an economy of \$70,000 would be effected in 1952, that would be due not to any reduction in salaries, which had in fact been increased in several instances, but to the elimination of some of the provisions for allowances. Salary costs would continue to rise, as the Executive Board had pointed out in sub-section 20 (6) of the same volume. He believed therefore that the committee's draft report was accurate as it stood.

*Decision:* The report, as amended, was adopted (for text, see first joint meeting, section 3).

### 2. Budget

Agenda, 6.5

*Form of Presentation of Programme and Budget Estimates* (continuation from sixth meeting, section 3).

*Decision:* The draft resolution submitted by the Swedish delegation was adopted without further discussion (for text, see second report, section 10).

### 3. Financial Regulations: Report of the Director-General

Agenda, 6.6.2

The CHAIRMAN called the committee's attention to the resolution contained in sub-section 101 of *Official Records* No. 33.

M. FOESSEL considered that the period of twelve months provided for in Article IV, paragraph 4.3

of the proposed Financial Regulations (*Official Records* No. 33, annex 6) was too long. The Health Assembly meeting when it did, it would be impossible to know in time the exact position at the end of each fiscal year.

The SECRETARY replied that the question had given rise to considerable discussion in the sub-committee of the Administrative Committee on Co-ordination which had drafted the regulations. The essential consideration was not that the Health Assembly should know the exact state of the Organization's finances at the end of each year, but that the Organization should have a reasonable period in which to receive and pay its bills. Even with the twelve-month period, some bills might not be received in time and would have to be charged against the appropriations of the fiscal year in which they were paid. For that reason some agencies, including WHO, would have preferred to retain the two-year period provided in the existing regulations, but the majority had favoured the shorter period and WHO had consented.

M. FOESSEL accepted the Secretary's explanation.

*Decision:* The resolution recommended by the Executive Board was adopted. (See second report, section 4.)

#### 4. Staff Regulations : Report of the Director-General

Agenda, 6.4.1

The CHAIRMAN called attention to the resolution contained in sub-section 154 of *Official Records* No. 33.

Mr. INGRAM commended the drafting of the Staff Regulations (*Official Records* No. 33, annex 17, appendix 1) in that they conformed closely with those of the United Nations. On one point, however, they differed: in the United Nations the salaries and related allowances of high-ranking officials were subject to the approval of the General Assembly, whereas in the proposed Staff Regulations of WHO the salaries of the Deputy Director-General, Assistant Directors-General and Regional Directors were to be determined by the Director-General in agreement with the Executive Board (Article III, paragraph 3.1).

It was true that no such body as the Executive Board existed in the United Nations. However, in fairness to the Executive Board itself, which was called upon to maintain a close working relationship with the officials in question, and particularly in view of the fact that decisions as to their salaries were sufficiently important to warrant their being made

by representatives of governments, he proposed that the Staff Regulations should be amended on that point to conform with United Nations procedure. He suggested therefore that paragraph 3.1 should read as follows:

The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.

Such a course of action would of course not be put into effect until the next Health Assembly.

M. RUEDI (Switzerland) asked the exact sense of the word "periodically" in Article V, paragraph 5.2.

The SECRETARY replied that WHO had been following general United Nations policy on that point. At present, staff members were entitled to home leave every two years. It had been considered preferable that the specific period of time should be stated in the Staff Rules rather than in the Regulations.

Replying to points raised by Mr. BOUCHER (United Kingdom), he stated that representations made jointly by members of the staffs of some of the international organizations had been considered at the meeting of the Consultative Committee on Administrative Questions of the Administrative Committee on Co-ordination held shortly before the Health Assembly. That committee had decided to maintain the position taken the previous year with regard to the Staff Regulations.

In connexion with the present status of the United Nations Staff Regulations, he said that the United Nations Advisory Committee on Administrative and Budgetary Questions had already begun its study of the regulations and would submit its recommendations to the next General Assembly. The Advisory Committee had not availed itself of the opportunity of having a WHO representative present during its discussion, although WHO had, on the recommendation of the Executive Board, made a request to that effect. He believed that the resolution of the Executive Board should be adopted at the present meeting, and that any modification in the regulations which might become desirable following a decision taken at the forthcoming General Assembly could be considered at the Fifth World Health Assembly.

Mr. SHAW (Australia) said that his delegation would support the United States amendment to Article III, paragraph 3.1.

Following the point raised by the representative of Switzerland, he suggested that Article V should be amended so as to include clear provision that home leave should be taken every three years, instead of every two years as at present.

In connexion with the differential rate for salaries in Geneva referred to in sub-sections 152 and 153 of *Official Records* No. 33, he expressed the view that such a differential should, in the interests of uniformity, be applied to the staff of WHO as well as of the United Nations. Incidentally, it would mean an economy of \$70,000.

He noted that the United Nations Advisory Committee had not completed codifying the Staff Regulations. He recommended therefore that they should be adopted on a provisional basis until a formal decision could be taken on them the following year.

M. FOESSEL proposed that in Article III, paragraph 3.3, relating to salary differentials, the word "shall" should be substituted for the word "may". He believed that the application of a minus 5 per cent. differential was justified by the fact that, as shown in the national financial statistics published by the International Monetary Fund in March of the current year, the cost of living had risen correspondingly less in Switzerland than in the USA.

The SECRETARY proposed that paragraph 3.3 be so amended as to provide that a salary differential should be applicable only to salaries of international staff, on the basis of the cost of living of the staff members concerned, and not to those of local staff members, which were based on prevailing local rates.

*Decision:* There being no objection, the Secretary's amendment was adopted.

Mr. TALJAARD (Union of South Africa), though in favour of general conformity with United Nations Staff Regulations, felt that the highly technical considerations governing the appointment of staff should be borne in mind before any decision was taken regarding the United States amendment to Article III, paragraph 3.1. Moreover, the Executive Board was qualified to deal with executive and administrative matters. He wondered whether it was altogether desirable to amend that paragraph in the regulations.

Mr. INGRAM believed that, whatever the nature of the considerations governing the appointment of staff, the final decision as to salaries should rest with Member governments.

The CHAIRMAN put the United States amendment to Article III, paragraph 3.1 to the vote.

*Decision:* The amendment was adopted unanimously.

The CHAIRMAN thought that it would be preferable to postpone a decision on the question of salary differentials and the frequency of home leave until the next item on the agenda was considered.

*It was so agreed.*

Mr. MASON (New Zealand) supported the Australian proposal to adopt the Executive Board's resolution on the Staff Regulations on a provisional basis, since much additional information would become available at the Fifth World Health Assembly.

The SECRETARY pointed out that a forthcoming Health Assembly would always have the authority to revise, in the light of new considerations, any decision taken.

Dr. EVANG (Norway) agreed with the Secretary. Moreover, he felt most strongly that international personnel should have a greater sense of security of tenure in their appointments. Otherwise it would become difficult for the Organization to obtain the services of the most highly qualified staff. He was therefore opposed to any specific mention of the provisional nature of the resolution.

The CHAIRMAN supported that view.

*Decision:* The resolution recommended by the Executive Board, as amended, was adopted.●  
(See second report, section 5.)

## 5. Staff Rules : Report of the Director-General in accordance with Provisional Staff Regulation 32

Agenda, 6.4.2

### *Salaries and the cost of living*

The CHAIRMAN invited comments on the question, raised by the Australian delegation, of the resolution adopted by the Executive Board and set out in sub-section 153 of *Official Records* No. 33.

Dr. VAN DEN BERG (Netherlands), referring to clause 3 of the resolution, wondered whether the request had been followed by any results.

The SECRETARY explained that, with regard to the cost of living in Geneva, the Director-General had complied with the request of the Executive Board and a survey was at present being conducted, although the results would not be known until after the end of the present Health Assembly. As to other cities, it had been agreed that surveys would be carried out jointly by the United Nations and the specialized agencies as required.

In reply to a question put by the United Kingdom delegate, he confirmed that both the United Nations and the International Labour Organization had decided to apply a minus 5 per cent. differential to 75 per cent. of each salary paid in Geneva.

It had been at its first session, in 1948, that the Executive Board had first had to consider whether the minus 5 per cent. differential applied by the United Nations to the salaries of its staff in Geneva should also be applied by WHO. It had been decided that, in view of the constant fluctuations in the cost of living throughout the world, salary differentials of less than 10 per cent. should not be applied, and that there was at that time no real evidence to warrant any differential as between the city of New York and the city of Geneva (such figures as had been referred to earlier in the meeting by the French delegate applied to the whole of Switzerland and the whole of the United States of America).

The question had been raised in Committee V of the United Nations General Assembly the same year and he had been present to explain the Executive Board's decision. He did not know what effect his statement had had, but a few weeks later the General Assembly had decided to apply a 5 per cent. cost-of-living bonus to offset the minus 5 per cent. differential.

At its fifth session, the General Assembly had had before it a report of the United Nations Advisory Committee on Administrative and Budgetary Questions recommending the general application of the minus 5 per cent. differential in Geneva. The Chairman of the Advisory Committee, asked to explain before the Fifth Committee the reasons for the recommendation, had admitted that it had no scientific basis. Apparently there was merely a feeling in the Advisory Committee that there should be a differential.

The fact was that the last scientific survey, conducted in 1949, on the cost of living in New York

as against Geneva, for the staff members concerned, had shown that the cost was 3 per cent. higher in the latter city than in the former.

Mr. CALDERÓN-PUIG<sup>●</sup> (Mexico) feared that it might appear paradoxical that his delegation, which was opposed to any increase in the contributions of Member States to WHO, should defend the resolution in question. Nevertheless, it was very difficult to determine the true difference in the cost of living in New York and Geneva, and without any certain data he felt that the Organization should consider seriously whether the saving effected by applying the differential, however desirable, would be sufficient to offset the harm to a staff which was and must be of the highest quality. He was therefore in favour of waiting for the results of the survey undertaken and of adopting the resolution with the addition of a fourth clause reading :

DECIDES that this resolution shall be reconsidered by the Fifth World Health Assembly.

The CHAIRMAN pointed out that the resolution in question was a resolution of the Executive Board and was not for submission to the Health Assembly.

Mr. INGRAM thanked the Secretary for his explanation, but still could not see how the problem of different salary scales for members of different international governmental organizations in Geneva was to be solved. Even after the results of the survey were made known the difference might persist if WHO did not accept them; and if, as was quite possible, ILO also rejected them there might be yet a third different scale. If the United Nations felt that a differential of as little as 5 per cent. was appropriate, then WHO should also apply it. He would therefore submit a resolution recommending its application as from 1 July 1951.

Dr. VAN DEN BERG thought that it was generally agreed in the committee that, if the results of the survey eventually showed that the cost of living for the staff concerned was really higher in New York than in Geneva, then a minus differential should be applied by WHO as by the other organizations. The committee could therefore either adopt the United States suggestion and provide that if after 1 July, when the results of the survey would certainly

be available, the differential was still applied by the United Nations it should also be applied by WHO ; or take no decision but defer the question till the next Health Assembly ; or recommend that the Executive Board be instructed to apply the differential if it seemed justified by the results of the survey.

Dr. HÖJER (Sweden) was sure that the Executive Board would not require instructions to take appropriate action if and when it appeared that the differential was justified.

Mr. INGRAM was disturbed at the suggestion that it should be for WHO to decide on the application of the differential the following year or any other year. The United Nations General Assembly met in the autumn and the World Health Assembly in the spring ; with a six months gap between independent decisions of the two bodies uniformity would never be attained. WHO should agree to adopt the differential applied by the United Nations, though he would have no objection if the committee wished to provide that that action should be taken when the Executive Board thought it feasible.

The DIRECTOR-GENERAL recalled that from its inception WHO had decided to apply, in the matter of staff and other administrative practices, the same principles as the United Nations wherever it seemed reasonable ; but there had never been any intention to follow slavishly whatever the United Nations might decide. In the very few cases where WHO had found it impossible to comply with United Nations administrative decisions, its objection had primarily been not to the results of such decisions but to the bases on which they had been taken. In the present case there had been no adequate survey of comparative living costs. The application of the differential had caused great unrest among the United Nations and ILO staffs, who would be far from comforted, but on the contrary discouraged, if WHO were also to apply it without adequate evidence that it was justified.

The Executive Board would meet again in June 1951 and January 1952, and would be perfectly ready to make any additions or reductions of salary which seemed justified by real evidence, but the sort of opinion expressed by the Advisory Committee mentioned by the Secretary did not constitute grounds for action.

In short, there was no scientific evidence available except that obtained some years before, which showed

that the cost of living in Geneva was higher than in New York.

Mr. TALJAARD wondered whether there was any evidence of reduction in the cost of living in Geneva as compared with New York since 1949.

The SECRETARY, though he had no documentary evidence before him at the moment, assured the delegation of the Union of South Africa that the cost of living in Geneva was not lower in 1951 than in 1949.

M. FOESSEL did not believe that the committee could question the scientific value of the surveys conducted by the International Monetary Fund. The Fund's Statistical Bulletin indicated movements in the cost of living in Switzerland, and the necessary data could not presumably have been obtained without surveys of the cost of living in all the larger towns of the country. Furthermore, he could not see why it should be necessary to wait several months for information as to the cost of living in Geneva on 31 December 1950. There were surely statistical services which could supply that information from month to month.

Mr. INGRAM did not wish to engage in a debate with the Directeur-General on the feeling among the United Nations staff as to the application of the differential, but he was certain that any prolonged difference in treatment between themselves and the staff of WHO would be unpopular.

He also wished to make it clear that he was not concerned with the budgetary effect of the application of a minus 5 per cent. differential. What mattered was that all the organizations in question should apply the same differential, even if it was plus 10 per cent., as it might well become with the present rise in the cost of living. He therefore wished formally to propose the following resolution :

#### The Fourth World Health Assembly

1. ADOPTS the principle that the cost of living differential of the World Health Organization shall be the cost of living differential applied to the staff of the United Nations ; and
2. INSTRUCTS the Executive Board to put this differential into effect at the earliest possible moment.

Mr. LETHBRIDGE (United Nations Administrative and Financial Services) thought that the real question at issue was not whether there was sufficient scientific

evidence for the application of the differential but whether WHO intended to follow the practice of the United Nations. Under the new salary scheme applied from 1 January 1951 many staff members of WHO had received salary increases of \$400 a year by the incorporation of the New York cost of living bonus in the base salaries. There seemed no valid reason for adopting the base salaries and not the differential.

It was agreed, at the CHAIRMAN'S suggestion, that the discussion be resumed at the following meeting.

#### 6. Remission to the Legal Sub-Committee of Three Items from the Agenda of the Committee on Programme

The CHAIRMAN announced that at its fourth meeting the Committee on Programme had referred items 5.7, 5.14 and 5.22 of its agenda to the committee for consideration by the Legal Sub-Committee. He suggested that those items be immediately referred to the Legal Sub-Committee for consideration at its meeting the following morning.

*It was so agreed.*

*The meeting rose at 12.5 p.m.*

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### EIGHTH MEETING

*Tuesday, 15 May 1951, at 3 p.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

*later*

*Mr. T. J. BRADY (Ireland)*

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#### 1. Staff Rules : Report of the Director-General in accordance with Provisional Staff Regulation 32 Agenda, 6.4.2

*Salaries and the cost of living (continuation)*

Mr. SHAW (Australia) opened the discussion of the resolution proposed at the last meeting by the United States delegation. He said that he was not concerned with budgetary implications, but with the anomaly in the practice of international organizations. The resolution was the expression of a principle.

M. RUEDI (Switzerland) said that his Government would certainly have to face attacks in Parliament over the increase in Switzerland's contribution to WHO. The inequality of treatment between the staffs of WHO and the United Nations would provide the opposition with a ready argument. He therefore supported the resolution, which established the principle of equality while leaving it to the Executive Board to give effect to it.

Mr. CALDERÓN-PUIG (Mexico) considered that no one could be opposed to the principle in clause 1 of the United States resolution. In order, however, that the Executive Board might act in full knowledge of the facts, the Mexican delegation would propose an amendment to clause 2, replacing "at the earliest possible moment" by "as soon as it considers appropriate".

Rajkumari AMRIT KAUR (India) suggested that, after hearing the Director-General's statement at the last meeting, it would be advisable neither to interfere at present with the Secretariat's scientific survey nor to force a decision on the basis of insufficient data. As an alternative resolution she would propose :

The Fourth World Health Assembly

1. ADOPTS the principle that the cost of living differential of the World Health Organization shall

generally be the cost of living differential applied to the staff of the United Nations ; and

2. INSTRUCTS the Executive Board to consider the advisability of bringing this into effect at the earliest possible moment.

Such a resolution would give the Executive Board every opportunity for investigation.

Mr. INGRAM (United States of America) accepted the amendment to the United States resolution proposed by the representative of Mexico. He could not accept the alternative proposed by the delegation of India.

Mr. MASON (New Zealand) wholly agreed with the chief delegate of India that careful attention should be paid to the observations of the Director-General. No scientific survey of the cost of living in Geneva had been made since 1949, and the United Nations recommendation that there should be a 5 per cent. reduction in salaries seemed to have insufficient basis. The World Health Organization enjoyed a certain autonomy and the Executive Board could not be blamed for wanting a scientific basis for any decision. In any case, salary scales for international organizations could not be calculated on the general cost-of-living and price indices. Any decision should be based on a study of the family budgets of administrative personnel, not of skilled or unskilled workers. Other organizations used a 10 per cent. figure in adjusting salary scales. The choice of 5 per cent. would involve a vast burden of calculation for the Secretariat. For all those reasons he would propose an alternative resolution to that presented by the United States :

The Fourth World Health Assembly

Having considered the problem of the minus 5 % salary differential which is applied by the United Nations to the salaries of staff stationed in Geneva ;

Cognizant of the desirability of uniformity in the application of the salary plan adopted by the United Nations and the World Health Organization,

1. RECOMMENDS to the General Assembly of the United Nations that the following principles be followed in the application of any scheme of salary differentials :

(1) the basic salary rates may be adjusted at duty stations by the application of salary differentials which are based upon the relative cost of living to the staff members concerned, standards of living and related factors ;

(2) the basic components of comparable cost-of-living indices should be established by independent experts jointly appointed by the United Nations and the specialized agencies concerned ;

(3) No differential, either plus or minus, should be established for variations in the cost of living of less than 10 %, as recommended by the Committee of Experts on Salary, Allowance and Leave Systems ;

2. REAFFIRMS that, at such time as the results of scientific cost-of-living-surveys are known, the Director-General and the Executive Board shall take such action as is necessary to apply any cost-of-living differential which results therefrom.

Dr. EVANG (Norway) considered that the United States resolution, even as amended by the Mexican proposal, was unacceptable, since it put the Executive Board in an impossible position. Even if the survey should show that, as in 1949, the cost of living was higher in Geneva than in New York, the words "as soon as it considers appropriate" would still leave the Board under the obligation of implementing the provisions of clause 1. He would have been inclined to vote for the Indian resolution, had not that put forward by the New Zealand delegate seemed preferable as covering the matter in full.

Dr. KHADDOURI (Iraq) asked why no cost-of-living survey was being conducted in New Delhi and Alexandria, where the cost of living had risen steeply, and why a minus differential was applied to WHO salaries there.

Mr. SIEGEL, Secretary, explained that cost-of-living surveys had in fact already been carried out in New Delhi and Alexandria. On the basis of those surveys the same differential was applied by the United Nations and all the specialized agencies, including WHO, in accordance with the principle approved by the committee at the last meeting when it had adopted Article III, paragraph 3.3 of the proposed Staff Regulations. In the case of New Delhi and Alexandria, therefore, no problem arose. The objection to following United Nations practice in the case of Geneva was that there had been no cost-of-living survey.

In reply to a further question, he said that the last cost-of-living survey in New Delhi had been

carried out in the autumn of 1950, and in Alexandria in January 1951.

Dr. McCUSKER (Canada) supported the United States resolution as amended by the representative of Mexico.

Dr. HÖJER (Sweden) agreed with the stress laid by the representative of the United States on uniformity of practice, but thought that the principles embodied in the New Zealand resolution were right; the proper solution would be to recommend to the United Nations the principles supported by the World Health Organization. His delegation would vote in favour of the New Zealand resolution.

Mr. INGRAM urged that it was unrealistic to treat a cost-of-living differential as separable from salaries; it was merely one element, and the principle of conformity of salaries between the United Nations and WHO at Geneva had already been accepted. Once again he wished to stress that his delegation in submitting its resolution was not concerned with the particular percentage involved, nor with the budgetary effects.

As for the New Zealand resolution, he considered that it was not the business of the committee to lay down standards for the United Nations and all the specialized agencies in the matter of salary differentials, and in reply to the remarks of the Norwegian delegate he would simply point out that his own resolution as amended by the Mexican delegate left the Executive Board plenty of latitude. The results of the survey would soon be known, and if the cost of living proved higher in Geneva than in New York there would naturally be no question of the Executive Board taking immediate action to apply a differential which the United Nations itself could be expected shortly to modify.

Dr. VAN DEN BERG (Netherlands) said that his delegation was prepared to vote for the New Zealand resolution, but thought it not incompatible with that proposed by the United States. The two representatives should endeavour to combine the proposals in a joint draft.

Mr. INGRAM considered that such an endeavour would be fruitless.

Mr. TALJAARD (Union of South Africa) strongly supported the New Zealand resolution. It was the most complete put forward, stated the problem most

clearly, conformed with the recommendation of the Executive Board and indicated the steps which could be taken to implement it without irregularity.

M. CALLEA (Italy) proposed, as an alternative to those already submitted, the following resolution:

The Fourth World Health Assembly,

Accepting the principle that any cost-of-living differential to be applied to the salaries of WHO staff should be identical with that applied to United Nations staff;

Considering that a survey is to be conducted and the results laid before the Executive Board,

INSTRUCTS the Executive Board to take decisions in accordance with the findings of the survey.

Mr. MASON preferred the wording of his own resolution. He had two more comments in reply to the United States delegate: firstly, it was within the powers of the World Health Organization to make recommendations to the United Nations on so important a domestic matter and, secondly, it was reasonable to ask the United Nations to back its decisions by scientific study.

After a procedural discussion, the CHAIRMAN ruled that of the various proposals before the committee the New Zealand resolution should be put first to the vote, in accordance with Rule 51 of the Rules of Procedure.

*Decision:* The New Zealand resolution was adopted by 23 votes to 10, with five abstentions. (See second report, section 7.)

## 2. Organizational Structure and Administrative Efficiency of the World Health Organization

Agenda, 6.2.2

### *Report of the Executive Board, seventh session*

Dr. GEAR, Chairman of the Executive Board, recalled that at the fifth session of the Executive Board the Standing Committee on Administration and Finance had expressed the view that its study of the organizational structure and administrative efficiency of the Organization should be continued (*Official Records* No. 26, page 36). The Third World Health Assembly had accepted that view (WHA3.89, *Official Records* No. 28), and recommended a number of subjects for further study. Those subjects were listed on pages 1 and 2 of *Official Records*

No. 33, and the Board's report on the study conducted at its seventh session was to be found on pages 27 to 36 of the same volume.

The Executive Board had reached the conclusion that studies in future should be confined to certain selected items, and for 1951 it had chosen the problems of publications and biennial Health Assemblies (*Official Records* No. 33, page 36).

Dr. TABA (Iran), recalled that at the Third World Health Assembly the delegation of Iran had drawn the attention of the Committee on Administration, Finance and Legal Matters to the extent to which the administrative budget was increasing (*Official Records* No. 28, page 356). As a result, a working party had been set up and its report, in which it had recommended the resolution referred to by Dr. Gear, adopted by the committee. In January 1951, finding it impossible to deal with all issues, the Standing Committee had confined its attention to the questions of a biennial Assembly and publications. That was not what the committee had had in mind in adopting the report. The delegate of Yugoslavia, at the fifth plenary meeting of the Fourth World Health Assembly, had made an interesting analysis of expenditure, showing that more than 70 per cent. of the budget was allocated for the salaries of permanent staff and administrative purposes. Very little was left for field work, which should on no account be decreased. It would be seen from page 73 of the Director General's Annual Report (*Official Records* No. 30) that in 1950 the total staff had increased from 516 to 682. The delegation of Iran was wholly in favour of expanding the work of the Organization, but only on the definite assurance that administrative expenses would not continue to increase, either at headquarters or in regional offices.

Dr. GREGORIĆ (Yugoslavia) said that his delegation completely agreed with the statement made by the representative of Iran.

Dr. VAN DEN BERG expressed surprise that the representative of Iran should appear to think field work the only important activity of the World Health Organization. The budget presentation clearly showed that the operating programme comprised (1) technical services, centralized for the whole world and necessarily involving a large technical staff at headquarters, and (2) advisory services, which could not be restricted only to the field. Field work involved much administration and a fairly large headquarters staff was a necessity.

Dr. TABA said it was a mistake to interpret his comment as meaning that WHO should do field work only, but the Organization's functions should be mainly practical. The staff at Geneva should be adequate, but should not be out of proportion to the finances available.

Dr. HÖJER remarked that it should be made clear exactly what was meant by administrative expenses. He did not feel that they could fairly be considered to include such necessary items as the cost of organizational meetings and expert committees. In that case administrative expenses in 1950 had been rather high at 15 or 16 per cent., but the present figure of about 6 per cent. was reasonable and gave no grounds for anxiety.

Dr. GEAR said that some of the points raised by the Iranian delegate had already been answered by the delegate of the Netherlands. He would try to deal with the rest.

The questions which the Executive Board had examined at the last two sessions had been those which it had been instructed to examine by the Third World Health Assembly and which, as he had said, were listed on pages 1 and 2 of *Official Records* No. 33. It had not confined its attention to biennial Health Assemblies and publications; that was a proposal for the future.

With regard to staffing, he would refer the committee again to page 36 of *Official Records* No. 26, in particular to sub-section 243.

In reply to a further question by the delegate of Iran, he drew attention to sub-section 244 of *Official Records* No. 26, where it was stated that the report of the Standing Committee was by no means regarded as final.

He emphasized that he was referring to points from a report which had been accepted and commended by the Third Health Assembly.

Mr. BRADY (Ireland) agreed with the representative of Sweden that there should be a clear conception of what was meant by administrative staff. *Official Records* No. 31, page 30, showed a decrease of administrative staff in 1951. The proportionate size of the administrative side of the budget was modest. It was essential that an organization such as WHO should employ a large staff on co-ordinating work, but qualified specialists should not waste their energies on work that could be done at the clerical level. He had no definite evidence that such waste was going on, but it was a frequent danger in organizations dealing with technical matters. It would be

valuable to know what progress had been made in the management surveys carried out both centrally and regionally.

Mr. GRANT, Director, Division of Administrative Management and Personnel, explained that the Administrative Management Section had existed only since November 1950. Its staff was small and might need to be augmented in relation to the work to be done. So far its activities had taken two main forms.

Firstly, it had undertaken detailed surveys of the Finance and Accounts and Personnel Sections at headquarters and, as a sample, of one regional office. Secondly, in addition to such continuing surveys, it undertook what might be called critical studies. If, for example, it were to appear at a particular moment that the production of mimeographed documents had become too great a burden, the section, at the request of the Director-General, would at once open an enquiry and submit a report with suggestions for greater economy in the use of clerical staff, translation facilities, paper and so forth. Several such studies were at present in progress. The needs of any section applying for an increase of staff were also analysed and a report made as a basis for the Director-General's decision and for any budgetary changes.

*Decision:* The committee agreed to take note of the report and to request the Executive Board to continue its studies of the organizational structure and administrative efficiency of the Organization. (See second report, section 9, clauses 1 and 2.)

#### *Biennial Health Assemblies*

The CHAIRMAN then drew attention to the question of biennial Health Assemblies and to the relevant documents (*Official Records* No. 33, sub-section 124, and a short memorandum by the Director-General, dated 12 April 1951).<sup>5</sup>

Dr. EVANG felt that the wording of the first paragraph of the memorandum was not entirely satisfactory, since it omitted to state that the Third World Health Assembly had approved in principle the plan for biennial assemblies (WHA3.96, *Official Records* No. 28). Drawing attention to the second paragraph, which brought out "the importance of the problem and the gravity of its repercussions not only on the work but also on the structure of the

Organization", he felt that it was consequently all the more necessary that a report should be presented at the earliest possible time. He therefore proposed that the Executive Board and the Director-General be asked to prepare immediately a report so that a final decision on the problem could be taken at the next World Health Assembly.

Dr. GEAR remarked that the Executive Board had examined the problem and had found that the matter had important implications and consequences for the Organization and had therefore decided that it should authorize the Director-General to recommend to the Fourth World Health Assembly that study be continued and a report made to the Fifth World Health Assembly. He pointed out that the question influenced such matters as the preparation of budgets and programmes and the collection of the necessary material from regional offices.

*Decision:* It was agreed that a request should be made to the Director-General incorporating the remarks and proposal of the delegate of Norway. (See second report, section 9, clause 3.)

*Mr. Brady, Vice-Chairman, took the chair.*

### **3. Annual Report of the United Nations Joint Staff Pension Board**

Agenda, 6.4.3.2

The CHAIRMAN drew attention to the annual report of the United Nations Joint Staff Pension Board and, in the absence of any comment, proposed that the Rapporteur be asked to draft a resolution taking due note of the report.

*It was so agreed.*

### **4. Appointment of External Auditor**

Agenda, 6.2.1

The CHAIRMAN drew attention to the recommendation by the Director-General that the External Auditor be appointed for a three-year period and his suggestion that the Health Assembly might wish to reappoint the present External Auditor, Mr. Uno Brunskog.

*Decision:* It was decided that a three-year appointment be made and that Mr. Brunskog be appointed External Auditor of the accounts of WHO for the three financial years 1952 to 1954 inclusive. (See second report, section 8.)

*The meeting rose at 4.40 p.m.*

<sup>5</sup> Unpublished working document

## NINTH MEETING

*Saturday, 19 May 1951, at 10.30 a.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

**1. Scale of Assessment for 1952** (continuation from sixth meeting, section 2)

Agenda, 6.5.3.2

*Report of the Working Party to consider a Reduction of the Assessment of Japan*

Mr. MASON (New Zealand), Chairman of the working party, presented its report,<sup>6</sup> in which a clause fixing the amount of the reduction was recommended for inclusion by the committee in its resolution on the scale of assessment.

Dr. AZUMA (Japan) expressed the gratitude of his delegation at the decision of the committee to give favourable consideration to the appeal made by Japan for a reduction in its assessment. He also thanked the working party for the fair and impartial way in which it had examined the request.

His Government had made it clear that it would accept whatever decision the committee should reach. Still, it would be very glad if the resolution proposed by the working party was approved. The sympathy shown by Members with regard to the difficult economic conditions in Japan had been much appreciated by his Government, which hoped that the situation would improve in the near future so that it could play its full part towards achieving the noble aims of the Organization.

*Decision:* There being no objection, the clause recommended by the working party was adopted (for text, see second report, section 1, clause 4).

**2. Adoption of Draft Second Report of the Committee**

*Section 1: Scale of Assessment*

Mr. MELLIS (United Kingdom) drew attention to sub-clause 2 (1), which read: "for 1952 the contribution of the United States of America shall be

fixed at 33<sup>1</sup>/<sub>3</sub> % of the total, provided one or more of the new applicants have become Members before the close of the Fourth World Health Assembly by depositing their instruments of ratification with the Secretary-General of the United Nations." He suggested that the word "total" be clarified.

Mr. TALJAARD (Union of South Africa) supported the United Kingdom suggestion and proposed that the words "gross assessment budget" be substituted for "total".

*It was so agreed.*

Mr. SIEGEL, Secretary, proposed that the words "provided one or more of the new applicants have become Members before the close of the Fourth World Health Assembly by depositing their instruments of ratification with the Secretary-General of the United Nations" be deleted, since the provision had now been met.

Dr. VAN DEN BERG (Netherlands) and Mr. MASON believed that, since the subject has given rise to considerable discussion in the committee, the proviso or at least a reference thereto should be maintained in the resolution.

Dr. TABA (Iran) favoured the deletion of the proviso, recalling that he had opposed its insertion in the first place.

The SECRETARY suggested as a compromise the following footnote to sub-clause 2 (1): "One of the new applicants has now become a Member of WHO by depositing its instrument of ratification with the Secretary-General of the United Nations".

*It was so agreed.*

*Decision:* There being no objection, the section, as amended, was adopted.

<sup>6</sup> Unpublished

### Section 2: WHO Seals

Mr. INGRAM (United States of America) had no objection to the resolution, but hoped that satisfactory arrangements had been made whereby WHO seals would be sold on the basis of a general agreement between the Organization and Member countries.

*Decision:* There being no objection, the section was adopted.

### Sections 3 to 8

Sections 3 to 8 were adopted without comment.

### Section 9: Organizational Structure and Administrative Efficiency of the World Health Organization

Dr. TABA proposed the deletion of the words: "with particular reference to (a) biennial assemblies, and (b) publications;" in clause 2, which read:

REQUESTS the Executive Board to continue its studies on the organizational structure and administrative efficiency of the World Health Organization, with particular reference to

- (a) biennial assemblies, and
- (b) publications; and, further,

Should the committee not agree to such a deletion, he would be satisfied with the addition of a sub-clause (c): "level of staffing".

Dr. VAN DEN BERG supported the Iranian proposal, since clause 3 of the resolution contained a reference to biennial assemblies.

Dr. GEAR, Chairman of the Executive Board, called attention to the recommendation in the Executive Board's report (*Official Records* No. 33, page 36) that the Standing Committee be allotted one or two major items to study each year. That was the reason for the inclusion of sub-clauses (a) and (b).

The CHAIRMAN proposed that the words "including level of staffing", be inserted after the word "Organization", and that the second part of the clause remain as it stood.

Dr. TABA accepted that proposal.

*Decision:* The section, as amended, was adopted.

### Section 10: Form of presentation of programme and budget

The section was adopted without comment.

*Decision:* The report, as amended, was adopted (for text, see page 346).

### 3. Consideration of Second Report of the Legal Subcommittee<sup>7</sup>

#### Sections 1 and 2

*Decision:* The draft resolutions in sections 1 and 2 of the report were adopted without comment.

#### Section 3: Assignment to Regions: Morocco, Tunisia and Algeria

Dr. HASHEM (Egypt) said that the grounds on which his delegation based its objections to the third draft resolution in the report were, firstly, legal. The first sentence of Article 47 of the Constitution of WHO clearly laid down that territories were to be assigned to the regions to which they belonged, while subparagraph (a) of Article 50 gave regional committees competence in "matters of an exclusively regional character". The Constitution therefore required regionalism as a basic condition of the organization of the various offices and committees. That condition was not met in the request of the French Government, since Morocco, Tunisia and Algeria formed, from a geographical or any other point of view, part of Africa and not of Europe.

A further legal objection was that the territories in question were not Members of WHO, whereas the first sentence of Article 47 laid down that regional committees were to be composed of representatives of Member States and Associate Members.

There were administrative as well as legal objections. The United Nations and specialized agencies had definitely adopted a regional approach to world affairs, and incidentally he had been glad to note that in the budget allocations for 1952 that principle had been generally adhered to. It would be useless to assign the territories in question to the European Office, which was merely an administrative bureau, when what they required was active assistance in establishing health services. Moreover, it had been stated by the health authorities concerned that the epidemiological and health problems of Morocco, Tunisia and Algeria were more closely related to those of the Eastern Mediterranean and African Regions than to those of Europe. There existed an Office

<sup>7</sup> See p. 364.

for Africa, which was in course of being developed into a full regional organization, and there was also the Regional Organization for the Eastern Mediterranean, which included Libya, the territory bordering on the three in question, whose problems were so similar that there seemed no medical or technical grounds for assigning them to a different region.

Sir Dhiren MITRA (India) thought that the resolution, instead of merely stating the known fact that a request had been made, should give some indication of whether or not that request was admissible. In fact, for legal reasons, the answer was in the negative, and a further paragraph should therefore be added recommending that no action be taken until the delimitation of geographical areas in the report of the First World Health Assembly was modified (*Official Records* No. 13, page 330). It would be noted that in the delimitation the existence of Morocco, Tunisia and Algeria had been ignored, and the matter would therefore have to be reconsidered by the Health Assembly, which must carry out in respect of those three territories the provisions of paragraph (a) of Article 44 of the Constitution.

The CHAIRMAN agreed that the Fourth World Health Assembly must decide the question left open by the First; but it was for the committee to make recommendations on the matter.

M. MASPÉTIOL (France) recalled that it had been at the request of the Director-General that his Government had stated to which region it wished Morocco, Tunisia and Algeria to be assigned. Its choice of the European Region was entirely reasonable, and indeed inevitable. In the first place, the Western Mediterranean formed a geographical whole in which the continuous and extensive passenger traffic had important consequences from the health point of view. Hundreds of thousands of workers were continually travelling between France and their countries of origin in North Africa.

Algeria, forming as it did a group of French departments, must automatically be included in the European Area, and in the case of Morocco and Tunisia the request had been submitted after full consultation with their respective governments. In setting up an Eastern Mediterranean Area the Health Assembly had presumably intended to exclude the Western Mediterranean, and it had been agreed that the African Area should include only the territories south of the Sahara. A glance at the map would show that the three territories in question were separated from the rest of Africa on the south

by the Sahara desert and on the east by another desert, that of Libya, which, by the way, the delegate of Egypt had erroneously stated to have been assigned to the Eastern Mediterranean Area, whereas in fact no decision had yet been taken.

As to the legal objections raised by the Egyptian delegation, Articles 47 and 50 of the Constitution had no bearing on the question, since their provisions related not to the delimitation of areas but to administrative arrangements in areas already delimited under the provisions of Article 44. By the same reasoning the objection on the ground that Morocco, Tunisia and Algeria were not Members of WHO was also invalidated.

As to the argument that the three territories formed geographically part of Africa and not of Europe, it might equally be asked on what grounds Egypt should be assigned to an organization covering almost exclusively Asiatic countries. The reason was that the Health Assembly had rightly taken account of human factors and of the oneness from a geographical and health point of view of the Eastern Mediterranean and the Near East. In any case, Article 44 of the Constitution contained no reference to continents, but only to areas.

Moreover, the Food and Agriculture Organization had already decided that the French North African territories should be assigned to the European Region, and if the French request to WHO were rejected those territories would be regarded by the two organizations as forming parts of different regions.

As to the argument that the health problems of the three territories were different from those of Europe, it was nevertheless a fact that their health authorities had co-operated with those of France with entirely satisfactory results. It should not be forgotten, in any case, that the Health Assembly had always followed the policy of allowing a metropolitan State to exercise its own discretion in the matter of assignment to areas. Pakistan, for example, although part of its territory was farther east than New Delhi, the headquarters of the Regional Organization for South-East Asia, had at its own request been assigned to the Eastern Mediterranean Area, and rightly so since a single State should not without its consent be assigned to two or more different organizations.

The delegate of India had proposed that consideration of the question be deferred until the revision of the delimitation of geographical areas determined by the First World Health Assembly, but it was precisely to fill the gap left in that delimitation that the French delegation had, at the invitation of the Director-General, submitted its request.

Dr. KHADDOURI (Iraq) said that the delegate of Egypt had in fact been right in stating that Libya was included in the Eastern Mediterranean Area.

Dr. VAN DEN BERG agreed with the delegate of France that Article 47 of the Constitution had no bearing on the question. Article 44 was relevant, but in that connexion "regions" and "areas" must be clearly distinguished. A region was simply a group of countries so defined by the Health Assembly, and a government was therefore not free to decide that its territory should be considered a part of any particular region. Regional organizations were, however, under Article 44, to be established

in certain areas; and to say exactly what constituted an area would be difficult. In the case of the Americas, it was roughly equivalent to a continent, but in general it was impossible to establish any such equivalents and no attempt had been made to do so. In any case, borderline cases inevitably arose where there was doubt as to the region to which a country in any particular area should be assigned, and in such cases the only possible course was to give the choice to the country concerned.

The CHAIRMAN said that the discussion would be resumed at the next meeting.

*The meeting rose at 12.15 p.m.*

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## TENTH MEETING

*Monday, 21 May 1951, at 10 a.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

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### 1. Consideration of Second Report of the Legal Sub-Committee

*Section 3: Assignment to regions: Morocco, Tunisia and Algeria (continuation from the ninth meeting, section 3)*

The CHAIRMAN announced that following the discussion at the previous meeting of section 3 of the second report of the Legal Sub-Committee the delegation of India had submitted a proposal to amend the draft resolution in question by the addition of a further clause reading:

RECOMMENDS that no action be taken until the resolution referred to in *Official Records* No. 13, page 330, is modified.

There was also a proposal, not yet circulated, by the French delegation to add a clause reading:

DECIDES that these territories shall be assigned to the European Office of WHO.

Dr. HASHEM (Egypt) approved the amendment submitted by the Indian delegation, but wished also

to propose the insertion after the words "the Fourth World Health Assembly" of a preamble reading:

Having noted that Morocco, Tunisia and Algeria have not as yet joined the World Health Organization, and

Having noted that the First World Health Assembly had left Morocco, Tunisia and Algeria out of the geographical delimitation of the various areas . . .

The amendment proposed by the French delegation was not acceptable, for the legal and administrative reasons which he had explained at the previous meeting.

M. MASPÉTIOL (France) said that his delegation had submitted the amendment read by the Chairman in consideration of the opinion expressed at the previous meeting by the delegate of India that the resolution of the Legal Sub-Committee, as it stood, was legally valueless.

As he had said at the last meeting, the French Government's request had been made in full agreement with the competent representatives of the territories in question and with due regard to geographical and other relevant conditions.

The amendment proposed by the Indian delegation was based on a misunderstanding of the legal position, since the French request, made at the invitation of the Director-General, was designed not to anticipate any modification of the delimitation of areas decided upon by the First World Health Assembly but to fill a gap which had been left. The proposal at present before the committee was later to be considered by the Fourth World Health Assembly, an entirely regular procedure.

The amendment proposed by the Egyptian delegate was even less acceptable, because it was not for any country to decide the conditions under which a particular territory should be regarded as a Member of WHO. Morocco and Tunisia were at present represented in WHO by France, as the power responsible for managing their external affairs.

For the rest, the same objection that he had raised to the Indian proposal also applied to the Egyptian. In that connexion it should be noted that Morocco, Tunisia and Algeria were not the only territories in respect of which such gaps had been left in the delimitation of areas. Libya was another such case, despite the statement to the contrary made at the previous meeting by the delegate of Iraq.

As to the legal and administrative objections raised by the delegate of Egypt, he would not repeat the remarks which he had made at the previous meeting, but merely recall that he considered those objections to be based on a misunderstanding of the scope of Articles 44 and 47 of the Constitution of WHO.

Sir Dhiren MITRA (India) was prepared to accept the two further clauses proposed by the Egyptian delegation, although they were perhaps superfluous. The essential point was that the question at issue was really neither administrative, nor financial, nor legal, and was therefore not within the competence of the committee. The Executive Board should be requested to consider the question and submit its views to the Fifth World Health Assembly ; if necessary he would propose the addition of a further clause to that effect.

Dr. HASHEM had been astonished to hear the delegate of France say that Morocco, Tunisia and Algeria were Members of WHO represented by France. The Constitution provided for no such membership by representation. Article 8 provided for the admission as Associate Members of territories not responsible for the conduct of their international relations, and resolution WHA2.103 (*Official Records*

No. 21, page 55) also showed clearly that there existed procedures for bringing territories not so responsible into relationship with the Organization. He was not entirely sure how the Government of France described the status of the territories in question. He had heard it said that some parts of Algeria were French departments, and that Tunisia and Morocco were characterized as protectorates. Without necessarily subscribing to that point of view, he felt bound to point out that, even if it were admitted, the status of protectorate did not deprive a territory of its international personality, and consequently of responsibility for its own membership in any international organization, especially those of a technical nature. The argument that the countries in question were already Members was therefore inadmissible.

M. MASPÉTIOL said that since, as the delegate of Egypt had himself pointed out, Article 8 of the Constitution provided for the admission as Associate Members of territories not responsible for the conduct of their international relationships, it followed that wherever no use had been made of that provision such territories were to be considered as included among those represented in WHO by the country in which that responsibility was vested. The financial contribution of France to WHO was calculated according to the total of the territories which it thus represented.

The Indian proposal to refer the question to the Executive Board was not acceptable, since under Article 44 of the Constitution the matter was placed within the competence of the Health Assembly only.

Dr. HASHEM said that his delegation, on the contrary, would accept the Indian proposal to add a clause referring the question to the Executive Board.

The CHAIRMAN suggested that the debate be resumed at a later meeting, by which time the new amendment submitted would have been circulated.

*It was so agreed.* (See twelfth meeting, section 3.)

The CHAIRMAN further suggested that the first two resolutions in the report of the sub-committee, adopted at the last meeting, be included in the committee's third report.

*It was so agreed.* (See third report, sections 1 and 2.)

## 2. Consideration of Third Report of the Legal Sub-Committee

Dr. CLARK (Union of South Africa) introduced the third report<sup>8</sup> of the Legal Sub-Committee, on which he had served as Rapporteur in the absence of Mr. Taljaard.

### *Part I: Agreement with the Government of Egypt*

Mr. KAHANY (Israel) recalled that during the discussion by the Legal Sub-Committee of the Agreement with the Government of Egypt a number of objections, recorded in the minutes of the third, fourth and fifth meetings of the sub-committee, had been made to paragraph 5 of the notes to be exchanged by the Organization and the Government of Egypt at the time of ratification (see annex 7). A statement made in reply by the Egyptian delegation was referred to in Part I of the report now before the committee. That statement, as far as his delegation was concerned, did not answer the objections.

If the text of the note to be sent to the Minister of Foreign Affairs at Cairo was accepted as it stood, and the Director-General in the name of the Organization "took note" of, which was tantamount to accepting, the reservation made by the Egyptian Government, the functioning of the Eastern Mediterranean Regional Office would be dependent on the relations existing between the Government of Egypt and other Member Governments, and only nationals of countries whose relations with Egypt were what the latter chose to call "normal" would be entitled to take part in the work of the office. The Egyptian Government had insisted that the reservation was "in accordance with" section 31 of the Agreement and that it neither extended nor restricted its scope, but that claim would not bear examination, since section 31 contained nothing to suggest that the functioning of WHO could be allowed to depend on the relations between Egypt and other countries, or that Egypt's security could be regarded as threatened by the presence among those taking part in the work of the Regional Office at Alexandria of nationals of a country whose relations with Egypt were not "normal". A clause similar to section 31 in fact appeared in all agreements between WHO and governments, and never before had any reservation so contrary to its spirit been submitted.

Not only was the reservation contrary to the spirit of section 31 but at the same time, by allowing the Egyptian Government to refuse access to the regional office to any person on grounds of nationality

alone, it would destroy all the force of section 27, a clause of a kind essential to any such agreement as that in question and based on Article 105 of the United Nations Charter.

To take a practical example of a situation which might arise, if the Egyptian Government were at any time to decide to sever diplomatic relations with the United Kingdom it could, for so-called security reasons, such as the possibility of acts of violence by Egyptian fanatics, refuse admission to its territory of WHO delegates, experts or officials of British nationality. The same would apply if at any time relations between Egypt and one of the other countries of the Near or Middle East became "abnormal". In fact, as he would shortly explain, such a situation at present existed between Egypt and his own country.

It should be remembered that relations other than "normal" between Members of the United Nations existed elsewhere than in Egypt and that none of the other countries in question had made that fact an excuse to paralyse the work of branches of the United Nations and specialized agencies in their territories. The Economic and Social Council had held a recent session in a Latin-American country which had no relations with several of the participating governments, but the representatives of those countries had enjoyed all the normal privileges of delegations. In the United States of America, delegates of a government which the United States Government did not recognize and with which it was virtually at war had taken part in the work of the United Nations, and they too had enjoyed full privileges. What applied to the United Nations should apply even more to a non-political and purely humanitarian body such as WHO. To "take note" of the reservation in the fifth paragraph of the Egyptian Government's note and of the declaration by the Egyptian delegation would therefore establish a dangerous precedent.

He had mentioned earlier that his own country was one of those to which Egypt, without waiting for the approval of WHO, was already applying the reservation on grounds of abnormal relations. The committee would have gathered, from the debate on the third resolution in the second report of the Legal Sub-Committee, the importance attached by the Government of Egypt to the assignment of a given country to the regional office of the area in which it was situated and to no other. However, as the committee was probably aware, the Government of Egypt was refusing members of the Ministry of Health of Israel all access to the regional office at Alexandria and apparently intended that the only

<sup>8</sup> See p. 365.

advantage derived by Israel from the work of the office should be that of being kept in quarantine. To adopt the resolution contained in Part I of the third report of the Legal Sub-Committee without asking the Egyptian Government to withdraw paragraph 5 of its proposed note would be to give WHO's sanction to the policy already followed towards a Member Government and to encourage similar practices in the future.

He would make a proposal, however, which he hoped would prevent a reopening of the whole debate. According to the declaration of the Egyptian Government, referred to in the first clause of the resolution, paragraph 5 of the notes to be exchanged neither extended nor restricted the scope of section 31 of the Agreement. In other words, the Egyptian Government itself considered that the paragraph was superfluous, and should have no objection to the insertion, after the first clause of the resolution, of a further clause reading :

INVITES the Government of Egypt to be good enough to withdraw paragraph 5 of the text of the notes to be exchanged.

Dr. HASHEM thought that no one hearing the argument of the delegate of Israel would have realized that in fact the resolution in question had been approved in the Legal Sub-Committee with only one dissenting vote, that of the delegation of Israel itself. He would not reiterate all the arguments with which he had previously refuted those of the delegate of Israel, but would simply stress that it was not merely the question of diplomatic relations but that of the possibility of infiltration of dangerous elements which was at issue. The question of normal relations was not separable from that of security, and the right of a government to look after national security was undeniable.

The DIRECTOR-GENERAL observed that in the present case the Organization was inevitably finding itself projected into a political situation, and one where tension was high. Egypt was being asked to sign an agreement under abnormal circumstances, in which it was officially in a state of war. A host agreement required government signature, and the government concerned must be able to assure the legislature that national security would not be jeopardized. While it was generally agreed that paragraph 5 of the proposed note did not either extend or limit the provisions of section 31, it did seem to make them more acceptable to the Government of Egypt. Without paragraph 5, the chances of signature of the agreement would be diminished.

Everyone regretted the situation at present existing in the Middle East, but while it persisted extraordinary provisions might have to be considered.

After some procedural discussion, the CHAIRMAN put the amendment proposed by the delegation of Israel to the vote.

*Decisions :*

(1) The amendment was adopted by 13 votes to 11, with 18 abstentions.

(2) The resolution, as amended, was adopted by 19 votes to 7, with 15 abstentions.

The DIRECTOR-GENERAL observed that the Health Assembly would have to give himself and the Executive Board guidance as to the procedure to be followed in case the Egyptian Government deemed it impossible to ratify the host agreement.

Mr. KAHANY believed that the resolution, as amended, gave the Director-General guidance enough for the conduct of his negotiations with the Egyptian Government. Should he encounter any difficulties, he could report thereon to the next Health Assembly.

Dr. HASHEM said that his Government would reject any attempt to intervene in the conduct of its international affairs. It had been host to the regional office for the past two years and there had hitherto been no complaint from the latter. He would have preferred the committee to take into account the feelings of the Members of the regional office as a whole rather than the views expressed by the previous speaker. He felt obliged, therefore, on behalf of his Government, to say that it would be impossible to comply with the request contained in clause 2 of the amended resolution.

Dr. TABA (Iran), in the interest of obtaining general agreement, tentatively suggested that it might be acceptable to both parties if it were decided to take no decision on the matter until the Fifth World Health Assembly.

M. GEERAERTS (Belgium) believed that, from a legal point of view, the position as stated in the resolution remained unchanged following the Israeli amendment. The inclusion of an invitation to the Egyptian Government to withdraw paragraph 5 of its note in no way affected the validity of the clauses approving the agreement and authorizing the Director-General to undertake the necessary formalities.

The CHAIRMAN and Sir Dhiren MITRA supported that interpretation of the situation.

Dr. HASHEM did not think there was any need to postpone the matter until the next Health Assembly. Once the resolution was adopted by the present World Health Assembly, the Egyptian Government would be called upon to consider whether or not it wished to ratify the agreement, taking into account the resolution as a whole. It did not seem to him desirable to reopen the debate on the subject at the present stage.

Dr. TABA withdrew his suggestion.

The CHAIRMAN announced that the resolution, as amended, would therefore be submitted to the Fourth World Health Assembly for its approval.

(For reopening of discussion, see eleventh meeting, section 1.)

## Part II

### *Section 1: Permanent Secretariat for the International Pharmacopoeia: assumption of functions by WHO in application of Article 72 of the Constitution*

Dr. DE PINHO (Portugal) believed that, in transmitting the resolution regarding the Permanent Secretariat for the International Pharmacopoeia to the Committee on Programme, the committee should include a vote of thanks both to the Belgian Government and to the Belgian Pharmacopoeia Commission.

The CHAIRMAN agreed with that suggestion. Calling attention to Article 72 of the Constitution of the World Health Organization, he noted that a two-thirds majority would be needed both in the committee and in the plenary Health Assembly for the resolution recommended by the Legal Subcommittee to be adopted. He then put the resolution to the vote.

*Decision:* The resolution was unanimously approved for transmission to the Committee on Programme.

### *Section 2: Adoption of amended Regulations for Expert Advisory Panels and Committees*

*Decision:* The resolution was approved without comment for transmission to the Committee on Programme.

### *Section 3: Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East*

Dr. GEAR, Chairman of the Executive Board, in reply to a question put by Dr. KHADDURI (Iraq)

concerning the reason for the reduction in the appropriation voted for UNRWAPRNE, explained that the reduction in aid for Palestine refugees had been one of the regrettable results of the necessity for conforming to the expenditure level set for 1951.

*Decision:* The resolution was unanimously approved for transmission to the Committee on Programme.

### **3. Provision by Governments of Funds for Field Service Allowances of WHO Staff (continuation from the third meeting, section 1)**

Agenda, 6.6.5

#### *Report of the Working Party on Costs to be Borne by Recipient Governments*

The CHAIRMAN requested Dr. van den Berg (Netherlands) to present the report.<sup>9</sup>

Dr. VAN DEN BERG, Chairman of the working party, wished to draw particular attention to clause 3 of the resolution contained in the report. Although the question of the rates of allowances did not specifically fall within the terms of reference of the working party, it had been given full consideration in view of its importance and of the considerable discussion to which it had given rise in the committee. On the basis of information supplied by the Secretariat and of the experience of various members of the working party, it had appeared that allowances might in some cases be rather high and consequently it had been agreed to include some provision with regard to subsistence allowances in clause 3.

*Decision:* There being no objection, the resolution contained in the report was adopted (for text, see third report, section 4).

### **4. Admission of Non-Governmental Organizations into Relationship with WHO: Proposal of the Government of Belgium**

Agenda, 20.1

The CHAIRMAN invited M. Geeraerts to present the note submitted by his delegation (see annex 9).

M. GEERAERTS recalled that the question of the admission of the International Catholic Committee of Nurses and Medico-Social Workers (CICIAMS) as an international non-governmental organization into official relationship with WHO had been left in suspense for some years. It was imperative that a decision be reached at the present Health Assembly, and that that decision be based on considerations of

<sup>9</sup> Unpublished

principle alone. To force one association into connexion with another was contrary to the provisions of Article 20 of the Universal Declaration of Human Rights.

He therefore called for the adoption of the resolution proposed in his delegation's note.

Dr. GEAR recalled that the Standing Committee on Non-Governmental Organizations, established by the Executive Board on instructions from the Health Assembly, had soon been confronted with the problem of non-governmental organizations of a sectarian type. Criteria established by the First World Health Assembly had not given the Executive Board satisfactory guidance on which to come to a decision regarding the many and varying organizations, related to the health field in differing degrees, which had applied for admission to official relationship with WHO. The Second World Health Assembly had not given any further direction. The Board had then prepared amended criteria and submitted them to the third World Health Assembly, which had accepted them, except for that which referred to organizations of a sectional nature (WHA3.113; *Official Records* No. 28). The Executive Board was satisfied that, throughout the many difficult situations arising out of the existing state of affairs with regard to such organizations, it had acted wholly in keeping with the directives of the First World Health Assembly.

In considering the various applications, the Standing Committee had decided that where a single international agency already admitted to official relationship with WHO existed in a particular field, it was desirable that any other organization of a similar nature should co-operate with the single recognized agency, which would act as its representative to WHO. The CICIAMS had been advised to get in touch with the International Council of Nurses (ICN) to that end.

He wished to stress the fact that the Executive Board had agreed that the Director-General should do all he could to enter into informal relationships wherever complete official relationship was not possible. It was felt that contact could in that way be made with a large number of bodies connected in varying ways with the health field.

The CHAIRMAN invited Mlle. Duvillard to present the statement submitted by the International Council of Nurses.<sup>10</sup>

Mlle. DUVILLARD (International Council of Nurses) emphasized that her organization, representing as it

did the various national federations of nurses, brought to WHO, in its capacity of an official non-governmental organization admitted to official relationship with the Organization, the full and varied experience of all its members.

The Board of Directors of the ICN would meet in August of the current year and would then consider a letter received from the Director-General of WHO (dated 21 June 1950) inviting the ICN to consider the possibility of joint representation with the CICIAMS. She did not understand, therefore, why the question of the admission of a second non-governmental organization representing the nursing profession should arise at the present Health Assembly.

M. GEERAERTS did not dispute the fact that the procedure followed hitherto by the Executive Board had been in keeping with the directives of the Assembly. Nevertheless, the matter remained unsettled.

It was rather surprising that the ICN should allow more than a year to elapse before considering the Director-General's letter. Since, however, the ICN had already let it be understood in its statement that "the acknowledgement of a separate denominational group as such would be contrary to the objectives . . . defined in the Preamble to its Constitution . . .", it would appear that there was no point in waiting for the meeting of its Board of Directors, since it had already decided that joint representation was out of the question.

In that case he failed to see why, when the ICN had rightly been admitted to official relationship, another great organization, which had 300,000 members and included 26 national associations, should be treated as a poor relation.

Mr. CALLEA (Italy) supported the Belgian proposal to admit the CICIAMS to an official relationship with WHO. He believed that equitable representation of both the nursing associations in question could be achieved only when they had been placed on the same footing.

Professor FERREIRA (Brazil) thought it desirable not only from the point of view of single representation in WHO of one particular branch of the health field, but also from considerations of principle, that WHO should not create a precedent by entering into a relationship with any one particular sectarian body. He believed that the ICN, in view of the principles laid down in the preamble to its Constitution, was an eminently suitable body to represent the nursing profession in its entirety.

<sup>10</sup> Unpublished

Mr. BERLIS (Canada) said that, in his delegation's view, the CICIAMS should be eligible for consultative status. He would therefore support the Belgian proposal.

Dr. VAN DEN BERG thought it essential that the committee should decide in favour of the resolution contained in the note submitted by the Belgian delegation, in order to avoid any possible accusations of anti-Catholic bias.

Mr. BRADY (Ireland) said he had been instructed by his Government to support the Belgian proposal. Although the CICIAMS was an organization which was religious in character, its activities were for the benefit of all human beings, without distinction of race, religion, political belief or economic or social condition, as stated in the note of the Belgian delegation. Moreover, a glance at the organizations

admitted to official relationship with WHO (*Official Records* No. 29, pages 8 and 9) would show that the Executive Board had not limited membership to only one organization in each particular sphere. It would therefore not be fair to discriminate against the CICIAMS.

It was, however, a matter of some regret that the question of formal relationships had been embodied in the Constitution of WHO. He believed that such relationships would be equally satisfactory if they existed on a purely informal or ad hoc basis. He therefore suggested that at some future date, when procedural amendments to the Constitution were considered, the desirability of modifying it on that point be borne in mind.

The discussion was adjourned to the next meeting.

*The meeting rose at 12.30 p.m.*

## ELEVENTH MEETING

*Tuesday, 22 May 1951, at 10 a.m.*

*Chairman: Professor G. A. CANAPERIA (Italy)*

### 1. Adoption of Draft Third Report of the Committee

The CHAIRMAN invited Dr. Bravo (Chile), Rapporteur, to introduce the resolutions contained in the committee's draft third report.

#### *Section 1: Use of Spanish at WHO Meetings*

*Decision:* The section was adopted without comment.

#### *Section 2: Transfer of the Assets of the Office International d'Hygiène Publique*

*Decision:* The section was adopted without comment.

#### *Section 3: Agreement with the Government of Egypt*

Dr. BRAVO said that, after due reflection, it had seemed to him that the form of the resolution on the agreement with the Government of Egypt, as amended by the Israeli delegation during the discussion of the third report of the Legal Subcommittee, would make it difficult for the Director-General to bring about the accomplishment of the

required formalities. After consultation with the legal adviser, he had therefore prepared the following redraft, which he hoped would prove acceptable to the committee:

#### The Fourth World Health Assembly

1. TAKES COGNIZANCE of the declaration made by the Egyptian delegation in the name of its Government under the terms of which paragraph 5 of the notes to be exchanged neither extends nor restricts the scope of Section 31 of Article X of the Agreement or of any other provision thereof; and consequently
2. APPROVES the Agreement, together with the notes to be exchanged;
3. AUTHORIZES the Director-General to undertake the necessary formalities with respect to the entry into force of the Agreement, and in particular the said exchange of notes;
4. REQUESTS the Director-General, in undertaking these formalities, to communicate the text of this resolution and to ask the Government of Egypt

whether, in view of the acceptance by the Assembly of the declaration made on its behalf and referred to in this resolution, the said Government might not withdraw paragraph 5 from its note.

Dr. VAN DEN BERG (Netherlands) supported the redraft of the resolution.

Mr. KAHANY (Israel) believed that it was a situation without precedent for a proposal from the Secretariat to alter in any way a resolution already voted upon by the committee, particularly in view of the considerable discussion to which it had given rise at the previous meeting. If it was proposed to reopen the debate, that could only be done by a definite vote.

In accordance with Rule 48 of the Rules of Procedure, he thereupon moved the closure of the debate.

The CHAIRMAN wished to make it quite clear that the committee did not have any new resolution before it but that some purely drafting amendments had been made. In his view, the order of the paragraphs in the text submitted by the Rapporteur was preferable to that in the resolution as adopted at the committee's previous meeting.

Mr. KAHANY regretted that he could not withdraw his motion, since he believed there was in fact a difference of substance between the resolution voted upon by the committee and the Rapporteur's redraft. The question had been fully discussed in all its aspects at the previous meeting. If it were reopened, he would feel obliged to reiterate the statements he had made on matters of principle, and as the subject was of great importance, it might prove necessary for him to consult his Government.

Dr. BRAVO recalled that he had, at the previous meeting, been in agreement with the Israeli proposal and had in fact voted in favour of it. He maintained that the text he had submitted contained only drafting changes, which did not in any way alter the substance of the Israeli amendment. In his view, the resolution in its new form constituted a more adequate presentation of the situation, which would enable the Director-General to act with greater flexibility in his negotiations with the Egyptian Government.

Rajkumari AMRIT KAUR (India) asked that the text of the revised resolution read by the Rapporteur be circulated so that the committee could consider the effect of the changes.

The CHAIRMAN agreed that it would be preferable to defer any further discussion until that text had been circulated.

Mr. KAHANY maintained his motion for the closure of the debate. He noted that, though his delegation was the most directly interested, the revised text had not been shown to him before the meeting. Moreover, there had been ample opportunity when the question had been discussed to propose drafting changes.

The CHAIRMAN, in conformity with Rule 48 of the Rules of Procedure, called upon two speakers before the motion for the closure was put to the vote.

Dr. VAN DEN BERG (Netherlands) supported the request made by the delegate of India. He recalled that he too had been in favour of the substance of the Israeli amendment. Still, it did not seem to him to have been very happily phrased and it would perhaps be advisable to consider redrafting it.

Dr. HASHEM (Egypt) thought a motion for closure of the debate was inappropriate since the Rapporteur's proposal was clearly a redraft and did not alter the substance of the resolution. He pointed out that the Chairman and the Rapporteur had upheld that interpretation, and he believed that it was for the Chair to rule on the matter without taking a vote.

The CHAIRMAN put to the vote the motion of the Israeli delegate for the closure of the debate.

*Decision:* The motion was rejected.

Mr. CALDERWOOD (United States of America) said that in his view there was no doubt that the text submitted by the Rapporteur was merely a redraft of the text that had been approved by the committee. He supported the request made by the delegate of India, and urged the committee not to resume discussion of the matter unless it became apparent on a study of the new text that some divergence had in fact been introduced.

The CHAIRMAN agreed, and ruled that further discussion on the resolution should be deferred until the Rapporteur's revised text had been distributed to members.

(See twelfth meeting, section 7.)

*Section 4: Costs of Field Service Allowances to be borne by Recipient Governments*

*Decision:* The section was adopted without comment.

**2. Admission of Non-Governmental Organizations into Relationship with WHO : Proposal of the Government of Belgium** (continuation from the tenth meeting, section 4)

Agenda, 20.1

Dr. GEAR, Chairman of the Executive Board, emphasized the fact that the Health Assembly had delegated to the Executive Board the function of deciding which non-governmental organizations were to be admitted into official relationship with the Organization. The Board had received instructions to that end from the First and the Third World Health Assemblies and, in that connexion, he wished to call attention to *Official Records* No. 13, page 326, and to *Official Records* No. 28, page 67. The "Working Principles governing the Admission of Non-Governmental Organizations into Relations with WHO," contained in the *Handbook of Basic Documents*, and in particular part 2, on procedure, were also relevant and clearly stated the position.

M. GEERAERTS (Belgium) considered that, as the question of the admission of denominational groups to official relationship with WHO had already been decided upon by the Third World Health Assembly, much of the discussion at the previous meeting had been out of order. The only point which the committee was called upon to decide was whether the International Catholic Committee of Nurses and Medico-Social Workers fulfilled the criteria for admission to relationship with WHO under Article 71 of the Constitution.

In reply to the remarks of the Chairman of the Executive Board, he wished to make it clear that he had never questioned the authority delegated to the Board and to the Standing Committee on Non-Governmental Organizations. However, as his delegation had stated in its note (see annex 9), when difficulties and differences of opinion arose, "the Health Assembly, as the highest authority, should exercise its powers and settle disputes on questions of principle".

Dr. PADUA (Philippines) said that for him the matter was particularly delicate since the overwhelming majority of his compatriots were Catholic by denomination. On grounds of sentiment, therefore, he would have been inclined to vote in favour of the admission of the CICIAMS to official relationship with WHO. On the other hand he was afraid that, by doing so, the committee might establish a dangerous precedent, particularly in view of the fact that the organization in question comprised medico-social workers as well as nurses and that numerous other bodies connected in varying ways

with the health field might consequently also apply for admission to relationship with WHO. It therefore seemed preferable that the International Council of Nurses should remain the single representative body of the nursing profession as a whole.

Dr. BRAVO, speaking purely in his capacity as a doctor and representative of his country and not from any religious bias, noted that the Preamble to the Constitution of the International Council of Nurses, in providing that its constituent national associations should be non-political and non-sectarian, and should work together to promote the health of nations, echoed the fundamental principle laid down in the Constitution of WHO, that the highest attainable standard of health was the fundamental right of every human being without distinction of race, religion, political belief or economic or social condition.

The CICIAMS appeared to constitute a dissident group in the nursing profession. The very word "catholic" in its name showed that it did not subscribe to the non-sectarian principles of the ICN. To give such a group official recognition would be to lend the Organization's support to sectarianism and would, as the representative of the Philippines had said, create a dangerous precedent.

It was to be deplored that political and religious considerations had been introduced into the Health Assembly, since it meant that the attention of members was being distracted from the common goal of world health.

The Chairman of the Executive Board had pointed out that the Board had acted in conformity with the directives of the First and Third Health Assemblies, and Dr. Bravo considered that the Board had acted with tact and judgement throughout while maintaining the principles and upholding the aims of the Organization.

For those reasons, his delegation could not give its support to the Belgian proposal and submitted the following alternative resolution for the committee's approval :

The Fourth World Health Assembly

1. NOTES the proposal of the delegation of Belgium dealing with the relationship with non-governmental organizations ;
2. CONFIRMS the action taken by the Executive Board in this matter ;
3. RECOMMENDS that the Executive Board continue the study of pending applications, in agreement with the authorization given to it by the First and Third World Health Assemblies.

M. MASPÉTIOL (France) supported the proposal of the Belgian delegation. He considered that to put off taking a decision because a non-governmental organization, consulted nearly a year before, had not yet seen its way to giving an answer, would be a dilatory proceeding ill befitting the dignity of the World Health Organization. Furthermore, he did not think that the powers delegated to the Executive Board had in any way been intended to preclude the Assembly itself from taking action when the Board could reach no decision or, for that matter, when it did not agree with any decision that the Board had taken.

Dr. MOL (Netherlands) wished to emphasize the practical considerations involved. In order to attain the highest possible standard of health, which was the aim of the Organization, the participation of all members of the nursing profession was essential. The medico-social worker was also of the greatest importance, particularly in the more highly developed countries. Any action calculated to alienate a section of that profession would therefore tend to lessen the effective action of the Organization.

Moreover, it should be borne in mind that in many countries large sections of the population preferred to entrust the care of their health to persons sharing their religious opinions, and consequently any decision that appeared to discriminate against one religious group would offend a large part of world opinion.

The fear expressed by the delegate of the Philippines that a dangerous precedent might be created, and that a large number of other non-governmental organizations might demand admission to official relationship with WHO, seemed to him groundless, as no organizations in the field of nursing except the two in question had applied for admission since the inception of WHO.

It was the way of free peoples to welcome without reserve the collaboration of all, whatever their views, who could further a common cause. The Organization should adopt that attitude, rather than close the door to a body which had shown by its works the value of the contribution it could make to the health of the world.

Sir Arcot MUDALIAR (India) felt that the words "on the pretext" in the first line of the second paragraph of the note of the Belgian delegation were, in the English text at least, unfortunate as implying doubt as to the sincerity of the motives for the Executive Board's decision.

As to the substance of the resolution proposed by the Belgian delegation in the same note, he considered

that the argument put forward by several delegations in the debate, that the International Catholic Committee of Nurses and Medico-Social Workers was doing excellent work, was irrelevant. The question was whether any organization, whatever its activities in the humanitarian field, which limited its membership to persons of a particular religious persuasion should be admitted to association with WHO, which under its Constitution was working for the enjoyment of the highest attainable standard of health by every human being without distinction of race, religion, political belief, or economic or social condition.

Reference had been made by some speakers to the organizations already admitted into association with WHO. The list on pages 8 and 9 of *Official Records* No. 29 contained the name of not a single organization which limited its membership on grounds of race, creed, caste or colour. It had been argued rightly that under Article 71 of the Constitution the admission of such organizations was not excluded, but some delegates had gone further and maintained that the admission of any organization which was international, which had a sufficiently large membership and whose work was connected with that of WHO should be automatic; an argument which ignored the fact that the verb employed in Article 71 was "may", not "must". Again, paragraph 1 (iii) of the "Working Principles governing the Admission of Non-Governmental Organizations into Relations with WHO" laid down conditions which showed that the decision taken by the Executive Board was in complete harmony with established principles. In fact, the Executive Board had merely tried to apply the principles laid down in Article 2 (j) of the Constitution in such a manner as would strengthen the nursing profession as a whole, and had displayed, moreover, in all its proceedings a tact and understanding which showed its anxiety to further the work of the Organization.

He agreed with the delegate of the Philippines. To grant affiliation to such an organization as the International Catholic Committee of Nurses would be a dangerous precedent. It was more than possible, for example, that the World Medical Association was not the only international organization representing medical men, and that other such bodies organized on a sectional or national basis might wish to seek affiliation.

The Chairman of the Executive Board had referred to the principle adopted at the First World Health Assembly that matters such as that at present before the committee should in general be decided by the

Executive Board. But when a decision of the Board was challenged, as in the present case, it was necessary to lay down some definite policy for it to follow in the future. He was therefore in some sense grateful to the Belgian delegation for bringing the matter before the Fourth World Health Assembly.

Dr. VAN DEN BERG maintained that, as his own delegation along with those of Belgium and Canada had pointed out, the principle of entering into relations with so-called "sectional" organizations had been accepted at the Third World Health Assembly. He therefore considered that such remarks as those of the representative of India should be ruled out of order.

Dr. FABINI (Uruguay) said that whereas collaboration with non-governmental organizations was clearly provided for in Article 2 of the Constitution, it would be in contradiction with all the principles of the United Nations Charter for WHO to enter into official relations with an organization which was not universal in character. He would therefore support the proposal of the Chilean delegation and oppose that of the Belgian delegation.

Mlle. DUVILLARD (International Council of Nurses) speaking at the Chairman's invitation, recalled that the Belgian delegation had expressed surprise that her organization had not replied earlier to the note sent by the Director-General of WHO. The reason was that the Board of Directors of the Council met only once every two years, and the Director-General's note had been received after the last meeting in June 1949. There was to be another meeting in August 1951.

Most of the 26 countries represented in the International Catholic Committee of Nurses were also represented in her organization, through national associations or federations.

Mr. MASON (New Zealand) said that his delegation had no very strong views on the question and would certainly not be influenced by religious considerations. The essential point was that for practical reasons it was not the policy of WHO or the other specialized agencies to enter into formal relations with more than one non-governmental organization in any one field. That had been, he repeated, the policy followed in the past, despite statements to the contrary. The International Council of Nurses had for some time represented, without discrimination as to race, creed or colour, the qualified nursing profession all over the world, and it should be possible for other organizations in the same field to

conduct relations with WHO through it. The fact that a proposal for such collaboration had been made was a reason for not taking a decision which would make it impossible. Moreover, the reversal of a decision of the Executive Board, which the Belgian delegation had itself admitted to be the body responsible for deciding on the admission of non-governmental organizations into relationship with WHO, should not be lightly contemplated.

Finally, in view of the explanation by the representative of the International Council of Nurses, he felt that that body could not be criticized for its delay in replying to the Director-General's note.

Professor FERREIRA (Brazil) was opposed to the admission into relationship with WHO of an organization whose very name implied sectionalism.

Mr. CALDERWOOD recalled that at the Third World Health Assembly his delegation had made it clear that it did not favour the automatic exclusion from relations with WHO of so-called sectional organizations, but that it recognized the competence of the Executive Board to exclude any organization, even if it fulfilled the six criteria laid down by the Health Assembly, under certain conditions, for example, if another non-governmental organization working in the same field was already affiliated (*Official Records* No. 28, page 431). In the present case, the Executive Board had postponed its decision, not, as some delegates had said, taken a negative decision. At the same time the Board had indicated that it was desirable as a matter of policy to admit only one organization in any single field, and expressed the hope that the organization whose application was under consideration might come to some agreement with the International Council of Nurses, which had already been admitted into formal relationship with the World Health Organization. There was no doubt that the Health Assembly was competent to decide on the question, but he doubted the wisdom of departing from the principle of leaving such matters to the Executive Board. The Health Assembly should in any case await the decision of the Executive Board before taking any action. He therefore supported the proposal of the Chilean delegation.

Dr. TOGBA (Liberia) regretted that the question, already considered by the First and Third World Health Assemblies, should have come again before the Fourth instead of being left to the Executive Board.

The International Catholic Committee of Nurses was, according to the written statement presented by the International Council of Nurses, already repre-

sented in WHO through the latter, and he failed to see why it should seek a separate relationship.

Dr. GREGORIĆ (Yugoslavia) supported the proposal of the Chilean delegation.

Dr. ENGEDAL (Norway) was in favour of adhering to the principle of entering into formal relationship with only one non-governmental organization in any field.

M. GEERAERTS found it difficult to reply to the arguments advanced against his proposal, not because they convinced him but because they dumbfounded him. In fact, not a single legal or constitutional argument had been put forward in reply to the considerations in his delegation's note. All the remarks he had heard had been based on personal feeling.

It had been suggested that the adoption of his proposal would create a dangerous precedent by encouraging national and sectional organizations to seek to enter into relationship with WHO. That argument was irrelevant, since the organization with which his proposal was concerned was international. As to the argument that to admit into formal relations an organization whose members adhered to a single religion would be to discriminate on grounds of creed, he maintained that on the contrary it would be discriminatory to exclude such an organization. It had been suggested that all the nurses in the world could enter indirectly into relations with WHO through the one organization already formally affiliated, but that point of view was hardly in conformity with Article 20 of the Universal Declaration of Human Rights. Why should all those aims in any way coincided with those of a particular body be forced into relationship with it?

Among the non-governmental organizations already admitted into relations with WHO there were some whose membership was confined to certain countries. Why then should not organizations be admitted whose members adhered to certain opinions? No body representing an important part of world opinion could fairly be excluded from collaboration in the work of WHO. To exclude one of the creeds existing in the world was to exclude all those adhering to that creed. However, the real question was whether when two organizations both satisfying the six criteria laid down by the Health Assembly were working in a particular field, one of them should be obliged to conduct its relations with WHO through the other.

The question had been adequately discussed and he saw no reason why it should be referred again to the Executive Board which, as its own representative had admitted, was finding the utmost difficulty in reaching a decision. A vote should be taken immediately on the proposal of his delegation.

M. MASPÉTIOL moved the closure of the debate.

The CHAIRMAN observed that under the Rules of Procedure two delegates might speak on the motion for the closure.

No one wishing to speak, he declared the debate closed.

Mr. MASON suggested that a vote be taken on the proposal of the delegation of Chile rather than on that of the delegation of Belgium, since the former was an amendment to the latter.

M. GEERAERTS considered that the Chilean draft resolution was not an amendment but a separate proposal.

The CHAIRMAN agreed with the delegate of New Zealand, referring to Rule 51 of the Rules of Procedure, and ruled that a vote should be taken on the draft resolution proposed by the Chilean delegation.

A vote was taken by roll-call on the request of Dr. ENGLER (Panama).

*The result of the vote was as follows:*

*In favour:* Afghanistan, Australia, Brazil, Burma, Cambodia, Chile, Denmark, Finland, Greece, Hashemite Kingdom of the Jordan, Iceland, India, Korea, Liberia, Mexico, New Zealand, Norway, Pakistan, Panama, Philippines, Sweden, Syria, Thailand, Turkey, Union of South Africa, United Kingdom, United States of America, Uruguay, Viet Nam and Yugoslavia.

*Against:* Austria, Belgium, Canada, Ethiopia, France, Ireland, Italy, Laos, Monaco, Netherlands and Portugal.

*Abstaining:* Egypt, Indonesia, Iran, Iraq, Japan, Lebanon, Nicaragua, Saudi Arabia and Switzerland.

The resolution proposed by the delegation of Chile was adopted by thirty votes to eleven, with nine abstentions. (See fourth report, section 1. See also tenth plenary meeting, section 3.)

*The meeting rose at 12.20 p.m.*

## TWELFTH MEETING

Tuesday, 22 May 1951, at 2.30 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

later

Mr. T. J. BRADY (Ireland)

### 1. Salary of the Director-General

Agenda, 20.3

The CHAIRMAN drew attention to a note by the delegations of Brazil, France and India containing a proposal to raise the salary of the Director-General of WHO to a level more comparable with that of the Directors-General of other specialized agencies.

On the request of Mr. CALDERWOOD (United States of America), Mr. SIEGEL, Secretary, gave the following information regarding the salaries and allowances of the Directors-General of other specialized agencies.

	Salary US\$	Representation allowance US\$
ILO . . . . .	20,000	10,000
FAO . . . . .	18,000	6,500
UNESCO . . . . .	18,000	5,000
	(plus residence allowance 3,800)	

Professor FERREIRA (Brazil) said that the note was quite self-explanatory, but he wished delegates to know that the proposal had originally been made at a meeting of the Executive Board by the late Dr. de Paula Souza and that it was one of two items to which Dr. de Paula Souza, shortly before his death, had requested him to give special attention at the Fourth World Health Assembly.

Dr. PADUA (Philippines) pointed out that the Director-General of WHO had the same level of responsibility and authority as the Directors-General of other specialized agencies and he felt it was only equitable that his total remuneration should be on a comparable level.

*Decision:* The resolution proposed in the note was adopted unanimously (for text, see fourth report, section 2).

### 2. United Nations Joint Staff Pension Board : Appointment of Representatives to replace Members whose Period of Membership Expires

Agenda, 6.4.3.1

The CHAIRMAN noted that the two-year period for which Sir Arcot Mudaliar (India) and Dr. Kozusznik (Poland) had been appointed to represent the Health Assembly as member and alternate member on the WHO Staff Pension Committee (WHA2.64, *Official Records* No. 21) had expired. One member and one alternate member must therefore be appointed to replace them, and it was suggested that the Health Assembly might wish to follow the precedent established the previous year (WHA3.103) and make its choice from among the persons designated by countries to serve on the Executive Board.

Since the two remaining members were from the United States of America and France, and the two alternate members from Sweden and Chile, he thought it would be desirable from the point of view of geographical representation if the new member and alternate member were chosen from among the countries of Asia. He proposed Ceylon and Lebanon.

*Decision:* The committee accepted the Chairman's proposal and adopted the resolution reproduced in section 3 of its fourth report.

### 3. Consideration of Second Report of the Legal Sub-Committee

*Section 3: Assignment to Regions: Morocco, Tunisia and Algeria* (continuation from the tenth meeting, section 1)

Dr. MCCUSKER (Canada) asked whether, if Algeria, Morocco and Tunisia were assigned to the European Region before being Members or Associate Members of WHO, they would be able to opt for the region of their own choice on becoming full Members of

the Organization. If that were so he suggested that it should be made clear in the event of the adoption of the resolution proposed by the French delegation.

The CHAIRMAN recalled that there were three resolutions before the committee : that proposed by the Legal Sub-Committee, the amended resolution submitted by the Indian delegation (further modified by Egypt) and the amended version of the French delegation. In order to reach a solution acceptable to all delegations, and taking into consideration the opinions expressed in the previous debate, he would propose adoption of a resolution on the following lines :

#### The Fourth World Health Assembly

1. TAKES COGNIZANCE of the desire expressed by the French Government that Morocco, Tunisia and the French departments of Algeria be included within the European Region, and
2. REQUESTS the Executive Board to study the proposal of the French Government and to report thereon to the Fifth World Health Assembly.

Rajkumari AMRIT KAUR (India) accepted this rewording of the resolution on behalf of her delegation.

M. MASPÉTIOL (France) said that his delegation would have preferred a decision on the matter during the present Health Assembly but that, in view of the long discussion which had already taken place and the limited time available, he would accept the Chairman's amended resolution.

Dr. HASHEM (Egypt) noted with pleasure that the committee realized the necessity for the Executive Board to study various aspects of the question. The Fifth World Health Assembly would then be in a position to take the necessary decision. He further noted that the resolution proposed by the Chairman was substantially the same as that proposed by the Indian delegation and he therefore gave it his full support.

The CHAIRMAN thanked the delegates of India and France for their co-operation.

*Decision:* The resolution proposed by the Chairman was adopted unanimously. (See fourth report, section 7.)

*Mr. Brady (Ireland), Vice-Chairman, took the Chair.*

#### 4. Programme and Budget for 1952

Agenda, 6.5.4

##### *Draft Appropriation Resolution for the Financial Year 1952.*

The CHAIRMAN opened the discussion on the draft appropriation resolution for the financial year 1952<sup>11</sup> pointing out that the amounts of money entered opposite the various headings in the appropriation section would have to be left blank for the time being as they were still under consideration by the joint working party. He asked the Secretary to explain in what respects the proposed appropriation resolution for 1952 differed from that adopted the year before (*Official Records* No. 28, page 65) and the draft on page 46 of the Programme and Budget Estimates (*Official Records* No. 31).

The SECRETARY said that one essential difference between the draft before the committee and that shown on page 46 of *Official Records* No. 31 was the inclusion of Part IV (reserve) in the appropriation section, in order to allow for the fact that the working budget level for 1952 did not include the assessments against inactive Members of the Organization. The amount inserted under Part IV would be equal to the sum of those assessments. A second paragraph had also been added to section II, in order to provide for the limitation of obligations incurred during 1952 to the amount of the effective working budget.

A further problem had come to the Secretariat's attention since the resolution before the committee had been drafted, namely the delay which had been experienced in the delivery of supplies and equipment purchased for programme activities. Under the Financial Regulations as they now stood, the cost of goods ordered during the current year but not delivered before 31 December had to be carried over to the ensuing year. Owing to supply difficulties created by the world situation, no reliance could be placed on any assurance that material ordered would be delivered by a certain date. That state of affairs would distort the budget position unless some special provision was made. He proposed, therefore, that the following sentence be added to section VI :

<sup>11</sup> The draft before the committee was identical with the final text, reproduced in the second report of the joint meetings, apart from the figures later inserted in section I (appropriation section) by the joint working party, the final sentence of section VI added at the present meeting and a slight drafting amendment adopted at the fourth joint meeting (p. 306).

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1952.

In reply to a question put by Mr. MELLIS (United Kingdom), who suggested that the required provision was already contained in Article IV, paragraph 4.3 of the Financial Regulations (*Official Records* No. 33, annex 6), he pointed out that that paragraph provided for appropriations to remain available for the following twelve months only for the discharge of obligations in respect of goods supplied in the year to which those appropriations related. The problem was precisely that goods promised for before the end of a given year might not arrive until as late as March of the following year.

*Decision:* The draft appropriation resolution, as amended by the Secretary, was adopted unanimously, and it was agreed that it should be submitted as the second report of the committee to its joint meetings with the Committee on Programme. The figures would be inserted in the appropriation section by the joint working party.

##### 5. Amendment of Appropriation Resolutions for the Financial Years 1950 and 1951

The SECRETARY proposed that the committee should recommend the adoption of additions to the appropriation resolutions for 1950 and 1951, similar to that just adopted for the financial year 1952. The difficulties he had mentioned would thus be avoided in respect of those two years.

*Decision:* The Secretary's proposal was adopted. (See fourth report, sections 8 and 9.)

##### 6. Working Capital Fund for 1952

Agenda, 6.6.3.3

The CHAIRMAN indicated that the resolution which the committee was invited to adopt was that given on page 48 of *Official Records* No. 31 with the first paragraph amended to read as follows :

1. RESOLVES that the working capital fund for the membership as at 1 May 1951 be maintained for

1952 in the amount of \$3,193,955 plus the assessments of Members joining after 1 May 1951.

In reply to a question by Dr. VAN DEN BERG (Netherlands), the SECRETARY stated that the figure of \$3,192,032.85 for the working capital fund recommended by the Executive Board at its seventh session (*Official Records* No. 33, p. 16) had been altered to \$3,193,955 in order to include the assessment of Panama, which had become a Member of the World Health Organization since that date. The assessments of Members who had joined since 1 May 1951 were as follows: Japan, \$53,969; Spain, \$33,289; Germany, \$97,598.

*Decision:* The resolution, as amended, was adopted. (See fourth report, section 4.)

##### 7. Adoption of Draft Third Report of the Committee

*Section 3: Agreement with the Government of Egypt* (continuation from the eleventh meeting, section 1)

The CHAIRMAN reminded the committee that it had to decide whether to accept the resolution on the host agreement with the Government of Egypt in the form adopted at the tenth meeting or in the revised form submitted by the Rapporteur at the eleventh meeting and since circulated to delegates.

Dr. VAN DEN BERG said that an examination of the two texts had confirmed his opinion that the alteration in the wording was merely a matter of drafting. His delegation supported the resolution as modified by the Rapporteur.

Dr. HASHEM felt that the new wording was a great improvement from the point of view both of logical sequence and of consistency. He requested that the resolution be put to the vote in its revised form.

M. RUEDI (Switzerland) said that he had supported the amendment submitted at the tenth meeting by the delegation of Israel to the resolution as originally presented by the Legal Sub-Committee because he had understood from the explanations given by the delegate of Israel that the additional clause was merely a request addressed to the Government of Egypt and in no way a condition to the signing of the agreement. He recalled that the delegate of Belgium had interpreted the effect of the new clause in the same way. However, following the Director-General's observations, he had realized that the

resolution as adopted might be subject to misinterpretation. He therefore fully supported the new version drafted by the Rapporteur, as the request to the Egyptian Government was more happily expressed.

Dr. HÖJER (Sweden) considered that there had been no change of substance. He supported the new wording as being a more courteous rendering of the resolution.

Sir Dhiren MITRA (India) believed that the difference between the two texts, though small, was nevertheless fundamental. In the resolution as first adopted it was the Fourth World Health Assembly that invited the Government of Egypt to withdraw point 5 from the text of the notes to be exchanged. The Government of Egypt could take that action either immediately or later, no special time being specified. Clauses 3 and 4 of the resolution made it clear that the agreement was approved in any case and that the Director-General was to proceed with the necessary formalities. In the revised draft it was the Director-General who was invited to take action. He had already done so without success, and it was obvious from what the Egyptian delegate had said that any request to modify the terms of its note which might be made to the Government of Egypt at the Director-General's level would be refused. He asked the committee not to discard the wording they had adopted at the tenth meeting without careful consideration and good cause.

Mr. KAHANY (Israel) was grateful to the delegate of Switzerland for raising again the question, which had provoked so much discussion, of whether the original version was subject to misinterpretation, and to the delegate of India for answering it so clearly. When the committee had voted on the resolution at the tenth meeting, there had been no doubt that the Director-General was authorized by the Health Assembly to sign the agreement. It was therefore clear that the invitation addressed to the Government of Egypt by the Health Assembly did not constitute a condition. In order to eliminate all possible doubt on that point some delegate might be willing to propose—he could not himself take the responsibility of doing so—that the following words be added to clause 4 of the original draft: “Whatever decision the Egyptian Government may feel called upon to take with regard to the above invitation of the Assembly.”

Dr. HASHEM asked, on a point of order, whether the resolution was still open to amendment.

The CHAIRMAN considered that, as two alternative wordings of the resolution were before the committee, an amendment which led to a compromise would be welcome. He invited the delegate of Israel to continue.

Mr. KAHANY said that after the remarks of the delegate of India it should be perfectly clear that, as he had himself maintained from the beginning, the new text submitted by the Rapporteur involved changes of substance. It should also be clear that those changes were neither necessary nor desirable, and he trusted that the delegate of Switzerland was reassured as to the meaning of the original text.

M. MASPÉTIOL agreed with the delegate of India that the new wording must be regarded as an amendment to that adopted by the committee at the tenth meeting. In the first text the request came from the Health Assembly and was to be made prior to the carrying out of the formalities required to bring the agreement into force, whereas in the second it came only from the Director-General and would be made after the formalities in question were undertaken. The question could if necessary be raised again in a plenary meeting, but unless the discussion was formally reopened it seemed to him that the committee had no alternative to accepting the text originally adopted.

Dr. VAN DEN BERG said that any request to the Egyptian Government by the Director-General under the revised text would be made on behalf of the Health Assembly; there was no essential difference on that point between the first and second drafts. The first draft merely invited the Government of Egypt to withdraw point 5 of its note, while the second included a reference to the acceptance by the Health Assembly of the declaration made on behalf of the Government. That too was not a difference of substance, but the second version was preferable from the point of view of drafting. He suggested that the discussion be closed and a vote taken.

The CHAIRMAN wished to ensure that the committee, before proceeding with the discussion, fully understood the nature of the problem confronting it, so that it might take a decision which would prevent such difficulties from arising in future. As he saw it, there were two possible courses: either the committee could decide that the second resolution was different in substance from the first, in which case the debate must be reopened; or it could decide that the two resolutions before it were substantially the same, in which case a vote could be taken immediately to choose between them.

Mr. KAHANY maintained that there was only one resolution before the committee. No one had proposed a second resolution and opinions were, to say the very least, divided on the subject of whether the changes introduced by the Rapporteur were matters of substance or not.

Mr. CALDERWOOD reminded the committee that drafting amendments to resolutions adopted during a meeting were to be expected. The Rapporteur must be allowed some latitude. He agreed with the Netherlands delegate that the texts were the same in substance, and considered the revised version satisfactory subject to two minor changes.

Mr. MASON (New Zealand) felt that if, under the new draft, the invitation to the Government of Egypt was open only during the negotiations while under the original one it was open indefinitely, then the change was indeed one of substance. He asked whether it was within the competence of the Chair to declare that the new draft involved matters of substance, and whether it would then be in order for the Rapporteur to withdraw the new draft of the resolution.

The CHAIRMAN replied that the procedure suggested by the delegate of New Zealand was within the competence of the Chair. As it happened, the Rapporteur had already given him to understand, just before the New Zealand delegate had begun to speak, that he wished to withdraw his draft.

Dr. BRAVO (Chile), Rapporteur, confirmed that, in view of the protracted discussion it had provoked, he wished to withdraw his revised draft in favour of the text originally adopted by the committee.

Dr. HASHEM said that the position of his delegation remained unchanged; it was opposed to any attempt by an international organization to interfere in the conduct of Egypt's foreign affairs. He had no objection to the withdrawal of the Rapporteur's revised draft; he would in any case have voted against it as he had voted against the version originally adopted. However, he felt bound to remark that the action of the Chair in permitting that withdrawal was inconsistent, since at the eleventh meeting the committee had voted in favour of proceeding with the discussion of the revised text, and that text therefore had a legal standing in the committee.

Finally, if the original text was to stand, he wished to make it quite clear that his delegation understood the invitation to withdraw point 5 of the notes as having no binding force of any kind.

The CHAIRMAN was not sure that the account given by the Egyptian delegate of the decision taken at the eleventh meeting was entirely accurate. He would ask the Secretary to read the provisional minutes of that meeting and, while they were being sent for, the committee might proceed with the next item of the agenda.

## 8. Time and Place of the Fifth and Future World Health Assemblies

Agenda, 6.2.3

Dr. EVANG (Norway) asked why item 6.2.3 of the agenda was entitled "Time and place of the Fifth World Health Assembly", while resolution EB7.R46 of the Executive Board (*Official Records* No. 32, page 17) and the draft resolution on the Sixth and future Health Assemblies submitted by the delegation of India (see annex 10) referred only to place.

The CHAIRMAN explained that the matter was governed by Articles 14 and 15 of the Constitution, which provided that the country or region should be selected by the Health Assembly, the Executive Board later fixing the exact place and, in consultation with the Secretary General of the United Nations, the date.

It would be noted that in resolution EB7.R46 the Executive Board had made no recommendation as to the place of meeting of the Fifth World Health Assembly, the only specific proposal before the committee being that of the delegation of India, which related to subsequent Health Assemblies.

Rajkumari AMRIT KAUR believed that, in order that the World Health Organization might be a living entity in the hearts of the peoples of the world, every second meeting of the Health Assembly should take place in some place other than Geneva. Financial stringency had so far made that impossible and in 1952 it would still be necessary, for reasons of economy, to hold the Health Assembly at headquarters. But her delegation hoped that in 1953 it might be possible to hold it away from Geneva, in South America or South-East Asia, for example. Individual countries, particularly those which were underdeveloped, would not, of course, be in a position to bear the cost involved and her delegation therefore proposed that the expenses should be part of the general budget.

M. MASPÉTIOL noted that sub-clause (3) of the resolution proposed by the delegation of India would affect the budget for 1953, which was the concern of next year's Health Assembly. Moreover, he feared that the extra expense involved might, under

present circumstances, reduce the amount of money available for the Organization's essential services.

However, if sub-clause (3) were deleted and the word "arrange" in sub-clause (1) replaced by "consider arranging", the draft resolution would be acceptable.

The CHAIRMAN suggested that rather than adopt the resolution as such the committee might recommend that it be referred to the Executive Board, which could then consider all aspects of the question, including the budgetary implications.

Rajkumari AMRIT KAUR said that provided that the resolution could be referred to the Executive Board she would willingly make the changes proposed by the delegate of France, though she could not see how an under-developed country could meet the expenses of a Health Assembly.

Dr. DOROLLE, Deputy Director-General, agreed with the delegate of India regarding the advantage of holding the Health Assembly away from headquarters at least every second year. As the delegate of France had said, however, next year's Assembly should not be bound by a decision made now concerning the 1953 budget. He felt that the proposal to refer the matter to the Executive Board for consideration was a very sensible one, provided that the Board were given some idea of the Health Assembly's wishes. In that connexion it should be clearly understood that if the Health Assembly were held away from Geneva, the host country, whichever it was, could not be expected to bear the whole cost. The Organization itself would have to meet all or very nearly all the expense.

*Decision:* The committee agreed to recommend that the draft resolution of the delegation of India be referred to the Executive Board. (See fourth report, section 6.)

The CHAIRMAN invited proposals for the place of the Fifth World Health Assembly.

Dr. SHAKHASHIRI (Lebanon) proposed that the Fifth World Health Assembly be held at Geneva.

The CHAIRMAN reminded delegates that under the Constitution only the country, not the exact place, was to be decided by the Health Assembly.

*Decision:* It was agreed to recommend that the Fifth World Health Assembly be held in Switzerland. (See fourth report, section 5.)

## 9. Adoption of Draft Third Report of the Committee

### *Section 3: Agreement with the Government of Egypt* (resumed from section 7 of the meeting)

The SECRETARY read the latter part of section 1 of the provisional minutes of the eleventh meeting, and the CHAIRMAN noted that a motion for the closure by the Israeli delegate had been defeated.

(For continuation of discussion, see thirteenth meeting, section 3.)

*The meeting rose at 5 p.m.*

## THIRTEENTH MEETING

*Wednesday, 23 May 1951, at 10 a.m.*

*Chairman:* Professor G. A. CANAPERIA (Italy)

### 1. Adoption of Draft Fourth Report of the Committee

Dr. BRAVO (Chile), Rapporteur, presented the draft fourth report, containing the texts of the resolutions adopted at the eleventh and twelfth meetings.

*Decision:* The report was adopted section by section and then as a whole (for text, see page 351).

### 2. Emergency Action by the Economic and Social Council and the Specialized Agencies to Assist in the Maintenance of International Peace and Security

Agenda, 5.23

In accordance with the request of the General Committee, the CHAIRMAN asked the committee to consider item 5.23 of the agenda. He drew atten-

tion to the relevant documentation : resolution 362 (XII) B of the Economic and Social Council, clause 4 ;<sup>12</sup> resolutions 377 (V) of the United Nations General Assembly and 363 (XII) of the Economic and Social Council (see annex 11) ; and a proposal by the United States delegation to amend Article VII of the Agreement between the United Nations and the World Health Organization (*Handbook of Basic Documents*) to read :

The World Health Organization agrees to co-operate with the Council in furnishing such information and rendering such assistance for the maintenance or restoration of international peace and security as the Security Council or the General Assembly, acting in conformity with its resolution 377 (V), may request.

Mr. SIEGEL, Secretary, said the matter was of great importance. It was necessary for some action to be taken by the Fourth World Health Assembly to show the desire of the Organization to co-operate fully with the General Assembly of the United Nations, the Security Council and the Economic and Social Council in putting into effect the operative portions of the resolutions mentioned by the Chairman.

Provision was made in the existing Agreement between the United Nations and the World Health Organization for co-operation by WHO in matters affecting the maintenance or restoration of international peace and security within the limits of its budgetary and financial resources ; a request from the United Nations involving expenditure exceeding WHO's financial ability could be met only if additional funds were made available through the United Nations or some other source. The assistance given to the civilian population of Korea, at the request of the Security Council and the Economic and Social Council, had been based on that agreement.

The question before the committee was whether the existing agreement was so worded as to provide for the kind of co-operation requested by the General Assembly in resolution 377 (V). The delegation of the United States of America had proposed that the agreement be amended so that action could be taken in response to requests by the General Assembly as well as by the Security Council.

<sup>12</sup> Clause 4 reads as follows :

*Invites* the specialized agencies, within the framework of their respective constitutions, to take any steps they consider necessary in order to enable them to co-operate fully with the General Assembly and the Council in achieving the objectives of General Assembly resolution 413 (V).

The question had been discussed at length by the Economic and Social Council and by the United Nations Administrative Committee on Co-ordination (composed of the Secretary-General of the United Nations and the Directors-General of the several specialized agencies) and it had been the considered opinion of the Administrative Committee that it would be preferable for each specialized agency's Assembly to adopt a resolution to deal with the situation, rather than to amend the agreements. As an alternative to the United States proposal he therefore wished to submit, on behalf of the Director-General, the following draft resolution :

#### The Fourth World Health Assembly

Considering resolution 363 (XII) of the Economic and Social Council of the United Nations, adopted at its twelfth session on 14 March 1951, concerning emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security ;

Noting that by paragraph 1 of the said resolution the Economic and Social Council has requested the Secretary-General, " in the light of the discussion on this subject in the Council, to consult with the specialized agencies as to the specific arrangements they might most appropriately make in order to provide for the furnishing by them of such information and for the rendering of such assistance in the maintenance or restoration of international peace and security as may be requested by the Security Council or the General Assembly, such arrangements to cover action on an emergency basis and within the constitutional and budgetary limitations of the agencies to meet urgent requests " ;

Having regard to the constitutional and other provisions concerning emergency action by the World Health Organization on the recommendation of the United Nations, and in particular Articles 2 (b) and (d), 18 (i), 28 (i), 29 and 58 of the Constitution and Article IV of the Agreement between the United Nations and the World Health Organization ;

Considering the powers conferred by the World Health Assembly upon the Executive Board and the Director-General, by virtue of which advances may be made from the Working Capital Fund in order to meet emergencies and unforeseen contingencies,

1. DECLARES that the World Health Organization on request of the General Assembly will co-operate with the United Nations in the maintenance of international peace and security and upon the

request of the United Nations will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions ;

2. REQUESTS the Director-General to communicate this resolution to the Secretary-General of the United Nations.

In reply to a question put by Rajkumari AMRIT KAUR (India) he said that as resolution 363 (XII) of the Economic and Social Council had been adopted after the last session of the Executive Board, the Board had not yet been able to consider the matter. He added that the meeting of the Administrative Committee on Co-ordination at which the question had been discussed had taken place after the opening of the Fourth World Health Assembly.

Rajkumari AMRIT KAUR thought that, as the matter was important and affected the autonomy of the Organization itself, it should first be submitted to the Executive Board. She did not consider it would be right for the committee to take a decision without due consideration of all the relevant documents.

Mr. CALDERWOOD (United States of America) thought that his delegation's proposal would provide adequately for the kind of co-operation required by the General Assembly resolution without increasing the obligations of the Organization. However, in view of the statement by the Secretary he would not press the proposal but would support the resolution proposed on behalf of the Director-General, with the following slight amendments :

(i) to insert before the first clause of the preamble a further clause referring to the General Assembly resolution and reading :

Noting resolution 377 (V) of the United Nations General Assembly, "Uniting for Peace", which provides that the General Assembly may make recommendations to Members for collective measures for the maintenance of international peace and security if the Security Council fails to act ;

(ii) in the third clause (which would then become the fourth) to replace the words "Article IV of the Agreement" by "Articles IV and VII of the Agreement".

Although his Government would prefer an amendment to the agreement, they believed it was important that WHO should indicate as quickly as possible its willingness to respond to a request from the General Assembly: adoption of the proposed resolution

would have that effect. He added that, in his opinion, it would not be proper to refer the question to the Executive Board, which was not composed of representatives of governments, as was the Health Assembly.

Dr. EVANG (Norway) said he could not accept the view of the delegate of the United States of America that adoption of the United States proposal would not involve the Organization in additional obligations. That would be true if the General Assembly and the Security Council were bodies of the same type ; but in his opinion it was not clear that action to be taken by the General Assembly in certain circumstances would not differ in character from that which might be taken by the Security Council. He considered it would not be right to change the Constitution of WHO, the wording of which had been the result of prolonged discussion ; nor did he consider that the adoption of the proposal would be in conformity with the Constitution. If any change were to be made it should be done by amending the Agreement between the United Nations and WHO after thorough study by legal experts.

If the committee was favourably inclined towards the proposal, it should at least be studied by a legal working party, but it would be better, as the delegation of India had suggested, for the matter to be referred to the Executive Board and reconsidered by the Fifth World Health Assembly.

Dr. PADUA (Philippines) supported the resolution submitted by the Director-General, as amended by the delegate of the United States. The maintenance of international peace and security was a matter of paramount importance and, at the present time, perhaps of urgency, and he believed there should be no delay in adopting any measure which would help towards achieving that aim.

The SECRETARY, in reply to a question put by Mr. CALDERWOOD, confirmed the latter's supposition that the reason why the ACC had considered the adoption of resolutions by the specialized agencies preferable to the amendment of their agreements with the United Nations was that in that way the desired co-operation could be assured with less delay.

Mr. BOUCHER (United Kingdom) said that, whilst his delegation sympathized with the purpose of the resolution, they felt that its adoption would raise certain difficulties, some of a legal character. In that regard the views of his delegation had been

adequately expressed by the delegate of Norway. He agreed with the delegate of India that more time was needed to study the question and that it should be submitted to the Executive Board. If not, then, as the delegate of Norway has suggested, it should at least be considered by the Legal Sub-Committee.

The DIRECTOR-GENERAL, after referring to the extensive discussion during the recent meeting of the Administrative Committee on Co-ordination, said that the general policy of WHO, like that of the other specialized agencies, was to co-operate with the United Nations and with each other as fully as possible. In the present case the United Nations had requested all the specialized agencies to co-operate in a specific manner. That could be done by WHO in three ways: by a change in its Constitution, by revision of the Agreement between the United Nations and WHO, or by a resolution of the Health Assembly, as now proposed.

A decision to change the Constitution or to revise the agreement would make it desirable for the legal aspect to be studied, but a resolution of the Health Assembly would not have such a final or unchangeable character.

He was confident that all the other specialized agencies would take action to enable them to give the immediate co-operation requested by the United Nations. He believed that the proposed resolution would be a "stop-gap", ensuring co-operation whilst leaving the way open for any later revision which the Health Assembly might consider necessary, and he saw no difficulty in its implementation, as clause 1 contained a safeguard against the possibility of the funds of the Organization being expended for purposes outside its control.

In reply to a question put by Dr. EVANG, he said there was nothing in the existing agreement which would prevent the Director-General or the Executive Board from complying with the request of the United Nations.

Mr. BOUCHER proposed that consideration of the draft resolution be deferred to a further meeting of the committee and that in the interval the amendments proposed by the delegate of the United States be circulated, so that delegates might study their implications.

Mr. CALDERWOOD noted that the delegate of Norway had spoken of amending the Constitution. As far as he knew, no such proposal had been made. It was true that his delegation had circulated a proposal to amend the Agreement between WHO

and the United Nations, but he thought he had made it clear that he was not pressing that proposal but supporting the resolution submitted for the Director-General. He did not think the matter required further study and urged the committee to approve the resolution and recommend its adoption by the Fourth World Health Assembly, in order that action might not be delayed for another year.

Mr. MASON (New Zealand), while agreeing that some action must be taken by the Fourth World Health Assembly, saw nothing unreasonable in the United Kingdom proposal that the committee put off till a later meeting a decision on a lengthy resolution now put before it for the first time. If there was no provision for a further meeting, then such provision should be made.

Rajkumari AMRIT KAUR supported the proposal of the delegate of the United Kingdom. She felt that legal opinion should be sought to ensure that the Organization was not being committed to any action which might not be approved by all Members.

Dr. EVANG felt that legal advice should particularly be sought on the following point. If, in arriving at a decision, the United Nations General Assembly were not unanimous, and if a certain State were in the minority, would it be bound in all respects by the majority decision? If not, it might find itself, supposing it were also a Member of WHO, bound to support a course of action to which it was not committed by the decision of the General Assembly.

In reply, Mr. CALDERWOOD said that as the Organization, by its agreement with the United Nations, had accepted an obligation to provide assistance on the request of the Security Council, the situation would not be changed in any way.

He then said he would agree to reference of the matter to the Legal Sub-Committee or to a further meeting of the main committee, but would urge once more that action be taken by the Fourth World Health Assembly and not postponed to a later Health Assembly.

*Decision:* It was agreed to refer the draft resolution of the Director-General, with the amendments proposed by the United States delegation, to the Legal Sub-Committee. (See sixth and seventh meetings of the sub-committee and fourteenth meeting of the committee.)

### 3. Adoption of Draft Third Report of the Committee

#### *Section 3: Agreement with the Government of Egypt* (continuation from the twelfth meeting, section 7)

The CHAIRMAN recalled that, in view of the discussion to which it had given rise, the re-draft of the resolution on the agreement with the Government of Egypt submitted by the Rapporteur had been withdrawn. The committee therefore had before it for its approval at the present meeting the resolution as it appeared in section 3 of the committee's draft third report.

Mr. GEERAERTS (Belgium) thought that the resolution, as it appeared in the report, stated the position clearly and did not require any further amendment as to substance. He would, however, propose the following slight drafting amendment, which he hoped would be acceptable to the Israeli delegate: at the end of clause 1, after the words: "and consequently", to add the words: "taking account of this declaration," and in clause 2 to replace the words: "withdraw point 5 from the text" by: "reconsider point 5 in the text".

Mr. KAHANY (Israel) thanked the delegate of Belgium for his proposal. Notwithstanding the position his delegation had adopted at the previous meeting, where it had decided not to accept any amendments even of a drafting nature, he was ready to agree to the proposed change, though only on the clear understanding that it did in fact alter only the form of the resolution and did not in any way affect its substance, and on condition that the delegate of Egypt agreed that such was the nature of the amendment.

He wished to know furthermore whether the Egyptian delegate would vote in favour of the resolution thus amended by the Belgian delegation. He raised that point because the committee had already seen one alternative text, submitted in all good faith as a drafting amendment, prove to be in fact an amendment of substance. It had eventually been withdrawn, and at that point the Egyptian delegate had taken the floor to announce that he had intended to vote for it, though later he had said that he was equally opposed to both texts.

Mr. Kahany wished to avoid any such situation arising at the present meeting. He also wished for an assurance that the proposed change would really be the last, and that no further amendments would be submitted when the resolution eventually came before the plenary meeting of the Health Assembly. Otherwise he would have to regard the Belgian proposal as an amendment, and no amendment

could be made to the substance of the resolution in the present committee unless the debate were re-opened by a majority vote.

Dr. HASHEM (Egypt) rejected the statement that he had intended to reverse his vote against the Israeli amendment to the original draft resolution in the third report of the Legal Sub-Committee by voting in favour of the Rapporteur's re-draft. Such reversals of policy had never been the practice of his Government in meetings of international organizations.

He thanked the Belgian delegate for his suggestion. It was not the first valuable contribution M. Geeraerts had made towards the successful progress of the committee's work. Although he had rejected the original Israeli amendment, he was prepared to vote in favour of the text submitted by the Belgian delegation.

Mr. HELAISSI (Saudi Arabia) supported the proposal of the Belgian delegation in the interest of facilitating the accomplishment of the functions of WHO by reaching an agreement which would prove acceptable to the host country.

Dr. KHADDOURI (Iraq) said he would vote in favour of the Belgian proposal. He considered the question one of fundamental importance not only to the host country but to the majority of countries in the Eastern Mediterranean Region.

Dr. SADAT (Syria) and Dr. NASRALLAH (Hashemite Kingdom of the Jordan) also expressed their appreciation and support of the proposal submitted by the delegate of Belgium.

Mr. KAHANY, after emphasizing once more that his delegation was accepting the proposed change on the clear understanding that it did not affect the substance of the resolution, observed that throughout the debate his delegation had shown the greatest spirit of conciliation that could possibly be expected of his country.

He regretted that the Director-General, at a previous meeting, had described the situation between Israel and Egypt as a state of war. As far as Israel was concerned, no state of war with Egypt existed, even technically speaking, for there was an armistice agreement which did not permit any hostile acts and which committed both parties to enter into peace negotiations. Israel was prepared to do so at any time.

Dr. HASHEM said that the Director-General's description of the situation was correct. Technically the two countries were at war.

The CHAIRMAN urged delegates to confine their remarks to the matter at issue and not to use political arguments.

Mr. CALDERWOOD moved the closure of the debate.

*Decision:* There being no objection, the motion for closure of the debate was carried.

The CHAIRMAN expressed his satisfaction that members of the committee had co-operated in achieving conciliation on the delicate matter before

them. Particular gratitude was due to the delegate of Belgium.

*Decision:* The section, as modified, was adopted unanimously.

The CHAIRMAN then asked for the committee's approval of its draft third report as a whole.

*Decision:* There being no objection, the report, as modified, was adopted (for text, see page 349).

*The meeting rose at 11.35 a.m.*

## FOURTEENTH MEETING

*Thursday, 24 May 1951, at 10 a.m.*

*Chairman:* Professor G. A. CANAPERIA (Italy)

### 1. Consideration of Fourth Report of the Legal Sub-Committee

The CHAIRMAN recalled that at its previous meeting the committee had referred the matter of emergency action by the Economic and Social Council and the specialized agencies to assist in the maintenance of international peace and security (supplementary agenda item 5.23) to the Legal Sub-Committee for further consideration. The sub-committee had held a meeting the previous afternoon under the chairmanship of M. Geeraerts (Belgium), and at a further meeting held that morning had adopted the report now before the committee.<sup>13</sup>

He also called attention to a draft resolution proposed by the delegation of India, reading as follows :

The Fourth World Health Assembly

1. APPROVES of the position as stated in the Director-General's letter to the Secretary-General of the United Nations as set out in document A4/42<sup>14</sup> and declares accordingly ; and
2. REQUESTS the Executive Board to examine the position further and recommend to the Fifth World Health Assembly any further declaration that may be considered necessary.

<sup>13</sup> See p. 367.

<sup>14</sup> See annex 11.

Dr. HÖJER (Sweden) considered that although the resolution submitted by the Legal Sub-Committee was the logical consequence of the request made by the Economic and Social Council and basically did not change the existing state of affairs between the United Nations and WHO concerning emergency action, the political implications of such a step could not be disregarded. He did not believe that WHO, as a technical body, was called upon to adopt a resolution of that nature. He accordingly proposed an alternative resolution to that submitted by the Legal Sub-Committee, reading as follows :

The Fourth World Health Assembly

1. NOTES with satisfaction the answer of the Director-General in his letter of 8 April 1951 on behalf of the Organization to the Secretary-General of the United Nations regarding the resolution of the Economic and Social Council adopted on 14 March 1951, and
2. CONFIRMS the statement of the Director-General.

Sir Dhiren MITRA (India) said that he would confine himself to commenting on some of the legal aspects of the resolution submitted by the Legal Sub-Committee. The chief of his delegation would then introduce the alternative resolution referred to by the Chairman.

Turning to the third clause of the text submitted by the sub-committee, he noted that it was impossible for members of the committee to come to a decision "in the light of the discussion on this subject in the Council", as the resolution specified, since the records of that meeting of the Council were not available. Referring to clause 1 of the operative part of the resolution, he considered that it did in fact introduce the substance of the proposed United States amendment, withdrawn at the last meeting of the committee, to the present Article VII in the Agreement between the United Nations and WHO without actually amending the article itself. Finally, he thought that a resolution providing for action upon the request of the Security Council or the General Assembly might lead to a confusing situation if the General Assembly and the Security Council were in disagreement over any matter upon which there was some question of requesting emergency action.

Rajkumari AMRIT KAUR (India), presenting her delegation's draft resolution, emphasized that a decision on the question of emergency action to assist in the maintenance of international peace and security was of fundamental importance, since it directly concerned governmental policies. Her delegation therefore felt that members should be afforded adequate time to consult their governments on the subject. Action in the event of an emergency could only mean action in the event of war, and though WHO was admittedly pledged to work for the maintenance of peace and security through its service potential, she did not think that any government could decide upon measures for taking action when such an emergency did not yet exist.

She was most strongly opposed to the resolution proposed by the sub-committee and believed that the only reasonable course for the committee to follow would be to approve the Director-General's statement and refer the matter to the Executive Board. The Swedish delegation's resolution was, in her view, very similar to that of her delegation in substance.

Dr. EVANG (Norway) did not believe that the question of co-operation between the United Nations and WHO really arose, since WHO had always shown the utmost willingness to collaborate with the United Nations and the other specialized agencies

in the cause of peace. He had strong doubts, however, as to the desirability of a decision which was somewhat political in nature being taken by a technical body. In view of the fact that he had not had sufficient opportunity to consult his Government, he would vote in favour either of the resolution submitted by the Swedish delegation or of that submitted by the delegate of India.

Mr. MASON (New Zealand) thought that Sir Dhiren Mitra had misinterpreted the third paragraph of the Legal Sub-Committee's resolution, since the words "in the light of the discussion on this subject in the Council" referred to the request made by the Economic and Social Council to the Secretary-General, not to consultation between the latter and the specialized agencies. The committee did not therefore need to refer to the records of the discussion. Furthermore, the Legal Sub-Committee had by an overwhelming majority confirmed the view that the resolution as amended did not in any way conflict with the Constitution or with the Agreement between the United Nations and the World Health Organization.

The question had been raised of why WHO should study the possible procedure for acceding to a request from the General Assembly itself rather than waiting for such a request to be transmitted through the Economic and Social Council. The answer was that the matter under consideration was emergency action, whether or not the emergency was war; and that, for the World Health Organization, meant action for the saving of human lives and the maintenance of the health of human beings. If in an emergency the Organization waited for a second body, after the General Assembly, to meet and reach a decision, lives might be lost which could have been saved and health problems which might have been overcome if dealt with in time would become many times more difficult.

Moreover, the position of the Organization was amply safeguarded by the words: "in accordance with constitutional and budgetary provisions", in clause 1. He therefore saw no reason for not adopting the resolution recommended by the Legal Sub-Committee.

Dr. VAN DEN BERG (Netherlands) supported the view expressed by the previous speaker.

Mr. CALDERWOOD (United States of America) thought that the delegate of New Zealand had replied fully to the legal considerations raised by the delegate of India. The question of a conflict of opinion between the Security Council and the General Assembly did not really arise, since the General Assembly's view would always override that of the Security Council and, in any case, provision such as that included in the resolution was desirable precisely in order to meet the eventuality of the Security Council's being unable to act owing to the rule of unanimity.

In view of the statements made by the delegates of India, Sweden and Norway as to the appropriate course of action to be undertaken by the specialized agencies in making provision for emergency action, he emphasized that WHO had already assumed obligations in that connexion under Article VII of its agreement with the United Nations, and that adoption of the resolution submitted by the Legal Sub-Committee would not in any way alter the existing situation but would merely confirm the Organization's acceptance of the situation already created by the resolution adopted with an overwhelming majority in the General Assembly. It would have appeared to him preferable for WHO to make provision for emergency action at the request of the General Assembly by amending Article VII of its agreement with the United Nations. However, since the general view seemed to be that by adopting a separate resolution the Health Assembly could indicate more speedily that the Organization would act, he was prepared to support such a resolution. It would always be open to the Organization to amend the agreement at some later stage.

In the interest of solidarity with the United Nations and with those Members—and they were the vast majority—which were doing their utmost to facilitate the implementation of their obligations under the Charter, he strongly urged the committee to support the resolution of the Legal Sub-Committee.

Dr. PADUA (Philippines) said that he had supported the Director-General's draft resolution during the previous day's debate. Since then the Legal Sub-Committee had met and declared it to be perfectly in order legally. The only question now to be considered was whether it was proper and timely for the Health Assembly to adopt such a resolution. His delegation felt that it was. All nations wanted peace and the aim of WHO was to improve world health conditions as a vital contribution to lasting peace and security. The adoption of the resolution gave an opportunity for the Organization to show

its determination to pursue that aim, and he must oppose any attempt to delay or hinder such action.

The CHAIRMAN asked whether the delegates of India and Sweden could not combine their proposed texts into one resolution.

Rajkumari AMRIT KAUR regretted that her delegation was not prepared to delete clause 2 of its resolution.

Dr. HÖJER (Sweden) maintained that such a clause was unnecessary. He also felt that his proposed wording for clause 1 was more complete.

Mr. CALDERWOOD recalled that WHO had already responded to one request for emergency assistance from the United Nations and that this immediate action had certainly been responsible for saving many lives. The present question was merely whether WHO would respond in the same manner to possible future requests emanating from the General Assembly of the United Nations, instead of from the Security Council only.

Dr. EVANG agreed that WHO must always be in a position to act quickly in response to an appeal from the United Nations for aid, but felt that adoption of the resolution submitted by the Legal Sub-Committee was not necessary to achieve that result. The final paragraph of the Director-General's letter on the subject to the Secretary-General of the United Nations made it clear that existing provisions already enabled the Organization to co-operate with the United Nations in accordance with resolution 363 (XII) of the Economic and Social Council.

Dr. HÖJER and Rajkumari AMRIT KAUR agreed with Dr. Evang. They felt that their proposed resolutions endorsing the letter of the Director-General provided the necessary assurance that the Organization would be in a position to render emergency aid on request. No further statement was therefore required for the time being.

At the request of the CHAIRMAN, the SECRETARY asked whether the delegates of Sweden and India would agree to joint sponsorship of an amended resolution which he had drafted as follows :

#### The Fourth World Health Assembly

1. APPROVES of the position as stated in the Director-General's letter to the Secretary-General of the United Nations as set out in document A4/42, regarding the resolution adopted by the

Economic and Social Council of the United Nations on 14 March 1951 on emergency action to assist in the maintenance of international peace and security, and declares accordingly; and

2. REQUESTS the Executive Board to examine the position further and recommend to the Fifth World Health Assembly any further declaration that may be considered necessary.

Dr. HÖJER and Rajkumari AMRIT KAUR agreed to this rewording, Dr. Höjer withdrawing his proposal for the deletion of clause 2.

On the request of Dr. TABA (Iran), the DIRECTOR-GENERAL gave further details regarding the statements made in his letter to the Secretary-General of the United Nations. The letter was based on sound legal grounds and indicated that WHO was constitutionally and financially able to render emergency assistance on request. The resolution of the Economic and Social Council, however, asked for more than that assurance. It required WHO to declare its intention of complying with requests for aid from the General Assembly, which was not quite the same thing.

Mr. CALDERWOOD thanked the Director-General for his explanation, but pointed out that the letter contained no reference to Article VII of the Agreement between the United Nations and the World Health Organization. His point was that in accepting the resolution of the Economic and Social Council, WHO would not be assuming new obligations but merely endorsing the previous agreement. Should the committee so desire, he would reintroduce his proposal for amendment of Article VII of the agreement. Since all members of the United Nations family, whether political or, like WHO, purely technical, were being requested to accept the resolution as a matter of form, he did not see why there should be any objection from the Health Assembly.

At the request of Mr. TALJAARD (Union of South Africa), the DIRECTOR-GENERAL further explained the new position. The wording of the Economic and Social Council's resolution was such as to place the relationship of WHO with the General Assembly of the United Nations on the same basis as its present relationship with the Security Council. However, the draft resolution in the report of the Legal Sub-Committee contained certain safeguards ("within the constitutional budgetary limitations of the agencies", and "in accordance with constitutional and budgetary provisions") not included in

Article VII of the agreement, which defined the obligations of WHO towards the Security Council.

Under Rule 51 of the Rules of Procedure the CHAIRMAN then put to the vote the resolution presented by the delegates of India and Sweden, declaring that at the request of the delegate of the United States of America the vote would be taken by roll-call.

*The result of the vote was as follows:*

*In favour:* Afghanistan, Austria, Burma, Cambodia, Iceland, India, Indonesia, Sweden, United Kingdom, Yugoslavia.

*Against:* Australia, Belgium, Brazil, Canada, Chile, Denmark, France, Italy, Laos, Lebanon, Monaco, Netherlands, New Zealand, Philippines, Portugal, Union of South Africa, United States of America.

*Abstentions:* Iran, Ireland, Israel, Mexico, Norway, Pakistan, Saudi Arabia, Switzerland, Syria, Thailand, Viet Nam.

*Decision:* The resolution was rejected by 17 votes to 10, with 11 abstentions.

A vote was then taken by roll-call on the resolution contained in the annex to the fourth report of the Legal Sub-Committee.

*The result of the vote was as follows:*

*In favour:* Australia, Belgium, Brazil, Burma, Canada, Chile, Denmark, France, Iran, Israel, Italy, Laos, Lebanon, Mexico, Monaco, Netherlands, New Zealand, Philippines, Portugal, El Salvador, Union of South Africa, United States of America.

*Against:* None.

*Abstentions:* Afghanistan, Austria, Cambodia, Iceland, India, Indonesia, Ireland, Norway, Pakistan, Saudi Arabia, Sweden, Switzerland, Syria, Thailand, United Kingdom, Viet Nam, Yugoslavia.

*Decision:* The resolution was adopted by 22 votes to none, with 17 abstentions.

## 2. Adoption of Draft Fifth Report of the Committee

The CHAIRMAN asked whether the committee, to avoid the necessity for a further meeting, would agree immediately to the submission of the resolution just adopted as its fifth report to the Health Assembly.

*Decision:* The Chairman's suggestion was adopted (for report, see page 353).

*The meeting rose at 11.45 a.m.*

**JOINT MEETINGS OF THE COMMITTEE ON PROGRAMME  
AND THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

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**FIRST MEETING**

*Thursday, 17 May 1951, at 10 a.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

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**1. Appointment of Chairmen**

The DIRECTOR-GENERAL announced that the Chairmen of the Committee on Administration, Finance and Legal Matters and of the Committee on Programme had agreed to preside alternately over the joint meetings. Their respective Rapporteurs would also officiate alternately.

*Dr. Jafar, Chairman of the Committee on Programme, having been chosen by lot to preside over the first joint meeting, took the chair.*

**2. Press Releases**

Dr. McCUSKER (Canada) said that in a press release of 12 May, reporting the discussion of the 1952 budget in the Committee on Administration, Finance and Legal Matters, it had been inaccurately stated that the position taken by the United Kingdom delegation had been supported by Canada. Realizing that errors could occur through the necessity of issuing press releases quickly, the Canadian delegation had made no formal objection but had brought the inaccuracy to the attention of the Director of the Division of Public Information, who had promised that a correction would be issued. However, in the following press release a further inaccurate statement had appeared, to the effect that Canada was among the countries in favour of stabilizing the budget at the level of the present year's expenditure. In fact, the Canadian delegation had urged that no specific budgetary level should be decided upon before the matter had been discussed at the joint meetings, and the proposal had been defeated only on a tied vote. No reference either to the proposal

or to the vote appeared in the press release. However, it was not the omission of such a reference so much as the positive misstatements of its position to which the Canadian delegation objected. It requested the Director-General, through the Chairman, to take steps to improve the standard of reporting in press releases and to arrange for the issue of corrected releases in the two cases mentioned.

The CHAIRMAN said that he would ask the Director-General to take appropriate action.

**3. Programme and Budget for 1952**

Agenda, 6.5.4

*Recommendations on the Total Amount of the Budget  
for 1952*

The CHAIRMAN invited the combined committees, before proceeding to a general discussion, to give particular attention to resolution EB7R.28 of the Executive Board, on the procedure for consideration of the programme and budget (*Official Records* No. 32, page 10), which had been adopted at the third plenary meeting. He proceeded to read the resolution, observing that the two committees, having made a certain number of decisions separately, had reached the stage of carrying out the instructions in clause 3. He then read the first report of the Committee on Administration, Finance and Legal Matters to the joint meetings. The text was as follows :

The committee commenced to discuss the programme and budget for 1952 at its third meeting,

which began at 3 o'clock on the afternoon of Friday, 11 May 1951. The representative of the Executive Board outlined the procedure which the Board had recommended to the Fourth World Health Assembly for its consideration of the Programme and Budget Estimates for 1952, and explained the reasons which had prompted that proposal. Following the adoption of this procedure by the Fourth World Health Assembly, the Committee noted that at this stage of the proceedings its terms of reference under this item were "to review the broad financial aspects of the programme and budget together with the comments and recommendations of the Executive Board".

The committee noted considerable improvement in the financial position of the Organization and, in particular, the detailed and comprehensive report of the Executive Board concerning the Director-General's proposed Programme and Budget Estimates contained in *Official Records* No. 33. It also heard different interpretations of the resolution adopted by the General Assembly of the United Nations at its 314th plenary meeting, which recommended that the specialized agencies should "intensify their efforts to stabilize their regular budgets by the elimination or deferment of less urgent projects". In view of this resolution some members thought the regular budget should be stabilized, but others expressed the opinion that since the World Health Organization had commenced operations long after other specialized agencies, it would be premature to establish such a policy at this juncture. Some members thought that with the provision of technical assistance funds it would not be necessary to increase the budget of the Organization, while others pointed out that these funds were limited to projects specifically dealing with economic development. Others also indicated that certain responsibilities of the Organization previously financed from UNICEF funds, at the request of governments, now would have to be financed from regular funds and technical assistance funds.

Various other opinions were expressed and resolutions tabled regarding the 1952 budget. After lengthy and detailed discussion, the Committee adopted the following resolution:

The Committee on Administration, Finance and Legal Matters,

Considering that the following proposals for the effective working programme and budget are now before the Health Assembly:

- (a) the Director-General's proposal of . . . . . \$8,379,653 ;
- (b) the Executive Board's proposal of . . . . . \$7,677,782 ;
- (c) the United Kingdom proposal of . . . . . \$6,692,982 ;

Having reviewed the broad financial aspects of the programme and budget, together with the comments and recommendations thereon of the Executive Board ;

Considering the resolution of the United Nations General Assembly on administrative budgets of the specialized agencies ;

1. RECOMMENDS to the joint meeting of this committee and the Committee on Programme that special consideration be given to :

- (a) the content of the proposed programme ;
- (b) whether the programme and budget of WHO should provide for a reasonable expansion or whether the Organization has reached the point at which its programme and budget should be stabilized ;
- (c) the considerations and recommendations of the Executive Board as contained in subsections 20, 21 and 23 of *Official Records* No. 33 and the Programme and Budget Estimates proposed by the Director-General for the financial year 1952, in *Official Records* No. 31 ;
- (d) the extent to which funds available under the technical assistance programme will enable the Organization to carry on additional health work and the types of programmes which can be carried out thereunder, and
- (e) the necessity of providing for rising costs of supplies, equipment and salaries.

Further, recognizing the fact that the inactive Members of the Organization are being included in the scale of assessments for 1952,

2. RECOMMENDS that the programme and budget for 1952 be considered on the basis of an "effective working budget" to be financed by contributions from the active Members plus casual income available for the year, and that an amount representing the assessment against the inactive Members be added thereto to establish the gross budget.

He suggested that, before discussing the budget level itself, the committees might wish to take a decision on the recommendation in clause 2 of the

resolution in the above report. He then read the report of the Committee on Programme to the joint meetings :

The Committee on Programme,

Having made a broad appraisal of the proposed programme submitted by the Director-General for 1952 (*Official Records* No. 31) ;

Taking into account the comments of the Executive Board thereon ;

Noting that certain of the regional committees participated in its development ;

Noting that there exists a world shortage of highly qualified public-health personnel ;

Noting that the technical assistance programme will place additional demands on resources and available personnel ;

Noting the difficulty encountered on the part of some governments in implementation and support of international aid programmes carried on within their boundaries ;

1. RECOGNIZES that the proposed programme is basically sound as a public health programme ;
2. BELIEVES that at the proposed level the programme exceeds the limitations set by availability of fully qualified personnel ;
3. COMMENDS the Director-General and the regional committees on the excellence of the proposed programme ;
4. THANKS the Executive Board for its careful study and analysis of the proposed programme and its comments thereon ; and
5. REFERS this resolution to the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters so that it may give due consideration to the above aspects when making its recommendations on the total amount of the budget.

Mr. SIEGEL, Secretary of the Committee on Administration, Finance and Legal Matters, said that the Director-General has asked him to make a statement regarding projects in the proposed programme for 1952 to be financed from UNICEF funds. He drew attention to and read sub-sections 68, 69 and 70 of *Official Records* No. 33 and the quotation in sub-section 28. It would be seen from pages 34 and 234 of *Official Records* No. 31 that the requirements of the Executive Board and of UNICEF had been met.

Professor FERREIRA (Brazil) observed that the highest and the lowest of the three budget levels

proposed by the Director-General, the Executive Board and the United Kingdom delegation differed only by about \$1,500,000. In view of that relatively small difference and of the difficulties that the Director-General, as the chief executive agent of the Organization, would encounter if he had insufficient funds at his disposal for the execution of his programme, the budget level proposed by the Director-General himself should be adopted.

Mr. INGRAM (United States of America) said that other specialized agencies, as well as the United Nations itself, were or soon would be meeting, like WHO, to determine their programmes and budgets for the following year. The common object of those meetings was to design a balanced programme which would enable all those organizations to continue their efforts as a united team.

Strong arguments had been advanced, in the meetings of the separate committees, on the one hand for a greatly extended budget as recommended by the Director-General, and on the other hand for maintaining the budget at its present level. Although the United States delegation could not agree that so large a budget as that proposed by the Director-General should be attained the following year, it had been gratified by the many expressions of support for the principle of solving common problems through the action of international organizations, a principle which the United States had upheld both by its participation in the work of the United Nations and specialized agencies and by the leadership which it had recently taken in the development of the technical assistance programme. However, the question should be approached with the head as well as the heart. All Member States were beneficiaries of WHO, but they were also managers and must meet the responsibilities of management.

The necessary funds could not be obtained merely by voting a certain budget level. Most governments represented in WHO also had comprehensive responsibilities to other international organizations. The arrears in contributions of active Members were small ; they should be made even smaller, and no action should be taken which would give any nation cause to claim that its total commitments to the international organizations were more than it could bear.

In 1950 the United Nations and specialized agencies had appropriated or spent over \$325,000,000, although one great Power had given no financial support to any of the major specialized agencies, so that the burden of financing the programmes of IRO and UNICEF, as well as the technical assistance

programme, had fallen more heavily on the other countries. The reconstruction phase of the international effort in Korea would be a yet further burden. The budget proposals at present under consideration assumed that WHO's part in that effort would be financed in 1952 from the \$250,000,000 voted the previous year by the General Assembly for relief and reconstruction in Korea.

It must not be forgotten that representatives of governments which were Members of WHO had in the United Nations expressed concern that the budgets of the specialized agencies should remain within the financial means of all Members. Some seemed to find an answer in a central control of all budgets, and certainly if a decentralized system was to be proved workable WHO must show that it could bear its part of the responsibility.

The expanded programme of technical assistance, about which some scepticism had been expressed when it had first been anticipated, had become a reality, but the \$20,000,000 assigned to it was not being used with the speed hoped for, mainly because of the time required to find the qualified personnel to perform the work—personnel who (in the case of WHO) could often be obtained only to the detriment of national health services. Without wishing to criticize the performance of any agency, he felt that technical assistance funds should be in the process of conversion into concrete achievements before governments were approached for greatly increased contributions to the budgets of the international organizations.

It had been suggested that a gross budget of \$9,450,000 should be voted merely because it was recommended by the Director-General. He did not believe that the Director-General himself would suggest that his recommendation should be accepted without examination of many factors, including the long-term interests of the entire family of organizations. Admittedly any figure adopted would be insignificant in relation to the need for public-health work, but the desirable must be reconciled with the possible. Moreover, in considering what would be ideally desirable, it should not be forgotten that WHO, which had existed for less than three years, had already acquired a staff of 1,200 qualified international civil servants. During the year 1952 additional funds for the support of that staff would still, he trusted, be available from UNICEF and the technical assistance fund. The United States delegation would therefore support an assessment budget

of \$7,400,000, which would give an effective working budget of approximately \$6,700,000, almost half a million dollars more than the working budget for the present year and adequate, with the additional funds referred to, for the achievement of a solid programme in 1952.

The CHAIRMAN suggested that the committees should decide whether they had any objection to the final clause in the report of the Committee on Administration, Finance and Legal Matters before proceeding with the general discussion.

Dr. KARABUDA (Turkey) asked why it was necessary to include in the budget figures for assessments against inactive Members.

The SECRETARY explained that the Committee on Administration, Finance and Legal Matters had decided that inactive Members should be included in the scale of assessments for 1952 and, considering it desirable to call attention to the situation in the joint meetings, had included in its report the clause to which the Chairman had invited attention. That clause was intended to clarify the position by referring to an "effective working budget", on which the real programme would be carried out, financed from the casual income available in 1952 and the assessments against active Members only. To arrive at a gross budget for purposes of assessment of all Members of the Organization an amount equivalent to the assessments that must be made against inactive Members was to be added to the effective working budget. The figures resulting from the application of that system appeared in the table submitted by the Director-General (see annex 13).

Dr. McCUSKER (Canada) recalled that in the Committee on Administration, Finance and Legal Matters the Canadian delegation had urged that no decision on the total budget level be taken before the joint meetings took place. In the light of discussions in the Committee on Programme his delegation had reached the conclusion, firstly that the programme proposed by the Director-General was consistent with the long-term aims of the Organization and well conceived from a public-health point of view, and, secondly, that for the substantial implementation of that programme the effective working budget proposed by the Executive Board would be sufficient. In reaching that conclusion, account had been

taken of the considerations set out in sub-section 20 of *Official Records* No. 33. From those considerations there arose the following points which seemed to him of particular importance.

The staff of WHO should certainly be expanded sufficiently in 1952 to permit the Organization to carry out its share in the joint operations with UNICEF, which after the present year would be unable to provide additional personnel for the purpose. Additional staff might also be required for the administration of technical assistance projects and for the development of regional and field services. On the other hand, in spite of statements to the contrary by the Director-General, the Canadian delegation was led by experience in its own country to anticipate difficulties in recruiting the necessary skilled personnel. Staff increases should therefore be moderate.

The Canadian delegation had also examined the records of the co-ordination activities of WHO to be sure that all unnecessary duplication of activities was avoided, and had concluded that WHO was to be congratulated on the manner in which it conducted its relations with other bodies.

His delegation had also considered the steadily increasing financial commitments of its own and other governments in national and international activities, and had concluded that, though some additional expenditure was justified, the risk that heavy additional burdens might make taxpayers waver in their support of WHO and other organizations should be borne in mind. He would therefore support the budgetary proposals of the Executive Board, which would allow substantial implementation of the Director-General's programme, though, as the Director-General's own proposed budget was higher, the combined committees would have to decide which less important items in that programme were to be deferred.

Dr. EVANG (Norway) agreed with the Chairman that the committees should decide whether or not they accepted the recommendation in clause 2 of the resolution of the Committee on Administration, Financial and Legal Matters. Otherwise serious confusion might arise. He therefore moved that the recommendation be adopted.

Dr. HÖJER (Sweden) thought that, although it was theoretically wrong to include inactive Members in the assessments for 1952, and a clearer presenta-

tion must be adopted in coming years, it did to some extent balance the dollar situation by calling for increased contributions from the United States of America and other countries, including Sweden, and was therefore in existing circumstances a just and practical method.

Dr. GARCIA (Ecuador) maintained that since health was the most positive factor in any national economy and all money invested for the health of peoples would give worthwhile results, the budget proposed by the Director-General should be adopted.

Dr. TABA (Iran) considered that though it was regrettable that inactive Members were not participating in the work of WHO, they were nevertheless Members and assessments against them were in order.

Dr. ŽARKOVIĆ (Yugoslavia) proposed the adoption by the committees of the following resolution :

The Fourth World Health Assembly

1. ACCEPTS the budget estimates submitted by the Director-General, amounting to \$8,379,000 ;
2. ADVISES the Director-General and the Executive Board to try to reduce the expenditure on the regular staff of the Organization and other expenditure so as to secure a certain amount of direct material help for the health services of under-developed countries ;
3. ADVISES the Executive Board and the Director-General to avail themselves as much as possible of the services of expert committees and short-term consultants instead of permanent specialized staff ;
4. INVITES Member Governments to examine the possibility of finding special funds in national currencies to be used for direct material aid to the health services of under-developed countries, for fellowships and so on.

Mr. BRADY (Ireland), on a point of order, moved the closure of the debate on clause 2 of the resolution contained in the report of the Committee on Administration, Finance and Legal Matters.

The CHAIRMAN put Mr. Brady's motion to the vote.

*Decision:* The motion was carried.

Mr. INGRAM, on a point of order, assumed that even if the Norwegian proposal to adopt the recommendation of the Committee on Administration, Finance and Legal Matters were adopted, the committees would still be called upon to vote on the figure of the gross assessments budget.

Dr. EVANG agreed that that would be the position. He had made his proposal merely in order to clarify the discussion.

The CHAIRMAN put the proposal made by the delegate of Norway to the vote.

*Decision:* The recommendation of the Committee on Administration, Finance and Legal Matters was accepted unanimously.

Mr. BOUCHER (United Kingdom) commended the report submitted by the Committee on Administration, Finance and Legal Matters in that it clearly set before the joint meeting the three proposals for the effective working budget. He thought that the committees should bear in mind that, whichever proposal was adopted, it was the gross budget of the Organization that would claim the particular interest of all governments. In all three cases, the gross budget represented an increase over the previous year. In the case of the Director-General's proposal, the increase amounted to  $33\frac{1}{3}$  per cent., whereas the Executive Board's proposal and that of the United Kingdom delegation showed increases of 22 per cent. and  $4\frac{1}{2}$  per cent. respectively.

His delegation had given due weight to all the considerations set forth in the report of the seventh session of the Executive Board (*Official Records* No. 33, page 7). It believed, however, that increases of the order of  $33\frac{1}{3}$  or 22 per cent. would indicate that the Organization had not shown sufficient regard for resolution 411 (V) of the United Nations General Assembly regarding the stabilization of the budgets of the specialized agencies.

He in no way disagreed with the programme proposed, which was sound from a public-health point of view. Nevertheless, it did not seem to him to represent a realistic approach to the budgetary problem or to take sufficient account of the long-term interests of the Organization.

Dr. PADUA (Philippines) noted that the present Health Assembly had before it reports which showed that the Organization was to an increasing extent being recognized as the primary co-ordinating body in the field of public health. In the Western Pacific Region, for instance, the need for co-ordination

with national health programmes was apparent if the maximum results were to be achieved.

In many regions of the world the situation with regard to the health of the masses was appalling and it was the duty of WHO to do its utmost to improve that situation in the interests of world peace. It was essential, therefore, that the Organization should accept its full responsibilities.

When compared with health needs, even the effective working budget proposed by the Director-General was insufficient. He would therefore give his strongest support to the Director-General's proposal since it represented the highest figure proposed.

Dr. HÖJER observed that in the memorandum<sup>1</sup> containing its budget proposals the United Kingdom delegation stated that in the Director-General's estimates the assessments against all Members totalled \$7,901,871. In fact, as could be seen from the table submitted by the Director-General (see annex 13), that figure represented assessments on active Members only, the Director-General's figure for assessments on all Members being \$9,450,000. The difference between the Director-General's gross assessments budget and the figure of \$7,400,000 proposed by the United Kingdom was therefore not \$501,871, as stated in the memorandum against the item "Reductions and cancellations proposed by the United Kingdom delegation", but \$2,050,000, and the difference between the proposed effective working budgets was \$1,686,671. To adopt the United Kingdom proposals, then, would involve cutting the Director-General's programme to an extent that was neither reasonable nor realistic. Indeed, he felt that behind the mistake to which he had drawn attention there lay perhaps a feeling that the reduction of \$701,871 in the Director-General's budget proposed by the Executive Board was itself too large. That was the opinion of many delegations, and he for his part felt that a reasonable compromise between the Director-General's proposals and those of the Executive Board would be an effective working budget of about \$8 million.

In the United Kingdom memorandum it was contended that the Executive Board's recommendations failed to give due weight to resolution 411 (V) of the General Assembly, urging the specialized agencies to intensify their efforts to stabilize their regular budgets by the elimination or deferment of less urgent projects. As could be seen from the first report of the Committee on Administration, Finance

<sup>1</sup> Unpublished working document. The budget proposals which it contained are given in tabular form in annex 13.

and Legal Matters to the joint meetings, different interpretations had been given in that committee to the meaning of the resolution. Many had agreed that it was desirable to achieve an ultimate stabilization of the regular budget of WHO. The only real disagreement had been on the question of timing, since some members had expressed doubts as to whether the appropriate time had yet come to stabilize the Organization's budget.

WHO had begun operations at a much later date than the other international agencies. Considerable time and effort had been spent, in the initial stages of its development, in evolving a sound and efficient organizational structure and staffing pattern based on the Constitution and the policies established by successive Health Assemblies and sessions of the Executive Board. In the past, financial considerations had obliged the Organization to limit its activities to a bare minimum. But the Committee on Administration, Finance and Legal Matters now reported a considerable improvement in the financial position.

He believed that it was for the Health Assembly itself, taking into account of course the relevant resolutions of the United Nations, to judge what action would be appropriate. Its record in that connexion was good, since it had set an expenditure level for two successive years. He did not however believe that the time for stabilization had come. The Organization was just beginning to achieve results in the field of public health in those countries which most needed its help. It had before it a number of sound proposals based on realistic planning with the governments concerned and in co-operation with the other specialized agencies. Some of those proposals could not be financed from technical assistance funds because of the limitations set on their use. UNICEF had already stated that it could not continue to provide funds for technical personnel assigned to joint health projects, and the Organization would have to shoulder its own responsibilities in that connexion. The joint WHO/UNICEF and

technical assistance programmes therefore called for certain increases in staff, but the greatest increase was in the budget for the Organization's own operating programme, which was so much bigger as to reduce the figure for administrative expenses from 15 or 16 per cent. in 1950 to six per cent. in 1951 and 1952. In the light of the remarks of the external auditor about the accompanying risks of decentralization (*Official Records* No. 34, page 6), six per cent. seemed a reasonable figure, but if the regional operating budget was reduced administration would again become relatively more expensive.

However, if it was agreed to reduce the Director-General's budget to some extent, cuts must be made in some items. So far very few suggestions had been made, but he was himself inclined to think that some economies might be effected by the use of short-term consultants.

For all the above reasons, and in accordance with the considerations set forth in the reports presented by the two committees to the joint meeting, he formally proposed that the effective working budget for 1952 be fixed at \$8,000,000.

Several delegates had deplored the fact that many of the economically more developed countries had joined in opposition to the Director-General's estimates. On the basis of financial considerations, every increase in the budget for creative peace work seemed to be looked upon as dangerous at a time when defence efforts were being intensified in many countries. However, a balance should be maintained. Governments should go ahead not only with defence but with positive peace work. Public-health work for those under-developed countries needing help was a real factor for peace in the future and WHO should maintain its place as the leading central co-ordinating health organization.

(See second meeting for continuation of discussion.)

*The meeting rose at 12 noon.*

## SECOND MEETING

Thursday, 17 May 1951, at 2.30 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

**1. Admission to Membership and Associate Membership : Japan**

Agenda, 6.3.1

The CHAIRMAN announced that Japan had deposited with the Secretary-General of the United Nations its instrument of ratification and was now a full Member of the Organization, with the right to vote.

**2. Programme and Budget For 1952**

Agenda 6.5.4

*Recommendations on the Total Amount of the Budget for 1952 (continuation)*

Sir Arcot MUDALIAR (India), referring to the lengthy discussions on the programme and budget at previous Health Assemblies, in the two committees both separately and jointly, felt that the members of the medical profession underrated themselves and were not sufficiently courageous in putting their proposals before either their national governments or the Health Assembly.

He also felt that an unfortunate decision had been taken at the First World Health Assembly in limiting the budget to \$5,000,000. If larger contributions had then been asked for, much of the discussion in subsequent years would have been avoided. Other specialized agencies which had adopted a budget of \$8,000,000 had been able to secure contributions to meet that amount.

Observing that examination of the programme proposed by the Director-General showed that the bulk of the increases related to regional activities, he quoted the figures in *Official Records* No. 31 of estimated expenditure for the years 1950, 1951 and 1952 in respect of the regions. He stressed the fact that the total increase between 1950 and 1952 was approximately \$2,200,000 for all regional activities, because the Organization had arrived at the stage where substantial work was being done in the regions to improve health conditions and stimulate the activities of the Member countries.

Referring to the report of the seventh session of the Executive Board (*Official Records* No. 33) and reading sub-section 42, Sir Arcot said he had gained the impression, during the technical discussions, that in every country there was a great demand for increased facilities for professional education in all spheres of activity. He then read sub-sections 48, 55, 58 and 61, relating to the Regions of the Americas, South-East Asia, Europe and the Eastern Mediterranean respectively, and said that the estimated increase in expenditure in 1952 for education and training in each of the regions was a logical outcome of the policy of the Organization.

The Director-General's programme had been fully examined, but on its own merits and not on the basis of the money that might be available. It still remained open to the Committee on Programme, if necessary, to see whether any slight adjustments or changes of emphasis could be made in a programme which had been repeatedly declared satisfactory not only by the many delegations present at the Health Assembly but also by the Executive Board. For the Board had been unanimous in approving the programme, and it had only been over the question of funds that differences had arisen, the majority considering that some cut in the budget was necessary. It would not, therefore, be true to say that the Board as a whole had committed itself to the particular figure proposed.

Furthermore, from his own experience as a member of the Board he knew that it would be unfair to the members of the Board to suggest that they expected their recommendations to be accepted without examination.

The question of the availability of trained personnel had been debated at length in the Committee on Programme, and he had tried to show that, on careful analysis of the additional personnel required for the Director-General's programme, the apprehensions expressed seemed less realistic than at first sight. In any case, even if here and there the necessary trained staff could not be found, the Director-General and the Executive Board could surely be trusted to make the necessary adjustments in the

programme rather than attempt to push it through with inferior personnel. But it was certainly not fair at the present stage, before any attempt had been made to seek out the required staff, to anticipate that it would not be available.

Many delegations, while admitting that the programme was sound in itself, had pointed to the difficulty of persuading governments to accept yet another addition to the ever growing burden of contributions to international organizations. He did not deny that difficulty, but he felt that if the claims of the Organization were questioned there was all the more reason to press them with insistence and to demand that whatever else might happen the needs of health should not be neglected. Members of the Organization, believing that it had a great part to play in the critical years ahead, and that by its own activities and its stimulation of activities in Member States it could make an important contribution to the cause of peace, had a duty to tell their countries of those benefits to come. If the budget of the Organization were part of the defence budget of a country it would be considered a mere nothing ; even more so the sum of \$700,000 which was the difference between the Director-General's proposal and that of the Executive Board. And yet the Health Assembly was haggling over that sum distributed among sixty-five nations.

In the cause of peace and of humanity, and on behalf of all countries, particularly those whose need was greatest, Sir Arcot appealed to all delegates to vote for the budget proposed by the Director-General.

Professor ALIVISATOS (Greece) said that the criticism of the proposed programme and budget was at the same time a self-criticism. Whilst the budget had been criticized, satisfaction had been expressed at the proposed programme.

The Organization's programme was an excellent one, but both it and the proposed budget were tiny compared with the world's health needs. It would not be difficult to transform the Organization into an international quarantine or statistical office, but that would be retrogression and not in conformity with the Constitution.

Mr. MASON (New Zealand) supported the remark made by the delegate of the United States of America at the first joint meeting that the consideration of the budget of WHO, as of any of the other United Nations specialized agencies, must be approached with the head as well as with the heart. As each

delegate was pledging the expenditure of part of the national funds to which he and his fellow-citizens contributed, it was his duty to see that the expenditure was kept within reasonable limits.

The New Zealand delegation considered that the present time was a suitable one for the stabilization of the budgets of the specialized agencies. The enormous defence budgets to which one delegate had referred were already in existence and the governments concerned must make a fair allocation between all demands. There was little doubt that resolution 411 (V) of the United Nations General Assembly, by asking the Secretary-General to present a report to the next session, had been intended to refer to immediate stabilization of budgets.

Referring to the comparative table of budget proposals (see annex 13), he said that the Director-General's estimate at the foot of the third column represented an increase of approximately  $33\frac{1}{3}$  per cent. over the effective working budget for 1951 : he did not think that could in any way be called stabilization, and it was unthinkable so to interpret the United Nations resolution. It was equally difficult to see how the effective working budget of \$7,677,782 proposed by the Executive Board, representing approximately a 22 per cent. increase over the 1951 figure, conformed with that resolution.

The New Zealand delegation considered that the United Kingdom proposal of \$6,692,982, representing an increase of seven per cent., was in reasonable accord with the intention of the United Nations resolution, and they would therefore support it.

Dr. VAN DEN BERG (Netherlands) wished to comment on two of the objections which had been made to the Director-General's proposals.

He did not agree that implementation of the programme would be prevented by lack of trained personnel. He knew there were many experts available in his own country and felt that the same must be true of other countries. On the other hand the influence of the proposed budget on contributions was a problem requiring careful consideration. Already certain countries which had found themselves unable to pay their current or earlier contributions had withdrawn from the Organization. If there were too large an increase in the budget, still more countries might find it impossible to pay their contributions when due ; thus the Organization might shortly be faced with serious financial difficulties. His delegation therefore felt that a balance must be found between the needs and the possibilities.

Turning to the three proposals before the committees, he said that acceptance of the Director-General's proposal would mean an increase in contributions of approximately 30 per cent. over 1951, which would be dangerous. Acceptance of the United Kingdom proposal, on the other hand would mean a reduction of more than 20 per cent. in the proposed budget, which would be rather difficult. The Netherlands delegation, considering that the Executive Board had made a wise proposal, recommended its adoption.

Dr. VOLLENWEIDER (Switzerland) confirmed the statements of some previous speakers regarding the difficulty of recruiting adequate trained personnel and explained that his country could not offer much help in that respect.

It would be easier to extend a limited programme than to reduce a more expansive one if financial difficulties developed before it could be completely implemented, and he supported the United Kingdom proposal.

Mr. BRADY (Ireland) said that his delegation would support the proposal of the Executive Board for a gross assessment budget of \$8,600,000, an effective working budget of \$7,677,782 and a net assessment budget of \$7,200,000. He stated those three figures because he thought that, as so many different amounts had been mentioned during the discussions, delegates should be quite clear as to which proposal they wished to support.

On the basis of the Executive Board's proposal, the actual increased expenditure for 1952 over that for 1951 would be approximately \$1,500,000, which could be regarded as a reasonable compromise between an excessive proposal and one which tended to stabilize the work of the Organization at too low a level.

It was realized that the Executive Board's proposal, though inadequate to meet world health needs, represented a reasonable step in a process which, even apart from financial reasons, must take some time to complete.

Calling attention to Article 50 (*f*) of the Constitution of WHO, Mr. Brady said that his government had from the beginning felt that that provision would enable the Member countries of the regions to combine to help themselves, and he cited the Americas as an example to regions which had not yet provided regional budgets.

Dr. SIGURJÓNSSON (Iceland) explained that his country found it difficult to finance its own national health budget and would hesitate to accept increased

burdens involving the expenditure of hard currency. The Executive Board's proposal represented the highest expenditure level for which his delegation would be prepared to vote at the present time.

Mr. SHAW (Australia) said that his delegation would support the United Kingdom proposal which, in their opinion, was based on a realistic appraisal of all the relevant factors and represented an attempt to account not merely for needs but also for the resources available to meet those needs, and to reconcile a reasonable increase in expenditure with the principle of budget stabilization recommended by the United Nations to all the specialized agencies.

In urging, both in plenary session and in the Committee on Administration, Finance and Legal Matters, that it was the duty of the Organization to give full weight to the United Nations appeal, the Australian delegation had pointed out that stabilization meant the maintenance of expenditure at a level which need not be rigidly fixed, but should be flexible enough to allow for eventualities. It did not mean, however, sufficient flexibility to meet an increase of 33 $\frac{1}{3}$  per cent., as required by the Director-General's proposals. The margin of expansion provided for in the United Kingdom proposal did not go beyond the demands of the stabilization principle, but, at the same time, met the reasonable objections of those who had argued against the immediate application of that principle.

The committees' task was essentially a practical one; to decide not merely what ought to be done but what could be done in the light of existing conditions and resources. Members had pledged themselves to do all they could, at the national and international level, to alleviate suffering and promote decent standards of living for all. On the other hand, it was obviously an inadequate approach merely to add up all human needs and try to frame a budget to meet them: account must be taken of available resources and the funds which governments felt themselves able to devote to the whole range of international welfare and, in the present case, international co-operation in the field of health. Governments must be legitimately concerned with the increasing demands of the specialized agencies. Considerable financial burdens were being placed on certain Member States through their work in the United Nations itself, its specialized agencies and all its commissions, in international relief and in the joint United Nations effort in Korea. They were also involved in contributions to technical assistance, not only on the United Nations level but on regional levels, as in the Colombo Plan.

The sum total of effort was huge and something of which Members could be proud. It must also be remembered that the funds available under the programme of technical assistance were permitting WHO to expand its operational work.

As representatives of governments, delegates must take a broad view and try to see the budget of WHO in proper perspective. In the opinion of the Australian delegation, the United Kingdom proposal represented what was practically possible and for that reason they would support it.

Mr. INGRAM (United States of America) wished to add to the remarks he had made at the first joint meeting regarding the effect which the action of the Health Assembly might have on the total amount of money available from all sources for international public health work.

He was, of course, to some extent concerned about the willingness of parliaments to appropriate the funds voted at the Health Assembly if the latter were too demanding. The United States Congress had been persuaded to raise the limitation it had imposed on appropriations for the United States contribution to WHO, on the understanding that the higher level would be arrived at gradually. The budget proposed by the Director-General, however, would require from the United States an amount larger than that provided for under the new legislation, and even that proposed by the Executive Board would use up a large proportion of the margin allowed for, leaving little provision for increase during the next few years.

His principal concern, however, as he had said, was for the total amount available for international public-health work from the WHO regular budget, UNICEF and technical assistance funds. At the time of his departure from the United States, the Executive Branch had been proposing to Congress the appropriation of \$12,500,000 for UNICEF in 1951, and plans had been under way to secure Congressional authority and funds for a contribution to UNICEF and for additional amounts for the expanded programme of technical assistance in 1952. He reminded delegates that the large contributions which the United States Government, at the request of governments represented at the Health Assembly, had made to UNICEF and the technical assistance funds, in recognition of the special and emergency character of the work, had made it easier for other countries to contribute more generously, inasmuch as a larger proportion of their contributions could be made in soft currencies.

He felt that there was a real danger, if the budget of WHO were increased too ambitiously, of governments

deciding to make their main contributions to the Organization, reducing correspondingly their contributions to technical assistance and UNICEF funds and thus making the amount available for total international health work appreciably less.

Asking delegates now to pass on and consider the question from the viewpoint of what was best for WHO alone, he said that the quality of the programme was determined not by the amount of money available but by the personnel employed. It was axiomatic that a too rapid expansion was detrimental to medical work. Only a limited number of highly qualified medical personnel became available annually and it was only such persons that WHO should employ. It had been encouraging to hear the delegate of the Netherlands say that there were experts available in his country, but the statements of a number of other delegates had been less reassuring. He asked everyone to give that question deep thought before voting.

Dr. BOIDÉ (France) supporting the proposal of the United Kingdom, said that in the Executive Board two points of view had been expressed, one optimistic and the other more conservative. The latter viewpoint took account of the increasingly heavy commitments, both national and international, of the majority of countries.

Unlike the delegate of the Netherlands, he agreed with other speakers that there would be considerable difficulty in recruiting sufficient qualified staff, and that an increased budget would be ineffective if the staff were not available to implement the programme. Several speakers had referred to the assistance to be given to under-developed countries, and such arguments naturally had a strong appeal, but that help was mainly of a technical nature.

The Executive Board's proposal would involve an increase of approximately 23.2 per cent over the 1951 expenditure, but if the Director-General's proposed budget were accepted an almost intolerable burden would be placed on most countries and the present delay in payment of contributions might be intensified.

He did not agree that a modest budget would hamper the activities of the Organization: in his opinion, the development of its work, to be harmonious, should not be too rapid.

Dr. FABINI (Uruguay) said that in the Latin American countries it was necessary to appropriate funds for two organizations concerned with international health, WHO and the Pan American Sanitary

Bureau ; and hence the financial burden was even greater in these countries.

He pointed out, as had the delegate from Ireland, that regional funds for regional work could be obtained if the nations in the regions were dissatisfied with the amount being expended on international health work.

He supported the proposal made by the Executive Board.

Dr. TABA (Iran) said he had been impressed by the fact that delegates of countries which were more urgently in need of help had spoken in favour of the Director-General's proposal, which showed that such countries, like his own, appreciated the work which had already been done by WHO. Still more help was needed by those countries, however. He agreed that improvement of the health standards of the people would help in maintaining peace in the world.

His delegation believed that stabilization of the budget at the present time would mean retrogression and that there should instead be expansion, particularly in practical and advisory work. They would therefore support the budget proposed by the Director-General.

Dr. SOERONO (Indonesia) considered that, if it were indeed a fact that qualified experts in public-health were not to be found, the impression would be given that the programme of WHO was too ambitious and that there was an inability to make proper use of technical assistance funds. Measures should be taken to counteract any such appearance.

Indonesia was willing to bear its share in financial costs. Under-developed countries would greatly suffer from any reduction in the 1952 budget. Much had already been done by regional offices in the matter of field programmes, which would have to be cancelled were any such reduction to be voted. Other specialized agencies could show effective technical assistance programmes and the World Health Organization should equally be in a position to show that valuable use had been made of the money at its disposal. Whatever the financial sacrifice to the countries concerned, the delegation of Indonesia strongly urged maintaining the original budget estimate.

Dr. SHAKHASHIRI (Lebanon) found great encouragement in the breadth of vision shown by the more developed countries in realizing that the efforts of peoples living in the under-developed areas to achieve

their full potentialities could be furthered only by the co-operative endeavour of all nations. In discussing the effective working budget of WHO, some countries that would be called on to contribute more than others might feel that the burden was too heavy for them, but it was fair to say that in relation to their national resources the burden on the under-developed countries was at least as great.

It might also be argued that the Director-General had been too much influenced by his laudable enthusiasm to make the services of the Organization available to all countries. Such a suggestion would be unfounded for, as the Executive Board had reported, the proposals in *Official Records* No. 31 formed a balanced programme conforming with the general programme of work for a specific period approved by the Health Assembly and adapted to the individual requirements of Member countries. The Committee on Programme had also examined the proposals, and had stated in its report to the joint meetings that they were sound from a public-health point of view ; and both those statements confirmed the views already forwarded to the Director-General by the various regional organizations. So it was clear that the Director-General's programme, far from being inflated by enthusiasm, was based on a sober realization of the work to be done and the best means of doing it.

In the last analysis the problem was that the four-fifths of the world in which medical needs were greatest comprised the countries least able to make financial contributions, so that the one-fifth where health needs were least must bear the major burden if the health of the world was to improve to the benefit of all. Not only goodwill but also active support was needed. The delegation of Lebanon supported the Director-General's proposal of \$8,379,633 as an effective working budget.

Dr. EVANG (Norway) said he would like to answer two points raised by previous speakers. The lack of qualified personnel for public-health work had been mentioned as a bottleneck, but even if many countries experienced difficulty in finding trained experts, that fact was no argument for cutting down the WHO budget or programme. On the contrary, it was an argument for reasonable expansion. To regard it in any other way might be likened to deciding, as the result of an international nutrition survey which showed that there was not enough food to meet world needs, that there should be no attempt to increase production. He wondered whether the

possibility of establishing national training centres for specialists had been sufficiently explored. The proposed increase in the budget could easily be absorbed by a single country which set out to establish one.

The financial burden of national defence had also been advanced as a reason for a reduced budget. The joint meeting was not the appropriate body to decide whether an increase in armaments was the way to world peace, but armaments alone were certainly not. Far more effective would be an adjustment in the health and standard of living of the world as a whole. As Sir Arcot Mudaliar had ably stated, delegates must decide whether they believed in the Organization as part of the United Nations' work for peace.

Dr. DE PINHO (Portugal) stated that, in the opinion of his delegation, the United Kingdom budget proposals were those most in accordance with financial possibilities. It would therefore support those proposals.

Dr. KARABUDA (Turkey) said that the delegation of Turkey would support the proposals of the Director-General.

Dr. TOGBA (Liberia) thought it regrettable that countries making such considerable contributions to the budget as the United States, the United Kingdom and the Commonwealth should not agree with the Director-General's budget proposals. It was also a matter for regret that such countries as Liberia were not in a position to contribute more, but their contribution was as great a strain on national resources as were those of the developed countries. A programme which was static could not easily be successful and it was desirable that the World Health Organization should have the greatest possible financial support. Unlike the representative of the United States, he would appeal to the hearts, not the heads, of those present. Compromises such as those proposed by the delegation of Sweden or the Executive Board were only a last resort. The Liberian delegation would support the Director-General's proposals and, if they were not approved, those of Sweden or the Executive Board, in that order.

Dr. CLUVER (Union of South Africa) recalled that, at previous Health Assemblies, the South African delegation had always stressed the considered view that the World Health Organization should develop gradually in order to ensure organizational soundness and operational efficiency. Only thus could it command the respect and support of Member

Governments and promote the essential health and medical services of which the world stood in need.

It was from that point of view that the budget and programme for 1952 had been examined. That examination had satisfied the South African delegation that, in general, the comments of the Executive Board were sound and that its proposals in regard to the budget should be supported.

In that connexion reference should be made to regionalization, and the joint meeting should be informed of the position in regard to the establishment of a regional organization for the African area.

It would be recalled that in a communication dated 18 February 1949 the Minister of External Affairs of the Union of South Africa had notified the Director-General of the World Health Organization of the Union Government's consent to the early establishment of an African regional organization. It had not, however, been possible to implement regionalization in the African area delimited by the First World Health Assembly (*Official Records* No. 13, page 330) until an interpretation had been given to the words "Member States... in the Region" in Article 47 of the Constitution.

That constitutional difficulty had since been overcome by resolution WHA2.103 (*Official Records* No. 21, page 55) of the Second World Health Assembly, which had given the required interpretation.

In accordance with that resolution, the Regional Committee for Africa would be composed of representatives of the following Member States and Associate Members :

- (i) Liberia and the Union of South Africa as States Members within the region ;
- (ii) Belgium, France, Portugal and the United Kingdom as participating Members ;
- (iii) Southern Rhodesia as an Associate Member within the region.

Consultations had recently taken place with those States with a view to the establishment of a regional health organization for the African Area and it had been agreed that a regional committee, empowered to meet as often as necessary, determine the place of meeting and adopt its own rules of procedure, should exercise the functions of : formulating policies governing matters of an exclusively regional character ; supervising activities of the regional office ; suggesting to the regional office the calling of technical conferences, and such additional work or investigation in health matters as, in the opinion of the regional committee, would promote the objectives of the Organization within the region ; co-operating

with the respective regional committees of other specialized agencies, where established, and with other regional international organizations having interests in common with the World Health Organization, provided that the manner and extent of such co-operation should have received the prior approval of the governments represented on the regional committee ; tendering, through the Director-General, advice to the Organization on international health matters having wider than regional significance ; recommending additional appropriations by the governments of the region if the proportion of the central budget of the Organization allotted to the region was insufficient for the carrying out of regional functions ; exercising such other functions as might be delegated to the regional committee by the World Health Assembly, the Executive Board or the Director-General and approved by the governments represented on the regional committee.

Subject to the general authority of the Director-General of the World Health Organization the regional office would be the administrative organ of the regional committee and would carry out, within the region, the decisions of the World Health Assembly and of the Executive Board which had the approval of the governments represented on the regional committee. The head of the regional office would be the Regional Director appointed by the Executive Board of the World Health Organization in agreement with the regional committee, and its staff would be appointed in a manner to be determined by agreement between the Director-General and the Regional Director. It would be for the regional committee to decide where the headquarters of the regional office should be situated.

The Government of the Union of South Africa had now addressed to the Director-General a further communication informing him of the consultations which had taken place between the governments of the Member States within the African area and of the desire of the Union Government that a regional organization for Africa should be established at an early date in accordance with the terms of the arrangement which the governments concerned had accepted among themselves.

It was the understanding of the South African delegation that the steps taken by the Union Government were in accordance with the accepted procedure for the establishment of a regional organization and that, following that procedure, it would be for the Director-General, on receipt of formal communications from the two Member States in the African Area signifying their consent, to submit the matter to the Executive Board. The Board might then

authorize the convening of the first regional committee and the establishment of a regional organization as laid down by the First World Health Assembly.

The establishment of an African Regional Organization would clearly have budgetary implications and it was for this reason that the meeting had been notified of the position.

Dr. TOGBA was sure that all who had followed the activities of the World Health Assembly would remember that Liberia had always been a great advocate of a region for Africa South of the Sahara. He was glad that he had the authorization of his Government to communicate to the Director-General his country's readiness to share in the establishment of a regional headquarters, and he wished to thank the delegation of the Union of South Africa for its co-operation.

Dr. MALAN (Italy) stated that the Italian delegation supported the budgetary proposals of the Executive Board.

Dr. DAENGSVANG (Thailand) said that the delegation of Thailand supported the Director-General's financial estimate as a minimum. If the Director-General's estimate were taken as a basis for the effective working budget the difference from the Executive Board's would be about \$700,000. In the case of the United Kingdom estimate the difference would be \$1,600,000. The work of the World Health Organization should be available to all and, estimating the population of the world at 2,400,000,000, the cost per capita of the difference would in one case be one-thirtieth of a cent and in the other one-fifteenth. That seemed a very small service to give to the world population in 1952.

Dr. PHAM-LE-TIEP (Viet Nam) supported the proposals of the Director-General. One argument brought against them had been the difficulty of recruiting certain experts. Opinions had differed on that point, but even if there were some difficulty, the money could always be used by increasing the proportion of material aid in field work. The Viet Nam delegation in any case, wholly agreed with the representative of Norway that shortage of staff was a reason for increasing, not cutting, the budget, in order to speed up the training of experts and make good the deficiency. The financial burden of national defence had been mentioned but, with the representative of India, he believed that health measures were an important safeguard of peace. The view that the World Health Organization must develop slowly had

also been advanced as a reason for cutting the Director-General's budget, but he did not think that an increase of one million dollars over the figure for 1951 could be considered excessive.

Finally—a point to which the delegate of Ceylon had drawn attention in the Committee on Administration, Finance and Legal Matters—the Health Assembly must not forget the inactive Members. It was the desire of all delegations that they should return to collaborate with the Organization, and nothing must be done that would provide arguments for absenteeism. The Health Assembly must therefore act in the manner that would enable the Organization to operate with the greatest possible effectiveness.

Dr. WAHBI (Iraq) said that his delegation had already stated its point of view in the Committee on Administration, Finance and Legal Matters. The time for stabilizing the budget had not yet come. To do so would be to freeze the activities of the Organization and to bring about the retrogression to which the Director-General had referred at the sixth plenary meeting. The delegation of Iraq would support the Director-General's proposal.

The CHAIRMAN proposed, as there were no more speakers, that the meeting proceed to a vote. In accordance with the decision taken at the first joint meeting, the figures on which the vote would be taken would be those proposed for the effective working budget, namely :

The Director-General's proposal of	\$8,379,653
The Swedish proposal of . . . . .	\$8,000,000
The Executive Board's proposal of . .	\$7,677,782
The United Kingdom proposal of . .	\$6,692,982

Under Article 51 of the Rules of Procedure, the meeting would vote first on the amendment furthest removed in substance from the original proposal and then on the amendment next furthest removed, until all the amendments had been put to the vote. Hence a vote would first be taken on the United Kingdom proposal.

*Decision :*

The United Kingdom proposal was rejected by 35 votes to 17 with 4 abstentions.

The Executive Board's proposal was rejected by 32 votes to 23 with no abstentions.

The Swedish proposal was rejected by 38 votes to 14 with 2 abstentions.

The Director-General's proposal was adopted by 29 votes to 27 with no abstentions.

(For reopening of discussion see third meeting.)

The CHAIRMAN observed that the draft resolution submitted by the delegation of Yugoslavia at the first joint meeting had not yet been considered. Its first clause accepted the budget estimates submitted by the Director-General ; those the meeting had now approved. With the consent of the Yugoslav delegation he would suggest referring clauses 2, 3 and 4 to the joint working party of twelve members which it was proposed to set up.

Dr. GREGORIĆ (Yugoslavia) agreed.

The CHAIRMAN asked the meeting to adjourn for a few minutes while he conferred with the Chairman of the Committee on Programme.

*The meeting adjourned at 5.5 p.m. and reassembled at 5.15 p.m.*

**3. Establishment of Joint Working Party to make a Detailed Examination of the Programme and Budget**

The CHAIRMAN said he had agreed with the Chairman of the Committee on Programme that it would perhaps be premature to establish the proposed working party, as the Committee on Programme was not yet able to give it precise instructions.

Dr. TABA suggested that postponement would delay the work of the joint meetings unnecessarily.

Sir Arcot MUDALIAR proposed that the election should be made at once, but that the working party should not meet until a date to be decided later.

The CHAIRMAN proposed, as the twelve members of the working party, the representatives of Australia, Brazil, Chile, Egypt, France, India, Iran, Ireland, the Philippines, the Union of South Africa, the United Kingdom and the United States of America. The working party's terms of reference would be an examination of the implications of the budget and a report to the Committee on Programme and the Committee on Administration, Finance and Legal Matters, which would hold a joint meeting for the purpose.

*It was so agreed.*

*The meeting rose at 5.22 p.m.*

## THIRD MEETING

*Friday, 18 May 1951, at 3 p.m.*

*Chairman: Dr. M. JAFAR (Pakistan)*

### 1. Adoption of Draft First Report of the Joint Meetings

Dr. BRAVO (Chile) said his Government considered that the programme of work proposed by the Director-General and the Executive Board was perfectly in accordance with the aims of the Constitution. Chile sincerely desired to collaborate effectively in the realization of the plans of the Organization, but present-day economic difficulties had had repercussions on the internal economy of his country, which suffered from a shortage of hard currency. For that reason, Chile would not be able to increase its contribution to WHO without depriving its own national budget of resources essential to its own economy. His Government, therefore, was in the position of attempting to reconcile two contrary desires: on the one hand the desire to collaborate with the broad programme of WHO, and on the other hand, the desire to safeguard its own economic situation. It was probable that many countries were in the same situation.

The second joint meeting of the two committees had approved the budget of the Director-General, which would mean that the contribution of Chile would be increased by 33 per cent., but that decision had been taken by 29 votes to 27 and it would seem that serious difficulties might arise if a question of such importance were decided by so small a majority. Under those circumstances, the Chilean delegation appealed to those delegations which had voted in favour of the highest budgetary proposals to make an effort which would permit all the Member States to meet on common ground. He suggested that a budget level of \$8,000,000 might meet with general approval. Such a budget would be adequate to allow for the natural expansion of WHO but would not involve such a high level of assessment.

The CHAIRMAN stressed that the business before the meeting was the consideration of the draft first report of the joint meetings of the two committees. He pointed out that it was not in order to consider the substance of the report unless

the decision recorded in that report were reversed by a majority vote. He asked whether the delegate of Chile wished to make a formal proposal with a view to obtaining such a reversal.

Dr. BRAVO said that he had intended to make a general declaration and to appeal to delegates to reach, if possible, unanimous agreement regarding the budget. He was prepared, if necessary, to make a formal proposal.

M. FOESSEL (France) wondered whether the Director-General could give information to enable delegations to determine the exact amount of contributions payable under the various budgets which had been proposed. Such data had already been supplied in the document entitled "Scale of Assessments for 1952",<sup>2</sup> but it did not take into account the assessments for the newly admitted States. He also asked whether there would be any procedural objection to checking the votes on the different budgetary proposals, in view of the responsibilities of delegates to their respective Governments.

The CHAIRMAN remarked that the points raised by the delegate of France should have been brought to the attention of the committees at the last joint meeting before the vote was taken. If the meeting wished to reopen discussion on the budget level for 1952, either of two procedures might be followed: the draft first report of the joint meetings might be challenged as conveying incorrectly the views of the meeting, or alternatively a formal proposal to reopen discussion might be tabled.

Sir Arcot MUDALIAR (India) said that the draft report was substantially correct and he did not believe that any delegate would challenge it.

Mr. BRADY (Ireland) said that he had listened with sympathy to the appeal made by the delegate of Chile and he agreed that a decision on the budget level taken in the joint meeting of the two committees

<sup>2</sup> Unpublished working document

should have larger support than a majority of two votes. He therefore proposed that the entire question of the budget level for 1952 be reopened and that voting on his proposal take place by roll-call. If it was adopted, he would then move the adoption of the budgetary proposals of the Executive Board.

Dr. VAN DEN BERG (Netherlands) supported the proposal of the delegate of Ireland. He was not normally in favour of reopening debates but in this instance it would seem to be necessary, since it was clear that many delegations wished to have the opportunity for reconsideration. If the discussion was not reopened in the joint meeting of the two committees, it undoubtedly would be in the plenary session of the Health Assembly.

Professor FERREIRA (Brazil) said that the draft report accurately reflected the decision which had been taken at the second joint meeting of the two committees. He feared that if discussion on the question was now reopened merely because the majority had been small a dangerous precedent might be set. Unless new arguments were to be put forward which would render a new debate valuable, he would vote against the proposal of the delegate of Ireland.

Mr. NALLIAH (Ceylon) moved that the draft report before the meeting be adopted.

Dr. TABA (Iran) supported the proposal of the delegate of Ceylon. Even if the debate were reopened, it was not possible to ensure that any other budget proposal would be adopted by a convincing majority.

Sir Arcot MUDALIAR moved that the vote on the proposal by the delegate of Ireland be taken by secret ballot, in accordance with Rule 60 of the Rules of Procedure.

Dr. EVANG (Norway) agreed with the delegate of Brazil that the reopening of the discussion on the budget level would set a dangerous precedent. Resolution EB7.R28 of the Executive Board, which the Health Assembly had agreed should govern the consideration of the budget level in the joint meetings, made no provision for the reconsideration of a decision already adopted. Reconsideration was admittedly not excluded under the Rules of Procedure themselves, but no new argument had been presented which would justify it in the present case. His delegation had not voted with the majority when the Director-General's proposals had been adopted, but as a democrat he believed that the decision should stand. There would be an opportunity for reconsideration when the question was raised in plenary session.

Mr. CALDERÓN-PUIG (Mexico) said that realism was necessary in dealing with such an important question. It would be vain to adopt too high a budget level when there was a risk that a certain number of Member States would be unable to pay their contributions owing to a lack of hard currency. Under those circumstances, and particularly since the majority on the decision had been so small, the Mexican delegation believed that discussion on the matter should be reopened and supported the proposal of the delegate of Ireland that voting should be by roll-call.

Dr. BUSTAMANTE (El Salvador) asked whether it would be in order, under the Rules of Procedure, to reopen the debate.

The CHAIRMAN said that Rule 63 of the Rules of Procedure governed the question. He would ask delegates to vote by roll-call on the proposal of the delegate of Ireland. He understood that that was the correct procedure.

Dr. TABA thought that the meeting should vote on the draft report before voting on the proposal put forward by the delegation of Ireland. The discussion could not be reopened until it was closed, and it could not be considered closed until the draft report had been voted upon.

The CHAIRMAN regretted that he could not accept that interpretation of the Rules of Procedure.

Mr. MASON (New Zealand) asked whether it was not a fact that any delegate might request a roll-call, and that such a request must automatically be granted.

The CHAIRMAN replied in the affirmative.

Dr. EVANG, referring to Rule 60, asked whether it was not also a fact that if a request for a secret vote were made, it was for the committee to decide whether one should be taken. In the event of a contrary decision, any request for a roll-call would be automatically granted, as the delegate of New Zealand had said.

The CHAIRMAN ruled that the representative of Norway was right in his interpretation of Rule 60. He therefore put to the vote the proposal of the delegation of India that a vote be taken by secret ballot on the proposal of the Irish delegation to reopen the discussion of the total amount of the budget for 1952.

*Decision:* The proposal was rejected by 32 votes to 27, with 5 abstentions.

A vote was then taken by roll-call on the proposal of the Irish delegation.

*The result of the vote was as follows:*

*In favour:* Australia, Austria, Belgium, Bolivia, Cambodia, Canada, Chile, Cuba, Denmark, Dominican Republic, Finland, France, Ireland, Laos, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Pakistan, Panama, Portugal, El Salvador, Switzerland, Union of South Africa, United Kingdom, United States of America, Uruguay, Venezuela.

*Against:* Afghanistan, Argentina, Brazil, Burma, Ceylon, Costa Rica, Ecuador, Egypt, Ethiopia, Greece, Hashemite Kingdom of the Jordan, Iceland, India, Indonesia, Iran, Iraq, Israel, Japan, Liberia, Norway, Philippines, Syria, Thailand, Viet Nam, Yugoslavia.

*Abstaining:* Haiti, Italy, Lebanon, Saudi Arabia, Sweden, Turkey.

*Absent:* Guatemala, Korea, Peru.

By 30 votes to 25, with 6 abstentions, the proposal of the delegate of Ireland for a reopening of discussion on the budget level was adopted.

Sir Arcot MUDALIAR said that, while he had every sympathy with the point of view of the representative of Chile, the greatest possible unanimity was desirable. The delegation of India still considered that the previous day's decisions had been right ones, but it was prepared to accept a reasonable compromise. Nevertheless, the roll-call just taken showed a majority of only five and it was in the interests both of the Organization and of many countries which held definite views that the compromise should be a wise one. He would formally move that the Swedish proposal for an effective working budget of \$8,000,000 be accepted. If accepted, it might meet the difficulties likely to be experienced politically in some countries, without too greatly affecting the health needs of others.

Mr. BRADY asked whether his proposal for the adoption of the budgetary recommendations of the Executive Board was before the meeting. If not, he would restate it. Though he had sympathy for the Indian point of view, the Executive Board's proposal was a reasonable compromise between those of the Director-General and the United Kingdom.

Dr. PADUA (Philippines) supported the Indian proposal. By a compromise of \$8,000,000 the interests of under-developed countries would be sufficiently served.

M. CALDERÓN-PUIG asked that the voting on the budget estimate to be adopted should also be by roll-call.

Professor CRAMAROSSA (Italy) said that, since the question of the budget had been reopened, the Italian delegation would explain why it had voted in favour of the Executive Board's proposal. The budgetary recommendations for 1952 put forward by the Executive Board were both precise and sober. The acceptance of the Board's proposal would not necessarily mean a mutilated programme; the budget estimates, particularly those relating to the organization and functioning of the central and regional services, were open to adjustment. Whatever cuts might be made, the Executive Board's budget would be adequate to meet the expenditure involved in carrying out the Director-General's programme.

For those reasons, the Italian delegation would vote for the Executive Board's proposals.

The CHAIRMAN noted that the meeting had before it three proposals:

- (1) The Director-General's original proposal;
- (2) The proposal of the delegate of Sweden, supported by India.
- (3) The Executive Board's proposal.

Dr. DOWLING (Australia) asked what were the gross and effective figures.

The CHAIRMAN stated that, in the case of the Director-General's proposal, the effective working budget was \$8,379,653 and the gross budget \$9,927,782.

The figures for the budget originally proposed by the delegation of Sweden and supported by India were: effective working budget \$8,000,000; gross budget \$9,454,177.

The Executive Board's proposals, supported by Ireland, were: effective working budget \$7,677,782; gross budget \$9,077,782.

In accordance with Rule 51 of the Rules of Procedure a vote was taken by roll call on the proposal of the Executive Board.

*The result of the vote was as follows.*

*In favour:* Australia, Austria, Belgium, Bolivia, Canada, Chile, Cuba, Denmark, Dominican Republic, Finland, France, Greece, Iceland, Ireland, Italy, Lebanon, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Pakistan, Panama, Portugal, El Salvador, Switzerland, Union of South Africa, United Kingdom, Uruguay, Venezuela.

*Against*: Afghanistan, Brazil, Burma, Cambodia, Ceylon, Costa Rica, Ecuador, Egypt, Ethiopia, Hashemite Kingdom of the Jordan, Haiti, India, Indonesia, Iran, Iraq, Israel, Japan, Liberia, Norway, Philippines, Saudi Arabia, Syria, Thailand, Turkey, Viet Nam, Yugoslavia.

*Abstentions*: Sweden, United States of America.

*Absent*: Argentina, Guatemala, Korea, Laos, Peru.

By 31 votes to 26, with 2 abstentions, the budget figure proposed by the Executive Board was adopted.

The CHAIRMAN invited the meeting to proceed to its primary purpose, that of approving the first draft report, which would then be submitted to the General Committee. The two resolutions recommended in the report, with the figures for the Director-General's budget estimates replaced by those for the recommendations of the Executive Board, would read :

The Fourth World Health Assembly  
RESOLVES that the budget level for 1952 should be \$9,077,782.

The Fourth World Health Assembly  
RESOLVES that the effective working budget for 1952 should be \$7,677,782, to be financed by :  
(a) casual income available for 1952 ;  
(b) assessments against the active Members.

Mr. INGRAM (United States of America) considered that, as well as the gross budget and effective working budget, the resolutions should give the figure for the gross assessments budget, since that was the figure that governments would be asked to accept. For the Executive Board's proposal the figure was \$8,600,000.

Dr. GONZÁLEZ (Venezuela) thought that the first resolution, like the second, should contain some reference to assessments and casual income, to show how the gross budget was made up.

Mr. SIEGEL, Secretary of the Committee on Administration, Finance and Legal Matters, proposed that, to meet the points of view of the United States and Venezuela, the first resolution be amended to read :

The Fourth World Health Assembly  
RESOLVES that the budget level for 1952 should be \$9,077,782, to be financed by :  
(a) casual income available for 1952 of \$477,782,  
(b) assessments against all Members of \$8,600,000.

*It was so agreed.*

*Decision*: The report, as amended, was adopted (for text, see page 353).

*The meeting rose at 4.45 p.m.*

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#### FOURTH MEETING

*Wednesday, 23 May 1951, at 2.30 p.m.*

*Chairman*: Professor G. A. CANAPERIA (Italy)

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#### 1. Consideration of Report of the Joint Working Party to the Joint Meetings

Mr. BRADY (Ireland), Rapporteur of the joint working party, introduced its report,<sup>3</sup> drawing particular attention to the following points :

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<sup>3</sup> The report of the working party is not published as such, but it formed, with the amendments adopted at this meeting, the basis of the second report of the joint meetings to the Health Assembly.

the summary of proposed reductions in the amounts appearing in *Official Records* No. 31, pages 77 and 78 ;

the recommendation regarding the establishment of a Regional Office for Africa ;

the sentence reading : " The Director-General assured the working party that should it transpire at a later stage that savings could be effected elsewhere in the budget, every endeavour would be

made to carry out part of those activities which, in order to arrive at the effective working budget level for 1952 adopted by the Fourth World Health Assembly, had been proposed for postponement.” ;

the appropriation section ;

the draft resolution submitted after consideration of that put forward by the Yugoslav delegation at the first joint meeting.

The task before the joint working party had been unpleasant, as it had involved cutting the programme, but he could say that all members, even when their own countries were affected, had considered the question objectively from the point of view of the aims of WHO and its financial problems. It was in that spirit that he submitted the report to the combined committees.

Dr. VAN DEN BERG (Netherlands) approved particularly of the sentence to which the Rapporteur of the working party had drawn attention. In that connexion he wished to suggest that while the total reduction proposed for Europe should be adopted, the detailed reductions in various services should be rearranged by the Director-General after the meeting of the Consultative Committee for Europe arranged for the following week. He was sure that some European delegations would be able to suggest reductions in programmes to be carried out in their own countries, where the need seemed to be more pressing elsewhere.

Dr. CAMBOURNAC (Portugal) and Dr. VAN DE CALSEYDE (Belgium) said that before consulting with their governments they could not make any pronouncement regarding the suggestion in the report that a meeting of Member Governments concerned be convened during or immediately after the Health Assembly to determine the location and staffing pattern of the Regional Office for Africa.

Dr. ŽARKOVIĆ (Yugoslavia) could not accept the resolution proposed in Part II of the report. In the draft resolution it had submitted at the first joint meeting his delegation had stressed the importance of direct material aid and had suggested that savings could be made and used for that purpose, but the joint working party had refused to discuss the matter seriously, saying that “the proposal was not practicable at that stage, in view of the budgetary limitations already enforced on the Organization and the fact that world-wide demand for supplies would render negligible any small effort WHO could make in this connexion.” In reply to its suggestion that the Director-General and the

Executive Board endeavour to save a small, perhaps a merely symbolic amount, for expenditure on supplies, his delegation was told that the joint working party “did not deem it advisable to reduce expenditure on personnel in favour of the provision of supplies, particularly since an adequate central organization was essential for the effective guidance of the Organization’s decentralized programme”. The original Yugoslav proposal was closely related to the draft resolution of the delegation of India on the Director-General’s programme for 1952, the substance of which had been adopted,<sup>4</sup> but it was clear that the joint working party had refused to consider it not for budgetary reasons but because it took the view that WHO should not be a supply organization. He, on the contrary, considered that at the present stage of the Organization’s development supplies were of the greatest importance.

Professor FERREIRA had much sympathy with the point of view of the delegation of Yugoslavia, but was sure that the joint working party had made the best decisions possible, considering that all its members would rather have been adding to the programme than reducing it. Many delegations, including his own, had had to accept reductions in the programmes to be carried out in their countries, as well as increasing their contributions to pay for the establishment of the Regional Office for Africa, but those who believed in the future of WHO must accept such necessities and view the whole as well as the parts.

Sir Arcot MUDALIAR (India) observed that at every Health Assembly so far the budget proposed by the Director-General had been reduced by the Executive Board and it had been necessary to adjust the programme in the most acceptable way at short notice. He therefore wondered whether the Executive Board could not be asked to take a more comprehensive view of its responsibilities under Article 55 of the Constitution, and to provide, together with its suggestions for an increase or reduction in the over-all figure, recommendations for increases and reduction on individual items. The final words of Article 55, “together with any recommendations the Board may deem advisable”, lent themselves to such an interpretation.

With regard to Part II of the report, since his delegation’s draft resolution on the Director-General’s programme for 1952 had been adopted in substance by the Committee on Programme, he suggested that the sentence referred to by the

<sup>4</sup> See pages 204 to 207.

delegate of Yugoslavia, reading : " It did not deem it advisable to reduce expenditure... etc. ", be amended to read : " Unfortunately it was not found possible at this stage to reduce expenditure on personnel in favour of the provision of supplies."

M. GEERAERTS (Belgium) observed that under Article 44 of the Constitution it was necessary for the Health Assembly to give its assent to a proposal to establish a regional office. He was sure that that assent would be given in the case of the proposal to establish a Regional Office for Africa, but until it was formally obtained he doubted whether the proposal to call a meeting of the Member Governments concerned was admissible from the point of view of procedure.

Dr. DOROLLE, Deputy Director-General, observed that the First World Health Assembly had decided that the Executive Board was competent to establish a regional office with the agreement of a majority of the States concerned. The decision in the present case would therefore rest not with the Health Assembly but with the Executive Board, which was to meet immediately afterwards.

Dr. TOGBA (Liberia) agreed with the Deputy Director-General. The only two countries directly concerned, his own and the Union of South Africa, had agreed to the establishment of a Regional Office for Africa and he saw no objection to appropriations for that purpose.

Mr. TALJAARD (Union of South Africa) suggested that the difficulty raised by the delegations of Portugal and Belgium regarding the necessity of consulting with their Governments on the question might be met by stipulating that the proposed meeting should be convened with the agreement of the Member Governments concerned and subject to the approval of the Executive Board.

M. GEERAERTS pointed out that though, as had been explained, it was the Executive Board and not the Health Assembly that was to decide on the question, there was still the procedural objection that the report of the joint working party suggested that the meeting of Member Governments be called possibly during the Fourth World Health Assembly, which would end before the Executive Board met. From the point of view of procedure it would be preferable for the meeting of Member Governments to take place immediately after the Executive Board had given its decision ; it would also allow consultation between delegations and their governments where necessary.

The CHAIRMAN thought that to replace the words " during the Fourth World Health Assembly or immediately thereafter " in the report by " as soon as possible " might satisfy all delegations.

*It was so agreed.*

Dr. ŽARKOVIĆ said that his delegation could not accept the amendment proposed by the delegate of India. He felt that a clearer declaration in favour of the provision of supplies was needed and that the question of the reduction of personnel should be left open. He therefore proposed to delete the two sentences reading :

In connexion with paragraph 2 of that resolution, the working party considered that though it might be highly desirable that the World Health Organization should have special funds for the purchase and distribution of supplies, the proposal was not practicable at that stage, in view of the budgetary limitations already enforced on the Organization and the fact that world-wide demand for supplies would render negligible any small effort WHO could make in this connexion. It did not deem it advisable to reduce expenditure on personnel in favour of the provision of supplies, particularly since an adequate central organization was essential for the effective guidance of the Organization's decentralized programme ;

and to replace them by the following :

In connexion with paragraph 2 of that resolution, the working party considered that it might be highly desirable that the World Health Organization should have special funds for the purchase and distribution of supplies. It leaves it to the Director-General to try to reduce expenditure on personnel in favour of the provision of supplies.

Dr. KARABUDA (Turkey) was not quite certain on what basis the proposed reductions had been made and opposed those suggested for Turkey.

Dr. DOROLLE answered that the joint working party had tried to effect cuts with as little damage as possible to programmes generally and that, where possible, an attempt had been made to eliminate projects which might be taken up later or carried out, perhaps in a slightly different form, with funds other than those taken from the regular budget.

Dr. KARABUDA thanked the Deputy Director-General for the explanation and hoped that what damage was done by the proposed reductions would be repaired as soon as possible.

Dr. VAN DEN BERG, recalling his earlier suggestion that while the total reduction for Europe should be maintained at the proposed figure, it should be left to the Consultative Committee for Europe to decide on the exact amount of the reductions for the various services, asked the Deputy Director-General to comment on it.

Dr. DOROLLE answered that, provided the total figure was adhered to, there could be no objection to the Consultative Committee's revising the individual figures, and indeed he thought it was desirable that the collective view of the countries concerned should be expressed. He assured the delegate of the Netherlands that the Director-General would be willing to consider any improvements suggested by the Consultative Committee for Europe.

Dr. HYDE (United States of America) observed that, since the Committee on Programme had approved for submission to the Health Assembly a resolution requesting the Executive Board to re-examine the policy of the Organization in the matter of supplies, to adopt the amendment to the report proposed by the Yugoslav delegation would prejudice the issue by anticipating the result of that re-examination. In any case the purport of the amendment was not clear; it seemed to him in contradiction with the report as a whole since it was already the policy of the Organization to furnish supplies where they were essential to a particular project, as had been pointed out in the Committee on Programme, and the elimination of a number of projects for 1952 necessarily entailed an actual reduction in the amount of supplies provided. He therefore suggested that no change be made in the original text and that the Executive Board take the views expressed by the Yugoslav delegation into consideration when it re-examined WHO's supply policy in accordance with the resolution adopted by the Committee on Programme.

The CHAIRMAN put to the vote the amendments proposed by the delegations of India and Yugoslavia.

*Decisions:*

- (1) The amendment proposed by the delegation of Yugoslavia was rejected by 16 votes to 3, with 27 abstentions.
- (2) The amendment proposed by the delegation of India was adopted by 16 votes to 12, with 18 abstentions.

The CHAIRMAN asked the meeting to approve the report as a whole, as amended by his own proposal and that of the delegation of India.

*Decision:* The report, as amended, was approved.

## 2. Appropriation Resolution for the Financial Year 1952

The CHAIRMAN proposed that the figures contained in the appropriation section of the report of the joint working party, just approved, be inserted in the draft appropriation resolution adopted by the Committee on Administration, Finance and Legal Matters at its eleventh meeting and submitted in its second report to the joint meetings.

*It was so agreed.*

Dr. BRADY (United States of America) thought it would be well to make some mention in paragraph III of the appropriation resolution of the gross assessments budget of \$8,600,000, as that was the figure in which governments were chiefly interested. He therefore proposed that the first sentence be amended to read: "The appropriations voted under paragraph I shall be financed by assessments against Members to the amount of \$8,600,000, the balance to be derived as follows: "

Mr. SIEGEL, Secretary of the Committee on Administration, Finance and Legal Matters, felt that it might be better to let the original sentence stand and to add the words: "thus resulting in assessments against Members of \$8,600,000", at the end of the paragraph.

Dr. BRADY agreed to the amendment proposed by Mr. Siegel.

*Decision:* The appropriation resolution, as amended, was adopted.

## 3. Second Report of the Joint Meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters

The CHAIRMAN proposed that the substance of the report of the joint working party, as amended, together with the appropriation resolution, be submitted as the second report of the joint meetings to the Health Assembly.

*It was so agreed* (for text of report, see page 354).

*The meeting rose at 4 p.m.*

## LEGAL SUB-COMMITTEE

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### FIRST MEETING

*Thursday, 10 May 1951, at 10 a.m.*

*Chairman: M. L. A. D. GEERAERTS (Belgium)*

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#### 1. Election of Chairman

On the proposal of Mr. CALDERWOOD (United States of America), M. Geeraerts (Belgium) was unanimously elected Chairman.

#### 2. Election of Rapporteur

On the proposal of M. RUEDI (Switzerland), Mr. Taljaard (Union of South Africa) was unanimously elected Rapporteur.

#### 3. Election of Vice-Chairman

Following a suggestion by Dr. VAN DEN BERG (Netherlands) that it would be wise to have a Vice-Chairman, and on the proposal of M. CALLEA (Italy), Mr. Calderón-Puig (Mexico) was unanimously elected Vice-Chairman.

#### 4. Adoption of the Agenda

M. ZARB, Secretary, recalled that the Committee on Administration, Finance and Legal Matters had agreed in principle on the use of Spanish as a working language and had referred to the sub-committee the consideration of the amendments to the Rules of Procedure of the Health Assembly resulting from that decision.<sup>1</sup> He proposed the inclusion of a supplementary item on the agenda.

The agenda, as amended, was adopted.

#### 5. Admission to Membership and Associate Membership

Agenda, 6.3.1

##### *Japan*

The CHAIRMAN invited the Legal Sub-Committee to consider the application of Japan for admission

to membership of the World Health Organization. According to the information before the meeting, Japan fulfilled the necessary conditions.

Mr. BOUCHER (United Kingdom) said that his Government took the statement made on behalf of the Supreme Commander for the Allied Powers in Japan to mean that the Supreme Commander would not interfere in the international health affairs of Japan. On that understanding, the United Kingdom Government would support Japan's application.

Mr. CALDERWOOD agreed with the United Kingdom delegate. He had been informed that the approval of the Japanese Diet had already been given.

Mr. CALLEA, Mr. DOMINGUEZ DRAGO (Argentina), and M. RUEDI supported the candidature of Japan on behalf of their governments.

*Decision:* The sub-committee unanimously adopted the draft resolution reproduced in section 1.1 of its first report.

##### *Federal Republic of Germany*

The CHAIRMAN drew attention to the request from the Chancellor of the Federal Republic of Germany, in a letter dated 1 April 1951, that in fixing Germany's contribution the World Health Organization should "take into account its exceptionally difficult position in the matter of currency and the special economic conditions brought about by the damages of war".

The SECRETARY stated that he had spoken to a representative of the Federal Republic of Germany, who had explained that the request did not constitute a formal reserve concerning payment of Germany's contribution.

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<sup>1</sup> See minutes of first meeting of that committee, section 13.

The CHAIRMAN remarked that the question of contribution would be considered by the financial section of the Committee on Administration, Finance and Legal Matters. The Legal Sub-Committee had only to consider the legal aspect: whether, from the point of view of international status, the Federal Republic of Germany fulfilled the conditions necessary for membership of the Organization.

Mr. KAHANY (Israel) said that for reasons which it was not necessary to elaborate before a legal committee, his Government did not share the opinion of the Allied High Commission on the admissibility of Germany to any specialized agency of the United Nations. His delegation would therefore vote against the admission of Germany to the World Health Organization.

The CHAIRMAN reminded the meeting that the Legal Sub-Committee was concerned with legal considerations only.

Mr. CALDERWOOD supported the admission of Germany to membership of WHO.

The admission was also supported by the delegates of Italy, Switzerland, Iraq and Syria.

*Decision:* With one dissenting vote, that of the delegation of Israel, the sub-committee adopted the draft resolution reproduced in section 1.2 of its first report.

#### *Spain*

Mr. CALDERÓN-PUIG said that for reasons of principle his delegation would oppose the admission of Spain.

The CHAIRMAN recalled that, as in the case of Germany, the Legal Sub-Committee could concern itself only with legal considerations.

The delegates of Italy, Switzerland, and the Union of South Africa expressed their support of Spain's application.

*Decision:* With one dissenting vote, that of the delegation of Mexico, the sub-committee adopted the draft resolution reproduced in section 1.3 of its first report.

#### **6. Action taken by Poland with regard to Membership of WHO**

Agenda, 6.3.2

Mr. CALLEA expressed his regret at the withdrawal of Poland from the World Health Organization and at the reasons given in the communication from the

Government of Poland (see annex 6). He assumed that a decision would be taken on the lines of those taken previously in similar cases.

*Decision:* The sub-committee unanimously adopted the draft resolution reproduced in section 2 of its first report.

#### **7. Amendments to the Rules of Procedure of the World Health Assembly**

Agenda, 6.3.3 and 6.2.5

The sub-committee considered the amendments and additions to the Rules of Procedure of the World Health Assembly proposed by the Executive Board in annex 12 to the report of its sixth session (*Official Records* No. 29).<sup>a</sup>

#### *Representation at the Health Assembly of the Executive Board*

*Rules 3, 8 and 9:* Amendments approved without comment.

*Rule 14:* Amendment approved, subject to the inclusion of the words "attendance by" after "open to" in the English text.

*Rule A:* Approved, subject to the alteration in the French text of "obligatoirement" to read "formellement".

*Rule B and Rules 68 and 72:* New rule and amendments approved.

(See first report, section 3.)

#### *Procedure regarding the annual election of Members entitled to designate a person to serve on the Board*

*Rules 80, 81 and 84:* Amendments approved without comment.

#### *Voting on separate proposals*

*Rule 51:* Approved subject to the redrafting of the last sentence of the French text to read: "Une motion qui comporte un texte à substituer à une proposition constitue elle-même une proposition".

*Rule 52:* Approved without comment.

(See first report, section 3.)

#### *Absence from the Executive Board for several consecutive sessions*

*Rules 87 and 87 bis.*

<sup>a</sup> The rules mentioned in this text are cited by the provisional numbers under which they appear in that annex. After the approval of amendments by the Fourth World Health Assembly the Rules of Procedure were renumbered. See *Handbook of Basic Documents*, fourth edition.

The CHAIRMAN was concerned about the practical application of Rule 87, which laid down that the Director-General should report to the Health Assembly the absence of a member from two consecutive sessions of the Executive Board. It should be stipulated that the absences were to be reported to the Health Assembly for examination. The Executive Board was an important body and the duties of a member should not be taken lightly. Moreover, since hitherto the Board had held two sessions a year, the application of the new Rule 87 would mean in practice that the Assembly would be informed only after four absences of a member from meetings of the Board. He proposed the addition of the words "for examination" to Rule 87.

Dr. VAN DEN BERG proposed that the wording in Rule 87 bis should refer to two and not three consecutive meetings.

Sir Dhiren MITRA (India) moved that the words "for exceptional reasons" in Article 87 bis be omitted: first, because they were vague and might lead to endless discussion and controversy, and secondly, because it should be left for the Health Assembly to assess the situation. Absence from the Executive Board might be condoned on many grounds.

The SECRETARY pointed out that if the word "three" (consecutive sessions) were changed to "two" in Rule 87 bis, Rule 87 would become pointless.

The CHAIRMAN said that he personally would not go as far as the delegate of the Netherlands. Nevertheless, membership of the Executive Board was a great honour which should not be accepted unless the responsibilities involved were also accepted.

In reply to a question put by Mr. CALDERWOOD, he said he considered the Legal Sub-Committee fully competent to make the change proposed by the Netherlands delegation, the Health Assembly being free to accept or reject the proposal as it saw fit.

The SECRETARY explained that the object of Rule 87 bis was to establish an automatic rule for dealing with repeated absences. The existing Rules of Procedure contained no such provision.

Mr. CALDERWOOD, referring to the Chairman's earlier statement concerning the desirability of the Health Assembly's considering a report by the Director-General, under Rule 87, of the absence of a member of the Board from two consecutive meetings, said that unless the Assembly did so, a seat might be vacant for two-thirds of the term for

which the member had been elected. Accordingly, he supported the proposal made by the delegate of the Netherlands.

He also supported the proposal made by the delegate of India to delete the words "in exceptional circumstances" from Rule 87 bis.

#### *Decisions:*

- (1) The proposal of the Netherlands delegation was approved, with the consequential deletion of Rule 87.
- (2) The proposal of the Indian delegation was approved.
- (3) New Rule 87 bis of the Rules of Procedure of the Health Assembly, as amended above, was approved (see first report, section 3).

#### *Meetings of the General Committee*

*Rule 25:* Amendment approved without comment.

*Rule 25 bis.*

At the suggestion of Dr. BOIDÉ (France), the French text was re-worded to read:

Un membre seulement de chaque délégation accréditée auprès de l'Assemblée Mondiale de la Santé peut assister aux séances du Bureau de l'Assemblée; ces membres n'ont pas le droit de prendre part aux délibérations du Bureau de l'Assemblée, à moins d'y être invité par le Président, ni le droit de voter. (No change in the English text.)

Mr. CALDERÓN-PUIG saw no reason why attendance at the General Committee should be limited to one member of each delegation. He formally proposed that the Rule should be re-worded to permit the attendance of several members or experts from each delegation. That proposal, in his opinion, would more accurately reflect the sovereign character of the Health Assembly.

The SECRETARY explained that the reasons for limiting attendance were of a practical nature, mainly the lack of accommodation. The General Committee was concerned particularly with the administrative procedure and co-ordination of work of the Health Assembly, and each delegation could be kept adequately informed on those matters by the presence of one of its members.

In the ensuing exchange of views, no support was given to the proposal, and it was therefore not put to the vote.

*Decision:* Rule 25 bis, with the French text as amended, was approved (see first report, section 3).

*Use of Spanish at WHO meetings*

The CHAIRMAN explained that the Committee on Administration, Finance and Legal Matters at its first meeting had decided to refer to the sub-committee the question of the changes necessary in Rules 66 and 67 of the Rules of Procedure of the Health Assembly in order to provide for the use of Spanish as a working language. The amendments

recommended by the Executive Board would be found in its resolution EB7.R44 (*Official Records* No. 32).

An exchange of views took place in regard to the revised wording. It was agreed that the Secretariat should submit a revised draft of Rules 66 and 67, to be discussed later (see second meeting, section 1).

*The meeting rose at 12 noon.*

## SECOND MEETING

*Thursday, 10 May 1951, at 3 p.m.*

*Chairman: M. L. A. D. GEERAERTS (Belgium)*

**1. Amendments to the Rules of Procedure of the World Health Assembly**

Agenda, 6.3.3

*Use of Spanish at WHO meetings (continuation)*

Rule 66 as amended by the Executive Board was approved without comment.

It was agreed that the amendment to Rule 67 should be redrafted to read :

Speeches made in the official languages other than English, French or Spanish, shall be interpreted into both working languages and into Spanish. (See second report, section 1.)

**2. Transfer of the Assets of the Office International d'Hygiène Publique**

Agenda, 6.3.5

M. ZARB, Secretary, observed that the transfer of the assets of the Office International d'Hygiène Publique to WHO had been completed. The Office had thus de facto ceased to exist, but de jure it was still in existence because three parties to the Rome Agreement had not yet denounced the Agreement. The three countries concerned were at present candidates for membership of WHO : they were the Federal Republic of Germany, Japan and Spain. All three had expressed their willingness to denounce the Agreement and were taking steps towards this measure. As soon as the Director-General was satisfied that the three denunciations had been

formally completed, the Office International d'Hygiène Publique would also de jure cease to exist.

*Decision:* The sub-committee adopted the draft resolution reproduced in section 2 of its second report.

**3. Assignment to Regions : Morocco, Tunisia and Algeria**

Agenda 6.3.6.2 and 6.3.6.3

The CHAIRMAN considered that there were no legal obstacles to the proposals made by the Government of France for the assignment of Morocco, Tunisia and Algeria to the European Region. He therefore proposed that the sub-committee submit the following draft resolution for adoption by the Health Assembly :

The Fourth World Health Assembly

TAKES COGNIZANCE of the desire of the French Government that Morocco, Tunisia and Algeria be included within the European area.

Dr. HASHEM (Egypt) said that it appeared from the documents before the meeting that Morocco and Tunisia were to be considered as French departments. That was incorrect. Apart from that technical point, he felt very strongly that there could be no justification for assigning the three territories under discussion to the European Region. Since the establishment of a regional office for Africa was contemplated, it would be logical to assign them to that region. In the meantime, particularly in view of the fact that the Special Office for Europe had

mainly administrative functions rather than the true functions of a regional office, it would be advisable to maintain the status quo.

Dr. DOROLLE, Deputy Director-General, referring to the technical point raised by the delegate from Egypt, said that an error had arisen through incorrect translation into English of the letter to the Director-General from the French Ministry of Foreign Affairs. The document in English would be amended. With regard to the proposal that the status quo of Algeria, Tunisia and Morocco should be maintained until the setting up of a regional office for Africa, he said that the Secretariat were anxious that the three territories should be included in one of the regions as soon as possible, in view of the administrative and financial problems which their present situation entailed. Moreover, it should be remembered that the First World Health Assembly had defined the African area as "Africa south of the Sahara".

Dr. HASHEM drew the attention of the sub-committee to Articles 47 and 50 of the Constitution. In both these articles, he said, there was definite emphasis on the fact that countries to be included in a regional area should be situated in that area. The Health Assembly had not assigned the part of North Africa stretching from Libya to the Atlantic to any regional area, but it had the power to make such an assignment at any time and equally it had the power to change the limits which it had set for the African regional area. Under those circumstances there was no justification for assigning these territories to the Special Office for Europe, especially in view of the fact that the health problems arising in Europe were of a different nature from those in North Africa.

Dr. DOROLLE agreed that the territories in question were not included in any of the regional areas as at present defined. The question of which regional organization they should belong to was the responsibility of the Health Assembly, which had to take many different factors into consideration in dealing with the problem. He emphasized the objective attitude of the Secretariat, whose only function was to implement decisions reached by the Health Assembly.

Dr. VAN DEN BERG (Netherlands) said that Article 47 of the Constitution should be discussed in the light of the decisions taken at the Second World Health Assembly. The Egyptian delegate's proposal was clearly out of order in the Legal Sub-Committee and should, he suggested, be withdrawn; it could be raised again elsewhere.

Dr. HASHEM insisted that the objection he had raised was based on legal considerations. He pointed out that in sub-clause 3 (1) of resolution WHA2.103 of the Second World Health Assembly, concerning the rights and obligations of Associate Members and other territories in regional organizations, it was stated that territories or groups of territories in a region might participate in regional committees. In paragraph 2 of the same resolution it was stated that States Members not having their seat of government within the region, which were responsible for the conduct of the international relations of territories or groups of territories within the region, should participate as members of the regional committee.

The above resolution provided specifically for the case of territories which had their seats of government outside the region in which the territories in question were situated. It followed, therefore, that such territories should be attached to the regional committees of the region into which they naturally fell, and not to the region in which their seat of government was situated. Moreover, the cases of Cambodia, Laos, and Viet Nam created a precedent for the temporary assignment of a territory to a region. There was, therefore, no reason why the status quo should not be maintained until the regional office for Africa came into being.

Dr. BOIDÉ (France) considered that the medical and public-health problems of North Africa were very different from those of the rest of Africa. In the South and North Mediterranean areas, on the other hand, problems were similar and medical facilities complementary. There were, moreover, close links between France and the three territories under consideration, in particular an epidemiological committee for the co-ordination of health measures for passengers between France and Algeria, Morocco and Tunisia was already in existence.

Mr. CALLEA (Italy) agreed with the views expressed by the delegate of France and seconded the Chairman's proposal.

In reply to points raised by Dr. HASHEM and Mr. KAHANY (Israel), the CHAIRMAN explained that the resolution as he had worded it meant that the Legal Sub-Committee considered that there was no legal objection to the acceptance of the French Government's request.

Dr. HASHEM stated that in his opinion there was a definite legal objection. He formally proposed that the Legal Sub-Committee, having discussed the

question of the assignment of Algeria, Morocco and Tunisia to a region, should recommend the postponement of any action on the question until the following World Health Assembly.

Mr. CALDERWOOD (United States of America) stated that he would vote against the proposal of the delegate of Egypt, which he considered outside the scope of the Legal Sub-Committee.

*Decision:* The proposal of the delegate of Egypt was rejected by 8 votes to 3, with 2 abstentions.

Dr. BOIDÉ suggested that in the draft resolution proposed by the Chairman the words "the French departments of" be inserted before "Algeria".

Mr. CALDERWOOD requested confirmation that the adoption of this resolution would mean that the Legal Sub-Committee found no legal objections to the

assignment of the three territories concerned to the European Region.

The CHAIRMAN expressed agreement.

*Decision:* The resolution, with the amendment proposed by the delegate of France, was adopted by 8 votes to 3, with 2 abstentions (see second report, section 3).

#### 4. Adoption of Draft First Report of the Sub-Committee

The CHAIRMAN put to the vote the draft first report of the Legal Sub-Committee.

*Decision:* There being no objection, the report was adopted (for text, see page 363).

*The meeting rose at 4.15 p.m.*

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### THIRD MEETING

*Thursday, 17 May 1951, at 10 a.m.*

*Chairman:* M. L. A. D. GEERAERTS (Belgium)

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#### 1. Adoption of Draft Second Report of the Sub-Committee

The report was adopted without comment (for text, see page 364).

#### 2. Host Agreement with the Government of Egypt

Agenda, 6.3.4

Mr. KAHANY (Israel) said that, as he understood the documents before the meeting (see annex 7), the Health Assembly was called upon to approve first, a modified agreement between WHO and the Egyptian Government (although it had not yet been ratified by the Egyptian Parliament), and secondly, the draft of a proposed exchange of notes on the interpretation and application of the agreement. It was for the Legal Sub-Committee to express its opinion.

He regretted that, although the documents appeared to have been prepared some months previously, they had not been submitted to Member Governments before the Health Assembly in order to give them

time to study the complex legal aspects and the important questions of principle involved, and instruct their delegates accordingly.

The particular point he wished to raise concerned reservation 5 in the draft note from the Egyptian Government to the Director-General of WHO (appended to annex 7). Such a reservation was fundamental and, if approved by the Health Assembly, would make the whole functioning of WHO and the Regional Office for the Eastern Mediterranean depend on the relations between the Government of Egypt and governments of other Member States. Only nationals of countries with which the Egyptian Government had "normal" relations would be able to participate in the work of the Regional Office in Alexandria. The Egyptian Government interpreted the reservation in question as a simple application of section 31 of the draft agreement. But section 31 was a normal security clause such as appeared in all the agreements already concluded between WHO and host countries; whereas reservation 5 was entirely contrary to the spirit of section 31 and would moreover

render automatically inoperative section 27 (1) which, based on Article 105 of the United Nations Charter, stipulated "whatever may be the relations between Egypt and the Member concerned".

If therefore WHO "took note", which was tantamount to approval, of the Egyptian Government's fifth reservation, it would violate the United Nations Charter and create a dangerous precedent.

Instancing potential situations which would result from the application of such a reservation, and parallel cases where intergovernmental politics had not been allowed to interfere with United Nations work, Mr. Kahany referred to the Rules of Procedure of the World Meteorological Organization recently established in Paris, Rule 15 of which stipulated that a proposal to hold any meeting elsewhere than at headquarters could be considered only if the proposed host country had ratified the Convention on the Privileges and Immunities of the Specialized Agencies and given an assurance that all delegates, representatives etc. should enjoy those privileges and immunities.

Speaking objectively, as a delegate to the Health Assembly called upon to examine the legal aspects of a reserve put forward by a Member State, Mr. Kahany suggested that in cases where, for political or security reasons, a State did not wish to have a United Nations commission on its territory it was at liberty to decline the honour. But it was inconceivable for a State which had accepted that honour, with its accompanying advantages, more than two years ago, to formulate reservations whose application would paralyse United Nations activity and which were in patent opposition to the obligations and duties of every Member of the United Nations.

Before submitting a concrete proposal he would like to hear the views of the government concerned, of the members of the committee and of the Chairman.

Asked by the CHAIRMAN to explain the background to the situation, M. ZARB, Secretary, said that the proposed agreement between the Egyptian Government and WHO, which had been unanimously approved by the Third World Health Assembly on 19 May 1950 (resolution WHA3.83), was similar to that signed between WHO and the Government of India and similar in content if not in form to that concluded between WHO and the Government of Switzerland. Because it was understood on good authority that the Egyptian Government had approved the agreement, subject to minor modifications, the Third World Health Assembly had approved not only the agreement but also an exchange of notes concerning the application of certain of its provisions. The

notes were to include two points which appeared in paragraphs 3 and 4 of the notes now before the Health Assembly.

Following the decision of the Third World Health Assembly the Director-General had requested his representative in Egypt, the Director of the Regional Office for the Eastern Mediterranean, to take the necessary steps to regularize the agreement since all parties seemed to have reached understanding. In point of fact that was not the case, as the Regional Director had been informed that the Egyptian authorities, after examining the text at an inter-ministerial meeting, were requesting a number of fairly substantial alterations for which they desired the approval of WHO.

These were briefly as follows :

Article IV, section 6, paragraph (2)—permitting the Egyptian Government to expropriate property belonging to WHO ;

Article IV, section 8—restricting the free disposal of funds to be used by WHO ;

Article IV, section 11—submitting WHO to indirect taxation ;

Article VI, section 15 (c), and Article VII, section 20—restricting the use of diplomatic bag by representatives of Member States and WHO experts.

Article VII, section 22—stipulating that WHO employees based in Egypt, in order to enjoy the usual privileges granted to such employees, would have to appear on a list previously approved by the Egyptian Government ;

Article IX, section 27—making reservations on the admission into Egyptian territory of persons potentially dangerous to the security of the Egyptian Government.

In view of the above modifications, which affected the fundamental principles of the agreement approved by the Health Assembly, the Director-General had thought it necessary to inform the Egyptian Government of his own point of view and had indicated that he considered the modifications serious and likely to threaten the liberty of action of WHO in Egypt.

In view of the imminence of the seventh session of the Executive Board, which had to prepare the agenda for the Fourth World Health Assembly, the Director-General, accompanied by the Chief of the Legal Office of WHO, had gone to Egypt and negotiated with the representatives of the Egyptian Government on December 19 and 20. The negotiations, which had been carried out in a spirit of mutual comprehension,

had resulted in the Egyptian Government's agreeing to withdraw all basic modifications and to retain only certain modifications in form, of which the most important was the replacement of certain provisions in the Agreement between the Egyptian Government and WHO by corresponding provisions in the Agreement between the Swiss Government and WHO, the latter being more explicit. Since the agreement with the Swiss Government had been approved by the First World Health Assembly<sup>3</sup> the Director-General had raised no objection to the change.

The Egyptian Government had also requested that the text of the agreement should be accompanied by an exchange of notes covering five points. The Director-General had considered that the first four points would no doubt be acceptable to the Health Assembly. With regard to the fifth point, however—the one raised by the delegate of Israel—he had pointed out that he could only ask the Health Assembly to take note of it, as such a reservation might restrict the rights of free assembly.

The Egyptian Government had reserved the right of its Parliament to approve the agreement concluded, and the Director-General had formally reserved the same right for the World Health Assembly.

The CHAIRMAN, thanking the Secretary, said that it seemed from his explanation that the text of the agreement submitted to the Health Assembly was basically in conformity with earlier agreements concluded with other States. The negotiations with the Egyptian Government appeared to have disposed of the basic objections.

With regard to reservation 5, since it was a recognized and incontestable principle of international law that each State was entitled to take whatever measures it considered necessary to safeguard its national security, and since that principle was included in the text of the agreement, he wondered whether the delegate of Egypt still considered the reservation indispensable.

In reply to a question by Mr. JOLL (United Kingdom) the SECRETARY said that the amended agreement and notes to be exchanged had not been before the Executive Board.

Sir Dhiren MITRA (India) said that reservation 5 seemed to be a repetition of section 31 of the agreement, and therefore superfluous. Nevertheless, the opening phrase was confusing. Since the whole of the agreement was subject to section 31, then if section 31 operated, paragraph 5 of the note should operate notwithstanding all provisions of the agree-

ment including section 27. He could not understand the creation of a new category—nationals of countries whose relations with Egypt were not normal—who were to be treated differently from nationals of countries whose relations with Egypt were normal. If paragraph 5 remained, such people would be placed in an invidious position compared with others, and would be excluded from the benefits of section 27 (2).

Mr. CALDERÓN-PUIG (Mexico) while agreeing with the Chairman that every State had the right to take measures to protect its own security, wondered if the discrimination implicit in paragraph 5 could be avoided by substituting the words "within the framework of its national legislation" for the words "as regards nationals of countries whose relations with Egypt are not normal".

Dr. HASHEM (Egypt), answering the delegates of India and Mexico, said that paragraph 5 did not create a new category of persons. The connexion between the first and second parts of that paragraph was very close, since they both referred to provisions for the security of Egypt.

Referring to the remarks of the delegate of Israel, he thought that, since the sub-committee had upheld the right of any country to defend itself against any foreign threats or danger to its own security, there was no need to go into the question any further.

With regard to paragraph 5, which was only the application of section 27, the Egyptian Government was trying to cover a very special problem which had faced it in recent years, the infiltration of dangerous elements. Other democratic countries as well as Egypt were faced with similar threats and were taking similar precautions.

The delegate of Israel had spoken of the two and a half years during which Egypt had been host country to the Regional Office for the Eastern Mediterranean. During that period no complaints had been received from WHO, an organization which was valued by Egypt, not because of advantages drawn from it, but because of its services to Egypt and to the whole region.

His Government was very happy to have a WHO office on its territory and would lose no opportunity of serving it. Nevertheless, when it came to formulating a long-term agreement, the Egyptian Government had to be very cautious and not to leave any loophole through which the dangerous elements already referred to might infiltrate and carry out their subversive work.

He must, therefore, not only insist on retaining paragraph 5 but must also remind the former

<sup>3</sup> *Off. Rec. World Hlth Org.* 13, 333

speaker that he did so because his Government entered into the agreement with the intention of respecting it and carrying it out both in the letter and in the spirit of the World Health Organization and the United Nations.

The CHAIRMAN asked whether there were any further observations on the terms of the agreement.

Mr. KAHANY asked that the committee should discuss first the exchange of notes and then the text of the agreement.

Mr. CALDERWOOD (United States of America) supported this view.

Dr. HASHEM proposed that the text of the agreement should be discussed first and then the exchange of notes.

The CHAIRMAN put the matter to the vote.

*Decision:* By 6 votes in favour and 5 against, with 3 abstentions, it was agreed to discuss first the exchange of notes and then the text of the agreement.

The CHAIRMAN drew attention to the amendment proposed by the delegate of Mexico to paragraph 5 of the note sent to the Director-General by the Egyptian Government, under which that paragraph would read :

Notwithstanding the provisions of section 27 and in accordance with section 31, the Egyptian Government may take, within the framework of its national legislation, all precautions necessary for the security of the country.

Mr. KAHANY considered that the wording of section 31 was perfectly clear and that no one wished to limit the sovereign right of the Egyptian Government to take any precautions that might be necessary for the security of the country. No addition was therefore necessary to the text. Further, the amendment proposed by the Mexican delegation admitted of too wide an interpretation, whereas the original text stated clearly that precautions might be taken "as regards nationals of countries whose relations with Egypt are not normal". His delegation therefore could not vote for the proposed amendment.

The CHAIRMAN said that on further consideration it seemed to him that there could be no question of voting for one text or another. The matter under consideration was an agreement between the Egyptian government and WHO, and it was not in the competence of one party to the agreement to decide on the wording of a note to be sent by the other at the time of ratification. Since the Egyptian delegate

had already shown why his Government wished to maintain paragraph 5 without change, any vote would have to be taken on the agreement and the exchange of notes together.

M. RUEDI (Switzerland) asked what the rejection of paragraph 5 would entail. The delegate of Egypt had stated that any amendment to the text would prevent his Government from ratifying the agreement, and the Swiss delegation therefore wished to know if the work of WHO would be seriously affected thereby.

In answer to M. Ruedi, the SECRETARY stressed the fact that the Egyptian Government had so far shown a large measure of understanding and had in fact accorded the Organization most of the facilities necessary for the proper functioning of the regional office at Alexandria. However, although the Organization thus enjoyed the most courteous treatment, it would be highly desirable for such treatment to be accorded *de jure* and not only *de facto*.

Mr. KAHANY said that, as a result of the exchange of opinions in the sub-committee, he could put forward a concrete proposal to the effect that there should be included in the resolution to be submitted by the Legal Sub-Committee to the Health Assembly a paragraph on the following lines :

#### The Fourth World Health Assembly

INVITES the Government of Egypt to withdraw the reservation made in paragraph 5 of its note to the Director-General, it being considered that such a reservation is incompatible with the spirit of the agreement.

Dr. HASHEM said that, although the agreement had been signed on behalf of the Egyptian Government, it was still subject to final ratification and was at present before the Chamber of Deputies. Any changes in its provisions would have to pass through the entire constitutional procedure before ratification. His delegation therefore insisted on submitting the agreement as a whole for approval by the Committee on Administration, Finance and Legal Matters. However, the remarks made in the Legal Sub-Committee would be duly conveyed to his Government.

Mr. CALDERÓN-PUIG stated that he did not wish to present a draft amendment, but merely to make a suggestion which might be considered as an attempt at conciliation. However, he reserved the right to express his views later before a vote was taken.

Sir Dhiren MITRA asked whether there was any scope for further negotiation between WHO and the Egyptian Government on paragraph 5.

Dr. HASHEM said that, at the time of the Director-General's visit to Egypt, his Government had met the objections of WHO to many of the provisions that had been suggested for safeguarding the interests of Egypt, and had set aside the proposed amendments with the exception of the few that remained for approval and which were in accordance with the standard provisions of other host agreements. That was as far as Egypt could go. He stressed, however, that the conciliatory attitude of his Government referred to by the Secretary would continue.

Mr. CALDERWOOD drew attention to the fact that the function of the Legal Sub-Committee was to determine whether the text of the agreement was acceptable from the juridical point of view. If the Egyptian Government felt that paragraph 5 was essential, then the Legal Sub-Committee should determine whether it was consistent with section 31. He considered that it added to section 31 and was therefore inconsistent with it.

Mr. CALLEA (Italy) asked whether the Egyptian delegation could accept a recommendation that its Government re-examine paragraph 5.

Mr. JOLL asked whether the effect of paragraph 5 was not to rule out the application of paragraph (2) of section 31 as regards nationals of countries whose relations with Egypt were not normal, since the latter paragraph read :

If the Egyptian Government considers it necessary to apply the first paragraph of this article, it shall approach the World Health Organization as rapidly as circumstances allow in order to determine by mutual agreement the measures necessary to protect the interests of the World Health Organization.

The SECRETARY thought that an answer could best be given to Mr. Joll by considering paragraphs (2) and (3) of section 31 together. Under paragraph 5 of the note, the Egyptian Government merely reserved the right to deny entry to nationals of countries whose relations with Egypt were not normal. Should the Egyptian Government take such a measure in a particular case, paragraph (2) of section 31 would then be implemented. Under paragraph (3), the Organization could not refuse to

collaborate in taking the measures necessary to protect the security of Egypt, since formal provision to that effect already existed in the agreements with Switzerland and India.

Mr. CALDERWOOD considered any specific provisions as regards security unnecessary since the problem was already covered in section 31. He thought that the main problem concerned section 27, where it was stated that the Government of Egypt should grant visas to any applicant on production of a valid passport. Paragraph 5 of the note was inconsistent with that provision since it would exclude nationals of countries whose relations with Egypt were not normal.

The SECRETARY felt that the provisions of paragraph 5 of the note affected mainly section 27, paragraph (1), sub-paragraph (a), and particularly the following provision : "Whatever may be the relations between Egypt and the Member concerned."

Dr. HASHEM thought there was no doubt that, from the juridical point of view, should anything of the nature referred to in section 31 arise, then the application of section 27 would be superseded. He agreed that paragraph 5 did not add a great deal to the general tenor of the agreement ; indeed, it could be argued that it restricted its scope, since it dealt with special circumstances and to some extent restricted the application of all the other provisions. He felt, however, that the contention of the delegate of the United States that paragraph 5 was inconsistent with section 31 was incorrect, since paragraph 5 fell within the meaning of section 31, did not exceed it and, a fortiori, did not violate it.

Egypt was not the only country to take such measures ; other countries had done the same according to the particular threats that faced them.

The SECRETARY did not think there was any real disagreement between the sub-committee and the Government of Egypt. Section 31, the security clause, governed the other provisions of the agreement. In paragraph 5 of its note the Egyptian Government wished to apply, in advance and in the abstract, the provisions of section 31.

Mr. CALLEA said that two views had been expressed : one to the effect that paragraph 5 was superfluous ; the other to the effect that it went beyond the provisions contained in the text of the agreement. Consequently, the delegations of Italy

and India felt that it might be advisable to submit a draft resolution stating:

The Fourth World Health Assembly,

Considering paragraph 5 of the Egyptian Government's draft note to be unsatisfactory,

REQUESTS the Government of Egypt to reconsider the matter.

Mr. JOLL wondered whether the terms of paragraph 5 did not in some measure reduce the full powers of the Egyptian Government as set out in section 31.

(Discussion continued at the next meeting.)

*The meeting rose at 11.50 a.m.*

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## FOURTH MEETING

*Thursday, 17 May 1951, at 3 p.m.*

*Chairman: M. L. A. D. GEERAERTS (Belgium)*

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### 1. Host Agreement with the Government of Egypt (continuation)

Agenda, 6.3.4

M. MASPÉTIOL (France) said that he had listened with great interest to the remarks of the representative of Israel and that he understood the reasons for his criticism of paragraph 5 of the Egyptian Government's draft note. That paragraph did not seem to conform to the general principles of the agreement itself and was of such a nature that it might, in certain cases, make it difficult for the regional office in Egypt to function properly.

In his replies the delegate of Egypt had shown great moderation, but the French delegation was not entirely convinced. He understood perfectly that a State must take measures to ensure its security, but he thought that section 31 of the agreement offered adequate guarantees. It should further be considered whether difficulties might not arise with regard to representatives of Member States, in view of the specific reference to section 27 of the agreement in paragraph 5 of the note.

The Legal Sub-Committee might consider that paragraph 5 was not contrary to legal principles, but that it was contrary to the general spirit of the agreement—and of the specialized agencies and the United Nations itself. He considered that the Government of Egypt should be invited to examine the problem again, taking into account that section 31 was of such a nature as to provide for the security measures which were necessary.

Dr. HASHEM (Egypt) reiterated that it was the belief of his delegation that paragraph 5 did not in any way extend or limit the scope of section 31 of the

agreement. Section 31 reproduced, in fact, a similar provision in the agreement between Switzerland and WHO. It would be impossible to modify the agreement without taking into consideration the constitutional requirements of the Egyptian Government.

The CHAIRMAN asked whether the statement which had been made by the delegate of Egypt was to be considered as the expression of a personal opinion or whether it was a formal declaration on which the Legal Sub-Committee could base further discussion.

Dr. HASHEM said that the statement he had made was a formal declaration setting out the policy of the Egyptian Government in the matter.

Mr. JOLL (United Kingdom) considered that the declaration made by the delegate of Egypt clarified the position considerably and that no further action need now be taken by the Legal Sub-Committee.

M. RUEDI (Switzerland) agreed with the delegate of the United Kingdom that there was no further legal question to be discussed, and in consequence the Legal Sub-Committee was not required to give an opinion; the matter should be referred back to the Committee on Administration, Finance and Legal Matters.

Sir Dhiren MITRA (India) suggested that the declaration of the delegate of Egypt might be additionally clarified if it could be amended to read: "that paragraph 5 of the note did not in any way extend or limit the scope of section 31 of the agreement or any other provision of the agreement".

Dr. HASHEM accepted the amendment to his declaration proposed by the delegate of India.

Mr. CALDERWOOD (United States of America) said that he interpreted the statement of the delegate of Egypt as meaning that the Government of Egypt would invoke the clause contained in paragraph 5 of the note only in conformity with the general provisions of section 31 of the agreement. He asked whether that was a correct interpretation.

Mr. HASHEM said that it was difficult to determine what the legal interpretation in different cases might be, but he agreed that the interpretation of the delegate of the United States was correct as far as the question under consideration was concerned.

Mr. KAHANY (Israel) considered that, in the light of the declaration made by the delegate of Egypt, the reservation mentioned in paragraph 5 of the note was unnecessary, since it expressed nothing which was not already contained in section 31 of the agreement.

The CHAIRMAN said that, since the delegate of Egypt had accepted the interpretation of his declaration made by the delegate of the United States, from a purely legal point of view, one might say that paragraph 5 of the note had no real value; but it must be remembered that the text of the agreement before the Legal Sub-Committee and the text of the accompanying notes had already been approved and signed by the Egyptian Government. The slightest amendment to those texts would, it seemed, mean the setting in motion by the Government of Egypt of its constitutional procedure, and that might take a considerable time. It might mean that the re-examination of the question would have to be deferred until the following year. It should be considered that paragraph 5, if maintained, would only have the character of a purely verbal clause which would give satisfaction to the Egyptian Government, on constitutional grounds, but which as formulated would only emphasize the real import of the other provisions. The Legal Sub-Committee had noted, as indicated by the delegate of France, that the point was not of a strictly legal character but, on the other hand, the clause itself was not illegal. The role of the Legal Sub-Committee was to guide the Committee on Administration, Finance and Legal Matters and possibly the Health Assembly. Under those circumstances, and on the basis of the declaration made by the delegate of Egypt, the Legal Sub-Committee might draw up a draft resolution for the consideration of the Committee on Administration, Finance and Legal Matters. He invited the delegates of France, India, and the United States

of America to form a working party to prepare the draft resolution, and proposed an adjournment for the purpose.

*It was so agreed.*

*The meeting was suspended at 3.25 p.m. and resumed at 3.45 p.m.*

The CHAIRMAN read to the sub-committee the note and draft resolution proposed by the delegates of France, India, and the United States of America :

Taking into account the declaration made by the delegate of Egypt in the name of his Government, and in view of this declaration and the clarifications resulting from the discussion which followed it, the Legal Sub-Committee recommends the adoption of the Agreement between the World Health Organization and the Government of Egypt, completed by the exchange of letters which is to take place regarding this agreement.

To this end, the Committee on Administration, Finance and Legal Matters submits to the Fourth World Health Assembly the following draft resolution :

#### The Fourth World Health Assembly

TAKES COGNIZANCE of the declaration made by the Egyptian delegation in the name of its Government, under the terms of which paragraph 5 of the notes exchanged neither extends nor restricts the scope of section 31 of Article X of the Agreement or of any other provision thereof ;

APPROVES the Agreement, completed by the notes to be exchanged ;

AUTHORIZES the Director-General to undertake the necessary formalities and in particular the said exchange of notes accompanied by a formal communication of this resolution.

M. ZARB, Secretary, explained that, if the proposed recommendation were adopted, it would be included in the text of the draft third report of the Legal Sub-Committee to the Committee on Administration, Finance and Legal Matters and that, when the adoption of this draft report was being discussed, the Legal Sub-Committee could revise and improve the recommendation if it so wished.

Mr. KAHANY did not consider that the proposed wording was clear. He insisted that in his Government's opinion a reservation such as that contained in paragraph 5 of the note was compatible neither with the agreement in question nor with the United Nations Charter. To say in the resolution that the above reservation neither extended nor limited the

scope of section 31 of the agreement was merely to support the point of view of the Egyptian delegate, and did not take into account the views expressed in the Legal Sub-Committee. It was, therefore, impossible for his delegation to accept the text of the resolution as it stood, unless a different interpretation were placed on it.

The CHAIRMAN realized that paragraph 5 might be interpreted in various different ways. He felt, however, that the formal declaration made by the Egyptian delegation made it clear that paragraph 5 merely reiterated a principle which was already expressed in the agreement itself. Such a reiteration might be pointless from the legal point of view, but the sub-committee must remember that any alteration in the wording of the documents submitted to it might greatly delay the completion of an agreement between the World Health Organization and the Egyptian Government.

The sub-committee had endeavoured to conciliate the opposing points of view and had reached a compromise which should satisfy a large majority of the delegates. The time had now come to put the working party's recommendations to the vote. The final decision would then rest with the Health Assembly.

Mr. KAHANY reminded the meeting that he had himself submitted a draft resolution which he would now propose as an amendment or addition to the text put forward by the working party. The amendment read as follows :

The Fourth World Health Assembly

INVITES the Government of Egypt to withdraw paragraph 5 of its note, the reservation in question being unacceptable from the legal point of view.

He observed, incidentally, that the introductory sentence of the working party's text referred only to the discussion which had followed the declaration made by the delegate of Egypt. He felt that the discussion which took place before the declaration should also be mentioned, so that the entire exchange of views between the delegates should be taken into consideration. The minutes of the meeting might, as an exceptional measure, be attached to the Legal Sub-Committee's report.

The CHAIRMAN pointed out that any delegate could refer to the minutes for the record of the sub-committee's discussions.

The SECRETARY added that the minutes of the meetings were automatically distributed to all delegations. It was not normal to attach them to a report.

The CHAIRMAN remarked that the proposal put forward by the delegate of Israel must be considered to be an independent proposal, and not an amendment to the working party's draft resolution, which it opposed. He added that the wording submitted by the delegate of Israel at the third meeting was different from the one he had just read. The former had concluded with the words "incompatible with the spirit of the agreement". He requested the delegate from Israel to say which wording he wished to retain.

Mr. KAHANY replied that he had modified his original text. He preferred the second wording ("unacceptable from the legal point of view").

The CHAIRMAN put to the vote the proposal by the delegate of Israel.

*Decision:* The proposal of the delegation of Israel was rejected by 7 votes to 1, with 3 abstentions.

The CHAIRMAN put to the vote the draft resolution drawn up by the working party.

*Decision:* The draft resolution put forward by the working party was adopted by 7 votes to 1, with 3 abstentions.

The SECRETARY mentioned that the French text would be subject to certain minor drafting amendments. The amended version would be circulated.

(For resumption of discussion, see section 5 of this meeting.)

## 2. Permanent Secretariat for the International Pharmacopoeia: Assumption of Functions by WHO in application of Article 72 of the Constitution

Agenda, 5.7

The SECRETARY explained that under Article 35 of the Agreement revising the Agreement respecting the Unification of Pharmacopoeial Formulas for Potent Drugs, signed at Brussels on 20 August 1929, the Belgian Government had asked the Belgian Pharmacopoeia Commission to carry out the functions of the permanent International Pharmacopoeia Secretariat. This arrangement, which had been made as a temporary measure in 1930, had continued until 1 January 1951. On that date the World Health Organization, which included a Pharmaceutical Section, had taken over the functions of the permanent Secretariat from the Belgian Pharmacopoeia Commission. The transfer involved no additional financial obligation and raised no legal difficulty.

The CHAIRMAN added that it was merely a question of regularizing a de facto situation in accordance with Article 72 of the Constitution of the World Health Organization.

*Decision:* On the Chairman's proposal, the sub-committee agreed to recommend the adoption of the draft resolution set out in Part II, section 1, of its third report.

### 3. Adoption of Amended Regulations for Expert Advisory Panels and Committees

Agenda, 5.14

The CHAIRMAN, speaking as a member of the Belgian delegation, raised certain points with regard to the wording of the draft Regulations for Expert Advisory Panels and Committees : <sup>4</sup>

(1) Under paragraph 1.2 of the draft regulations, there appeared to be no obligation on members of expert advisory panels to attend any meetings which might be convened. He requested an explanation concerning this point.

(2) He suggested that the wording of paragraph 9.5 would be clearer in the French version if the words "ipso facto" were inserted after the words "ne confère pas".

(3) He noted that, under paragraph 13.2, experts on joint committees and sub-committees were "appointed by the Organization". It appeared unnecessary to state this in view of the fact that all members of expert advisory panels and committees were to be appointed by the Director-General under paragraph 4.

Dr. BIRAUD, Director, Division of Epidemiological Services, replied as follows to the Chairman's comments :

(1) With regard to paragraph 1.2, no member of an expert advisory panel had so far refused his collaboration except for reasons of illness. He felt, therefore, that there was no practical objection to the wording of that paragraph remaining as it was.

(2) Paragraph 9.5 had been inserted because in practice the field covered by a sub-committee was

<sup>4</sup> *Off. Rec. World Hlth Org.* 29, annex 9, as amended by resolution EB7.R82. Since adopting that resolution the Executive Board had further proposed that Regulation 15 read as follows :

These regulations shall apply as from the date of their approval by the World Health Assembly and replace the former regulations and provisional appointment regulations for expert committees and their sub-committees.

sometimes quite different from that of the main committee.

(3) The word "Organization" had been used in paragraph 13.2 to distinguish the World Health Organization from the "other organizations" referred to in paragraph 13.1.

The SECRETARY, referring to point (2), drew attention to the fact that the words "in itself" were included in the English text of paragraph 9.5. The French text would be adjusted accordingly.

The CHAIRMAN thanked Dr. Biraud for his explanations.

*Decision:* On the proposal of the Chairman, the sub-committee agreed to recommend the adoption of the draft resolution reproduced in Part II, section 2, of its third report.

### 4. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

Agenda, 5.22

In reply to a question by the CHAIRMAN, the SECRETARY explained that the draft resolution on item 5.22 of the agenda had been placed before the Legal Sub-Committee for consideration because the extension of an existing agreement did in fact constitute a legal act. All the sub-committee had to say was whether the act was in order from the legal point of view.

The CHAIRMAN observed that there was obviously no legal difficulty involved. He proposed a draft resolution.

*Decision:* The draft resolution was approved (for text, see third report, part II, section 3).

### 5. Host Agreement with the Government of Egypt (resumption of discussion)

Agenda, 6.3.4

Mr. KAHANY asked whether, in the preamble to the Legal Sub-Committee's recommendation, reference could not be made to the whole discussion on the host agreement with the Government of Egypt, instead of merely to the discussion which followed the Egyptian delegate's declaration. Many points of importance had been mentioned before the declaration in question.

Mr. CALDERWOOD did not agree that statements made before the Egyptian declaration should have the same weight as those made after.

The SECRETARY mentioned that reports of committees were normally drafted in a very concise form. He suggested that the words "the discussion which took place on this question" should be used instead of the words "the discussion which followed it".

The CHAIRMAN pointed out that the sub-committee was concerned with a rather special case. He suggested the following wording:

Considering the exchange of views which has taken place, and taking into account the declara-

tion made by the Government of Egypt in order to make clear its personal interpretation and the conclusions which may be drawn from it, the Legal Sub-Committee considers that it can submit the following proposal to the Assembly.

He asked the United States delegate if he had any objection to the above wording.

Mr. CALDERWOOD withdrew his objection in the light of the Chairman's explanation.

*The meeting rose at 5 p.m.*

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## FIFTH MEETING

*Friday, 18 May 1951, at 10 a.m.*

*Chairman: Mr. CALDERÓN-PUIG (Mexico)*

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### 1. Adoption of Draft Third Report of the Sub-Committee

Dr. CLARK (Union of South Africa), on behalf of the Rapporteur, read the draft third report of the sub-committee (for text as amended, see page 365).

A number of drafting amendments to Part I of the report were proposed by Mr. CALDERWOOD (United States of America) and Dr. HASHEM (Egypt), who pointed out some discrepancies between the text of the report and the decision taken at the previous meeting, and between the French and English texts. The amendments were adopted unanimously.

Mr. KAHANY (Israel) felt that the report implied a unanimity which had not existed and proposed the addition either of details of the voting or of a clause drawing the attention of the Committee on Administration, Finance and Legal Matters to the minutes of the third and fourth meetings of the Legal Sub-Committee.

Dr. HASHEM objected to the additional clause proposed by the delegate of Israel and questioned whether it was in order to include such observations in the report of a sub-committee.

Mr. ZARB, Secretary, explained that every committee or sub-committee had the right to submit its report in whatever form it wished, although it was

not usual to include a reference to the minutes of a discussion.

Asked by the CHAIRMAN whether he still had any formal objection, Dr. HASHEM said that in his experience it was generally sufficient to record that a certain member of the committee was unable to accept the proposed resolution; he quoted recent examples. A decision, once taken, should be recorded without qualification. He therefore proposed that the normal procedure be followed.

The CHAIRMAN said that in the course of its work the sub-committee had already included minority views in its reports. Since, however, there were two opposing views on the suggestion of the delegate of Israel, did the committee wish to take a vote?

The SECRETARY said that committees had, on occasion, where dissenting views were expressed by a large minority, included the minority opinion in the report; where, however, there was a small minority (as in the case of the admission of Germany and Spain to membership of WHO) the contrary views of a member were reported only if the member so requested. That was customary but not a rule.

Dr. HASHEM reiterated his proposal and expressed strong objection to including in the report any reference to the previous day's discussion or drawing the attention of delegates to the minutes.

Mr. KAHANY said that he had spoken in the first place because the sub-committee's draft report did not make it clear that the voting had been 7 for and 1 against, with 3 abstentions. It seemed to him quite legitimate to inform delegates in what document they would find a summary of the discussion.

M. MASPÉTIOL (France) felt that, despite appearances, there was not much conflict between the views of the delegates of Israel and of Egypt. It should be possible to reach agreement.

M. RUEDI (Switzerland) proposed the insertion of a footnote, after the words "the discussion which followed", giving the reference number of the minutes.

Mr. KAHANY expressed his acceptance of the Swiss proposal and, in order not to prolong the discussion any further, proposed a vote.

Dr. HASHEM said that the customary type of report of the Legal Sub-Committee had hitherto been found quite adequate and he could see no reason for departing from precedent.

Mr. JOLL (United Kingdom) proposed inserting the reference number of the minutes in question after the words "representative of Egypt" in the first line.

This was accepted by the delegate of Egypt, but Mr. KAHANY felt that it would seem to minimize the importance of the rest of the discussion, and insisted on his own proposal.

M. RUEDI did not think that the delegate of Egypt would oppose a reference in the report to the minutes containing his statements and those of other delegations.

Mr. KAHANY said that the declaration of the delegate of Egypt already figured in the report; reference should be made to what was not in the report.

Mr. JOLL withdrew his proposal.

Dr. HASHEM proposed that the reference numbers of the minutes should be added to the list of documents in the title to the section.

Mr. KAHANY accepted this proposal.

There was no discussion on Part II of the report.

*Decision:* The whole report, as amended, was adopted by 14 votes to none, with 3 abstentions. (For text, see page 365.)

*The meeting rose at 11.10 a.m.*

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## SIXTH MEETING

*Wednesday, 23 May 1951, at 4.15 p.m.*

*Chairman:* M. L. A. D. GEERAERTS (Belgium)

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### 1. Emergency Action by the Economic and Social Council and Specialized Agencies to assist in the Maintenance of International Peace and Security

Agenda 5.23

M. ZARB, Secretary, speaking at the invitation of the CHAIRMAN, said that representatives were familiar with resolution 377 (V) of the General Assembly of the United Nations, "Uniting for Peace", and with resolution 363 (XII) of the Economic and Social

Council concerning measures for its implementation (see annex 11).

Recently, at the eleventh session of the Administrative Committee on Co-ordination, the consultations requested in the resolution of the Economic and Social Council had taken place, and it had been agreed that the heads of the specialized agencies should recommend appropriate action to their respective agencies, such action, according to the individual structure and practice of each agency,

to take the form either of the amendment of its agreement with the United Nations or of the adoption of a resolution by the appropriate organ. He read the relevant paragraphs of the report of the Administrative Committee on Co-ordination.<sup>5</sup>

The CHAIRMAN said that discussion would be based on the draft resolution submitted to the Committee on Administration, Finance and Legal Matters at its thirteenth meeting, as amended by the United States delegation. In his opinion, that draft resolution would not involve any pledge beyond those undertaken by the World Health Organization under Article VII of the Agreement between the United Nations and the World Health Organization.<sup>6</sup>

Sir Dhiren MITRA (India) was anxious for some information on the course of discussion in the Economic and Social Council. He wished to know how his country had voted and what the instructions of the Government of India had been.

Mr. LETHBRIDGE (United Nations Administrative and Financial Services) regretted that no one present had been at the twelfth session of the Council in Santiago and there was, therefore, no means of knowing the voting, for lack of documents. If desired, it would be possible to inquire in New York.

The CHAIRMAN thought that such a procedure would be unduly slow.

The DIRECTOR-GENERAL said that representatives of the World Health Organization who had been at Santiago, though not certain, believed that the delegation of India had abstained from voting.

Mr. BOUCHER (United Kingdom) stated that the United Kingdom delegation had considered the draft resolution and come to the conclusion that it must be interpreted as meaning that the Organization bound itself, within the limits of the budget, to comply with the recommendation made by the General Assembly of the United Nations. If so, the United Kingdom could not vote for it, not from lack of sympathy, but because the General Assembly had no inherent right to do more than recommend. Even the Security Council and, a fortiori, the General Assembly and specialized agencies could not pledge themselves to greater obligations than were provided

for under the Charter. The Director-General and the Executive Board had powers to deal with emergency requests and could be trusted to do so wisely.

The CHAIRMAN reiterated his view that the draft resolution before the meeting, which was rather a form of declaration than an acceptance of further obligations, did not go beyond the terms of Article VII of the agreement with the United Nations. Other specialized agencies had agreed to take action to the same effect and he thought it unlikely that the World Health Organization would alone wish to refrain. He suggested that the Legal Sub-Committee should inform the Committee on Administration, Finance and Legal Matters that the draft resolution under discussion involved no further obligations than those already assumed under Article VII and that there was no objection to its adoption, subject to examination by the Executive Board of the conditions in which it would operate.

Sir Dhiren MITRA referred to the last paragraph of the letter from the Director-General of the World Health Organization to the Secretary-General of the United Nations (see annex 11). It was enough that the meeting should confirm the Director-General's view. Any further action might be taken by the Executive Board.

Dr. VAN DEN BERG (Netherlands) considered that there was only one vital point at issue—whether the provisions of the draft resolution went further than those in the Agreement between the United Nations and the World Health Organization. So far as he could see, WHO was bound to take action at the request of the Security Council, the Economic and Social Council or the Trusteeship Council, but not at that of the General Assembly.

The DIRECTOR-GENERAL stated that it had nevertheless been the general policy of specialized agencies to co-operate with the United Nations in every way constitutionally possible.

On the point raised by the delegation of India, he would say that his letter was sent in terms legally approved. The agreement was permissive, but the question was now one of solidarity. The matter had been discussed at length in the Administrative Committee on Co-ordination, which had recognized that what was needed was a declaration of solidarity on the part of specialized agencies, expressing readiness to support the General Assembly of the United Nations within their fields of special competence. Thus the United Nations could call on WHO where health matters were concerned. In Korea, the Organization had answered the appeal of the

<sup>5</sup> UN document E/1991, paragraphs 11 to 18

<sup>6</sup> This reads: "The World Health Organization agrees to co-operate with the [Security] Council in furnishing such information and rendering such assistance for the maintenance or restoration of international peace and security as the Security Council may request."

Security Council. The Organization was simply asked to agree that a request for help from the General Assembly would meet with the same consideration. It should be noted that the World Health Organization would furnish such information or emergency assistance "in accordance with constitutional and budgetary provisions", not, as some appeared to think, within "budgetary limitations".

Mr. CALDERWOOD (United States of America) said that the Director-General had clarified several important points. He wished, however, to remind the sub-committee that the United States delegation had submitted a draft amendment to Article VII of the Agreement between the United Nations and WHO, to give effect to resolution 377 (V) adopted by the General Assembly the previous year, since that seemed the logical procedure. In view of the recommendations of the Administrative Committee on Co-ordination, his delegation was prepared not to press for this amendment. However, what the Economic and Social Council wanted was something more than a letter from the Directors-General of specialized agencies; it wished for a statement, a resolution, or some action by the basic organs of specialized agencies, agreeing to respond to a request from the General Assembly and showing their solidarity in any effort to maintain peace and security. The Director-General's letter made it clear that the World Health Organization could provide assistance, but that it was not required to do so as it was if the request was made in accordance with Article VII. That provision had been written into the agreement when the Security Council was the only United Nations organ with a right to request assistance. The voting at the meeting of the General Assembly which had approved the provision conferring a similar right on the General Assembly, had shown an overwhelming majority in its favour of 52 to 5, with 2 abstentions. The delegations which had voted against it were those of Czechoslovakia, Poland, the USSR, the Ukrainian SSR and the Byelorussian SSR. The abstentions had been those of the delegations of the Argentine and India.

Were the Security Council's efforts to preserve peace fruitless, the General Assembly could take action. The World Health Organization was pledged to respond to any appeal from the Security Council and should likewise respond to a request from the General Assembly to co-operate with the United Nations in its efforts to maintain peace. Like the Chairman, the United States delegation held that the draft resolution did not go beyond the terms of Article VII, and it was very important that the Fourth

World Health Assembly should indicate its readiness to co-operate with the United Nations in its endeavours. There was no constitutional objection. On the legal side, the question seemed merely to be which organ of the United Nations might make a request which would require action on the part of the World Health Organization.

Mrs. BIEMOND (Indonesia) regarded the matter as one of urgency. Though not sure of the extent to which the draft resolution was binding, she thought it was important to give the United Nations a token of WHO's solidarity. A practical solution would be to give provisional acceptance of the resolution and request the Executive Board to consider and report on its terms to the Fifth World Health Assembly.

Mr. CALDERÓN-PUIG (Mexico) thought that the Legal Sub-Committee should keep strictly to its terms of reference, namely, deciding whether the draft resolution before it was admissible from the legal point of view. The delegation of Mexico, after studying those articles of the WHO Constitution mentioned in the draft resolution and the letter from the Secretary of the Economic and Social Council to the Director-General of the World Health Organization (see annex 11), had come to the conclusion that nothing in the draft conflicted with the Constitution. Since both the resolution of the Economic and Social Council and that before the meeting specified that any action taken would be in accordance with constitutional and budgetary provisions, the delegation of Mexico would support the draft resolution.

The amendment proposed to Article VII by the delegation of the United States, in order to bring the article into line with resolution 377 (V) of the United Nations General Assembly, would allay the fears of those who thought the article might conflict with the draft resolution. If the delegation of the United States upheld its amendment, it would have the support of the delegation of Mexico. The work of specialized agencies should be co-ordinated with that of the United Nations and Member States should adopt the same policies as the United Nations itself.

Dr. VAN DEN BERG stressed the fact that the primary concern of the Legal Sub-Committee was the legal position. Its function was to advise. Nothing in the Constitution of the Organization precluded taking the action requested, but nothing bound the Organization to take action. It was desirable that the draft resolution should be referred back to the Committee on Administration, Finance and Legal Matters for consideration of the non-legal points.

Mr. MASON (New Zealand) agreed with the two previous speakers that the sub-committee need only consider the legal grounds for acceptance or rejection of the draft resolution. Article 2 (b) of the Constitution of WHO provided that the functions of the Organization should be :

to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.

One of the functions of the Health Assembly, laid down in Article 18 (i) of the Constitution, was :

to consider recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council or Trusteeship Council of the United Nations, and to report to them on the steps taken by the Organization to give effect to such recommendations.

By Article 28 (i) of the Constitution, the Executive Board was authorized :

to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

In view of those provisions, the delegation of New Zealand agreed with the Chairman that the draft resolution, which it would support, amounted to no more than a confirmatory statement of the powers of the Organization.

Sir Dhiren MITRA considered that the draft resolution went beyond goodwill. It had political implications which would involve consultation with governments.

Various legal points arose. The penultimate clause read :

DECLARES that the World Health Organization on request of the General Assembly will co-operate with the United Nations in the maintenance of international peace and security and upon the request of the United Nations will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions.

Why should the reference be to the General Assembly rather than to the United Nations? Article IV, paragraph 3, of the Agreement between the United Nations and WHO read :

The World Health Organization affirms its intention of co-operating in whatever further measures may be necessary to make co-ordination of the activities of specialized agencies and those of the United Nations fully effective. In particular, it agrees to participate in and to co-operate with any body or bodies which the Council may establish for the purpose of facilitating such co-ordination and to furnish such information as may be required for the carrying-out of this purpose.

The words "General Assembly" in the draft resolution were open to objection since, under Article VII as it stood, it was the Security Council which might request. From the legal point of view, "United Nations" would be less controversial.

Turning to the preamble, he noted that one of the amendments proposed by the United States delegation at the thirteenth meeting of the Committee on Administration, Finance and Legal Matters was the insertion of a further clause referring to resolution 377 (V) of the United Nations General Assembly. He could not accept that amendment, firstly because, full details of the discussion leading to the adoption of the General Assembly resolution not being available, he could not tell what the attitude of India had been, and secondly because the draft resolution now under consideration had been proposed in response to resolution 363 (XII) of the Economic and Social Council and there seemed no reason for going a stage further back and referring to the decision which in turn had led to the adoption of that resolution.

Another amendment proposed by the United States delegation was to replace "Article IV" in the fourth clause by "Articles IV and VII". If the matter of emergency assistance was as urgent as some maintained, then the resolution as originally proposed, with the change he had suggested in the last clause but one, would be sufficient, but the inclusion of a reference to Article VII of the Agreement between the United Nations and WHO was a highly controversial point which could be considered only in relation to the United States proposal to amend that article. If, then, any action was to be taken, the Health Assembly should confine itself to making a declaration as in the original draft resolution, and refer the question of the proposed amendment to Article VII of the agreement to the Executive Board. At the same time it should be made

clear, as the delegate of Indonesia had suggested, that the declaration was made pending the examination of the whole question by the Executive Board. That might be done by inserting, after the word "DECLARES" in the last clause but one, the words: "pending examination of the question by the Executive Board and subject to its report". Furthermore, the Committee on Administration, Finance and Legal Matters should be advised that there was no urgency about such an examination since, as he had said, a declaration in the terms of the resolution sufficed for the moment as an emergency response to an emergency request.

Mr. CALLEA (Italy) thought the sub-committee was exceeding its terms of reference, as laid down by the Committee on Administration, Finance and Legal Matters, which were to consider whether or not the draft resolution was acceptable from the legal point of view. Any amendment would be better left to the main committee itself. Since there appeared to be no legal objections, he proposed terminating the discussion.

The CHAIRMAN emphasized that, from the legal point of view, the discussions had shown that the draft resolution did not present any difficulties. He thought it was not the role of the Legal Sub-Committee to consider the amendments proposed during the discussion in the Committee on Administration, Finance and Legal Matters or modifications to the Agreement between the United Nations and the World Health Organization. Nevertheless, it seemed to him that the majority of members of the Legal Sub-Committee wished the lines of the resolution to be clearly defined. In order to give effect to this wish, the sub-committee could complete the original draft resolution by a provision on the following lines:

REQUESTS the Executive Board to keep under examination the requirements of this resolution and to report thereon to the Fifth World Health Assembly.

In its report the sub-committee might then say simply that it saw no legal objection to the draft resolution, and that if it had exceeded its terms of reference in proposing an additional clause it had done so because it considered that such a suggestion would be useful.

Mr. CALDERWOOD said that he could accept the Chairman's proposals with one slight addition. The report should say that the sub-committee saw no legal objection to the resolution, with or without the United States amendments.

Dr. VAN DEN BERG suggested that the problem of whether the sub-committee was exceeding its terms of reference could be avoided by stating simply that if the Committee on Administration, Finance and Legal Matters wished to add a clause on the lines suggested by the Chairman, then the sub-committee saw no objection. The sub-committee would not then be proposing the addition.

Sir Dhiren MITRA regretted that he could not accept the Chairman's proposals, as he saw legal objections both to the United States amendments to the draft resolution and to the words "General Assembly" in the penultimate clause.

Asked by the Chairman whether he still wished to replace the words "General Assembly" by "United Nations", he said that he would go further than that, and delete the words: "on request of the General Assembly", so that the clause would read: "DECLARES that the World Health Organization will co-operate with the United Nations in the maintenance...", which would be entirely non-controversial.

Mr. CALDERWOOD objected to the deletion on the grounds that it was not made for truly legal reasons and would detract from the purpose of the draft resolution.

The SECRETARY recalled that Article 7 of the United Nations Charter enumerated the organs which were part of the United Nations, so that if reference were made simply to "the United Nations" it could mean any one of those organs. The letter, dated 23 March 1951, received by the Director-General of the World Health Organization from the Secretary of the Economic and Social Council, on which the Legal Sub-Committee had to base its decision, indicated that the collaboration of WHO could be requested by the Security Council or the General Assembly. The replacement of the words "General Assembly" by "United Nations" would put WHO under an obligation to meet a demand from any of the United Nations organs.

The CHAIRMAN said that, in effect, the suggestion of the delegate of India was not of a strictly legal character. He therefore wished to return to his own proposal to leave the text as it was and add the words which he had already read out.

Sir Dhiren MITRA said that, if the sub-committee would not agree to delete the words "on the request of the General Assembly", he would revert to the suggestion that "General Assembly" be replaced

by "United Nations". He had listened to the Secretary's objections to that solution, but if they were valid he did not see why it should nevertheless be admissible to say "upon the request of the United Nations" later in the same clause. The sub-committee should at least be consistent.

Mr. CALDERWOOD thought there was some misunderstanding of the purpose of the declaration. Under Article VII of its agreement with the United Nations, WHO was already committed to providing information and assistance at the request of the Security Council. What was now required was that WHO should take note of the resolution adopted by the General Assembly according to which the General Assembly might take action to restore and maintain peace in the same way as the Security Council. In other words, the specialized agencies were being asked for co-operation in respect of requests from the General Assembly as well as from the Security Council. The words "General Assembly" ought therefore to remain.

Sir Dhiren MITRA said that, even if the United States delegate's interpretation were correct, he still objected to the words "at the request of the General Assembly" as they would imply exclusion of the Security Council.

The CHAIRMAN pointed out that assistance to the Security Council was already provided for in Article VII of the Agreement between the United Nations and WHO.

Sir Dhiren MITRA considered that, as the clause in question was a declaration of something already existing, and as the right of the Security Council to request information and emergency assistance existed, it would still be incorrect to use the words "General Assembly". He could not see the objection to the words "United Nations", which, as he had pointed out, were already used in the latter part of the clause.

Asked by the Chairman if he could accept the words "General Assembly and Security Council" in both parts of the clause, he said that he still maintained his original objection to the words "General Assembly", namely that they raised controversial issues that could be considered only in connexion with the United States proposal to amend Article VII of the agreement.

Mr. CALDERWOOD said the intention was perfectly clear. Under Article VII of the Agreement between the United Nations and WHO, WHO was already

obliged to furnish information and render assistance for the maintenance and restoration of peace and security upon the request of the Security Council. The purpose of the resolution was to take note of the fact that the United Nations had now designated another organ, namely the General Assembly, in addition to the Security Council. The words "at the request of the General Assembly" were therefore quite logical.

Mr. MASON could not see any justification for substituting "United Nations" for "General Assembly" on the grounds that the latter conflicted with the Constitution or with any existing agreement. Article 18 (i) of the Constitution stated that WHO should "consider recommendations bearing on health made by the General Assembly", among other bodies. In his view the use of the words "co-operate with the United Nations" implied co-operation not only with the General Assembly but also with other United Nations organs, and the words "on request of the General Assembly" related specifically to article 18 (i) of the Constitution.

Mr. CALDERÓN-PUIG proposed the following wording: "DECLARES that the World Health Organization, on the request of any organ of the United Nations enumerated in Article 7 of the United Nations Charter, will co-operate in the maintenance of peace and international security..."

The DIRECTOR-GENERAL pointed out that that would make it obligatory for WHO to provide assistance at the request even of the United Nations secretariat—which was far beyond the actual intention of the proposal.

Mr. TALJAARD (Union of South Africa) said that the letter from the Economic and Social Council referred to assistance which "may be requested by the Security Council or the General Assembly". It appeared to him that that specific wording should be taken into account.

The SECRETARY said he knew of no example of a body requested to take some action going far beyond what had been requested. The letter in question limited the possibility of calling on WHO strictly to two organs of the United Nations, namely the Security Council, toward which WHO had already undertaken an obligation under Article VII of its agreement with the United Nations, and the General Assembly, whose name appeared for the first time. It would therefore be simple to adhere to the present text of the draft resolution without taking any action beyond what had been asked.

The CHAIRMAN, since it appeared to him to be a question of terminology, proposed the wording "DECLARES that at the request of the competent organ of the United Nations..."

The SECRETARY thought the formula vague and liable to create confusion, since it would be necessary to determine which organs were competent. If the Legal Sub-Committee kept to the letter and spirit of the letter received from the Economic and Social Council, there would be no problem.

Mr. CALDERWOOD agreed with the Secretary. He considered that it was time to take a vote on the proposal that the sub-committee report that it saw no legal objection to the draft resolution, with or without the United States amendments and the additional clause suggested by the Chairman.

The DIRECTOR-GENERAL thought that the delegate of India had made a valid objection when he had pointed out that if it was not admissible to say "on the request of the United Nations", instead of "on the request of the General Assembly", in the first part of the penultimate clause it was not admissible in the second. It would leave it open for the Trusteeship Council or even designated members of the Secretariat to request assistance from WHO. He therefore suggested that the words "General Assembly" be substituted for "United Nations" in the latter part of the clause.

The CHAIRMAN thought the sub-committee was now ready to give an opinion in the manner he had suggested. It now appeared from the remarks of the Director-General and others that account must be taken of the wording employed in the letter from the Economic and Social Council. Questions outside the purely legal domain could be discussed later in the main committee.

As to the United States proposal to amend Article VII of the Agreement between the United Nations and WHO, it had not been submitted to the sub-committee; he understood that it had been withdrawn.

Mr. CALDERWOOD said that it had not been withdrawn, but his delegation had said it would not press the point.

The CHAIRMAN thought that the sub-committee might then report as he had indicated, recommending the additional clause that he had read.

Mr. TALJAARD asked if it was definitely decided not to recommend that the words "Security Council or General Assembly" be employed in the penultimate clause. It seemed to him desirable to make it quite clear that the Security Council was not excluded.

The CHAIRMAN agreed that it would be desirable to include such a recommendation.

Dr. VAN DEN BERG, referring to the additional clause suggested by the Chairman, repeated his view that the sub-committee should not recommend the addition but should rather use the phrase "if the committee would like to make the addition, there is no legal objection to it".

The CHAIRMAN considered that the sub-committee should nevertheless draw the attention of the main committee to the additional clause and explain why it was suggested. He recalled that certain members of the main committee, not represented on the sub-committee, had been of the opinion that even if the resolution was adopted the question should still be further examined by the Executive Board. To recommend a further clause to that effect would save the main committee the trouble of re-drafting the resolution.

Mr. TALJAARD wondered whether, since such a proposal could only be made on other than legal grounds, it might not appear that the sub-committee was not sure of its exact functions. He would prefer the proposal to refer the matter to the Executive Board to come from the main committee itself.

The CHAIRMAN said that he would not shrink from his responsibilities and he was ready to face any criticism that might be made by the Committee on Administration, Finance and Legal Matters. He did not think, however, that the sub-committee could be reproached for trying to anticipate the decision of the committee.

Dr. VAN DEN BERG still thought that his earlier suggestion would have been the solution for all difficulties.

The CHAIRMAN said the suggestion would be followed, but the text of the draft resolution would be presented with the proposed addition, so that if

the main committee did not accept it it would merely have to strike it out.

*Decision:* The Chairman's proposals were accepted by 11 votes to 1.

Sir Dhiren MITRA expressed his disapproval of the proposals and asked that his opinion be recorded in the report.

*The meeting rose at 6 p.m.*

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## SEVENTH MEETING

*Thursday, 24 May 1951, at 9.30 a.m.*

*Chairman:* M. L. A. D. GEBRAERTS (Belgium)

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### 1. Adoption of Draft Fourth Report of the Sub-Committee

The sub-committee met to consider its draft fourth report, which was adopted with some minor drafting changes (for text, see page 367).

*The meeting rose at 9.50 a.m.*

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## COMMITTEE REPORTS

*The serial numbers in square brackets after the resolutions proposed by the committees for adoption by the Health Assembly are those given to the final resolutions which appear in Part I of this volume.*

### COMMITTEE ON CREDENTIALS

#### FIRST REPORT <sup>1</sup>

[A4/40]  
7 May 1951

The Committee on Credentials met on 7 May 1951.

Representatives of the following Members were present: Ceylon, Dominican Republic, Ecuador, Greece, Iraq, Israel, Liberia, New Zealand, Portugal, Switzerland, Turkey and Uruguay.

M. J. Ruedi (Switzerland) was elected Chairman, Dr. N. Karabuda (Turkey) Vice-Chairman, and Dr. R. Espaillet de la Mota (Dominican Republic) Rapporteur.

The committee examined the credentials deposited by the delegations taking part in the Health Assembly.

The credentials presented by the delegations listed below were found to be in order, thus entitling these delegations to take part in the work of the Health Assembly, as defined by the Constitution of the World Health Organization. The committee therefore proposes that the Health Assembly should recognize the validity of the credentials presented by the following delegations: Afghanistan, Argentina, Australia, Austria, Burma, Cambodia, Canada, Ceylon, Costa Rica, Cuba, Denmark, Dominican

Republic, Ecuador, Egypt, El Salvador, Ethiopia, Finland, France, Greece, Hashemite Kingdom of the Jordan, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Republic of Korea, Laos, Lebanon, Liberia, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Panama, Philippines, Portugal, Saudi Arabia, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom, United States of America, Uruguay, Venezuela, Viet Nam, Yugoslavia, and Southern Rhodesia.

Notifications from Chile, Haiti, Mexico, Pakistan and Peru giving the composition of their delegations state that credentials are being forwarded. The committee therefore recommends to the Health Assembly that these delegations be recognized with full rights in the Health Assembly pending the arrival of their credentials.

The committee also recommends that the delegation of Belgium be similarly recognized pending the arrival of credentials.

The Committee on Credentials held a second meeting on 7 May 1951 and found the credentials of the delegation of Brazil in good order and due form and suggests to the Health Assembly that they be so recognized.

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<sup>1</sup> Adopted by the Health Assembly at its second plenary meeting

SECOND REPORT <sup>2</sup>[A4/44]  
9 May 1951

The Committee on Credentials met on 9 May under the chairmanship of M. J. Ruedi (Switzerland).

The committee accepted the credentials of the

<sup>2</sup> Adopted by the Health Assembly at its fifth plenary meeting

delegations of Mexico and Pakistan entitling their members to take part in the work of the Health Assembly as delegates, and proposes to the Health Assembly that the validity of these credentials should be recognized.

THIRD REPORT <sup>3</sup>[A4/46]  
12 May 1951

The Committee on Credentials met on 12 May under the chairmanship of M. J. Ruedi (Switzerland).

The committee accepted the credentials of the delegation of Haiti enabling its members to take part in the work of the Health Assembly as delegates, and proposes to the Health Assembly that the validity of their credentials should be recognized.

Notifications received from Guatemala and Nica-

ragua, giving the composition of their delegations, state that credentials are being forwarded. The committee therefore recommends to the Health Assembly that these delegations be recognized with full rights in the Health Assembly pending the arrival of their credentials.

<sup>3</sup> Adopted by the Health Assembly at its seventh plenary meeting

FOURTH REPORT <sup>4</sup>[A4/58]  
21 May 1951

The Committee on Credentials met on 16 May 1951 under the chairmanship of M. J. Ruedi (Switzerland).

The committee accepted the formal credentials of the delegation of Belgium entitling its members to take part in the work of the Health Assembly as delegates.

On the basis of documents presented by the delegation of Bolivia, and in view of the fact that creden-

<sup>4</sup> Adopted by the Health Assembly at its tenth plenary meeting

tials are expected to arrive in the near future, the committee recommends that this delegation be provisionally recognized with full rights in the Health Assembly.

The credentials of the delegations of the Federal Republic of Germany, Japan and Spain were also accepted, entitling the members to take part in the work of the Health Assembly as delegates as soon as the instruments of acceptance of the Constitution of the World Health Organization have been deposited with the Secretary-General of the United Nations.

FIFTH REPORT <sup>5</sup>[A4/65]  
23 May 1951

The Committee on Credentials met on 23 May under the chairmanship of M. J. Ruedi (Switzerland).

<sup>5</sup> Adopted by the Health Assembly at its tenth plenary meeting

The committee accepted the formal credentials of the delegations of Guatemala and Nicaragua, entitling the members to take part in the work of the Health Assembly as delegates.

## COMMITTEE ON NOMINATIONS

FIRST REPORT <sup>1</sup>[A4/36]  
7 May 1951

The Committee on Nominations, consisting of : Argentina, Dr. J. L. Dominguez Drago ; Australia, Dr. D. A. Dowling ; Austria, Dr. A. Khaum ; Chile, Dr. N. Romero y Ortega ; Egypt, Dr. M. A. Nasr, Bey ; France, Professor J. Parisot ; India, Rajkumari Amrit Kaur ; Iran, Dr. A. H. Taba ; Norway, Dr. K. Evang ; Pakistan, Dr. M. Jafar ; Panama, Dr. G. Engler ; Philippines, Dr. R. G. Padua ; Thailand, Dr. Phya Boriraksh Vejajakar ; Union of South Africa, Dr. F. W. P. Cluver ; United Kingdom, Mr. W. H. Boucher ; United States of America, Dr. L. A. Scheele ; Venezuela, Dr. C. L. González ; Yugoslavia, Dr. P. Gregorić,

met on 7 May 1951.

The Hon. Rajkumari Amrit Kaur (India) was elected Chairman, and Dr. R. G. Padua (Philippines), Rapporteur.

The committee made the following nominations for the consideration of the Fourth World Health Assembly in accordance with the Rules of Procedure :

*President :* Dr. L. A. Scheele (United States of America)

*Vice-Presidents :* Dr. D. A. Dowling (Australia)  
Dr. A. H. Taba (Iran)  
Dr. K. Evang (Norway)

*Committee on Programme*

*Chairman :* Dr. M. Jafar (Pakistan)

<sup>1</sup> The nominations in this report were approved at the second plenary meeting of the Health Assembly.

*Vice-Chairman :* Dr. A. Khaum (Austria)

*Rapporteur :* Dr. G. Žarković (Yugoslavia)

*Committee on Administration, Finance and Legal Matters*

*Chairman :* Professor G. A. Canaperia (Italy)

*Vice-Chairman :* Mr. T. J. Brady (Ireland)

*Rapporteur :* Dr. A. L. Bravo (Chile)

*Committee on International Sanitary Regulations*

*Chairman :* Dr. M. T. Morgan (United Kingdom)

*Vice-Chairman :* Dr. Munir Sadat (Syria)

*Rapporteur :* Dr. K. C. K. E. Raja (India)

and the following eight delegates as members of the General Committee :

Dr. E. A. McCusker (Canada) ; Dr. N. Romero y Ortega (Chile) ; Dr. A. G. Hussein, Bey (Egypt) ; Professor J. Parisot (France) ; the Hon. Rajkumari Amrit Kaur (India) ; Dr. R. G. Padua (Philippines) ; Dr. F. W. P. Cluver (Union of South Africa) ; Dr. P. Gregorić (Yugoslavia).

In accordance with Article 19 of the Rules of Procedure, the Health Assembly is invited to consider the nominations for the offices of the President and the three vice-presidents of the Health Assembly, the chairmen of each of the main committees and the members of the General Committee. The main committees themselves will consider, after their establishment, the nominations for the offices of vice-chairmen and of rapporteurs.

## GENERAL COMMITTEE

REPORT <sup>1</sup>[A4/71]  
25 May 1951

The General Committee held nineteen meetings during the period 8 May to 25 May 1951 inclusive.

**1. Programme of Work of the Health Assembly**

At its first meeting the General Committee approved in principle the proposed programme of

<sup>1</sup> The Health Assembly took note of this report at its eleventh plenary meeting.

work for the Fourth World Health Assembly, and thereafter made any adjustments necessary to facilitate the orderly despatch of the business of the Assembly.

The committee also referred to the first plenary meeting the Executive Board's proposal regarding the procedure to be followed for the consideration of the programme and budget and the proposed procedure for the conduct of the technical discussions

on the education and training of medical and public-health personnel.

## 2. Agenda : Allocation and Transfer of Items

The General Committee agreed to recommend the allocation of the following new items proposed for inclusion in the agenda (under Rule 26 (d)) :

<i>Item</i>	<i>Allocated to</i>
Regional Committee for Western Pacific	Plenary meeting
Admission of Non-Governmental Organizations to relationship with WHO : Proposal by the Government of Belgium . . . . .	Committee on Administration, Finance and Legal Matters
Salary of the Director-General . . . . .	Committee on Administration, Finance and Legal Matters
Emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security . . . . .	Committee on Administration, Finance and Legal Matters
Co-ordinated programme of rehabilitation of the physically handicapped . . . . .	Committee on Programme
Resettlement of refugee physicians . . . . .	Committee on Programme

The General Committee agreed to the transfer of item 15 of the agenda (Admission of new Members) to the Committee on Administration, Finance and Legal Matters.

## 3. Closure of Session

The General Committee agreed to recommend to the Health Assembly that the Fourth World Health

Assembly should close not later than Saturday, 26 May 1951.

## 4. Suspension of Rule 10 of the Rules of Procedure

The General Committee agreed to recommend to the seventh plenary meeting the suspension of Rule 10 of the Rules of Procedure.

## 5. Elections to the Executive Board

In accordance with Rule 80 of the Rules of Procedure the General Committee presented to the Health Assembly the following list of nine Members :

Belgium	Greece	Lebanon
Ceylon	India	Liberia
Cuba	Iran	Yugoslavia

In the opinion of the General Committee the following six Members provided, if elected, a balanced distribution of the Board as a whole :

Belgium	Cuba	Liberia
Ceylon	Lebanon	Yugoslavia

## 6. Reports of Main Committees

The General Committee submitted the following reports of the main committees to the Health Assembly for consideration :

- (1) First, second, third and fourth reports of the Committee on Programme ;
- (2) First, second, third, fourth and fifth reports of the Committee on Administration, Finance and Legal Matters ;
- (3) Report of the Committee on International Sanitary Regulations ;
- (4) First and second reports of the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters.

## COMMITTEE ON PROGRAMME

### FIRST REPORT <sup>1</sup>

[A4/59]  
21 May 1951

The Committee on Programme held its first six meetings on Saturday 12 May, Monday 14 May, Tuesday 15 May and Friday 18 May under the chairmanship of Dr. M. Jafar (Pakistan). In

accordance with proposals of the Committee on Nominations, Dr. A. Khaum (Austria) was elected Vice-Chairman and Dr. G. Žarković (Yugoslavia) Rapporteur.

The committee agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

<sup>1</sup> Adopted by the Health Assembly at its tenth plenary meeting

**1. Annual Report of the Director-General for 1950**

The Fourth World Health Assembly,

Having considered the Annual Report of the Director-General for the year 1950,<sup>2</sup>

1. APPROVES the manner in which the work of the World Health Organization was carried forward in 1950 ;

2. NOTES with particular pleasure the progress that was made during 1950 towards :

(1) co-ordination of activities financed from various sources,

(2) decentralization of the means of investigation and action,

(3) increasing concentration of effort on the problems peculiar to individual countries, and

(4) maintenance of effective continuity in the work of the Organization ;

3. THANKS the Director-General and the Executive Board for implementing the 1950 programme in conformity with the general policies laid down by previous World Health Assemblies.

[WHA4.1]<sup>3</sup>

**2. General Programme of Work covering a Specific Period**

The Fourth World Health Assembly,

Having considered the general programme of work for the specific period 1952-1955 inclusive, as proposed by the Executive Board at its seventh session,<sup>4</sup>

1. CONSIDERS that the programme of work as presented provides a broad general policy that will serve as an appropriate framework for the orderly development of the detailed yearly programmes within this period ;

2. INSTRUCTS the Executive Board and the Director-General to continue to develop such long-range plans for the work of the Organization and to present them to each World Health Assembly for review, taking into account the views expressed in the Committee on Programme of the previous Health Assembly.

[WHA4.2]

<sup>2</sup> *Off. Rec. World Hlth Org.* 30

<sup>3</sup> WHA4.1 is a synthesis of this resolution and the resolution in section 1 of the first report of the Committee on Administration, Finance and Legal Matters.

<sup>4</sup> *Off. Rec. World Hlth Org.* 32, annex 10

**3. Health Statistics**

The Fourth World Health Assembly

RESOLVES that, in future, general statements on the programme of the Organization should recognize, without prejudice to other objectives, that a main aim of the Organization should be :

(1) to build up gradually at headquarters a body of sound statistical information and advice, covering all parts of the world, by which the policy of the Organization, including the regions, can be guided and its operations and their results measured, and

(2) to encourage the various branches and regions of the Organization to make the fullest use of the statistical data and facilities so made available at headquarters.

[WHA4.3]

**4. Publications**

The Fourth World Health Assembly,

Having considered the report on publications submitted by the Director-General on measures adopted in application of resolution WHA3.63,<sup>5</sup> and the observations made thereon by the Executive Board (resolution EB7.R16),

1. APPROVES the report submitted by the Director-General on publications ;

2. NOTES with satisfaction the improved quality and quantity of publications ;

3. REQUESTS the Director-General to continue efforts to improve the quality of translations ;

4. REAFFIRMS the importance of the programme of publications as an activity particularly favourable to the effectiveness and prestige of the Organization, while recognizing that the full development of this programme may be affected by budgetary limitations ;

5. ENDORSES the decision of the Executive Board that publications should be one of the two main subjects to be studied by the Standing Committee on Administration and Finance.<sup>6</sup>

[WHA4.4]

**5. Dental Hygiene**

The Fourth World Health Assembly,

Having noted the report of the Director-General on dental hygiene,<sup>7</sup> made in accordance with the

<sup>5</sup> *Off. Rec. World Hlth Org.* 32, annex 5

<sup>6</sup> *Off. Rec. World Hlth Org.* 33, 36

<sup>7</sup> Annex 1

request of the Third World Health Assembly (resolution WHA3.33) ;

Considering that a dental-health programme is within the terms of the general programme of work for a specific period,

REQUESTS the Executive Board and the Director-General :

- (1) to include such a programme in the plans for the future work of the Organization, taking into account the discussions in the Committee on Programme,
- (2) to start as soon as possible such dental-health activities in connexion with demonstration services as may be financially feasible, and
- (3) to encourage the training of dental-health personnel through the WHO fellowship programme. [WHA4.5]

## 6. First Inter-American Sanitary Congress

The Fourth World Health Assembly,

Having considered the proposal made by the Executive Board at its seventh session (resolution EB7.R21) that the fiftieth anniversary of the founding of the Pan American Sanitary Bureau be suitably recognized by sending a special representative of the World Health Organization to the First Inter-American Congress to be held in Havana, Cuba, in 1952 ;

Considering that this congress is of great scientific importance and that the Organization's representation is highly desirable,

REQUESTS the Executive Board to nominate a representative. [WHA4.6]

## SECOND REPORT<sup>8</sup>

[A4/62]  
23 May 1951

During the seventh, eighth and ninth meetings of the Committee on Programme, held on 21 and 22 May, the committee agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :<sup>9</sup>

### 1. Tuberculosis Research Office, Copenhagen

The Fourth World Health Assembly,

Recognizing that the work undertaken by the Tuberculosis Research Office is of great importance to the World Health Organization and to international health ;

Recognizing that, in order to ensure definite results, such work should be continued for a reasonable period,

1. DECIDES that the Tuberculosis Research Office should be maintained, subject to review of the situation by the Executive Board every two years ;
2. REQUESTS that special emphasis be given to control studies for determining the value of BCG

<sup>8</sup> Adopted by the Health Assembly at its tenth plenary meeting

<sup>9</sup> At its seventh meeting the Committee on Programme also recorded its general approval of the supplemental programme for 1951 relating to obligations of WHO to the United Nations.

vaccination, the duration of its effect, and related technical field and laboratory studies, limited to those bearing directly on evaluation and practice of vaccination ;

3. REQUESTS the Director-General to review the budget in the light of the above considerations ;

4. THANKS the Government of Denmark for its generous support of this activity. [WHA4.7]

### 2. Prevention and Treatment of Severe Malnutrition in Times of Disaster

The Fourth World Health Assembly

1. NOTES the report on the prevention and treatment of severe malnutrition of civilian populations during war periods ;

2. NOTES with pleasure that it was the result of a joint study organized by FAO and WHO ;

3. THANKS the experts for their work ;

4. REQUESTS the Director-General, when arranging for the publication of this report, to change the

title to read " Prevention and treatment of severe malnutrition in times of disaster " ;

5. REQUESTS the Director-General to draw the attention of governments and the International Committee of the Red Cross to this report.

[WHA4.8]

### 3. Technical Discussions at Future World Health Assemblies

The Fourth World Health Assembly

1. DECIDES, on the basis of the experience gained during its present session, that technical discussions should take place at subsequent World Health Assemblies ;

2. REQUESTS the Executive Board and the Director-General to select the subjects to be discussed at the Fifth World Health Assembly, taking into consideration the views expressed during the discussions at the Fourth World Health Assembly, and to take the necessary preparatory steps as far in advance as possible.

[WHA4.9]

### 4. Concentration of Effort and Resources of the United Nations and Specialized Agencies

The Fourth World Health Assembly

1. NOTES that the resolutions of the General Assembly and the Economic and Social Council of the United Nations on the subject of the concentration of effort and resources, and the suggested criteria for priorities between programmes, are in general accord with the policy of the Organization ;

2. POINTS OUT, however, that quantitatively demonstrable results are not always obtainable in public-health programmes ;

3. REQUESTS the Director-General to be guided by the resolutions on the subject of concentration of effort and resources in preparing the programme and budget estimates of the World Health Organization for 1953 and the years following, and in the execution of the programme ;

4. REQUESTS the Executive Board, in commenting on the proposed programme and budget estimates of the Organization for 1953 and the following years, to be guided by the same resolutions ;

5. REQUESTS the Director-General to send *Official Records* Nos. 30 to 34 to the Economic and Social Council, together with decisions affecting these documents as taken by the Fourth World Health Assembly.

[WHA4.10]

### 5. Schedule of Work of the Economic and Social Council

The Fourth World Health Assembly,

Having in mind the constitutional responsibilities of the World Health Organization and Articles II and IV of its Agreement with the United Nations,

EXPRESSES its appreciation of the Secretary-General's efforts, in co-operation with the World Health Organization, in arranging schedules and otherwise facilitating the participation by WHO in appropriate meetings of the United Nations, and the hope that these efforts will meet with success.

[WHA4.11]

### 6. Active Support for Specialized Agencies by All Governments

The Fourth World Health Assembly,

Noting the resolutions adopted by the General Assembly of the United Nations on 20 November 1950, and by the Economic and Social Council on 20 March 1951, concerning the development of a twenty-year programme for achieving peace through the United Nations ;<sup>10</sup>

Noting the views concerning more vigorous use of the specialized agencies set forth in the Secretary-General's memorandum of 12 February 1951, to the Economic and Social Council at its twelfth session,

1. AGREES with these views ;

2. RECOMMENDS to Member States that they take action to support the programmes of the World Health Organization by appropriate national measures to render these programmes effective, and use their good offices to increase the membership of the World Health Organization.

[WHA4.12]

### 7. Permanent Secretariat for the International Pharmacopoeia : Assumption of Functions by WHO in application of Article 72 of the Constitution

The Fourth World Health Assembly,

Noting with satisfaction that the Belgian Government, depositary of the Agreement revising the Agreement respecting the Unification of Pharmacopoeial Formulas for Potent Drugs, signed at Brussels on 20 August 1929, has, in appli-

<sup>10</sup> See annex 2

cation of Article 35 thereof and on behalf of the parties thereto, agreed that the World Health Organization shall henceforward ensure the functions of the permanent International Pharmacopoeia Secretariat in accordance with Article 34 of the said Agreement ;

1. PAYS TRIBUTE to the spirit of international collaboration shown by the Belgian Government ; and,

Considering Articles 2 (*u*) and 72 of the Constitution of the World Health Organization,

2. APPROVES the taking over by the World Health Organization, with effect from 1 January 1951, of the functions of the permanent International Pharmacopoeia Secretariat previously entrusted to the Belgian Pharmacopoeia Commission.

[WHA4.13]

#### 8. Regulations for Expert Advisory Panels and Committees

The Fourth World Health Assembly,

Having considered the Regulations for Expert Advisory Panels and Committees approved by the Executive Board at its sixth session (in resolution EB6.R25) and amended by the Executive Board at its seventh session (in resolution EB7.R82),

ADOPTS these regulations with an additional amendment to Article 15 (Entry-into-Force), the said regulation to read as follows :

These regulations shall apply as from the date of their approval by the World Health Assembly and replace the former regulations and provisional appointment regulations for expert committees and their sub-committees.

[WHA4.14]

#### 9. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

Whereas on 29 September 1950 an agreement was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East on the basis of principles established by the Third World Health Assembly ;<sup>11</sup>

Whereas the Executive Board at its seventh session approved (resolution EB7.R42) the extension of the duration of this agreement until 31 December 1951, or until the dissolution of the Agency if this should take place before that date ;

Considering that the World Health Organization should continue the technical direction of the health programme administered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East,

The Fourth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1952, or until the dissolution of the Agency if this should take place before that date. [WHA4.15]

#### 10. Long-Range Activities for Children and Relations with UNICEF

The Fourth World Health Assembly,

Considering that the relevant programmes of the United Nations, including those of the Department of Social Affairs and UNICEF, and of ILO, FAO, UNESCO and WHO would, when fully co-ordinated, constitute a reasonably comprehensive and coherent plan for international assistance to national programmes for the benefit of children,

1. APPROVES resolution EB7.R60 on continuing needs of children and relations with UNICEF, adopted by the Executive Board at its seventh session ;

2. APPROVES the report on long-range activities for children and relations with UNICEF, submitted to the Executive Board at its seventh session by the Director-General ;<sup>12</sup>

3. NOTES the decision of the Administrative Committee on Co-ordination to establish a working group on long-range activities for children which will bring together the technical competence of the several agencies concerned in this field, and recalls in this connexion resolution 324 (XI) B of the Economic and Social Council concerning concentration of effort and resources ;

4. REQUESTS the Executive Board to appoint the WHO members of the Joint Committee on Health Policy, UNICEF/WHO ; and

5. REQUESTS the Director-General to strengthen and further develop activities of the Organization for assistance to national programmes for the benefit of children and, to that end, to continue co-operation with the United Nations, including UNICEF, and the other responsible specialized agencies, both directly and through the mechanism established by the Economic and Social Council for that purpose. [WHA4.16]

<sup>11</sup> Annex 3

<sup>12</sup> *Off. Rec. World Hlth Org.* 32, annex 11

### 11. Development of Arid Land, and International Co-operation in Water Control and Utilization

The Fourth World Health Assembly,

Noting resolution 402 (V) on the development of arid land, adopted by the General Assembly of the United Nations on 20 November 1950, and resolution 346 (XII) on international co-operation on water control and utilization, adopted by the Economic and Social Council on 9 March 1951,

1. RECOMMENDS to Member governments that plans for the control or utilization of water and the development of arid land should be so framed as to include measures to prevent the introduction or aggravation of disease ;

2. REQUESTS the Director-General :

(1) to provide technical assistance to governments, on request, in planning projects relating to the control or utilization of water and the development of arid land ;

(2) to co-operate with the United Nations and other specialized agencies concerned with such projects.

[WHA4.17]

### 12. Rehabilitation of the Physically Handicapped

The Fourth World Health Assembly,

Having in mind resolution WHA3.34 of the Third World Health Assembly concerning rehabilitation of the disabled, including the blind ;

Noting the information presented by the Director-General on participation by the World Health Organization in the working group of the Administrative Committee on Co-ordination on rehabilitation of the physically handicapped,

1. APPROVES the part played by the World Health Organization in the co-ordinated programme for the rehabilitation of the physically handicapped, in conformity with the Organization's general programme of work for a specific period and with the priorities recommended by the Economic and Social Council ; and

2. REQUESTS the Director-General to continue to co-operate in the development and execution of this programme.

[WHA4.18]

### 13. Improvement of Environmental Hygiene and Sanitation

The Fourth World Health Assembly,

Recognizing the supreme importance of providing, as an essential part of the public-health programme, for the improvement of environmental hygiene and sanitation, including the development on sound lines of urban and rural planning and of housing schemes,

1. RECOMMENDS to all Member States that appropriate provision should be made to train, and to employ in their health administrations, adequate numbers of public-health engineers, town planners, architects and other allied personnel ; and

2. REQUESTS the Executive Board and the Director-General to give to Member States all possible help to create the necessary training facilities.

[WHA4.19]

### 14. Role of Hospitals in World Health

The Fourth World Health Assembly,

Recognizing that, among the many services essential for the care of health, hospitals, through their facilities, trained personnel and organization, contribute effectively to world health,

1. NOTES that it is difficult as well as undesirable to draw a definite line of demarcation between curative and preventive medicine ; and

2. RECOMMENDS that, as soon as funds may become available for this purpose, the Director-General, in co-operation with appropriate non-governmental organizations, prepare a study on the work being done in Member countries to promote the health of their people through good hospitals and other facilities, including domiciliary services, for the care of the sick in order to further the objectives of the World Health Organization.

[WHA4.20]

THIRD REPORT<sup>13</sup>[A4/68]  
24 May 1951

During its tenth meeting, held on 23 May, the Committee on Programme agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

**1. Resettlement of Refugee Physicians**

The Fourth World Health Assembly,

Having considered the problem of refugee physicians in the light of the world shortage of medical personnel, and resolution EB7.R22 of the Executive Board on this subject,

1. INVITES the attention of Member States to the anomalies that exist ;
2. POINTS OUT that a medical register has been prepared by the International Refugee Organization which gives personal details and qualifications of each refugee screened as medically qualified by IRO ;
3. REQUESTS the World Medical Association to consider measures to facilitate the resettlement of refugee physicians and the problems arising from the lack of reciprocity in medical licensure for these physicians, and to submit its suggestions to the Executive Board of the World Health Organization ; and
4. RECOMMENDS to Member States and their medical associations the adoption of such measures as would enable the services of duly qualified medical personnel acceptable to them to be satisfactorily utilized. [WHA4.21]

**2. Technical Assistance Programme**

The Fourth World Health Assembly,

Having considered the programme proposed by the Director-General for participation by the World Health Organization in the second period of the United Nations expanded programme of technical assistance for economic development of under-developed countries as forwarded by the Executive Board,<sup>14</sup> and the Board's recommendations thereon ;<sup>15</sup>

Having examined the reports of the Executive Board and the Director-General<sup>16</sup> in connexion with the implementation of the expanded pro-

<sup>13</sup> Adopted by the Health Assembly at its eleventh plenary meeting

<sup>14</sup> *Off. Rec. World Hlth Org.* 31

<sup>15</sup> *Off. Rec. World Hlth Org.* 33, 16

<sup>16</sup> *Off. Rec. World Hlth Org.* 29, 32, 33 and 30

gramme of technical assistance for economic development of under-developed countries as set up by ECOSOC resolution 222 (IX) ;

Having taken note of the recommendations and lines of policy laid down by the Economic and Social Council and its Technical Assistance Committee

1. REAFFIRMS the principles adopted by the Third World Health Assembly regarding the programme of technical assistance for economic development of under-developed regions (resolution WHA3.116) ;
2. APPROVES the co-ordinated programme proposed in *Official Records* No. 31, to be carried out under the expanded programme of technical assistance for economic development in 1952, as technically sound and of value in the economic development of the under-developed countries ;
3. CONSIDERS that it conforms to the principles established by the Economic and Social Council at its various sessions (ninth, tenth, eleventh and twelfth) ;
4. CONFIRMS and EXTENDS for the ensuing year the authority granted to the Executive Board and the Director-General in resolution WHA3.116 of the Third World Health Assembly.

[WHA4.22]

**3. Co-ordination of Technical Assistance Programmes**

The Fourth World Health Assembly,

Noting that assistance in the field of health is furnished in many countries by more than one agency and in some cases by several agencies ;

Recognizing that the highest degree of co-ordination of the various assistance programmes is desirable ;

Recognizing that such co-ordination must be achieved both by consultation between the different agencies at the planning stage and particularly by co-ordination of both plans and operations in the host countries ;

Recognizing that a major function of the World Health Organization is to act as co-ordinating authority on international health work ;

Recognizing that in some host countries a high degree of co-ordination in the field of international health programmes has been achieved through

the setting-up of national co-ordinating committees under the minister or director-general of health,

1. **URGES** upon Members the desirability of promoting such co-ordination :

(1) by encouraging agencies furnishing technical assistance to co-operate with the World Health Organization when planning their activities,

(2) by establishing within their own governments single points of contact for outside agencies furnishing assistance in health matters,

(3) by establishing appropriate arrangements for consultation between their own governments and such outside agencies with respect to such assistance ;

2. **EMPHASIZES**

(1) that, if no overall co-ordinating arrangements already exist, a national co-ordinating committee in the field of health may be desirable and this or some similar arrangement should be actively considered and promoted, and

(2) that, if overall co-ordinating arrangements do exist, any special arrangements in the field of health should be brought within the framework of such overall arrangements ;

3. **REQUESTS** the Director-General to use appropriate means and occasions to bring to the attention of Members these and other suitable methods of co-ordinating technical assistance programmes.

[WHA4.23]

#### 4. **Projects for Technical Assistance**

The Fourth World Health Assembly,

Having in mind the considerations of the Executive Board at its seventh session on the proposed technical assistance programme,<sup>17</sup>

**REQUESTS** the Director-General to consider submitting to the Technical Assistance Board for its consideration certain project proposals which would include complete plans for the technical services, supplies, equipment, etc., required, the requirements for the project, in so far as possible, to be met within the country, and only the equipment and supplies not available in or obtainable by the country, and which are an integral part of

the project of technical assistance, to be provided from technical assistance funds.

[WHA4.24]

#### 5. **Medical Supplies for Member Governments**

The Fourth World Health Assembly,

Having considered the recommendations of the Director-General on the programme and budget for 1952,

**REQUESTS** the Executive Board to re-examine the feasibility of providing further services in connexion with medical supplies to governments on request.

[WHA4.25]

#### 6. **Scientific Research in the Field of Health**

The Fourth World Health Assembly

**REQUESTS** the Executive Board and the Director-General to review the policy of the Organization in respect of the co-ordination and promotion of scientific research in the field of health in the light of the discussions of the Committee on Programme.

[WHA4.26]

#### 7. **Development of National Health Programmes**

The Fourth World Health Assembly

**REQUESTS** that in the future special attention should be given by the Executive Board and the Director-General to the importance of assisting Member States, particularly under-developed States, to draw up short- and long-term health programmes for their respective territories, in order to promote the orderly development of public-health measures and to utilize to the best advantage, along with the national resources, the help that may become available from time to time from WHO and other sources.

[WHA4.27]

#### 8. **Utilization of Short-Term Consultants**

The Fourth World Health Assembly

**REQUESTS** the Executive Board and the Director-General to study the practicability of reducing the size of the permanent Secretariat in favour of short-term consultants whenever technical considerations dictate such a change and financial savings or more effective services may be secured thereby.

[WHA4.28]

<sup>17</sup> *Off. Rec. World Hlth Org.* 33, 16

FOURTH REPORT<sup>18</sup>[A4/70]  
24 May 1951

During its eleventh meeting, held on 24 May, the Committee on Programme agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

**1. Trachoma**

The Fourth World Health Assembly

1. NOTES that arrangements have been made to hold a meeting of the Expert Committee on Trachoma in 1951 ;
2. RECOGNIZES that in a great number of countries trachoma and other related ophthalmias constitute an urgent health problem ;
3. INVITES the Director-General, when considering the programme and budget for 1953, to bear in mind the recommendations of the Expert Committee on Trachoma to ensure that full consideration be given to effective preventive measures against these diseases on an international plane. [WHA4.29]

**2. Supply of Insecticides**

The Fourth World Health Assembly,

Considering the present critical situation of the world supply of chlorine-based insecticides employed in public health ;

Having taken note that the use of insecticides in public-health programmes is already providing effective protection against insect-borne diseases to very large populations, and, as regards malaria, is safeguarding the wellbeing of at least some seventy million persons ;

Taking into account the stimulation of demand for these types of insecticides which will result from the demonstrations in this field of health work which are being made possible through the United Nations programme of technical assistance for economic development ;

Being aware that the effectiveness of this weapon in the struggle to improve world health requires its continued and sustained application,

1. DIRECTS the attention of all governments to the grave repercussions on world health which will follow any interruption in activity resulting from a diminution in the quantities of insecticides available for health programmes ;

2. ENDORSES the action taken by the Director-General to present to governments of producing countries the requirements in insecticides for world health purposes and to request the assistance of these governments to maintain the necessary volume of export shipments to meet these requirements ;
3. CALLS ON all users of insecticides to exercise the utmost economy consistent with technical efficiency ;
4. URGES governments of countries where the means of production exist, to take vigorous action :
  - (1) to make available to the producers of chlorine-based insecticides in their territories raw materials and other services to an extent sufficient to enable existing productive capacity to be fully employed ;
  - (2) to make arrangements with producers that priority is granted to requests for such insecticides for health purposes in other countries immediately after their own most pressing needs have been satisfied ;
  - (3) to facilitate in every way the export of these insecticides for health programmes ;
5. REQUESTS that, in view of the gravity of the problem and its far-reaching repercussions, the United Nations, through its economic commissions, arrange for the establishment of a working party or working parties, or such other means as the United Nations may decide upon, representing governments concerned both with the production and with the import of chlorine-based insecticides, which would, in consultation with the United Nations specialized agencies and other inter-governmental organizations concerned, investigate this international problem and make recommendations to governments and inter-governmental bodies concerned as to the methods which might be applied in order to alleviate the present situation and to ensure that the best possible use is made of existing availabilities of these precious and scarce commodities ; and
6. INSTRUCTS the Director-General to continue his present efforts to bring about an increase in the world availability of insecticides for public-health purposes and to co-operate with all other inter-governmental agencies concerned with the problem.

[WHA4.30]

<sup>18</sup> Adopted by the Health Assembly at its eleventh plenary meeting

### 3. Prevention of Intoxication caused by the Use of Insecticides, Parasiticides and similar Products in Agriculture and in the Medical Field

The Fourth World Health Assembly,

Considering that among the preparations used in agriculture and in the medical field as insecticides, parasiticides and molluscicides, or for similar purposes, there are some which are highly toxic for human beings and animals ;

Considering further that this fact may involve, in the case of certain products, a danger for workers exposed to them ;

Recognizing that adequate preventive measures and early treatment seem to allow the safe use of these preparations ;

Recognizing that regulations on the use of these preparations are extremely different in many countries and are more or less missing in others,

REQUESTS the Executive Board and the Director-General, in co-operation with ILO and FAO, to collect information on the extent of the problem and the measures to be taken to promote safe use of the preparations mentioned. [WHA4.31]

### 4. Control of Venereal Disease among the Rhine Boatmen

The Fourth World Health Assembly,

Considering that the programme proposed for 1952 contains provision for the constitution of an International Anti-Venereal-Disease Commission of the Rhine for the organization of the control of venereal diseases among boatmen and members of their families on the Rhine ;

Considering that the World Health Organization should be kept continually informed with regard to the venereal-disease morbidity among such boatmen and the port cities in which infections have been contracted,

REQUESTS the Director-General to ask the commission to include in its annual report to the Executive Board the number of new cases reported of venereal disease among the boatmen, the members of their families and crews, classified according to the port in which the infection was contracted.

[WHA4.32]

### 5. Regular Programme for 1952

The Fourth World Health Assembly,

Having examined the Director-General's proposals for the regular programme of the World Health Organization for 1952 as presented in *Official Records* No. 31,

1. CONSIDERS this programme to be technically sound, and in harmony with the priorities set up by the Economic and Social Council and the general programme of work for the specific period 1952 to 1955 inclusive ; and

2. INSTRUCTS the Director-General to implement the regular programme for 1952 as modified by the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, taking into account the comments of the joint meeting and those of the Committee on Programme.

[WHA4.33]

## COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

### FIRST REPORT <sup>1</sup>

[A4/47]  
12 May 1951

The Committee on Administration, Finance and Legal Matters held its first three meetings on Wednesday 9 May and on Friday 11 May 1951, under the chairmanship of Dr. G. A. Canaperia (Italy). In accordance with proposals of the Committee on Nominations, Mr. T. J. Brady (Ireland) was elected Vice-Chairman and Dr. A. L. Bravo (Chile) Rapporteur.

The committee established a Legal Sub-Committee consisting of delegates from Belgium, Egypt, France,

India, Indonesia, Israel, Italy, Korea, Laos, Mexico, the Netherlands, New Zealand, Saudi Arabia, Switzerland, the Union of South Africa, the United Kingdom and the United States of America ; it referred certain items to this sub-committee. The recommendations of the sub-committee, as adapted by the Committee on Administration, Finance and Legal Matters, are embodied in the reports of the committee.

The committee agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

<sup>1</sup> Adopted by the Health Assembly at its seventh plenary meeting

### 1. Report of the Director-General on Administrative, Financial and Legal Matters

The Fourth World Assembly

NOTES the report of the Director-General on administrative, financial and legal matters.<sup>2</sup>

[WHA4.1]<sup>3</sup>

### 2. Financial Report and Accounts of WHO for 1950 and the Report of the External Auditor

The Fourth World Health Assembly,

Having examined the annual financial statement and the report of the External Auditor on the audit of the accounts of the World Health Organization for the financial period 1 January to 31 December 1950, as contained in *Official Records* No. 34 ;

Having considered the report of the ad hoc committee of the Executive Board,<sup>4</sup>

ACCEPTS the report of the External Auditor.

[WHA4.34]

### 3. Arrears of Contributions

The Fourth World Health Assembly,

Having considered a report on the arrears of contributions in respect of the 1948, 1949 and 1950 assessments,<sup>5</sup>

1. NOTES with satisfaction that certain Members have recently liquidated their arrears in respect of those years ;

2. DRAWS to the attention of Members the fact that :

(1) default or delay in payment of contributions may result in a severe drain on the Working Capital Fund and place undue liability on other Member States ;

(2) WHO programmes can be carried out only to the extent that funds are available and that failure of Members to pay their assessed contributions may result in the abandonment or curtailment of certain programmes ;

(3) the financial difficulties which beset some Members are appreciated but that the work of the World Health Organization is of worldwide importance and can continue and progress only through the constant support of Members ;

3. REQUESTS all Members :

(1) to pay their outstanding contributions in full ;

(2) to provide in their national budgets for regular payment of annual contributions to the World Health Organization ;

(3) to pay such contributions as early as possible after they are due ;

4. REQUESTS the Executive Board to furnish a complete report to the Fifth World Health Assembly on any Members whose assessments to the 1948, 1949 and 1950 budgets have not been paid at the time of the convening of the Health Assembly, together with recommendations for any action that the Board may consider necessary and appropriate.

[WHA4.35]

### 4. Working Capital Fund

The Fourth World Health Assembly

NOTES the status of the Working Capital Fund and the advances made from that fund as set out in the financial report for the year 1 January to 31 December 1950.<sup>6</sup>

### 5. Supplemental Budget for 1951 : Obligations to the United Nations

The Fourth World Health Assembly,

Having considered the report of the Executive Board on the supplemental budget estimates for 1951 to cover the expenses of WHO for relief to the civilian population in Korea ;<sup>7</sup>

Having considered ways and means in which this supplemental budget can best be financed ;

Recalling that Korea is one of the countries which was eligible to receive aid from UNRRA ;

Noting that the Executive Board at its seventh session authorized the Director-General to withdraw the unused balances of allotments to inactive Members of the Organization and to place the entire amount in the Suspense Account established by the Third World Health Assembly in resolution WHA3.105, II, paragraph 4,

1. APPROVES the supplemental budget for 1951 by increasing Appropriation Section 5 of Part II of the Appropriation Resolution for the financial year 1951 (WHA3.109) in an amount not to exceed \$245,344 ;

<sup>2</sup> *Off. Rec. World Hlth Org.* 30, 72

<sup>3</sup> WHA4.1 is a synthesis of this resolution and the resolution in section I of the first report of the Committee on Programme.

<sup>4</sup> Annex 5

<sup>5</sup> *Off. Rec. World Hlth Org.* 33, annex 1

<sup>6</sup> *Off. Rec. World Hlth Org.* 34, 29

<sup>7</sup> *Off. Rec. World Hlth Org.* 33, 18

2. DECIDES that the funds in the Assembly Suspense Account shall be used, inter alia, for financing the supplemental budget ;

3. AUTHORIZES the Director-General to transfer an amount not to exceed \$245,344 from the Assembly Suspense Account as an addition to the other income available for the financing of the Appropriation Resolution for the financial year 1951 as amended above.

[WHA4.37]

#### 6. Supplemental Budget to Replace the Amount used for Assistance to Refugees in Turkey

The Fourth World Health Assembly,

Noting the action taken by the Executive Board at its seventh session with reference to assistance to refugees in Turkey (resolution EB7.R52) ;

Noting that the Board authorized the withdrawal of a sum not to exceed \$55,000 from the Working Capital Fund for this purpose ;

Noting that the Minister of Health of Turkey announced at the second plenary meeting of the Fourth World Health Assembly that the Turkish Government was voluntarily renouncing \$35,000 of the \$55,000 allocated ;

Considering that there is sufficient cash in the Assembly Suspense Account to replace the revised amount of \$20,000 which was withdrawn from the Working Capital Fund,

1. APPROVES the increased expenditure in 1951 for this purpose by increasing Appropriation Section 5 of Part II of the Appropriation Resolution for the financial year 1951 (WHA3.109) in the amount of \$20,000 ; and

2. AUTHORIZES the Director-General to replace this amount in the Working Capital Fund by a transfer from the cash balance of the Assembly Suspense Account.

[WHA4.38]

#### 7. Scale of Assessment for Korea, Viet Nam and Israel

The Fourth World Health Assembly,

Noting the information contained in resolution EB7.R40 of the Executive Board at its seventh session,

#### RESOLVES

(1) that the definite assessment of Israel for the years 1949, 1950 and 1951 shall be 14 units, and

(2) that, subject to review in respect of future years, the scale of assessments for Korea and Viet Nam for 1952 shall be as follows :

Korea . . . . .	5 units
Viet Nam . . . . .	25 units

[WHA4.39]

#### 8. Proposal of the Director-General for Improving the Financial Position of the Organization

The Fourth World Health Assembly,

Having considered a report made by the Executive Board at its seventh session on the financial position of the Organization ;<sup>8</sup>

Notwithstanding the decision of the First World Health Assembly concerning the Working Capital Fund,

1. RESOLVES to transfer the 1948 budgetary surplus from the Working Capital Fund to the Suspense Account established by the Third World Health Assembly ;

2. REQUESTS the Director-General :

(1) to meet, from the Assembly Suspense Account, the cash deficits for the years 1948 and 1949 resulting from the non-payment of contributions by certain Members, and

(2) to effect an appropriate charge against the suspense account, it being nevertheless understood that this action will in no way relieve the Member States concerned of their obligations to the Organization in respect of their contributions ;

3. RESOLVES

(1) to revoke the decision of the Third World Health Assembly with respect to the establishment of a building fund by cancelling paragraphs 5, 6, 7 and 8 of resolution WHA3.105 ;

(2) to authorize, by using \$233,645 from the Suspense Account, the establishment of a building fund, which shall remain available until the completion of the building operation and liquidation of all obligations, notwithstanding the provisions of the Financial Regulations, and

<sup>8</sup> *Off. Rec. World Hlth Org.* 33, 5 and annex 2

(3) to authorize, upon the completion and liquidation of the outstanding obligations, the return of any remaining balances in the Suspense Account ;

4. RESOLVES to suspend the application of Financial Regulations 13 and 16 (e) for 1952 and future years until the financial position of the Organization is such that these surpluses can be used in accordance with the Regulations ;

5. REQUESTS the Director-General to place these surpluses in the suspense account established by the Third World Health Assembly, to be known as the Assembly Suspense Account ;

6. DECIDES that the status of the Assembly Suspense Account should be reviewed by each Health Assembly ; and

7. DECIDES further that, notwithstanding the decision of the Third World Health Assembly on the amount of the Working Capital Fund, the Working Capital Fund is hereby established at \$3,193,955.

[WHA4.40]

#### 9. Additional Funds for the Budget of WHO

The Fourth World Health Assembly,

Considering that an increase in available funds for the budget of the World Health Organization is highly desirable in order to carry out the programme which will progressively devolve upon the Organization ;

Acknowledging that the setting-up of a World Health Defence Fund cannot be envisaged in the present international financial situation,

REQUESTS the Director-General

(1) to study the possibilities of obtaining additional funds for the budget of the World Health Organization proportionate to the essential requirements of its programme and, in particular, to explore the possibility of arranging an agreement with Member States, or with some of them, for the imposition of a tax on certain products, and

(2) to report on this subject to a later session of the Executive Board.

[WHA4.41]

#### 10. Admission to Membership : Japan

The Fourth World Health Assembly

ADMITS Japan as a Member of the World Health Organization, subject to the deposit of an instru-

ment of acceptance of the Constitution in accordance with Article 79.

[WHA4.42]

#### 11. Admission to Membership : Federal Republic of Germany

The Fourth World Health Assembly

ADMITS the Federal Republic of Germany as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

[WHA4.43]

#### 12. Admission to Membership : Spain

The Fourth World Health Assembly

ADMITS Spain as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

[WHA4.44]

#### 13. Action taken by Poland with regard to Membership of WHO

The Fourth World Health Assembly,

Having noted with regret a communication from the Minister of Poland at Berne, notifying the Director-General that the Republic of Poland withdraws from the World Health Organization,<sup>9</sup>

RESOLVES that while the World Health Organization will always welcome the resumption by that Member of full co-operation in the work of the Organization, it is not considered that any further action at this stage is desirable.

[WHA4.45]

#### 14. Amendments to the Rules of Procedure of the World Health Assembly

The Fourth World Health Assembly

ADOPTS the amendments and additions to the Rules of Procedure of the World Health Assembly as proposed by the Executive Board at its sixth session and set forth in annex 12 to *Official Records* No. 29, with the following additional amendments :

(1) *Rule 14*: insert "attendance by" after the words "be open to" in the second line [*amendment to the English text only.*]

(2) *Rule 87*: delete ;

<sup>9</sup> Annex 6

(3) *Rule 87 bis*: in the third line substitute "two consecutive sessions" for "three consecutive sessions"; in the sixth line delete the words "for exceptional reasons";

(4) *Rule 25 bis* }  
 (5) *Rule A* } [amendment to the French  
 (6) *Rule 51* } text only]

[WHA4.46]

## SECOND REPORT <sup>10</sup>

[A4/56]  
 19 May 1951

During the third, fourth, fifth, sixth, seventh and eighth meetings of the Committee on Administration, Finance and Legal Matters, held on 11, 12, 14 and 15 May, the committee agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions:

### 1. Scale of Assessment

The Fourth World Health Assembly

1. RESOLVES that the scale of assessments established for 1950, and as adjusted for 1951, shall be applied to the assessments for 1952, including the inactive Members;

2. DECIDES that:

(1) for 1952 the contribution of the United States of America shall be fixed at  $33\frac{1}{3}\%$  of the total gross assessment budget;<sup>11</sup>

(2) the per capita contribution of any Member State shall not exceed the per capita contribution of the Member making the highest contribution;

(3) the assessment of Austria shall be reduced from 22 to 17 units for 1952 and future years, subject to review at the end of the occupation period of that country;

3. RESOLVES that the following additions be made to the scale of assessments:

Spain . . . . .	132 units
Federal Republic of Germany	387 units;

<sup>10</sup> Adopted by the Health Assembly at its tenth plenary meeting

<sup>11</sup> One of the new applicants has now become a member of WHO by depositing its instrument of ratification with the Secretary-General of the United Nations (see p. 256)

4. RESOLVES that:

(1) The assessment of Japan shall be fixed at 170 units for 1951;

(2) the assessment of Japan shall be fixed at 192 units for 1952, provided that, if a peace treaty is negotiated with Japan prior to 1 January 1952, the assessment for 1952 shall be 214 units;

(3) the assessment of Japan shall be fixed at 214 units for the purpose of computing the amount of the advance to be made by Japan to the Working Capital Fund;

(4) the assessment of Japan for 1953 and future years shall be examined by the Executive Board and considered at the Fifth World Health Assembly, taking into account the status of the peace treaty with that country.

[WHA4.47]

### 2. WHO Seals

The Fourth World Health Assembly,

Noting the report of the Executive Board on the question of the issue of special World Health stamps, labels and flags,<sup>12</sup>

1. ENDORSES the suggestions made by the Board to Member Governments;

2. DESIRES to supplement the action taken by the Board;

3. RESOLVES that

(1) special WHO seals shall be created for use on a worldwide basis;

(2) the seals shall be supplied by the Organization and placed at the disposal of those Member Governments which are prepared to put them on sale to the general public on a purely voluntary basis;

<sup>12</sup> *Off. Rec. World Hlth Org.* 33, 26

(3) each government shall be left to fix the price at which it will sell the seals to the public ;

(4) the proceeds of the sales shall be divided between the World Health Organization and the government concerned, WHO receiving 25% and the government retaining 75% to be used for health programmes in its country for purposes in conformity with the principles set forth in the Constitution of the World Health Organization ;

(5) to finance the issue of the seals, there shall be set up a special revolving fund to be called " Special Fund for World Health Seals " ;

(6) to start this fund, there shall be transferred to its \$5,000 from the Assembly Suspense Account and subsequently paid into it 25% of the proceeds of the sales by Member Governments ; and

(7) the Director-General shall submit every year to the Health Assembly a report on the operation of the fund, the Assembly then deciding what part of the fund, if any, shall be used to supplement the regular budget of the Organization ;

4. REQUESTS the Director-General to implement the above decisions.

[WHA4.48]

### 3. Co-ordination of Administrative and Financial Questions in the United Nations and Specialized Agencies

The Fourth World Health Assembly

NOTES the resolutions taken by the Executive Board with a view to ensuring co-ordination with the United Nations and specialized agencies on administrative and financial questions (resolutions EB7.R25, EB7.R31, EB7.R36 and EB7.R38).

[WHA4.49]

### 4. Financial Regulations

The Fourth World Health Assembly,

Considering it desirable to adopt financial regulations which are as uniform as possible with those of the United Nations and the specialized agencies, with only such alterations as are required to meet the constitutional provisions and organizational structure of the World Health Organization,

DECIDES to adopt the proposed Financial Regulations<sup>13</sup> as the Financial Regulations of the World Health Organization.

[WHA4.50]

### 5. Staff Regulations

The Fourth World Health Assembly,

Reiterating the desirability of arriving at uniform staff regulations for the United Nations, the World Health Organization and other specialized agencies ;

Noting that staff regulations, as developed by the Administrative Committee on Co-ordination, with such modifications as are necessary to meet the special requirements of the World Health Organization, have been recommended by the Executive Board,

1. DECIDES to adopt as the Staff Regulations of the World Health Organization the regulations as presented in the report of the Executive Board on its seventh session,<sup>14</sup> with the following amendments :

3.1 to read as follows : The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.

3.3 to read as follows : The basic salary rates shall be adjusted at duty stations away from headquarters by the application of salary differentials which take into account relative cost of living to the staff members concerned, standards of living and related factors.

2. DECIDES further that, pending completion of negotiations for the use of the United Nations Administrative Tribunal, the World Health Organization shall continue to utilize the services of the Administrative Tribunal of the International Labour Office ;

3. REQUESTS that, in accordance with Article XV, paragraph 3(c), of the Agreement between the United Nations and the World Health Organization, the Director-General be represented at meetings of the United Nations Advisory Committee on Administrative and Budgetary Questions when it studies the proposed United Nations staff regulations, in order to participate in the discussions and present the views of the Organization.

[WHA4.51]

### 6. Staff Rules : General

The Fourth World Health Assembly

NOTES the changes in the Staff Rules made by the Director-General and confirmed by the Executive Board at its sixth and seventh sessions.<sup>15</sup>

[WHA4.52]

<sup>14</sup> *Off. Rec. World Hlth Org.* 33, 122

<sup>15</sup> *Off. Rec. World Hlth Org.* 29, 12 and annex 10 ; 33, 35 and annex 18

<sup>13</sup> *Off. Rec. World Hlth Org.* 33, annex 6

## 7. Staff Rules : Salary Differential

The Fourth World Health Assembly,

Having considered the problem of the minus 5% salary differential which is applied by the United Nations to the salaries of staff stationed in Geneva ;

Cognizant of the desirability of uniformity in the application of the salary plan adopted by the United Nations and the World Health Organization,

1. RECOMMENDS to the General Assembly of the United Nations that the following principles be followed in the application of any scheme of salary differentials :

(1) the basic salary rates may be adjusted at duty stations by the application of salary differentials which are based upon the relative cost of living to the staff members concerned, standards of living and related factors ;

(2) the basic components of comparable cost-of-living indices should be established by independent experts jointly appointed by the United Nations and the specialized agencies concerned ;

(3) no differential, either plus or minus, should be established or adjusted for variations in the cost of living of less than 10%, as recommended by the Committee of Experts on Salary, Allowance and Leave Systems ;

2. REAFFIRMS that, at such time as the results of scientific cost-of-living surveys are known, the Director-General and the Executive Board shall take such action as is necessary to apply any cost-of-living differential which results therefrom.

[WHA4.53]

## 8. Appointment of External Auditor for 1952-1954

The Fourth World Health Assembly

RESOLVES that Mr. Uno Brunskog be appointed External Auditor of the accounts of the World Health Organization for the three financial years 1952 to 1954 inclusive, to make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that should the necessity arise, Mr. Brunskog may designate a representative to act in his absence.

[WHA4.54]

## 9. Organizational Structure and Administrative Efficiency of the World Health Organization

The Fourth World Health Assembly,

After considering the report of the Executive Board on the organizational structure and administrative efficiency of the Secretariat,<sup>16</sup>

1. APPROVES the work which the Executive Board has done during 1951 ;

2. REQUESTS the Executive Board to continue its studies on the organizational structure and administrative efficiency of the World Health Organization, including the level of staffing, and to give particular attention to the subjects of :

(a) biennial assemblies, and

(b) publications ; and, further,

3. REQUESTS that in pursuance of the resolution on the subject of biennial assemblies adopted by the Third World Health Assembly (resolution WHA3.96) the Director-General should give special attention to the study of this matter and should report to the Executive Board at its ninth session so that this report may be furnished to the Fifth World Health Assembly, together with such comments and recommendations as the Board may wish to submit.

[WHA4.55]

## 10. Form of Presentation of Programme and Budget <sup>17</sup>

The Fourth World Health Assembly,

Recalling the instructions of the Third World Health Assembly to the Executive Board and the Director-General concerning the form of presentation of the Director-General's programme and budget estimates ;

Having noted the action taken by the Executive Board on this matter ; and

Having noted resolution 411(V) of the General Assembly of the United Nations which requests specialized agencies, inter alia, to provide in their regular budget documents information concerning

<sup>16</sup> *Off. Rec. World Hlth Org.* 33, 27

<sup>17</sup> The committee considers that, in discussing the Director-General's budget, the Health Assembly should be in a position to review proposed country projects separately. Individual projects should be described briefly to include a statement of prevailing conditions, the results, if any, which have been obtained and the further action proposed.

The Health Assembly should also be satisfied that, in co-operation with the governments concerned, realistic planning and appropriate co-ordination with other relevant agencies have taken place.

the estimates for expenditure of technical assistance funds, as well as other extra-budgetary funds,

1. COMMENDS the Director-General for having carried out the instructions of the Third World Health Assembly so effectively ;

2. CONSIDERS the form of presentation of the *Proposed Programme and Budget Estimates for 1952* as contained in *Official Records* No. 31 an adequate basis for the discussion of the Director-General's annual programme and budget estimates by the Health Assembly ;

3. REQUESTS the Director-General to continue this form of presentation of his annual programme and budget estimates ; and, further

4. REQUESTS the Executive Board and the Director-General to study ways and means of providing the Health Assembly with additional information which should enable it to exercise to the fullest extent possible its functions under the Constitution to act as the directing and co-ordinating authority on international health work.

[WHA4.56]

### THIRD REPORT <sup>18</sup>

[A4/63]  
23 May 1951

The Committee on Administration, Finance and Legal Matters, at its ninth, tenth and thirteenth meetings, held on 19, 21 and 23 May, agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

#### 1. Use of Spanish at WHO Meetings

The Fourth World Health Assembly,

Having examined the proposals made by the Executive Board on the amendment of Rules 66 and 67 of the Rules of Procedure of the World Health Assembly ;

Having noted the high proportion of Members whose national language is Spanish ;

Recognizing the desirability of having interpretation of speeches in French and English from and into Spanish at sessions of the World Health Assembly, the Executive Board, expert committees and other advisory bodies,

1. RESOLVES that Rules 66 and 67 of the Rules of Procedure of the World Health Assembly be amended to read as follows :

##### *Rule 66*

Speeches made in either of the working languages shall be interpreted into the other working language and Spanish. Speeches made in Spanish shall be interpreted into both working languages.

##### *Rule 67*

Speeches made in the official languages other than English, French and Spanish shall be interpreted into both working languages and into Spanish.

2. RESOLVES, further, that Rule 13 of the Rules of Procedure for Expert Committees be amended to read as follows :

##### *Rule 13*

The working languages of the committee shall be English and French. Speeches made in Spanish shall be interpreted into both working languages ; speeches made in either of the working languages shall be interpreted into the other working language and into Spanish. If requested, arrangements shall be made, if possible, for the interpretation of any other language used by any expert during the session.

[WHA4.57]

#### 2. Transfer of the Assets of the Office International d'Hygiène Publique

The Fourth World Health Assembly

1. CONGRATULATES the Chairman of the Permanent Committee of the Office International d'Hygiène Publique, the Chairman of the Committee on Finance and Transfer of the said Office and the members of that committee, upon the efforts which they have made to bring about the liquidation of the assets and liabilities of that institution ;

2. TAKES NOTE of the transfer of the assets of the Office International d'Hygiène Publique to the World Health Organization ; and

<sup>18</sup> Adopted by the Health Assembly at its tenth plenary meeting

3. REQUESTS the Director-General to investigate the position with regard to the denunciation of the Rome Agreement of 1907 by the Member Governments of the Office International d'Hygiène Publique, which have not been able hitherto to denounce the Agreement, and to report thereon to the Executive Board.

[WHA4.58]

### 3. Agreement with the Government of Egypt<sup>19</sup>

The Fourth World Health Assembly

1. TAKES COGNIZANCE of the declaration made by the Egyptian Delegation in the name of its Government under the terms of which paragraph 5 of the notes to be exchanged neither extends nor restricts the scope of Section 31 of Article X of the Agreement or of any other provision thereof; and consequently, taking account of this declaration,

2. INVITES the Government of Egypt to be kind enough to reconsider point 5 in the text of the notes to be exchanged;

3. APPROVES the Agreement, together with the notes to be exchanged; and

4. AUTHORIZES the Director-General to undertake the necessary formalities and in particular the exchange of notes accompanied by a formal communication of this resolution.

[WHA4.59]

### 4. Costs to be borne by Recipient Governments in connexion with Field Projects

The Fourth World Health Assembly,

Having considered various problems which have arisen with regard to the requirement that governments should provide the funds to pay field-service allowances to staff engaged by the World Health Organization on field projects;

Noting the resolution of the Technical Assistance Committee at its third session on these allowances and the decision of the Technical Assistance Board at its tenth meeting;<sup>20</sup>

Desiring to provide uniformity in the costs required to be borne by recipient governments for

projects financed under the Organization's regular budgets and those financed from the Special Account for the expanded programme of technical assistance for economic development.<sup>21</sup>

1. RESOLVES that requesting governments should normally be expected to agree to assume responsibility for a substantial part of the cost of services with which they are provided—at least that part which can be paid in their own currencies;

2. RESOLVES that, in the light of the above-mentioned principle, agreements between the recipient government and the Organization should provide for the payment by the former in local currency or in kind of the following costs of each project, as appropriate in each case:

(1) local personnel services, technical and administrative, as well as labour;

(2) office space and buildings;

(3) supplies and materials obtainable within the country;

(4) local transportation;

(5) postal and telecommunications;

(6) medical care;

(7) provision of lodging for staff employed on projects in the recipient country, provided that in exceptional circumstances, and subject to the prior agreement of the Director-General of WHO (or, in the case of projects financed from the Special Account for the expanded programme of technical assistance for economic development, the prior agreement of the Technical Assistance Board), provision of lodging may not be required of recipient governments; and, further,

3. DECIDES that recipient governments should contribute such further costs or facilities, including all or part of subsistence allowances, as may be mutually agreed upon between the governments and WHO

[WHA4.60]

<sup>19</sup> Annex 7

<sup>20</sup> See annex 8

<sup>21</sup> Attention is drawn to the fact that in the schedule of field-service allowances provisionally in use for projects financed from the Special Account for technical assistance, some of the rates appear to be too high; it is suggested that the Director-General of WHO make representations to the Technical Assistance Board that these rates should be constantly under review and maintained at what might be considered to provide a reasonable standard of living.

FOURTH REPORT<sup>22</sup>[A4/64]  
23 May 1951

The Committee on Administration, Finance and Legal Matters, at its eleventh, twelfth and thirteenth meetings, held on 22 and 23 May, agreed to recommend to the Fourth World Health Assembly the adoption of the following resolutions :

**1. Admission of Non-Governmental Organizations to Relationship with WHO**

The Fourth World Health Assembly

1. NOTES the proposal of the delegation of Belgium dealing with the relationship with non-governmental organizations ;<sup>23</sup>
2. CONFIRMS the action taken by the Executive Board in this matter ;
3. RECOMMENDS that the Executive Board continue the study of pending applications, in agreement with the authorization given to it by the First and Third World Health Assemblies.

[WHA4.61]

**2. Salary of the Director-General**

The Fourth World Health Assembly,

In order to conform more closely to the common pattern of salary, allowance and leave systems adopted by the United Nations in December 1950 ;

Recognizing that the considerable development of the Organization which has taken place since its inception has substantially increased the responsibilities of the Director-General,

1. DECIDES that his salary shall be \$20,000 as from 1 January 1951, and
2. AUTHORIZES the President of the Fourth World Health Assembly to sign on behalf of the Organization a supplemental agreement modifying paragraph II(1) of the contract of the Director-General signed on 23 July 1948.

[WHA4.62]

**3. Appointment of Representatives to WHO Staff Pension Committee**

Whereas, in accordance with resolution WHA 2.64 of the Second World Health Assembly, Sir Arcot Mudaliar and Dr. B. Kozusznik were

appointed respectively member and alternate member of the WHO Staff Pension Committee for a period of two years, and

Whereas the decision of the Second World Health Assembly as regards one- and two-year periods of membership applied only when the Staff Pension Committee was first constituted,

The Fourth World Health Assembly

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

[WHA4.63]

**4. Working Capital Fund for 1952**

The Fourth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership as at 1 May 1951 be maintained for 1952 in the amount of \$3,193,955 plus the assessments of Members joining after 1 May 1951 ;

2. AUTHORIZES the Director-General

(1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1952, pending receipt of contributions from Members ; sums so advanced shall be reimbursed to the Working Capital Fund as contributions are available ;

(2) to advance such sums in 1952 as may be necessary to meet unforeseen or extraordinary expenses, providing that not more than US \$250,000 may be used for such purposes, except that, with the prior concurrence of the Executive Board, a total of US \$500,000 may be used. The Director-General shall report to the next convening Health Assembly all advances made under this clause and the circumstances relating thereto, and shall make provision in the estimates for reimbursements of the Working Capital Fund except when such advances are recoverable from some other source ;

<sup>22</sup> Adopted by the Health Assembly at its tenth plenary meeting

<sup>23</sup> Annex 9

3. AUTHORIZES the Executive Board to use, not to exceed, US \$300,000 of the Working Capital Fund as the special fund to be used at the discretion of the Board to meet emergencies and unforeseen contingencies, this authorization being made in order to comply with Article 58 of the Constitution. Any amounts used under this authorization are to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

[WHA4.64]

#### 5. Place of the Fifth World Health Assembly

The Fourth World Health Assembly,

Having considered the provisions of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly shall be held,

DECIDES that the Fifth World Health Assembly shall be held in Switzerland.

[WHA4.65]

#### 6. Place of the Sixth World Health Assembly and of Future Health Assemblies

The Fourth World Health Assembly,

Taking note of a resolution proposed by the delegation of India on the place of the Sixth World Health Assembly and of future Health Assemblies,<sup>24</sup>

REQUESTS the Executive Board to examine this important question and to report to the Fifth World Health Assembly.

[WHA4.66]

#### 7. Assignment to Regions : Morocco, Tunisia and Algeria

The Fourth World Health Assembly

1. TAKES COGNIZANCE of the desire of the French Government that Morocco, Tunisia and the

French departments of Algeria be included within the European Region ;

2. REQUESTS the Executive Board to study the proposal of the Government of France and to report thereon to the Fifth World Health Assembly.

[WHA4.67]

#### 8. Amendment to Appropriation Resolution for 1950

The Fourth World Health Assembly

RESOLVES to amend the Appropriation Resolution for 1950 (WHA2.71) by adding the following provision after the second sentence in paragraph VI :

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1950.

[WHA4.68]

#### 9. Amendment to Appropriation Resolution for 1951

The Fourth World Health Assembly

RESOLVES to amend the Appropriation Resolution for 1951 (WHA3.109) by adding the following provision to the end of paragraph VI :

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1951.

[WHA4.69]

<sup>24</sup> Annex 10

FIFTH REPORT <sup>25</sup>[A4/69]  
24 May 1951

The Committee on Administration, Finance and Legal Matters, at its fourteenth meeting on 24 May 1951, agreed to recommend the following resolution for adoption by the Fourth World Health Assembly :

**Emergency Action to assist in the Maintenance of International Peace and Security**

The Fourth World Health Assembly,

Noting resolution 377 (V) of the United Nations General Assembly, "Uniting for Peace", which provides that the General Assembly may make recommendations to Members for collective measures for the maintenance of international peace and security if the Security Council fails to act ;

Considering resolution 363 (XII) of the Economic and Social Council of the United Nations, adopted at its twelfth session on 14 March 1951, concerning emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security ;

Noting that by paragraph 1 of the said resolution the Economic and Social Council has requested the Secretary-General, "in the light of the discussion on this subject in the Council, to consult with the specialized agencies as to the specific arrangements they might most appropriately make in order to provide for the furnishing by them of such information and for the rendering of such assistance in the maintenance or restoration of international peace and security as may be requested by the Security Council or the

General Assembly, such arrangements to cover action on an emergency basis and within the constitutional and budgetary limitations of the agencies to meet urgent requests" ;

Having regard to the constitutional and other provisions concerning emergency action by the World Health Organization on the recommendation of the United Nations, and in particular Articles 2 (b) and (d), 18 (i), 28 (i), 29 and 58 of the Constitution and Articles IV and VII of the Agreement between the United Nations and the World Health Organization ;

Considering the powers conferred by the World Health Assembly upon the Executive Board and the Director-General, by virtue of which advances may be made from the Working Capital Fund in order to meet emergencies and unforeseen contingencies,

1. DECLARES that the World Health Organization, on request of the Security Council or the General Assembly, will co-operate with the United Nations in the maintenance of international peace and security and, upon the request of the Security Council or the General Assembly, will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions ;
2. REQUESTS the Director-General to communicate this resolution to the Secretary-General of the United Nations ; and
3. REQUESTS the Executive Board to keep under review the implementation of the provisions of this resolution and to report thereon to the Fifth World Health Assembly.

[WHA4.70]

<sup>25</sup> Adopted by the Health Assembly at its eleventh plenary meeting

**JOINT MEETINGS OF THE COMMITTEE ON PROGRAMME AND THE COMMITTEE  
ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

FIRST REPORT <sup>1</sup>[A4/54]  
18 May 1951

1. In accordance with the procedure for the consideration of the programme and budget adopted by the Fourth World Health Assembly, the Com-

mittee on Programme and the Committee on Administration, Finance and Legal Matters held three joint meetings on 17 and 18 May 1951. After a considerable amount of discussion, in which many points of view were expressed, the joint meeting of the Committee on Programme and the Committee

<sup>1</sup> Adopted by the Health Assembly at its ninth plenary meeting.

on Administration, Finance and Legal Matters recommends to the Fourth World Health Assembly the adoption of the following two resolutions :

### 1. Budget Level for 1952

The Fourth World Health Assembly  
RESOLVES that the budget level for 1952 should be \$9,077,782, to be financed by :

- (1) casual income available for 1952 of \$477,782,
- (2) assessments against all Members of \$8,600,000.

[WHA4.71]

### 2. Effective Working Budget for 1952

The Fourth World Health Assembly  
RESOLVES that the effective working budget for 1952 should be \$7,677,782, to be financed by :

- (1) casual income available for 1952,
- (2) assessments against the active Members.

[WHA4.72]

II. In accordance with the procedure established by the Fourth World Health Assembly, the joint meeting of the Committee on Programme and the Committee on Administration, Finance and Legal Matters appointed a working party consisting of the following Members :

Australia	Iran
Brazil	Ireland
Chile	Philippines
Egypt	Union of South Africa
France	United Kingdom
India	United States of America

## SECOND REPORT <sup>2</sup>

[A4/67]  
23 May 1951

The Committee on Programme and the Committee on Administration, Finance and Legal Matters, at their fourth joint meeting, held on 23 May 1951, adopted the following report, based on the report of their joint working party :

The joint meeting noted that, as a consequence of the expressed wish of the majority of the Members of the African region to establish an African regional organization, and also the recent recommendation of the Regional Committee for the Western Pacific to establish its regional office at Manila, the programme and budget estimates for 1952 had been increased from the amount of \$8,379,653 to that of \$8,496,895. It was therefore necessary to consider ways and means of reducing the Director-General's programme and budget estimates in an amount of \$819,113 in order that they might conform with the effective working budget level of \$7,677,782 adopted by the Fourth World Health Assembly.

It was not considered sound budgetary practice to propose arbitrary reductions on a percentage basis. Certain guidance was given to the Director-General under broad categories where it was considered that reductions might be effected, and the Director-General furnished a proposal whereby the programme and budget estimates contained in *Official Records* No. 31 and the adjustments thereto might be reduced to the effective working budget level.

The proposal attached as Appendix I was examined in detail by the joint meeting. The following is a summary showing the reductions that will have to be made to the amounts appearing in *Official Records* No. 31, pages 77 and 78 and the adjustments thereto, if the appropriation resolution proposed in this report is adopted.

CENTRAL TECHNICAL SERVICES :	US \$
Tuberculosis Research Office, Copenhagen . . .	21,457
ADVISORY SERVICES :	
Tuberculosis . . . . .	14,705
Venereal diseases . . . . .	62,138
Other communicable diseases . . . . .	65,685
Public-health administration . . . . .	26,264
Nursing . . . . .	47,933
Health education of the public . . . . .	23,865
Maternal and child health . . . . .	47,837
Mental health . . . . .	1,400
Nutrition . . . . .	67,957
Fellowships . . . . .	50,600
Assistance to educational institutions . . . . .	241,090
TOTAL ADVISORY SERVICES	649,474
REGIONAL OFFICES :	
Africa . . . . .	82,859
Americas . . . . .	3,584
Europe . . . . .	61,739
TOTAL REGIONAL OFFICES	148,182
GRAND TOTAL	819,113

<sup>2</sup> Adopted by the Health Assembly at its tenth plenary meeting

In making the above recommendation, the joint meeting invites the attention of the Fourth World Health Assembly to the following :

1. These proposals include an amount of \$15,238 in addition to the amount of \$28,758 already provided in *Official Records* No. 31, page 241, for the Regional Office for Africa. However, since no reliable estimate of the cost of such an office could be presented at this stage, it is the opinion of the joint meeting that a small but effective regional office should be established for Africa during 1952. The joint meeting considered that the amount of \$43,996 would be insufficient for that purpose, and thought that it would be advisable for the Member Governments concerned, subject to the approval of the Executive Board, to meet as soon as possible in order to recommend the location and the staffing pattern of a small regional office.

The joint meeting therefore recommends that the Fourth World Health Assembly request the Director-General to examine his programme and budget estimates submitted in *Official Records* No. 31, adjusted in accordance with this report, in order to report to the Executive Board at its ninth session ways and means whereby, without reducing the adjusted programme, an amount, not to exceed \$83,996, could be found in 1952 for the establishment of the African regional office, it being recognized that this might necessitate inter alia adjustments or delays in starting some projects. This will result in the provision of an extra \$40,000 for the African office over and above the provision in the present proposals. In this connexion, the attention of the Fourth World Health Assembly is invited to the fact that it may be necessary to apply a system of delays in establishing in 1952 the staffing pattern for the regional office for Africa which may be recommended by the Member Governments concerned.

2. The committees noted the statement of the Director-General that if, at a later stage, savings could be effected elsewhere in the budget, every endeavour would be made to carry out part of those activities which, in order to arrive at the effective working budget level for 1952 adopted by the Fourth World Health Assembly, had been proposed for postponement. It was also understood that, provided some of these activities were suitable for financing from technical assistance funds, every attempt would be made to provide for them under that programme should governments concerned so desire. As the proposal contained in Appendix 1 was produced at very short notice, the joint meeting recommends that the Director-General be allowed

adequate flexibility in adjusting his programme and budget estimates for 1952.

3. Should the Fourth World Health Assembly agree to the proposal of the joint meeting whereby the Director-General's programme and budget estimates and the adjustments thereto are reduced to the effective working budget level already adopted by the Health Assembly, the joint meeting recommends that the Fourth World Health Assembly adopt the following appropriation resolution :

The Fourth World Health Assembly

RESOLVES to appropriate for the financial year 1952 an amount of \$9,077,782, as follows :

I.

Appropriation Section	Purpose of Appropriation	Amount US \$
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PART I : ORGANIZATIONAL MEETINGS

1. World Health Assembly . . . . .		141,453
2. Executive Board and its Committees . . . . .		86,370
3. Regional Committees . . . . .		37,200
	Total Part I	<u>265,023</u>

PART II : OPERATING PROGRAMME

4. Central Technical Services . . . . .		1,543,548
5. Advisory Services . . . . .		3,726,433
6. Regional Offices . . . . .		911,424
7. Expert Committees and Conferences . . . . .		191,388
	Total Part II	<u>6,372,793</u>

PART III : ADMINISTRATIVE SERVICES

8. Administrative Services . . . . .		1,039,966
	Total Part III	<u>1,039,966</u>

SUB-TOTAL PARTS I, II AND III 7,677,782

PART IV : RESERVE

9. Undistributed Reserve . . . . .		1,400,000
	Total Part IV	<u>1,400,000</u>

TOTAL ALL PARTS 9,077,782

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1952 in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year

1952 to the effective working budget established by the World Health Assembly, i.e. Parts I, II and III.

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

(i) The amount of . . . . . available from balances of allotments of inactive Members ( <i>Official Records</i> No. 33, paragraphs 84 and 85)	\$68,436
(ii) The amount of . . . . . available from the transfer of assets from the Office International d'Hygiène Publique	43,846
(iii) The amount of . . . . . available from the UNRRA Special Fund	30,010
(iv) The amount of . . . . . representing assessments on new Members from previous years <sup>3</sup>	102,989
(v) The amount of . . . . . representing miscellaneous income available for this purpose	232,501
Total	<u>\$477,782</u>

thus resulting in assessments against Members of \$8,600,000.

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

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unexpended balance of the allotments made to countries (in accordance with the provisions of the Financial Regulations) for fellowships under section 5.

VI. With respect to operational supplies provided for under section 5, and with respect to operational equipment provided for under section 5, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work, and such part of the cost of expendable materials and supplies as the governments are willing to repay,

which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services, should, is possible, reach agreement as to the willingness of governments to make such payments under the provisions of this paragraph. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to transfer to the ensuing year the unliquidated obligations under allotments (made under the provisions of the Financial Regulations) for the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1952.

VII. With respect to the printing of publications, notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge to the budget of 1952 the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1952.

[WHA4.73]

The joint meeting also examined a resolution<sup>4</sup> proposed by the delegation of Yugoslavia. In connexion with paragraph 2 of that resolution, it was considered that though it might be highly desirable that the World Health Organization should have special funds for the purchase and distribution of supplies, the proposal was not practicable at this stage, in view of the budgetary limitations already enforced on the Organization and the fact that the world-wide demand for supplies would render negligible any small effort WHO could make in this connexion. Unfortunately it was not found possible at this stage to reduce expenditure on personnel in favour of the provision of supplies. The joint meeting thought that to a large extent UNICEF could provide the requisite supplies for approved health programmes and that a sound administrative structure of experts was essential in order to render advice concerning the most effective use of those supplies. It noted that on page 41 of *Official Records* No. 31 provision had been made under the regular programme for an amount of \$230,153 for supplies in conjunction with advisory services. Similarly, on page 533, provision had been made in an amount of \$1,306,892 for supplies under the technical assistance programme. The amount provided under the regular programme will be reduced if the proposals contained in Appendix 1 are approved by the Fourth World Health Assembly. Never-

<sup>3</sup> Including assessment of new Members for 1950

<sup>4</sup> For text see minutes of first joint meeting, page 289.

theless, it was thought that in planning programmes to be charged against technical assistance funds greater effort should be made in order to co-ordinate those programmes with UNICEF, thereby reducing the amount of supplies to be furnished by the Organization. The joint meeting therefore recommends that such action be taken by the Director-General and, further, that in planning his programme and budget estimates for 1953 this expression of opinion should be taken into consideration.

In connexion with paragraph 3 of the resolution, the joint meeting thought that it was extremely difficult to generalize and express too rigid an opinion. Some countries could profit from short-term consultants, though others less technically developed would require expert advisory personnel for a longer period. It was also necessary for an expert to grasp the needs of the country to which he was assigned and this in some instances required his more extended sojourn there. Experience had demonstrated that factors prevailing in some countries were not the same as those in others. However, the joint meeting recommends that the Executive Board should constantly bear this suggestion in mind.

As regards paragraph 4 of the resolution, it was decided that this suggestion should be referred to the Executive Board for consideration, with special reference to the possibility of governments within regions making available additional regional appropriations as envisaged in article 50, paragraph (f) of the Constitution.

The committees recommend the following resolution<sup>5</sup> to the Fourth World Health Assembly for adoption :

The Fourth World Health Assembly,

Having noted the report of the Executive Board at its seventh session concerning the increasing co-ordination at the planning level of UNICEF/WHO programmes,

1. EXPRESSES its appreciation to UNICEF for this further evidence of co-operation in co-ordinating international health programmes ;

2. REQUESTS the Director-General, when planning his programme and budget estimates for 1953, to bear in mind constantly that, in accordance with its Charter, UNICEF's role in health programmes is to furnish, at the request of governments, the required supplies for these programmes ; and

3. INSTRUCTS the Director-General in directing and co-ordinating international health programmes to continue to co-operate with UNICEF.

### Appendix I

#### PROPOSED DEDUCTIONS TO MEET ESTABLISHED BUDGET LEVEL FOR 1952

Activity	Reference Off. Rec. No. 31 Page	Amount US \$
TUBERCULOSIS RESEARCH OFFICE, COPENHAGEN . . . . .	132-3	21,457
AFRICA		
Regional office . . . . .	—	82,859 <sup>6</sup>
Country undesignated : control of communicable diseases, short-term consultants' fees, travel, supplies and equipment . . . . .	242	21,000
Country undesignated : education and training, short-term consul- tants' fees, travel, supplies and equipment . . . . .	243	19,000
Fellowships . . . . .	243	20,000
TOTAL AFRICA		142,859
AMERICAS		
Regional office : 1 secretary . . . .	247-8	3,584
2 regional advisers, other communi- cable diseases . . . . .	250	18,085
2 area supervisors, maternal and child health . . . . .	252	27,080
Brazil : Venereal disease control training course . . . . .	256	11,655
Dominican Republic : venereal disease control . . . . .	267	18,376
Haiti : public-health administration .	277-8	17,864
Mexico : health education of the public . . . . .	284	9,865
Paraguay : venereal disease control .	288-9	28,620
Country undesignated : health educa- tion of the public, 2 consultant months . . . . .	298	2,800
Country undesignated : maternal and child health, 2 consultant months .	298	2,800
Country undesignated : nutrition, 2 consultant months . . . . .	298	2,800
TOTAL AMERICAS		143,529

<sup>6</sup> An amount of \$15,238 would be available to increase the provision of \$28,758 made in *Official Records* No. 31, page 241, for the Regional Office for Africa in 1952 to a total of \$43,996.

<sup>5</sup> Amended at the tenth plenary meeting before being adopted as WHA4.74

Activity	Reference Off. Rec. No. 31 Page	Amount US \$	Activity	Reference Off. Rec. No. 31 Page	Amount US \$
<b>SOUTH-EAST ASIA</b>			<b>EUROPE (continued)</b>		
Afghanistan : maternal and child health and venereal disease control, 1 venereologist . . . . .	312	8,400	United Kingdom : other communicable diseases, 2 consultant months . . . . .	397	2,800
Afghanistan : nutrition, short-term consultant . . . . .	313	8,400	Yugoslavia : other communicable diseases, 1 consultant month . . . . .	399	1,400
Afghanistan : leprosy, short-term consultant . . . . .	313	8,400	Yugoslavia : maternal and child health, short-term consultant . . . . .	399	1,400
Burma : nutrition, short-term consultant . . . . .	319	4,200	Yugoslavia : training course in nutrition . . . . .	400	6,800
Burma : education and training, professor of tuberculosis, Medical College, Rangoon . . . . .	320	17,859	Country undesignated : study group on infant metabolism . . . . .	405	7,396
India : education and training (b), All-India Institute of Hygiene and Public Health (reduction by delay in starting project) . . . . .	337	29,094	Country undesignated : public-health training courses . . . . .	406	19,200
Indonesia : venereal disease control, 1 venereologist . . . . .	344	10,242	<b>TOTAL EUROPE</b>		<b>118,376</b>
Thailand : maternal and child health programme, 1 health educator . . . . .	351	6,757	<b>EASTERN MEDITERRANEAN</b>		
Thailand : tuberculosis control (BCG), 1 consultant . . . . .	351-2	10,505	Egypt : education and training, Ophthalmic Memorial Laboratory . . . . .	422	13,000
Thailand : nursing, rural centre, 1 public-health nurse . . . . .	353-4	6,757	Iran : public-health administration, short-term consultant . . . . .	429	8,400
Country undesignated : health education of the public, short-term consultant . . . . .	359	8,400	Iran : malaria course at Teheran University . . . . .	432	11,800
Regional Nursing Conference . . . . .	359	19,480	Iran : maternal and child health course at Teheran University . . . . .	432	4,000
Fellowships . . . . .	359	30,600	Israel : quarantine consultant . . . . .	441	2,800
<b>TOTAL SOUTH-EAST ASIA</b>		<b>169,094</b>	Israel : public-health administration courses . . . . .	442	4,400
<b>EUROPE</b>			Lebanon : nursing training . . . . .	451	24,100
Regional Office . . . . .	363-4	61,739	Pakistan : education and training, Psychiatric Institute, Karachi . . . . .	460	4,000
Austria : venereal disease control, short-term consultant and supplies . . . . .	369	2,100	Syria : health education of the public, short-term consultant . . . . .	469	2,800
Austria : mental health, short-term consultant . . . . .	369	1,400	Turkey : nutrition . . . . .	473	51,157
Finland : tuberculosis control, 1 consultant month . . . . .	375	1,400	Turkey : organization of nursing schools . . . . .	476	9,857
Finland : venereal disease control, short-term consultant . . . . .	375	1,400	Country undesignated : leishmaniasis control, short-term consultant . . . . .	479	11,200
Greece : tuberculosis control, short-term consultant . . . . .	381	2,800	Country undesignated : maternal and child health travelling seminar . . . . .	481	15,000
Greece : venereal disease control, short-term consultant . . . . .	381	1,400	<b>TOTAL EASTERN MEDITERRANEAN</b>		<b>162,514</b>
Greece : maternal and child health, short-term consultant . . . . .	381	1,400	<b>WESTERN PACIFIC</b>		
Greece : nutrition, short-term consultant . . . . .	381	1,400	Brunei : nursing training . . . . .	488	21,696
Portugal : Public-Health Nursing Conference . . . . .	393	4,341	Cambodia : rural health centre . . . . .	494	39,588
			<b>TOTAL WESTERN PACIFIC</b>		<b>61,284</b>
			<b>GRAND TOTAL</b>		<b>819,113</b>

**Addendum**

**SUMMARY OF BUDGET ESTIMATES  
FOR THE FINANCIAL YEAR  
1 JANUARY TO 31 DECEMBER 1952**

Estimated  
expenditure  
US \$

**PART I — ORGANIZATIONAL MEETINGS**

	Estimated expenditure US \$
<b>SECTION 1 WORLD HEALTH ASSEMBLY</b>	
<b>Chapter 00 Personal Services</b>	
01 Salaries and wages (temporary staff) . . . . .	32,535
Total Chapter 00	<u>32,535</u>
<b>Chapter 20 Travel and Transportation</b>	
21 Duty travel . . . . .	6,000
25 Travel of delegates . . . . .	35,000
26 Travel and subsistence of temporary staff . . . . .	2,600
Total Chapter 20	<u>43,600</u>
<b>Chapter 30 Space and Equipment Services</b>	
31 Rental and maintenance of premises . . . . .	7,000
32 Rental and maintenance of equipment . . . . .	1,050
Total Chapter 30	<u>8,050</u>
<b>Chapter 40 Other Services</b>	
41 Communications . . . . .	1,000
42 Hospitality . . . . .	1,000
44 Freight and other transportation costs . . . . .	5,000
Total Chapter 40	<u>7,000</u>
<b>Chapter 50 Supplies and Materials</b>	
51 Printing . . . . .	25,000
52 Visual material . . . . .	2,000
53 Supplies . . . . .	21,768
Total Chapter 50	<u>48,768</u>
<b>Chapter 80 Acquisition of Capital Assets</b>	
82 Equipment . . . . .	1,500
Total Chapter 80	<u>1,500</u>
TOTAL SECTION 1	<u>141,453</u>
<b>SECTION 2 EXECUTIVE BOARD AND ITS COMMITTEES</b>	
<b>Chapter 00 Personal Services</b>	
01 Salaries and wages (temporary staff) . . . . .	25,178
Total Chapter 00	<u>25,178</u>

<b>Chapter 20 Travel and Transportation</b>	
21 Duty travel . . . . .	1,200
25 Travel and subsistence of members . . . . .	39,320
26 Travel and subsistence of temporary staff . . . . .	1,600
Total Chapter 20	<u>42,120</u>
<b>Chapter 30 Space and Equipment Services</b>	
31 Rental and maintenance of premises . . . . .	3,097
32 Rental and maintenance of equipment . . . . .	500
Total Chapter 30	<u>3,597</u>
<b>Chapter 40 Other Services</b>	
43 Other contractual services . . . . .	400
44 Freight and other transportation costs . . . . .	75
Total Chapter 40	<u>475</u>
<b>Chapter 50 Supplies and Materials</b>	
51 Printing . . . . .	10,000
53 Supplies . . . . .	5,000
Total Chapter 50	<u>15,000</u>
TOTAL SECTION 2	<u>86,370</u>
<b>SECTION 3 REGIONAL COMMITTEES</b>	
<b>Chapter 00 Personal Services</b>	
01 Salaries and wages (temporary staff) . . . . .	5,945
Total Chapter 00	<u>5,945</u>
<b>Chapter 20 Travel and Transportation</b>	
21 Duty travel . . . . .	19,805
25 Travel of delegates . . . . .	2,680
26 Travel and subsistence of temporary staff . . . . .	5,475
Total Chapter 20	<u>27,960</u>
<b>Chapter 30 Space and Equipment Services</b>	
31 Rental and maintenance of premises . . . . .	800
Total Chapter 30	<u>800</u>
<b>Chapter 40 Other Services</b>	
43 Other contractual services . . . . .	1,645
Total Chapter 40	<u>1,645</u>

	Estimated expenditure US \$
Chapter 50 <i>Supplies and Materials</i>	
53 Supplies . . . . .	850
Total Chapter 50	850
TOTAL SECTION 3	37,200
TOTAL PART I	265,023

## PART II — OPERATING PROGRAMME

## SECTION 4 CENTRAL TECHNICAL SERVICES

Chapter 00 <i>Personal Services</i>	
01 Salaries and wages . . . . .	795,106
02 Short-term consultants' fees . . . . .	14,000
Total Chapter 00	809,106

Chapter 10 <i>Personal Allowances</i>	
11 Installation . . . . .	12,011
12 Dependants . . . . .	21,612
13 Expatriation . . . . .	28,303
14 Pension Fund . . . . .	107,487
15 Staff insurance . . . . .	7,111
Total Chapter 10	176,524

Chapter 20 <i>Travel and Transportation</i>	
21 Duty travel . . . . .	38,719
22 Travel of short-term consultants . . . . .	4,150
23 Travel on initial recruitment and repatriation . . . . .	8,622
24 Travel on home leave . . . . .	26,118
27 Transportation of personal effects . . . . .	5,934
Total Chapter 20	83,543

Chapter 30 <i>Space and Equipment Services</i>	
31 Rental and maintenance of premises	55,996
32 Rental and maintenance of equipment	5,594
Total Chapter 30	61,590

Chapter 40 <i>Other Services</i>	
41 Communications . . . . .	51,101
42 Hospitality . . . . .	4,255
43 Other contractual services . . . . .	39,990
44 Freight and other transportation costs	13,369
Total Chapter 40	108,715

Chapter 50 <i>Supplies and Materials</i>	
51 Printing . . . . .	156,322
52 Visual material . . . . .	11,226
53 Supplies . . . . .	31,083
Total Chapter 50	198,631

Chapter 60 <i>Fixed Charges and Claims</i>	
61 Reimbursement of income-tax . . . . .	2,368
62 Insurance . . . . .	1,143
Total Chapter 60	3,511

Chapter 70 <i>Grants and Contractual Technical Services</i>	
72 Contractual Technical Services . . . . .	70,145
Total Chapter 70	70,145

Chapter 80 <i>Acquisition of Capital Assets</i>	
81 Library books . . . . .	20,200
82 Equipment . . . . .	11,583
Total Chapter 80	31,783
TOTAL SECTION 4	1,543,548

## SECTION 5 ADVISORY SERVICES

Chapter 00 <i>Personal Services</i>	
01 Salaries and wages . . . . .	1,298,300
02 Short-term consultants' fees . . . . .	193,839
Total Chapter 00	1,492,139

Chapter 10 <i>Personal Allowances</i>	
11 Installation . . . . .	40,775
12 Dependants . . . . .	51,133
13 Expatriation . . . . .	57,798
14 Pension Fund . . . . .	186,186
15 Staff insurance . . . . .	15,570
Total Chapter 10	351,462

Chapter 20 <i>Travel and Transportation</i>	
21 Duty travel . . . . .	219,010
22 Travel of short-term consultants . . . . .	155,674
23 Travel on initial recruitment and repatriation . . . . .	64,664
24 Travel on home leave . . . . .	75,840
27 Transportation of personal effects . . . . .	17,162
Total Chapter 20	532,350

	Estimated expenditure US \$		Estimated expenditure US \$
Chapter 30 <i>Space and Equipment Services</i>		Chapter 20 <i>Travel and Transportation</i>	
31 Rental and maintenance of premises	27,364	21 Duty travel . . . . .	53,541
32 Rental and maintenance of equipment	876	23 Travel on initial recruitment and repatriation . . . . .	1,693
	<hr/>	24 Travel on home leave . . . . .	14,792
Total Chapter 30	28,240	27 Transportation of personal effects . . . . .	1,989
	<hr/>		<hr/>
Chapter 40 <i>Other Services</i>		Total Chapter 20	72,015
41 Communications . . . . .	14,885		<hr/>
42 Hospitality . . . . .	2,189	Chapter 30 <i>Space and Equipment Services</i>	
43 Other contractual services . . . . .	8,756	31 Rental and maintenance of premises	26,947
44 Freight and other transportation costs	3,502	32 Rental and maintenance of equipment	7,883
	<hr/>		<hr/>
Total Chapter 40	29,332	Total Chapter 30	34,830
	<hr/>		<hr/>
Chapter 50 <i>Supplies and Materials</i>		Chapter 40 <i>Other Services</i>	
51 Printing . . . . .	109	41 Communications . . . . .	45,549
52 Visual material . . . . .	6,228	42 Hospitality . . . . .	5,500
53 Supplies . . . . .	180,482	43 Other contractual services . . . . .	1,437
	<hr/>	44 Freight and other transportation costs	3,429
Total Chapter 50	186,819		<hr/>
	<hr/>	Total Chapter 40	55,915
Chapter 60 <i>Fixed Charges and Claims</i>			<hr/>
61 Reimbursement of income tax . . . . .	12,603	Chapter 50 <i>Supplies and Materials</i>	
62 Insurance . . . . .	124	51 Printing . . . . .	5,050
	<hr/>	52 Visual material . . . . .	1,685
Total Chapter 60	12,727	53 Supplies . . . . .	26,988
	<hr/>		<hr/>
Chapter 70 <i>Grants and Contractual Technical Services</i>		Total Chapter 50	33,723
71 Fellowships . . . . .	843,257		<hr/>
72 Contractual technical services . . . . .	141,057	Chapter 60 <i>Fixed Charges and Claims</i>	
	<hr/>	61 Reimbursement of income tax . . . . .	15,745
Total Chapter 70	984,314	62 Insurance . . . . .	305
	<hr/>		<hr/>
Chapter 80 <i>Acquisition of Capital Assets</i>		Total Chapter 60	16,050
82 Equipment . . . . .	109,050		<hr/>
	<hr/>	Chapter 80 <i>Acquisition of Capital Assets</i>	
Total Chapter 80	109,050	81 Library books . . . . .	4,000
	<hr/>	82 Equipment . . . . .	12,254
TOTAL SECTION 5	3,726,433		<hr/>
	<hr/>	Total Chapter 80	16,254
SECTION 6 REGIONAL OFFICES			<hr/>
Chapter 00 <i>Personal Services</i>		TOTAL SECTION 6	911,424
01 Salaries and wages . . . . .	547,484		<hr/>
	<hr/>	SECTION 7 EXPERT COMMITTEES AND CONFERENCES	
Total Chapter 00	547,484	Chapter 00 <i>Personal Services</i>	
	<hr/>	01 Salaries and wages (temporary staff)	17,541
Chapter 10 <i>Personal Allowances</i>			<hr/>
11 Installation . . . . .	2,822	Total Chapter 00	17,541
12 Dependants . . . . .	18,128		<hr/>
13 Expatriation . . . . .	32,798		
14 Pension Fund . . . . .	74,160		
15 Staff insurance . . . . .	7,245		
	<hr/>		
Total Chapter 10	135,153		
	<hr/>		

	Estimated expenditure US \$		Estimated expenditure US \$
Chapter 20 <i>Travel and Transportation</i>		Chapter 30 <i>Space and Equipment Services</i>	
21 Duty travel (permanent staff) . . . . .	16,198	31 Rental and maintenance of premises	48,551
25 Travel and subsistence of members	126,165	32 Rental and maintenance of equipment	1,514
26 Travel and subsistence of temporary staff . . . . .	3,740		
	<hr/>	Total Chapter 30	50,065
Total Chapter 20	146,103		
Chapter 30 <i>Space and Equipment Services</i>		Chapter 40 <i>Other Services</i>	
31 Rental and maintenance of premises	561	41 Communications . . . . .	29,891
	<hr/>	42 Hospitality . . . . .	4,284
Total Chapter 30	561	43 Other contractual services . . . . .	15,406
	<hr/>	44 Freight and other transportation costs	6,054
		Total Chapter 40	55,635
Chapter 40 <i>Other Services</i>		Chapter 50 <i>Supplies and Materials</i>	
43 Other contractual services . . . . .	1,496	51 Printing . . . . .	1,039
	<hr/>	52 Visual material . . . . .	10,765
Total Chapter 40	1,496	53 Supplies . . . . .	23,583
	<hr/>	Total Chapter 50	35,387
Chapter 50 <i>Supplies and Materials</i>		Chapter 60 <i>Fixed Charges and Claims</i>	
51 Printing . . . . .	15,500	61 Reimbursement of income tax . . . . .	2,270
53 Supplies . . . . .	10,187	62 Insurance . . . . .	214
	<hr/>	Total Chapter 60	2,484
Total Chapter 50	25,687		
	<hr/>	Chapter 80 <i>Acquisition of Capital Assets</i>	
TOTAL SECTION 7	191,388	82 Equipment . . . . .	3,784
	<hr/>	Total Chapter 80	3,784
TOTAL PART II	6,372,793	TOTAL SECTION 8	1,039,966
	<hr/>	TOTAL PART III	1,039,966
		SUB-TOTAL PARTS I, II AND III	7,677,782
			<hr/>
PART III — ADMINISTRATIVE SERVICES			
SECTION 8 ADMINISTRATIVE SERVICES			
Chapter 00 <i>Personal Services</i>			
01 Salaries and wages . . . . .	637,056		
02 Short-term consultants' fees . . . . .	13,100		
	<hr/>		
Total Chapter 00	650,156		
	<hr/>		
Chapter 10 <i>Personal Allowances</i>		PART IV — RESERVE	
11 Installation . . . . .	9,655	Undistributed Reserve . . . . .	1,400,000
12 Dependants . . . . .	12,649		
13 Expatriation . . . . .	32,861	TOTAL ALL PARTS	9,077,782
14 Pension Fund . . . . .	88,633		
15 Staff insurance . . . . .	4,901	<i>Deduct :</i>	
16 Representation . . . . .	6,500	Available from balances of allotments to inactive Members . . . . .	68,436
	<hr/>	Available from the transfer of assets from the Office International d'Hygiène Publique . . . . .	43,846
Total Chapter 10	155,199	Available from the UNRRA Special Fund . . . . .	30,010
	<hr/>	Assessments on new Members from previous years . . . . .	102,989
Chapter 20 <i>Travel and Transportation</i>		Miscellaneous income . . . . .	232,501
21 Duty travel . . . . .	50,274		<hr/>
23 Travel on initial recruitment and repa- tiation . . . . .	6,754	NET TOTAL	8,600,000
24 Travel on home leave . . . . .	25,795		<hr/>
27 Transportation of personal effects . . . . .	4,433		
	<hr/>		
Total Chapter 20	87,256		
	<hr/>		

## LEGAL SUB-COMMITTEE

FIRST REPORT <sup>1</sup>[A4/AFL/3]  
10 May 1951

The Legal Sub-Committee held its first meeting on 10 May 1951 at 10 a.m.

Representatives of the following Member States were present: Belgium, Egypt, France, India, Indonesia, Israel, Italy, Laos, Mexico, Netherlands, New Zealand, Saudi Arabia, Switzerland, Union of South Africa, United Kingdom and United States of America.

M. L. A. D. Geeraerts (Belgium) was elected Chairman, M. E. Calderón-Puig (Mexico) Vice-Chairman and Mr. C. H. Taljaard (Union of South Africa) Rapporteur.

### 1. Admission to Membership and Associate Membership

The Legal Sub-Committee considered the applications for membership made by Japan, the Federal Republic of Germany and Spain.

#### 1.1 Japan

The sub-committee considered that the application by Japan for membership of the Organization was in conformity with constitutional requirements and therefore proposes to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly:

The Fourth World Health Assembly

ADMITS Japan as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

#### 1.2 Federal Republic of Germany

The sub-committee considered that the application by the Federal Republic of Germany for membership of the Organization was in conformity with constitutional requirements and therefore proposes to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly:

The Fourth World Health Assembly

ADMITS the Federal Republic of Germany as a Member of the World Health Organization,

subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

The representative of Israel stated that he was unable to support Germany's candidature for membership of WHO and requested that this be recorded in the sub-committee's report.

#### 1.3 Spain

The sub-committee considered that the application by Spain for membership of the Organization was in conformity with constitutional requirements and therefore proposes to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly:

The Fourth World Health Assembly

ADMITS Spain as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution in accordance with Article 79.

The representative of Mexico stated that he was unable to support Spain's candidature for membership of WHO and requested that this be recorded in the sub-committee's report.

### 2. Action taken by Poland with regard to Membership of WHO

The sub-committee recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly:

The Fourth World Health Assembly

Having noted a communication from the Minister of Poland at Berne, notifying the Director-General that the Republic of Poland withdraws from the World Health Organization,

RESOLVES that while the World Health Organization will always welcome the resumption by that Member of full co-operation in the work of the Organization, it is not considered that any further action at this stage is desirable.

<sup>1</sup> The draft resolutions in this report were incorporated almost unchanged in the first report of the Committee on Administration, Finance and Legal Matters (sections 10 to 14).

### 3. Amendments of the Rules of Procedure of the World Health Assembly

The sub-committee recommends to the Committee on Administration, Finance and Legal Matters that it submit the following resolution to the Fourth World Health Assembly:

#### The Fourth World Health Assembly

ADOPTS the amendments and additions to the Rules of Procedure of the World Health Assembly as proposed by the Executive Board at its sixth session and set forth in annex 12 to *Official Records* No. 29, with the following additional amendments:

(1) *Rule 14*: insert "attendance by" after the

words "be open to" in the second line [*amendment to the English text only*];

(2) *Rule 87*: delete;

(3) *Rule 87 bis*: in the third line substitute "two consecutive sessions" for "three consecutive sessions"; in the sixth line delete the words "for exceptional reasons";

(4) *Rule 25 bis*:

(5) *Rule A*:

(6) *Rule 51*:

} [*amendment to the French text only*]

## SECOND REPORT<sup>2</sup>

[A4/AFL/18]  
17 May 1951

The Legal Sub-Committee met under the Chairmanship of M. L. A. D. Geeraerts (Belgium) on 10 May.

Representatives of the following Member States were present: Belgium, Egypt, France, India, Indonesia, Israel, Italy, Korea, Laos, Mexico, Netherlands, New Zealand, Saudi Arabia, Switzerland, Union of South Africa, United Kingdom and United States of America.

### 1. Use of Spanish at WHO Meetings

The Legal Sub-Committee considered Rules 66 and 67 of the Rules of Procedure of the World Health Assembly as amended and approved by the Executive Board at its seventh session<sup>3</sup> and recommends to the Committee on Administration, Finance and Legal Matters that it submit the following resolution to the Fourth World Health Assembly for adoption:

#### The Fourth World Health Assembly,

Having examined the proposals made by the Executive Board on the amendment of Rules 66

and 67 of the Rules of Procedure of the World Health Assembly;

Having noted the high proportion of Members whose national language is Spanish;

Recognizing the desirability of having interpretation of speeches in French and English from and into Spanish at sessions of the World Health Assembly, the Executive Board, expert committees and other advisory bodies,

1. RESOLVES that Rules 66 and 67 of the Rules of Procedure of the World Health Assembly be amended to read as follows:

#### *Rule 66*

Speeches made in either of the working languages shall be interpreted into the other working language and Spanish. Speeches made in Spanish shall be interpreted into both working languages.

#### *Rule 67*

Speeches made in the official languages other than English, French and Spanish shall be interpreted into both working languages and into Spanish.

<sup>2</sup> Sections 1 and 2 of this report were incorporated without change in the third report of the Committee on Administration, Finance and Legal Matters. Section 3, in the amended form finally adopted, was included in the committee's fourth report (WHA4.67).

<sup>3</sup> *Off. Rec. World Hlth. Org.* 33, ¶25

2. RESOLVES, further, that Rule 13 of the Rules of Procedure for Expert Committees be amended to read as follows :

*Rule 13*

The working languages of the committee shall be English and French. Speeches made in Spanish shall be interpreted into both working languages ; speeches made in either of the working languages shall be interpreted into the other working language and into Spanish. If requested, arrangements shall be made, if possible, for the interpretation of any other language used by any expert during the session.

The sub-committee wishes to point out that the change suggested in Rule 67 does not affect the application of Rule 65.

**2. Transfer of the Assets of the Office International d'Hygiène Publique**

The sub-committee recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly for adoption :

The Fourth World Health Assembly

1. CONGRATULATES the Chairman of the Permanent Committee of the Office International d'Hygiène Publique, the Chairman of the Committee on Finance and Transfer of the said Office

and the members of that committee, upon the efforts which they have made to bring about the liquidation of the assets and liabilities of that institution ;

2. TAKES NOTE of the transfer of the assets of the Office International d'Hygiène Publique to the World Health Organization ; and

3. REQUESTS the Director-General to investigate the position with regard to the denunciation of the Rome Agreement of 1907 by the Member Governments of the Office International d'Hygiène Publique which have not been able hitherto to denounce the Agreement, and to report thereon to the Executive Board.

**3. Assignment to Regions : Morocco, Tunisia and Algeria**

The sub-committee recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly :

The Fourth World Health Assembly

TAKES COGNIZANCE of the desire of the French Government that Morocco, Tunisia and the French departments of Algeria be included within the European Area.

The representative of Egypt informed the sub-committee that he was unable to accept the proposed resolution and recorded the reasons for his opposition.

THIRD REPORT <sup>4</sup>

[A4/AFL/20]  
18 May 1951

The Legal Sub-Committee met under the chairmanship of M. L. A. D. Geeraerts (Belgium) on 17 May 1951.

Representatives of the following Member States were present : Belgium, Egypt, France, India, Indonesia, Israel, Italy, Korea, Laos, Mexico, Netherlands, Saudi Arabia, Switzerland, Union of South Africa, United Kingdom and United States of America.

<sup>4</sup> Part I of this report led to considerable discussion in the Committee on Administration, Finance and Legal Matters, and the text finally adopted by the committee (section 3 of its third report) was not arrived at till its thirteenth meeting. The resolutions in Part II were adopted without change by the Committee on Programme and appear as sections 7, 8 and 9 of its second report.

PART I

ITEM REFERRED TO THE LEGAL SUB-COMMITTEE BY THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

**1. Agreement with the Government of Egypt** (see annex 7 and minutes of the third, fourth and fifth meetings of the sub-committee)

Taking into account a declaration made by the representative of Egypt in the name of his Government, and in view of that declaration and its clarification in the course of the discussion which followed, the Legal Sub-Committee recommends the adoption of the Agreement between the World Health Organization and the Government of Egypt as completed by the exchange of notes.

The Sub-Committee therefore recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the Fourth World Health Assembly :

The Fourth World Health Assembly

TAKES COGNIZANCE of the declaration made by the Egyptian delegation in the name of its Government under the terms of which paragraph 5 of the notes to be exchanged neither extends nor restricts the scope of Section 31 of Article X of the Agreements or of any other provision thereof ;

APPROVES the Agreement together with the notes to be exchanged ; and

AUTHORIZES the Director-General to undertake the necessary formalities and in particular the said exchange of notes accompanied by a formal communication of this resolution.

## PART II

### ITEMS REFERRED TO THE LEGAL SUB-COMMITTEE BY THE COMMITTEE ON PROGRAMME

The sub-committee recommends to the Committee on Administration, Finance and Legal Matters that it transmit the following three resolutions to the Committee on Programme :

#### 1. Permanent Secretariat for the International Pharmacopoeia : Assumption of Functions by WHO in application of Article 72 of the Constitution

The Fourth World Health Assembly,

Noting with satisfaction that the Belgian Government, depositary of the Agreement revising the Agreement respecting the Unification of Pharmacopoeial Formulae for Potent Drugs, signed at Brussels on 20 August 1929, has, in application of Article 35 thereof and on behalf of the parties thereto, agreed that the World Health Organization shall henceforward ensure the functions of the Permanent International Pharmacopoeia Secretariat in accordance with Article 34 of the said Agreement,

1. PAYS TRIBUTE to the spirit of international collaboration shown by the Belgian Government ; and,

Considering Articles 2 (u) and 72 of the Constitution of the World Health Organization,

2. APPROVES the taking over by the World Health Organization, with effect from 1 January 1951, of

the functions of the Permanent International Pharmacopoeia Secretariat previously entrusted to the Belgian Pharmacopoeia Commission.

#### 2. Adoption of amended Regulations for Expert Advisory Panels and Committees

The Fourth World Health Assembly,

Having considered the Regulations for Expert Advisory Panels and Committees adopted by the Executive Board at its sixth session (in resolution EB6.R25) and amended by the Executive Board at its seventh session (in resolution EB7.R82),

ADOPTS these Regulations with an additional amendment to Regulation 15 (Entry-into-Force), the said regulation to read as follows :

These regulations shall apply as from the date of their approval by the World Health Assembly and replace the former regulations and provisional appointment regulations for expert committees and their sub-committees.

#### 3. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

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

Whereas the Executive Board at its seventh session approved (resolution EB7.R42) the extension of the duration of this Agreement until 31 December 1951, or until the dissolution of the Agency if this should take place before that date ;

Considering that the World Health Organization should continue the technical direction of the health programme administered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East,

The Fourth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1952, or until the dissolution of the Agency if this should take place before that date.

FOURTH REPORT <sup>5</sup>.[A4/AFL/28]  
23 May 1951

The Legal Sub-Committee met under the chairmanship of M. L. A. D. Geeraerts (Belgium) on 23 May 1951.

Representatives of the following Member States were present : Belgium, France, India, Indonesia, Italy, Korea, Laos, Mexico, Netherlands, Saudi Arabia, Switzerland, Union of South Africa, United Kingdom and United States of America.

## EMERGENCY ACTION BY THE ECONOMIC AND SOCIAL COUNCIL AND THE SPECIALIZED AGENCIES TO ASSIST IN THE MAINTENANCE OF INTERNATIONAL PEACE AND SECURITY

The sub-committee considered the terms of the draft resolution giving effect to resolution 363 (XII) of the Economic and Social Council of the United Nations, as submitted to it by the Committee on Administration, Finance and Legal Matters, in relation to the provisions of the Constitution and of the Agreement between the United Nations and the World Health Organization. The sub-committee found that, with or without the amendments thereto proposed by the United States Delegation, the terms of the draft resolution were not inconsistent with the provisions of either the Constitution or the said Agreement, except with regard to paragraph 1.

The sub-committee recommends that paragraph 1 should read as follows :

<sup>5</sup> The amendments proposed in this report were incorporated in the draft resolution submitted by the Committee on Administration, Finance and Legal Matters in its fifth report.

1. DECLARES that the World Health Organization, on request of the Security Council or the General Assembly, will co-operate with the United Nations in the maintenance of international peace and security and, upon the request of the Security Council or the General Assembly, will furnish information and emergency assistance for this purpose in accordance with constitutional and budgetary provisions ;

In order to meet the wishes expressed by some of the members, the Chairman proposed the following addition to the draft resolution :

3. REQUESTS the Executive Board to keep under review the implementation of the provisions of this resolution and to report thereon to the fifth World Health Assembly.

The sub-committee was of the opinion that there would be no legal objection to the insertion of such a paragraph at the end of the resolution, should the Committee on Administration, Finance and Legal Matters so desire.

The draft resolution with the said amendments is reproduced in the annex to this report with additions and amendments underlined.

The representative of India stated that he was unable to concur with the majority of the sub-committee and requested that this be recorded in the sub-committee's report.

[The annex is not printed.]

## SPECIAL COMMITTEE ON DRAFT INTERNATIONAL SANITARY REGULATIONS

REPORT <sup>1</sup>[A4/66]  
25 May 1951

The Special Committee established by the Third World Health Assembly to consider the Draft International Sanitary Regulations first met on

9 April 1951, and held forty plenary meetings <sup>2</sup> until 21 May 1951.

It elected unanimously as Chairman Dr. M. T. Morgan (United Kingdom) and as Vice-Chairmen

<sup>1</sup> The Health Assembly took note of this report at its eleventh plenary meeting when adopting the two documents presented with it, namely :

- (1) the International Sanitary Regulations, WHO Regulations No. 2, published as No. 41 in the *Technical Report Series* and also reproduced in *Off. Rec. World Hlth Org.* 37 ;
- (2) a series of resolutions (pp. 50-4).

<sup>2</sup> Thirty-six of these were meetings of the Special Committee established by the Third World Health Assembly ; the last four were held by the Committee on International Sanitary Regulations established as a committee of the Fourth World Health Assembly. For minutes of all meetings, see *Off. Rec. World Hlth Org.* 37.

Dr. Munir Sadat (Syria), Dr. K. C. K. E. Raja (India), Dr. D. A. Dowling (Australia) and Dr. A. L. Bravo (Chile).

Dr. Raja was also appointed Rapporteur.

The Special Committee appointed a Sub-Committee on Credentials, which elected Dr. C. van den Berg (Netherlands) as Chairman, Professor G. A. Canaperia (Italy) as Vice-Chairman and Dr. R. G. Padua (Philippines) as Rapporteur.

The meetings were attended not only by delegates of Member States, but also by observers from two other States, not then members, the Federal Republic of Germany and Spain, and by representatives and observers from certain international bodies interested in the problems under discussion, namely the United Nations, the International Civil Aviation Organization, the International Labour Organisation, the International Telecommunication Union, the World Medical Association and the International Air Transport Association.

The Special Committee approved its provisional agenda and set up three sub-committees, a Sub-Committee on the Mecca Pilgrimage, a Juridical Sub-Committee and a Drafting Sub-Committee.

The Sub-Committee on the Mecca Pilgrimage was composed of delegates representing thirteen States interested in the Pilgrimage, namely Chile, Egypt, France, Greece, India, Indonesia, Italy, Netherlands, Pakistan, Philippines, Saudi Arabia, Syria, Thailand, United Kingdom. The Sub-Committee elected as Chairman Dr. Morgan, as Vice-Chairmen Dr. El-Far, Bey (Egypt) and Professor Canaperia (Italy), and as Rapporteur Dr. Aractingi (Syria).

During its five meetings it reviewed the articles of the Regulations relating to the Pilgrimage. They are contained in annexes A and B to the Regulations. The report of the Sub-Committee<sup>3</sup> was considered and approved by the Special Committee on 30 April 1951.

The Juridical Sub-Committee, composed of delegates of Belgium, Chile, Egypt, France, India, Indonesia, Netherlands, Switzerland, United Kingdom and United States of America, elected as Chairman M. Maspétiol (France). During the six meetings that were held, this sub-committee dealt with the final and transitional provisions (Parts IX and X) of the draft Regulations as well as a number of other articles regarding which the Special Committee has asked for legal opinion. The Juridical Sub-Committee's report<sup>4</sup> was considered and adopted by the Special Committee on 2 May 1951.

<sup>3</sup> *Off. Rec. World Hlth Org.* 37.

<sup>4</sup> *Off. Rec. World Hlth Org.* 37.

The Drafting Sub-Committee consisted of members from the delegations of Belgium, Chile, France, Italy, Laos, the United Kingdom and the United States of America. It elected as its Chairman Mr. Calderwood (United States of America) and as Vice-Chairman M. Geeraerts (Belgium). This committee had the onerous and important task of revising, in a manner designed to ensure clarity and coherence, the whole text of the Regulations and their annexes, both in English and in French. It devoted no less than forty long meetings to this task.

After the Special Committee had approved, in plenary session on 4 May, both the English and French texts in substance, the Drafting Sub-Committee and the Secretariat were made responsible for a final review to remove any obscurity that might exist and to ensure harmony and consistency between the different parts of the Regulations.

The Special Committee appointed three working parties to deal with certain difficult or important problems. One of them, under the chairmanship of Dr. Jafar (Pakistan), was charged with drawing up a proper definition of "infected local area".<sup>5</sup> A second, presided over by Dr. Canaperia, was appointed to consider certain proposals put up by the delegations of the United States and France concerning the bodies to be created for dealing with a continuous review of the working of the Regulations and with the settlement of questions or disputes arising out of their application. A third working party, with Dr. K. C. K. E. Raja as Chairman, concerned itself with the future of the Kamaran Quarantine Station.

It may not be out of place here to draw attention to some of the more important features of the Regulations. The International Sanitary Conventions, which these Regulations will replace, require, in order that their provisions may become operative in any country, that the State concerned shall ratify them. On the other hand the Regulations, when they are adopted by the World Health Assembly, will come into force in all Member States unless, under the provisions of Article 22 of the Constitution of the World Health Organization, individual States make rejections or reservations and notify the Director-General accordingly within the stipulated period. Thus Governments have to opt out if they desire to ensure that the provisions of these Regulations do not apply to their territories.

In drawing up the Regulations a dual purpose has been kept in mind, namely, to bring their provisions up-to-date in the light of recent advances in knowledge of epidemiology and in techniques in

<sup>5</sup> *Off. Rec. World Hlth Org.* 37.

the application of preventive measures, and to remove, as far as may be practicable, avoidable restrictions on international travel and commerce. The requirements in respect of vaccination certificates have, in these Regulations, been made simpler and less irksome than those under the existing conventions. Another significant feature of the Regulations is that the need for measures to prevent the export of infection from one country to another has been stressed; for instance, persons leaving a yellow-fever infected territory must be vaccinated against that disease prior to departure, and aircraft must be satisfactorily disinfected at the last possible moment before leaving such territory.

A notable advance, to which reference was made earlier, is the machinery that it is proposed to set up for a continuous study of the working of the Regulations and for putting forward recommendations to make their enforcement more effective, as well as for the settlement of questions or disputes that may arise from time to time as the result of the operation of these Regulations.

It has also been recommended to the Health Assembly that, as the whole field of control of international spread of disease is within the responsibility of the World Health Organization, the Regulations now under consideration should be the first among a series of such regulations to be framed by the Organization for acceptance and enforcement by Member States and that appropriate committees should be set up for the drawing up of the proposed new regulations. If these recommendations are accepted, the approach to the control of international spread of disease will be dynamic in character and adapted to the progressive utilization of advances in knowledge, experience and technique which may become available from time to time.

The Special Committee became, by a decision taken by the Fourth World Health Assembly on 7 May, one of the main committees of that Assembly. It therefore submits to the Health Assembly, for examination and adoption, the text of the draft International Sanitary Regulations, which will become, when adopted, WHO Regulations No. 2. These draft Regulations are based on certain principles which were approved by the Second World Health Assembly. Further, the Special Committee desires to stress the fact that the text now presented for consideration by the Health Assembly is the result of careful scrutiny by itself of a draft submitted to it by the Expert Committee on International Epidemiology and Quarantine and its Legal Subcommittee, these bodies having secured technical advice from as many as eight specialized expert

committees and study groups. In the preparation of the draft, due consideration was also given to the comments submitted in writing by different Member States. Thus it will be seen that the Regulations, as they have now emerged, are the result of prolonged study by experts in many fields and by the health administrations which are eventually to operate them.

The Regulations provide a body of health measures which have been drawn up on the basis of the largest measure of agreement among the delegations of the different Member States represented on the Special Committee and it is eminently desirable that these Regulations should be accepted and enforced by all concerned in a spirit of understanding and good will. The right that Member States possess under Article 22 of the Constitution of WHO to make reservations or rejections in respect of the provisions of the Regulations should therefore be used with the utmost care and to the least extent possible if their essential features are to be preserved and their smooth working is to be assured. Provision has therefore been incorporated for requiring that the reservation or rejection put forward by a country should be accepted by the Health Assembly. If the Health Assembly does not accept, the Regulations will not apply to the territory of the Member State concerned unless the reservation or rejection is withdrawn. In the event of failure to do so, previous commitments undertaken by that State through the provisions of the existing International Sanitary Conventions will remain. The procedure that has been suggested will have, it is anticipated, a salutary effect on Member States and on the Health Assembly. Rejection or reservation is not likely to be made by States unless the matter in respect of which such action is taken is of vital importance, and the Assembly may be expected to exercise due care and caution before it decides not to accept such rejection or reservation. In the circumstances it is to be expected that the form and substance of the Regulations will undergo no material change and that their acceptance and application by as many Governments as possible will be facilitated.

The Special Committee also recommends for adoption by the Health Assembly certain resolutions which it has submitted with a view to preventing the international transmission of disease, by the effective application of these Regulations and by other means. The contents of these resolutions were not included in the text of the Regulations, not because they are less important, but merely because it was felt that, by excluding them from the Regulations and by making them the subject of special

resolutions by the Health Assembly, fuller freedom would be secured for the Health Assembly, Executive Board and Director-General to make appropriate arrangements, now and in the future, for the successful implementation of the proposals which the Special Committee has put forward.

The Special Committee desires to place on record its deep appreciation of the valuable advice it received on legal matters, throughout its deliberations, from Mr. J. Hostie, Chairman of the Legal Subcommittee of the Expert Committee on International Epidemiology and Quarantine, who also contributed an important memorandum on reservations under the Constitution of WHO. The Secretariat of the Special Committee consisted of the following :

*Secretary*

Dr. Y. Biraud, Director of the Division of Epidemiological Services

*Deputy Secretary*

Dr. G. Stuart, Chief of the Section of Sanitary Conventions and Quarantine

assisted by :

Dr. L. Murray, Dr. A. Abdel-Aziz, M. G. de Brancion, Section of Sanitary Conventions and Quarantine

Dr. W. W. Yung, Director, WHO Epidemiological Intelligence Station, Singapore

Dr. Wasfy Omar, Epidemiologist, WHO Regional Office for the Eastern Mediterranean

M. A. Zarb, Chief, Legal Office

Mr. F. Gutteridge, Legal Office.

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**PART III**

**ANNEXES**



## Annex 1

### DENTAL HEALTH

[A4/37]  
7 May 1951

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#### REPORT SUBMITTED BY THE DIRECTOR-GENERAL <sup>1</sup>

The study of dental-health problems, with a view to presenting a programme in this field to the Fourth World Health Assembly, was requested by the Third World Health Assembly (resolution WHA3.33). Accordingly, in September 1950, a consultant was appointed to study dental-health problems in relation to the overall programme of the World Health Organization and to draw up a dental-health programme.

Four countries, representing different levels and types of development in dentistry and with different social and economic characteristics and systems of health organization, were visited. Shorter visits were also made to other countries for conferences with representatives of the dental professions, and with the International Dental Federation. During these visits, general observations were made of : (1) the patterns of organization of health services evolved to suit particular conditions, with special reference to the extent and significance of dental health problems ; and (2) the status of dental health services, including the training of dental personnel and the potentialities of future development of health services, especially dental. These observations may be summarized as follows :

1. It appears that there is definite interest in dental-health problems among public-health officials and the dental profession, and usually a sufficient nucleus of potential leadership for the development of effective dental-health programmes.
2. Reliable data on the prevalence of dental diseases in the population are not available. Although some

countries have comparatively well developed dental treatment programmes, there is little evidence of a concept of real dental health or active concern for the prevention of dental disease.

3. Critical shortages of dental personnel exist in many countries, and there is very little evidence of co-ordinated planning by governments to meet long-range needs, whether for dentists or for auxiliary dental personnel. In some countries, confusion exists about the aims of dental education, and about the types of programme required for dental education, especially as regards their relation to programmes of medical education. For example, in many of the dental schools visited, there is a lack of qualified teaching personnel, library facilities, teaching equipment and supplies.
4. Opportunities for advanced training in dentistry, as well as for public-health training for certain dentists, in dental schools or in public-health services, are largely lacking. Such opportunities are, however, very necessary for the preparation of officers who will promote modern dental education and dental-health services respectively.
5. The amount of scientific research being conducted in the field of dentistry is rather small in most countries. There appears to be urgent need for increased support for basic research activities in this field, for the training of research personnel and for the integration of research in the programmes of dental education and dental public health of most countries.
6. It appears that dental health does not now receive an adequate share of attention in the health programmes of most countries. There is need for and real interest in the services of expert consultants

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<sup>1</sup> See resolution WHA4.5 and minutes of the sixth meeting of the Committee on Programme, section 2.

on dental health to assist health officials and university authorities in long-range planning to meet essential dental-health needs. The close relationship between dental diseases and other diseases of the body is well recognized, and efforts to improve dental health should receive appropriate weight in comparison with activities directed toward the improvement of health generally. Health workers should be fully cognizant of the value of dentistry in the total health programme and qualified dental

personnel should have the same continuity of service as, and frequent contact with, other public-health workers, so that integration and balancing of services may be fostered.

In the light of these observations, the consultant recommended that, when countries are planning long-term programmes, dental health should receive proper consideration; it therefore appears that the Organization should in future make suitable provision for assistance to governments in dental health.

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## Annex 2

[A4/55]  
18 May 1951

### ACTIVE SUPPORT BY MEMBER STATES FOR THE WORK OF THE SPECIALIZED AGENCIES<sup>1</sup>

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#### MEMORANDUM SUBMITTED BY THE DIRECTOR-GENERAL

The Director-General has the honour to call to the attention of the Health Assembly resolution 358 (XII) adopted by the Economic and Social Council on 20 March 1951, entitled "Development of a 20-year programme for achieving peace through the United Nations".

*The Economic and Social Council,*

*Having considered* the memorandum of the Secretary-General<sup>2</sup> concerning the development of a twenty-year programme for achieving peace through the United Nations and bearing upon points 6, 7 and 8 of that programme, being those which fall directly within the Council's competence,

*Noting* that the three points mentioned in that document have been directly or indirectly examined at the present session of the Council in relation to various items upon its agenda, and that progress has been made on this occasion,

*Reaffirming* its constant desire to contribute, within the limits of its competence, to the mobilization of all means at its disposal for developing friendly relations between nations with a view to the maintenance of world peace,

1. *Takes note of* the memorandum presented by the Secretary-General; and

2. *Invites the attention of* the competent subsidiary bodies of the Council as well as that of the specialized agencies to this memorandum, with a view to their studying it in the light of General Assembly resolution 494 (V) of 20 November 1950.

Resolution 494 (V) of the General Assembly of the United Nations, to which reference is made above, is as follows:

*The General Assembly,*

*Having considered* the "Memorandum<sup>3</sup> of points for consideration in the development of a 20-year programme for achieving peace through the United Nations" submitted by the Secretary-General,

*Noting* that progress has been made by the present session of the General Assembly with regard to certain of the points contained in the memorandum of the Secretary-General,

*Reaffirming* its constant desire that all the resources of the United Nations Charter be utilized for the development of friendly relations between nations and the achievement of universal peace,

1. *Commends* the Secretary-General for his initiative in preparing his memorandum and presenting it to the General Assembly;

<sup>1</sup> See resolution WHA.12 and minutes of the eighth meeting of the Committee on Programme, section 4.

<sup>2</sup> UN document E/1900

<sup>3</sup> UN document A/1304

2. *Requests* the appropriate organs of the United Nations to give consideration to those portions of the memorandum of the Secretary-General with which they are particularly concerned ;

3. *Requests* these organs to inform the General Assembly at its sixth session, through the Secretary-General, of any progress achieved through such consideration.

The three points in the Secretary-General's programme which relate directly to the work of the Economic and Social Council and the specialized agencies are as follows :

6. A sound and active programme of technical assistance for economic development and encouragement of broad-scale capital investment, using all appropriate private, governmental and intergovernmental resources ;

7. More vigorous use by all Member Governments of the specialized agencies of the United Nations to promote, in the words of the Charter, ' higher standards of living, full employment and conditions of economic and social progress ' ;

8. Vigorous and continued development of the work of the United Nations for wider observance and respect for human rights and fundamental freedoms throughout the world.

The Health Assembly may wish to note broadly the following excerpts from the memorandum<sup>4</sup> on the above subject, submitted by the Secretary-General to the Economic and Social Council at its twelfth session :

17. Point 7 of the Secretary-General's twenty-year programme has the following major aspects :

(a) Use of the specialized agencies by the Member Governments ;

(b) Support of the programmes of the specialized agencies by appropriate national measures to render these programmes effective ;

(c) Possibility of enlarging the membership of the specialized agencies.

18. As far as sub-paragraph (a) of paragraph 17 is concerned, the United Nations family of organizations is potentially by far the most effective machinery the world has ever had for organized international action to eliminate human misery through persistent, practical, day-to-day programmes. These organizations are vitally important tools in a long-range programme aimed at

eliminating the economic and social causes of war. The United Nations and the specialized agencies, however, can only act with the support and at the invitation of their Member Governments both singly and collectively. The field covered by them is so vast that, only by concentrating the limited resources available on tasks of primary importance and significance, can international action hope to achieve really substantial results in terms not only of the economic and social betterment of the peoples of the world but also of the development of international solidarity and the consolidation of peaceful and friendly international relationships. A concerted and continuous effort to keep these activities in focus is necessary to compensate for the smallness of the physical resources at the disposal of international organizations and to preserve the dynamic quality of international action. It is precisely this type of leadership which the Economic and Social Council is best situated to give.

19. With respect to sub-paragraph (b) of paragraph 17, the kind of action contemplated under sub-paragraph (a) of that paragraph can never be effective if it relies purely on the activity of the international agencies as such. The work of the United Nations and the specialized agencies by its very nature depends upon a response by national administrations and agencies to international initiatives. The principal aim of United Nations activities in the economic and social field is to stimulate or to assist national measures for the raising of standards of living and for the improvement of the economic and social conditions of peoples. Without such a national response the work of the international agencies will always run the risk of being frustrated, nor can these agencies develop their full potential influence for good unless governments give them an important place in their policies. It was precisely this pre-occupation which underlay General Assembly resolution 119 (II) which recommended that, in fulfilment of Article 64 of the Charter, the Secretary-General should report annually to the Council and that the Council should report to the General Assembly on steps taken by Members to give effect to the recommendations of the Economic and Social Council as well as to the recommendations made by the General Assembly on economic and social matters.

22. As regards sub-paragraph (c) of paragraph 17, the Administrative Committee on Co-ordination

<sup>1</sup> UN document E/1900, pages 5 to 7

at its ninth session in May 1950 issued the following unanimous statement :

The United Nations and the specialized agencies are founded upon the principles that lasting world peace can only be achieved and maintained by world organization, and that world problems like disease, hunger, ignorance and poverty, which recognize no frontier, can never be overcome unless all the nations join in universal efforts to these ends.

We affirm the validity of this principle of universality. The United Nations system makes ample room for diversity within a universal framework. We believe it would be a disaster if efforts to realize the principle of universality in practice were to be abandoned now.

We believe that the greatest efforts should, on the contrary, be directed towards achieving in fact true universality in the membership and programmes of the United Nations and of those of the specialized agencies which are founded on that principle.

23. On the same subject the General Assembly at its fifth session passed a resolution in the following terms :

### *The General Assembly*

*Considering* the principle of international co-operation as an important condition for the full success of the activities of the specialized agencies,

*Noting* that some of the specialized agencies do not enjoy participation of all Member States in their work,

*Expresses* the hope that those Members not participating at the present time may find their way to assume or resume as soon as possible full participation in the specialized agencies.

24. The Secretary-General believes that the widest possible membership, and participation in the work of the international organizations should be accepted as a cardinal objective and that all appropriate means of furthering that objective should be carefully considered.

It is believed that the transmission to the Economic and Social Council of the Annual Report of the Director-General to the United Nations and the World Health Assembly fulfils the request made by the General Assembly in paragraph 3 of its resolution 494 (V).

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## Annex 3

[From EB7/67]  
22 January 1951

### AGREEMENT BETWEEN THE UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST AND THE WORLD HEALTH ORGANIZATION <sup>1</sup>

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The United Nations Relief and Works Agency for Palestine Refugees in the Near East (hereinafter called "the Agency") represented by Major-General Howard Kennedy, Director ; and

The World Health Organization (hereinafter called "the Organization") represented by Dr. Brock Chisholm, Director-General

HAVE AGREED AS FOLLOWS :

#### *Part I*

#### *Objectives and Scope*

1. Under the administrative direction of the Director of the Agency the Organization will undertake :

1.1 To plan a medical programme for Palestine refugees consistent with the objectives and overall operating plans of the Agency ;

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<sup>1</sup> See resolution WHA4.15 and minutes of the fourth and eighth meetings of the Committee on Programme and the fourth meeting of the Legal Sub-Committee.

1.2 To carry out that part of the medical programme which can be executed with the funds made available by the Agency or any other source.

2. The medical programme shall form an integral part of the programme undertaken by the Agency.

### *Part II*

#### *General Responsibilities and Administration*

1. The Agency will be responsible for the administration of the general programme.

2. The Organization will provide the Agency with medical advisory and consultative health services as required in the planning of the Agency's total health programme and will supervise the technical aspects of the programme under the direction of the Chief Medical Officer.

3. Medical staff and auxiliary medical staff employed by the Agency will be under the direction of the Chief Medical Officer.

### *Part III*

#### *Commitments of the Organization*

1. In order to carry out the programmes and responsibilities set forth in Parts I and II above, the Organization will :

1.1 Appoint and pay the salaries, allowances and expenses, including transfer on recruitment and on termination of the programme, of a Chief Medical Officer and a Second Medical Officer, such appointments to be made in agreement with the Agency ;

1.2 Subject to the provision of sufficient funds by the Agency for salary and allowances, similarly appoint and pay a Public-Health Engineer ;

1.3 Assist in the recruitment of the medical and auxiliary staff referred to in paragraph 1 of Part IV below.

### *Part IV*

#### *Commitments of the Agency*

1. The Agency will provide and pay for the staff required for the implementation of the approved

health programme, with the exception of the staff referred to in sub-paragraph 1.1 and 1.2 of Part III above.

2. The Agency will provide supplies, materials, equipment, transportation, including transportation of personnel while engaged in the programme, and other facilities required for approved health programmes.

### *Part V*

#### *Special Provisions*

1. The Agency will provide sufficient funds to the Organization for the salary and allowances for the appointment of the Public-Health Engineer in accordance with administrative arrangements to be made by the Agency and the Organization.

2. The Agency will ensure that the privileges, immunities, exemptions and facilities mentioned in item 17 of General Assembly resolution 302 (IV) will be accorded to the Organization and to its staff while participating in the medical programme.

3. This agreement shall remain in force until 31 December 1950 or until the dissolution of the Agency, whichever is the sooner, unless the parties, with the approval of their respective governing bodies, agree to extend its duration for a further period.

IN WITNESS WHEREOF the undersigned, duly authorized for the purpose, have signed this agreement.

DONE in duplicate at Beirut (Lebanon) on 23 September 1950

(signed) Howard KENNEDY  
 Director,  
 United Nations  
 Relief and Works Agency  
 for Palestine Refugees  
 in the Near East

and at Geneva on 29 September 1950

(signed) Brock CHISHOLM  
 Director-General,  
 World Health Organization

## Annex 4

[From A4/26]  
26 April 1951

DEVELOPMENT OF ARID LAND AND INTERNATIONAL CO-OPERATION IN WATER CONTROL  
AND UTILIZATION <sup>1</sup>

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NOTE BY THE DIRECTOR-GENERAL

The Executive Board at its seventh session adopted a resolution <sup>2</sup> on the development of arid land after considering a report by the Director-General on the relevant decision taken by the General Assembly of the United Nations at its fifth session, and on co-operation in this field with FAO, UNESCO and the United Nations Economic Commission for Asia and the Far East.<sup>3</sup>

At the Technical Conference on Flood Control convened by ECAFE in New Delhi on 7-9 January 1951, the representative of WHO drew the attention of the Conference to the relation between flood control and health, and suggested that WHO, ECAFE and FAO should co-operate closely in flood control projects. In the resolution adopted by the Conference, the relation between flood control and public health was recognized. It has been suggested that the Executive Secretary of ECAFE invite the attention of governments which may request the assistance of the Commission in water control works to the possible creation of health hazards in such undertakings.

The Economic and Social Council at its twelfth session considered a proposal for international co-operation on water control and utilization, and

adopted on 9 March 1951 resolution 346 (XII), of which the text is as follows :

*The Economic and Social Council,*

*Considering* the desirability that measures being taken internationally in the general field of water control and utilization should be co-ordinated, and that such co-ordination should be undertaken within the United Nations system, and

*Considering* that the General Assembly, in resolution 402 (V), has recommended that the Secretary-General prepare, for the examination of the Council at its fourteenth session, a report on the practical measures adopted for the study of the problems of arid zones and on the technical and financial means employed by the specialized agencies for this purpose,

1. *Requests* the Secretary-General to take into consideration, in preparing this report, the entire field of water control and utilization as it is related to the problems of arid zones ; and
2. *Further requests* the Secretary-General, in consultation with the specialized agencies, to submit a report to the Council on the work being done by the specialized agencies and other international organizations, whether governmental, semi-governmental or non-governmental, engaged in the broad field of water control and utilization.

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<sup>1</sup> See resolution WHA4.17 and minutes of the eighth meeting of the Committee on Programme, section 6.

<sup>2</sup> Resolution EB7.R20, *Off. Rec. World Hlth Org.* 32

<sup>3</sup> *Off. Rec. World Hlth Org.* 32, annex 7

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**Annex 5**[A4/38]  
7 May 1951**AD HOC COMMITTEE OF THE EXECUTIVE BOARD****REPORT ON THE EXTERNAL AUDITOR'S REPORT ON THE ACCOUNTS OF THE WORLD HEALTH ORGANIZATION  
FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 1950<sup>1</sup>**

1. At its seventh session the Executive Board created, by resolution EB7.R90, an ad hoc committee consisting of Dr. A. L. Bravo, Dr. J. A. Höjer and Dr. M. Jafar, to meet before the date of the convening of the Fourth World Health Assembly to consider the report of the External Auditor on the accounts of the Organization for the year 1950, and to submit to the Fourth World Health Assembly on behalf of the Board such comments, if any, as it deemed necessary.

2. The ad hoc committee met at 10 a.m. on 4 May 1951 at the Palais des Nations, Geneva. The meeting was attended by the members listed above. Dr. Höjer was elected Chairman.

3. The committee considered the Report of the External Auditor on the audit of the accounts of the World Health Organization for the Financial Period 1 January to 31 December 1950, as set out in *Official Records* No. 34.

4. The committee noted the External Auditor's recommendations in sub-section 7 of his report, in which he endorsed the Director-General's proposal for improving the financial position of the Organization. The Executive Board's recommendation for the acceptance of this proposal and their comments on it can be found in *Official Records* No. 33, page 5, sub-sections 11 to 18.

5. The committee was pleased to note the External Auditor's remarks in sub-section 11 of his report regarding the improved financial position of the Organization, the main reasons for this improvement being (a) the limitation of the expenditure in 1950 by the establishment of an expenditure ceiling in relation to the foreseeable income in respect to that year and (b) the strengthening of the Working

Capital Fund by means of the increase caused by the establishment of the fund which was voted by the Second World Health Assembly.

6. The committee noted the remarks of the External Auditor contained in sub-section 12 of his report, in which he draws attention to a purchase of medical literature in the amount of \$1,000 which would appear not to have been in keeping with the normal practices and policies of the Organization. The committee was given detailed information about this transaction by the representative of the Director-General. The committee felt that, although the literature and collection of specimens would be of value, it was not the kind of transaction that is provided for in the programme of the Organization. The committee understood that the Director-General considered that this transaction was not in accord with his present policies and that he had taken steps to prevent a recurrence of this type of transaction.

7. The committee noted the recommendations of the External Auditor, contained in sub-sections 13 and 14 of his report, regarding the adequate control of property and supplies of the Organization.

8. The committee noted that the Director-General had furnished appendices setting forth detailed information of the exact expenditure for 1950. This information was furnished because the 1952 budget estimates were prepared before the end of 1950 and the information contained in the 1950 column had to be estimated.

9. The committee noted the remarks of the External Auditor contained in sub-section 16 of his report, which indicates that there is always a tendency in a decentralized organization to consider that the financial and staff rules should be modified or waived as a result of the development from centralization to decentralization. The committee was glad to note that departures from the existing rules had not been allowed, and wishes to endorse the following

<sup>1</sup> See resolution WHA4.34 and minutes of the first meeting of the Committee on Administration, Finance and Legal Matters, section 7.

statement of the External Auditor: "If changes are needed they should be made only by due process of revision of such rules by the Health Assembly or the Director-General as appropriate".

10. The committee discussed sub-sections 5, 6 and 7 of the External Auditor's report, in which he deals with the problem of budgetary surpluses and the deficits of previous years. It developed during the course of this discussion that the situation was complicated by the assessments of inactive Members. In this connexion the committee wishes to draw to the attention of the Health Assembly the report of the seventh session of the Executive Board on the same subject (*Official Records* No. 33, sub-section 21).

11. The committee congratulated the External Auditor on the very complete report he has submitted and the constructive suggestions he has made for further improvements in the administrative and

financial practices of the Organization. The committee also commended the staff of the Department of Administration and Finance for the way they have carried out their responsibilities during the year.

12. The committee recommends to the Health Assembly the adoption of the following resolution:

The Fourth World Health Assembly,

Having examined the annual financial statement and the report of the External Auditor on the audit of the accounts of the World Health Organization for the financial period 1 January to 31 December 1950, as contained in *Official Records* No. 34;

Having considered the report of the ad hoc committee of the Executive Board,

ACCEPTS the report of the External Auditor.

## Annex 6

[A4/3]  
8 March 1951

### MEMBERSHIP OF THE WORLD HEALTH ORGANIZATION

#### COMMUNICATION FROM THE GOVERNMENT OF POLAND<sup>1</sup>

Text of letter dated 15 August 1950 addressed by the Minister of Poland in Berne to the Director-General of the World Health Organization (*translation from the French*):

By order of the Government of the Republic of Poland, I have the honour to bring to the attention of the Administration of the World Health Organization the following:

Poland adhered to the World Health Organization in the firm belief that the Constitution of the World Health Organization provided the basis for action in eliminating the effects of the war, in raising the level of health of all peoples of the world, and in helping the fight for a lasting peace against aggressive warfare, the chief cause and source of disease and human suffering.

Unfortunately it became apparent, as early as the First World Health Assembly, that one State, the United States of America, demanded a special status within the Organization, especially as regards the budget of the Organization. The Polish delegation drew attention to this manifest violation of the statutes of the World Health Organization. The United States Government, however, continually opposed and violated the decisions of the World Health Organization, and subordinated the Organization to its own political ends.

Thus, during its second session in Geneva, the Executive Board learned and approved of the action of the Director-General in attempting to arrange for the export of six "Podbielniak extractors" from the United States of America to six European countries, among them Poland, in order to increase production of penicillin, a

<sup>1</sup> See resolution WHA4.45 and minutes of the first meeting of the Legal Sub-Committee, section 6.

substance of cardinal importance for health. However, the United States of America refused to carry out this recommendation of the Executive Board of the World Health Organization. Likewise, they have rendered impossible the exchange of information for research on antibiotics such as streptomycin, aureomycin, etc., thus violating the basic principle of the World Health Organization that the results obtained in the protection of health by each country shall be for the benefit of all.

At the same time the Government of Poland must also state that the World Health Organization, despite the decision previously taken by the Director-General and endorsed by the Executive Board, has allowed that attitude of the United States, an attitude which is contrary to elementary humanitarian principles, to go unchallenged.

Another example of how the World Health Organization has given in to American pressure, and of how its policy has shifted to positions that are contrary to peace, was the Organization's failure to offer any resistance to the setting up of the "Committee of Experts on Public Health" within the framework of Western Union, an organization of plainly aggressive character. This in spite of the protests of several delegations which, during the Second World Health Assembly, emphasized the contradiction existing between this attitude and the principles expressed in Articles 44 and 45 of the Constitution of WHO. Furthermore, the World Health Organization has never raised its voice against the criminal plans for using atomic and bacteriological weapons.

Lastly, the World Health Organization has recently given further proof of its infidelity to the principles which should guide it, and of its complete surrender to the policy of the imperialistic States, the United States in particular, by admitting as Members the utterly unrepresentative cliques of Bao Dai and of Li Syn Man, and by inviting

the Kuomintang clique to the Third World Health Assembly.

The Polish delegation has repeatedly protested during the sessions of the Health Assemblies and the Executive Board against the submission of the World Health Organization to such a policy. At the same time the Polish delegation has made proposals designed to maintain the true character of the World Health Organization by the strict observance and application of its Constitution. Those suggestions have been systematically rejected.

Taking these facts into consideration, the Government of the Republic of Poland declines to share in the responsibility for the orientation and subordination of the activities of the World Health Organization to the imperialistic policy of the powers preparing a new war, and hereby announces its decision to withdraw from the Organization. At the same time the Government of the Republic of Poland declares its readiness to co-operate in the field of health with all countries of the world devoted to peace and opposed to aggressive war.

(signed) Julian PRZYBOŚ  
Minister of Poland

Text of reply sent on 22 August 1950 by the Director-General of the World Health Organization to the Minister of Poland in Berne (*translation from the French*):

Sir,

I have the honour to acknowledge receipt of your communication dated 15 August 1950 by which you notify me of the decision of the Government of Poland to withdraw from the World Health Organization.

I have the honour to be, etc.

(signed) Dr. S. S. SOKHEY  
Acting Director-General

## Annex 7

[from A4/11 Add. I]  
5 May 1951

**DRAFT AGREEMENT BETWEEN THE WORLD HEALTH ORGANIZATION  
AND THE GOVERNMENT OF EGYPT<sup>1</sup>**

THE GOVERNMENT OF EGYPT  
on the one part, and

THE WORLD HEALTH ORGANIZATION  
on the other,

DESIRING to conclude an AGREEMENT for the purpose of determining the privileges, immunities and facilities to be granted by the GOVERNMENT OF EGYPT to the WORLD HEALTH ORGANIZATION, to the representatives of its Members and to its experts and officials in particular with regard to its arrangements in the EASTERN MEDITERRANEAN REGION, and of regulating other related matters ;

HAVE AGREED as follows :

*Article I — Definitions*

*Section 1*

In the present Agreement :

- (i) The word " Organization " shall mean the World Health Organization ;
- (ii) For the purposes of Article IV the words " property and assets ", " funds, notes, coins and securities ", or " assets, income and other property ", shall be deemed to include property, assets, and funds administered by the Organization under Article 57 of its Constitution and/or in furtherance of its constitutional functions.
- (iii) The words " representatives of Members " shall be deemed to include all delegates to the World Health Assembly ; all persons designated by Members to serve on the Executive Board of the Organization ; all representatives on the Regional Committee in the Eastern Mediterranean Region, as well as all delegates, alternates, advisers, technical experts who are members of delegations and secretaries of delegations ;
- (iv) The word " Member " shall be deemed to include a Member or an Associate Member of

the Organization as well as a territory or group of territories which, without being an Associate Member, is represented and participating in the Regional Committee of the Eastern Mediterranean Region of the Organization, in accordance with Article 47 of its Constitution ;

(v) The words " principal or subsidiary organs " shall be deemed to include the World Health Assembly, the Executive Board, the Regional Committee in the Eastern Mediterranean Region and any of the subdivisions of all these organs as well as the Secretariat and the Regional Office in Alexandria ;

(vi) For the purposes of Sections 4, 6, 16 and 17 the words " freedom of meeting " or " meeting of the Organization " shall be deemed to include all institutional meetings of the principal or subsidiary organs of the Organization as well as all conferences or meetings convened by, or under the authority or auspices of, the Organization in Egypt.

*Article II — Juridical Personality*

*Section 2*

The Organization shall possess juridical personality and legal capacity and, in particular, capacity (a) to contract, (b) to acquire and dispose of immovable

<sup>1</sup> See resolution WHA4.59 and minutes of the tenth, eleventh, twelfth and thirteenth meetings of the Committee on Administration, Finance and Legal Matters and the third, fourth and fifth meetings of the Legal Sub-Committee.

and movable property, and (c) to institute legal proceedings.

*Article III — Freedom of Action*

*Section 3*

The Organization and its principal or subsidiary organs shall have in Egypt the independence and freedom of action belonging to an international organization according to international practice.

*Section 4*

The Organization, its principal or subsidiary organs as well as its Members and the representatives of Members in their relations with the Organization, shall enjoy in Egypt absolute freedom of meeting, including freedom of discussion and decision.

*Article IV — Property, Funds and Assets*

*Section 5*

The Organization and its property and assets located in Egypt shall enjoy immunity from every form of legal process except in so far as in any particular case this immunity is expressly waived by the Director-General of the Organization, or the Regional Director as his duly authorized representative. It is, however, understood that no waiver of immunity shall extend to any measure of execution.

*Section 6*

(1) The premises of the Organization in Egypt or any premises in Egypt occupied by the Organization in connexion with a meeting of the Organization shall be inviolable.

(2) Such premises and the property and assets of the Organization in Egypt shall be immune from search, requisition, confiscation, expropriation, and any other form of interference, whether by executive, administrative, judicial or legislative action.

*Section 7*

The archives of the Organization, and in general all documents belonging to it or held by it in Egypt shall be inviolable.

*Section 8*

(1) The World Health Organization may receive and hold funds, notes, coins and securities of any kind and may dispose of them freely both within Egypt and in its relations with other countries.

(2) This section shall also apply to Members of the Organization in their relations with the Organization.

*Section 9*

The Government of Egypt shall provide for the Organization, at the most favourable rate officially recognized, its national currency to the amount required to meet the expenditure of the Organization in Egypt or other parts of the Eastern Mediterranean Region.

*Section 10*

In exercising its rights under Sections 8 and 9, the Organization shall pay due regard to any representations made by the Government of Egypt in so far as the Organization considers that effect can be given to such representations without detriment to its interests.

*Section 11*

The Organization, its assets, income and other property shall be :

(a) exempt from all direct and indirect taxes. It is understood, however, that the Organization will not claim exemption from taxes which are, in fact, no more than charges for public utility services ;

(b) exempt from customs duties, prohibitions and restrictions on imports and exports in respect of medical supplies or any other goods or articles imported or exported by the Organization for its official use. It is understood, however, that such medical supplies, goods, or articles imported under such exemption will not be sold or ceded in Egypt except under conditions agreed with the Government of Egypt ;

(c) exempt from customs duties, prohibitions and restrictions on imports and exports in respect of their publications.

*Section 12*

While the Organization will not, as a general rule, in the case of minor purchases, claim exemption from excise duties and from taxes on the sale of movable and immovable property which form part of the price to be paid, nevertheless, when the Organization is making important purchases for official use of property on which such duties and taxes have been charged or are chargeable, the Government of Egypt shall make appropriate administrative arrangements for the remission or return of the amount of duty or tax.

*Article V — Facilities in respect of Communications*

*Section 13*

The Organization shall enjoy in Egypt for its official communications treatment not less favourable

than that accorded by the Government of Egypt to any other Government including its diplomatic mission, in the matter of priorities, rates and taxes on mails, cables, telegrams, radiograms, telephotos, telephone and other communications and Press rates for information to the press and radio.

#### *Section 14*

(1) No censorship shall be applied to the duly authenticated official communications of the Organization.

(2) The Organization shall have the right to use codes and to dispatch and receive correspondence by courier or in sealed bags, which shall have the same immunities and privileges as diplomatic couriers and bags.

### *Article VI — Representatives of Members*

#### *Section 15*

Representatives of Members of the Organization on its principal or subsidiary organs and at conferences or meetings convened by the Organization and who are not of Egyptian nationality, shall, while exercising their functions and during their journeys to and from the place of meeting, enjoy the following privileges and immunities :

(a) Immunity from personal arrest or detention and from seizure of their personal baggage, and, in respect of words spoken or written and all acts done by them in their official capacity, immunity from legal process of every kind ;

(b) Inviolability for all papers and documents ;

(c) The right to use codes and dispatch or receive papers or correspondence by courier or in sealed bags ;

(d) Exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration or national service obligations in Egyptian territory ;

(e) The same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign Governments on temporary official missions ;

(f) The same immunities and facilities in respect of their personal baggage as are accorded to members of diplomatic missions of comparable rank ;

(g) Such other privileges, immunities and facilities not inconsistent with the foregoing as members of diplomatic missions of comparable rank enjoy,

except that they shall have no right to claim exemption from customs duties on articles imported (otherwise than as part of their personal baggage) or from indirect taxes or sales taxes.

#### *Section 16*

In order to secure for the representatives of Members of the Organization at a meeting of the Organization complete freedom of speech and independence in the discharge of their duties, the immunity from legal process in respect of words spoken or written and all acts done by them in discharging their duties shall continue to be accorded, notwithstanding that the persons concerned are no longer engaged in the discharge of such duties.

#### *Section 17*

If the incidence of any form of taxation depends upon residence in Egypt, periods during which the representatives of Members of the Organization are present at a meeting of the Organization in Egypt for the discharge of their duties shall not be considered as periods of residence.

#### *Section 18*

Privileges and immunities are accorded to the representatives of Members of the Organization not for the personal benefit of the individuals themselves, but in order to safeguard the independent exercise of their functions in connexion with the Organization. Consequently, a Member not only has the right, but is under a duty to waive the immunity of its representatives in any case where, in the opinion of the Member, the immunity would impede the course of justice, and it can be waived without prejudice to the purpose for which the immunity is accorded. In any such case in which one of the persons designated to serve on it is concerned, the Executive Board of the Organization shall be under the same duty.

#### *Section 19*

The Organization will as far as possible communicate in advance to the Government of Egypt a list of the representatives invited to its conferences or meetings.

### *Article VII — Experts on Missions for the Organization*

#### *Section 20*

Experts and consultants other than those under Section 1 (iii) or as officials come within the scope of Article VI or VIII respectively and who perform missions for the Organization shall be accorded such privileges and immunities as are necessary for the independent exercise of their functions during

the period of their missions, including the time spent on journeys in connexion with their missions. In particular, they shall be accorded :

- (a) Immunity from personal arrest or detention and from seizure of their personal baggage, and in respect of words spoken or written and acts done by them in the course of the performance of their mission, immunity from legal process of every kind. This immunity from legal process shall continue to be accorded notwithstanding that the persons concerned are no longer employed on missions for the Organization ;
- (b) Inviolability for all papers and documents ;
- (c) For the purpose of their communications with the Organization, the right to use codes and to dispatch or receive papers or correspondence by courier or in sealed bags ;
- (d) Exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration or national service obligations in Egypt ;
- (e) The same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign governments on temporary official missions ;
- (f) The same immunities and facilities in respect of their personal baggage as are accorded to members of diplomatic missions.

#### Section 21

Privileges and immunities are granted to experts in the interests of the Organization and not for the personal benefit of the individuals themselves. The Director-General shall have the right and the duty to waive the immunity of any expert in any case where, in his opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the Organization.

### Article VIII — Officials

#### Section 22

The Director-General or the Regional Director as his duly authorized representative, shall from time to time communicate to the Government of Egypt the categories and the names of those officials to whom the provisions of this Article and Article IX shall apply.

#### Section 23

(1) Officials of the Organization irrespective of nationality shall :

- (a) be immune from legal process in respect of words spoken or written and all acts performed by them in their official capacity ;

(b) be exempt from taxation in respect of the salaries and emoluments paid to them by the Organization.

(2) Moreover those who are not of Egyptian nationality shall :

- (a) be immune, together with their spouses and relatives dependent on them, from immigration restrictions and aliens' registration ;
- (b) be accorded the same privileges in respect of exchange facilities as are accorded to officials of comparable rank of diplomatic missions to Egypt ;
- (c) be given, together with their spouses and relatives dependent on them, the same repatriation facilities in time of international crises as officials of comparable rank of diplomatic missions ;
- (d) have the right to import free of duty their furniture and effects at the time of taking up their post in Egypt or upon their permanent appointment to it ;
- (e) once every three years have the right to import free of duty a motor-car, it being understood that the duty will become payable in the event of the sale or disposal of such motor-car to a person not entitled to this exemption within three years upon its importation.

#### Section 24

(1) The officials of the Organization shall be exempt from national service obligations in Egypt provided that, in relation to officials who are Egyptian nationals, such exemption shall be confined to officials whose names have, by reason of their duties, been placed upon a list compiled by the Director-General or the Regional Director as his duly authorized representative and approved by the Government of Egypt.

(2) Should other officials of the Organization be called up for national service, the Government of Egypt shall, at the request of the Director-General or the Regional Director as his duly authorized representative, grant as far as possible such deferments in the call-up of such officials as may be necessary to avoid serious dislocation in the continuation of essential work.

#### Section 25

In addition to the immunities and privileges specified in Section 22, the Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Director in Egypt and his Deputy shall be accorded in respect of themselves, their spouses and minor children, the privileges and

immunities, exemptions and facilities accorded to diplomatic envoys in accordance with international law and usage.

#### *Section 26*

Privileges and immunities are granted to officials in the interests of the Organization and not for the personal benefit of the individuals themselves. The Director-General shall have the right and the duty to waive the immunity of any official in any case where, in his opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the Organization.

#### *Article IX — Visas, Permits of Residence, United Nations Laissez-passer and other Facilities*

#### *Section 27*

(1) The Government of Egypt shall take all measures required to facilitate the entry into, residence in, and departure from Egypt of all persons having official business with the Organization, i.e.

- (a) representatives of Members, whatever may be the relations between Egypt and the Member concerned ;
- (b) experts and consultants on missions for the Organization irrespective of nationality ;
- (c) officials of the Organization ;
- (d) other persons, irrespective of nationality, summoned by the Organization.

(2) Any police regulation calculated to restrict the entry of aliens into Egypt or to regulate the conditions of their residence, shall not apply to the persons provided for in this section.

(3) The Government of Egypt shall issue to the embassies, legations and consulates abroad general instructions in advance to grant visas to any applicant on production of a valid passport or any equivalent identity and travel document and of a document establishing his official relationship to the Organization, without any delay or waiting period and without requiring his personal attendance or the payment of any charges.

(4) The provisions of this section shall apply to the spouse and dependents of the person concerned if they live with him and do not exercise an independent profession or calling.

#### *Section 28*

The Government of Egypt shall recognize and accept as valid travel documents the United Nations Laissez-passer issued to the officials of the Organization under administrative arrangements concluded between the Director-General of the Organization and the Secretary-General of the United Nations.

#### *Section 29*

The Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Director of the Organization in Egypt, and the Directors of the Organization travelling on its official business shall be granted the same facilities as are accorded to diplomatic envoys.

#### *Section 30*

(1) The Organization will be supplied, in the premises placed at its disposal, with electricity, water and gas, and with service for the removal of refuse. In a case of force majeure entailing partial or total suspension of these services, the requirements of the Organization will be considered by the Government of Egypt to be of the same importance as those of its own administrations.

(2) The Government of Egypt will ensure the necessary police supervision for the protection of the seat of the Organization and for the maintenance of order in the immediate vicinity thereof. At the request of the Director-General, the Government of Egypt will supply such police force as may be necessary to maintain order within the building.

#### *Article X — Security of the Government of Egypt*

#### *Section 31*

(1) Nothing in the present agreement shall affect the right of the Egyptian Government to take the precautions necessary for the security of Egypt.

(2) If the Egyptian Government considers it necessary to apply the first paragraph of this article, it shall approach the World Health Organization as rapidly as circumstances allow in order to determine by mutual agreement the measures necessary to protect the interests of the World Health Organization.

(3) The World Health Organization shall collaborate with the Egyptian authorities to avoid any prejudice to the security of Egypt resulting from its activity.

#### *Article XI — Co-operation and Settlement of Disputes*

#### *Section 32*

The Organization shall co-operate at all times with the appropriate authorities of the Government of Egypt to facilitate the proper administration of justice, secure the observance of police regulations and prevent the occurrence of any abuse in connexion with the privileges, immunities and facilities provided for under the present Agreement.

*Section 33*

The Organization shall make provision for appropriate modes of settlement of :

- (a) disputes arising out of contracts or other disputes of a private law character to which the Organization is a party ;
- (b) disputes involving any official of the Organization who, by reason of his official position, enjoys immunity, if immunity has not been waived by the Director-General in accordance with the provisions of Section 26.

*Section 34*

Any difference between the Organization and the Egyptian Government arising out of the interpretation or application of the present Agreement or of any supplementary arrangement or agreement which is not settled by negotiation shall be submitted for decision to a Board of three arbitrators ; the first to be appointed by the Egyptian Government, the second by the Director-General of the Organization, and the third, the presiding arbitrator, by the President of the International Court of Justice, unless in any specific case the parties hereto agree to resort to a different mode of settlement.

IN THE FAITH WHEREOF the present Agreement was done and signed at ..... on the ..... day of ..... 19.., in six copies, three in French and three in English, the texts, in both languages, being equally authentic, of which two texts, one copy in French and one in English, were handed to the representatives of the Government of Egypt, and the four remaining copies to the Director-General of the World Health Organization.

FOR THE GOVERNMENT OF EGYPT :

FOR THE WORLD HEALTH ORGANIZATION :

.....

.....

*Director-General*

### Appendix

#### NOTES TO BE EXCHANGED CONCERNING THE INTERPRETATION AND APPLICATION OF THE AGREEMENT

1. Draft text of note from the Minister of Foreign Affairs, Cairo, to the Director-General of the World Health Organization :

With respect to the conclusion between the Egyptian Government and the World Health Organization of the Agreement concerning the privileges, immunities and facilities to be accorded to the Organization in Egypt, I have the honour to submit the following :

1. The Organization may, under Section 8, hold gold and, through normal channels, receive and transfer it to and

*Article XII — Final Provisions**Section 35*

The present Agreement shall enter into force as soon as it has been ratified by the Government of Egypt in accordance with its constitutional procedure and adopted by the World Health Assembly.

*Section 36*

On the coming-into-force of the present Agreement, it will be communicated for registration to the Secretary-General of the United Nations by the Director-General of the Organization, in pursuance of Article 1 of the Regulations, to give effect to Article 102 of the Charter of the United Nations adopted by the General Assembly of the United Nations on 14 December 1946.

*Section 37*

The present Agreement may be revised at the request of either party. In this event the two parties shall consult each other concerning the modifications to be made in its provisions. If the negotiations do not result in an understanding within one year, the present Agreement may be denounced by either party giving two years' notice.

from Egypt. It shall not, however, transfer from Egypt more gold than it has brought in.

2. With reference to Article VIII, the Organization and the Government shall determine by mutual agreement the categories of officials and the nature and extent of facilities, privileges and immunities to be accorded, to each category.

3. With reference to Section 23 (1) (a), the Organization will not claim on behalf of officials assigned to the staff of the Regional Office in Egypt, who are Egyptian Nationals, irrespective of grade, immunity from the criminal jurisdic-

tion of the Egyptian Courts in respect of words spoken or written and acts performed by them in so far as these words or acts are not spoken or written or performed by them in their official capacity.<sup>2</sup>

4. In claiming the benefit of Section 27 (2) of the Agreement, the Organization will not claim on behalf of the persons mentioned in Section 27 (1) exemption from Police regulations in so far as such regulations are made by virtue of the International Sanitary Conventions or by virtue of similar conventions, agreements or regulations adopted by the World Health Organization.<sup>2</sup>

5. Notwithstanding the provisions of Section 27 and in accordance with Section 31, the Egyptian Government may take, as regards nationals of countries whose relations with Egypt are not normal, all precautions necessary for the security of the Country.

2. Draft text of note from the Director-General of the World Health Organization to the Minister of Foreign Affairs, Cairo :

With respect to the conclusion between the Egyptian Government and the World Health Organization of the Agreement concerning the privileges, immunities and facilities to be accorded to the Organization in Egypt, and in answer to your letter of . . . . . I have the honour to communicate the following :

1. I agree that the Organization may, under Section 8, hold gold and, through normal channels, receive and

<sup>2</sup> Points approved by the Third World Health Assembly (resolution WHA3.83)

transfer it to and from Egypt. It shall not, however, transfer from Egypt more gold than it has brought in.

2. With reference to Article VIII, I agree that the Organization and the Government shall determine by mutual agreement the categories of officials and the nature and extent of facilities, privileges and immunities to be accorded, to each category.

3. With reference to Section 23 (1) (a), I agree that the Organization will not claim on behalf of officials, assigned to the staff of the Regional Office in Egypt, who are Egyptian Nationals, irrespective of grade, immunity from the criminal jurisdiction of the Egyptian Courts in respect of words spoken or written and acts performed by them in so far as these words or acts are not spoken or written or performed by them in their official capacity.<sup>2</sup>

4. In claiming the benefit of Section 27 (2) of the Agreement, I agree that the Organization will not claim on behalf of the persons mentioned in Section 27 (1) exemption from Police regulations in so far as such regulations are made by virtue of the International Sanitary Conventions or by virtue of similar conventions, agreements or regulations adopted by the World Health Organization.<sup>2</sup>

5. I take note of your statement to the effect that notwithstanding the provisions of Section 27 and in accordance with Section 31, the Egyptian Government may take, as regards nationals of countries whose relations with Egypt are not normal, all precautions necessary for the security of the Country.

## Annex 8

[A4/17]  
16 April 1951

### PROVISION OF FUNDS BY GOVERNMENTS FOR PAYMENT OF FIELD SERVICE ALLOWANCES TO WHO STAFF<sup>1</sup>

#### NOTE SUBMITTED BY THE DIRECTOR-GENERAL

With reference to the resolution the Executive Board adopted at its seventh session on this subject (EB7.R58, *Official Records* No. 32), the following information is submitted on the action taken since the Board's session by the Technical Assistance Board and the Technical Assistance Committee, to whose knowledge the recommendation of the Executive Board was brought by the representative of WHO on the TAB.

<sup>1</sup> See resolution WHA4.60 and minutes of the second, third and tenth meetings of the Committee on Administration, Finance and Legal Matters.

1. The TAB, at its eighth session held from 15 to 19 January 1951, after considering in the light of current experience what financial obligations recipient governments should be asked to assume, pursuant to resolution 222 (IX) of the Economic and Social Council, annex 1, paragraph 4, agreed :

to request, through the Chairman of the Board, the guidance of TAC on the practical application of the principle laid down by the Council that "The requesting Governments should be expected to agree . . . normally to assume responsibility for a substantial part of the costs of technical services

with which they are provided, at least that part which can be paid in their own currencies ;”

The TAB further agreed :

that two major alternatives would be presented to TAC for its consideration : the first alternative would provide that the organizations would generally themselves pay all subsistence allowances for experts out of the funds of the Special Account ; the second alternative would constitute a reaffirmation of the original viewpoint that the recipient government should pay the local costs of the technical services with which they are provided, including full board and lodging for the experts. Arguments in favour of both alternatives would be included in the statement, those relating to the second alternative to be presented in the name of one organization only.

2. The TAC, at its twelfth session held at Santiago, Chile, in February 1951, after considering the report of the TAB adopted the following resolution :

*The Technical Assistance Committee,*

*Considering* the question raised by the Technical Assistance Board on the interpretation of the following principle laid down by the Economic and Social Council in resolution 222 A (IX) :

The requesting governments should be expected to agree . . . normally to assume responsibility for a substantial part of the costs of technical services with which they are provided, at least that part which can be paid in their own currencies ;

*Decides*, in the light of the above-mentioned principle, that in agreement between the recipient governments and the participating organizations provision should be made for the payment by the former in local currency or in kind of the following costs of each project, as appropriate in each case :

1. Local personnel services, technical and administrative, as well as labour ;
2. Office space and buildings ;
3. Supplies and materials obtainable within the country ;
4. Local transportation ;
5. Postal and telecommunications ;

6. Medical care for technical assistance personnel ;

7. Provision of lodging for experts, provided that in exceptional circumstances and subject to the prior agreement of the Technical Assistance Board, provision of lodging may not be required of recipient governments by participating organizations ; and

*Further decides* that recipient governments should contribute such further costs or facilities, including subsistence allowances, as may be mutually agreed upon between the governments and the organization concerned, subject always to the general policies laid down by the Technical Assistance Board.

3. The TAB considered the resolution of the TAC at its tenth session held on 27 and 28 February 1951, and agreed that :

(a) The participating organizations would request governments to bear the costs listed under points 1-7 of the resolution, which include the provision of lodging for experts ;

(b) in addition, the participating organizations would discuss with most governments requesting technical assistance what further costs or facilities, including subsistence allowances, should be contributed ;

(c) the participating organizations would report to the Executive Secretary for the information of the members of TAB, any cases in which governments had agreed to supply such further costs or facilities ;

(d) when a requesting government claimed that its country was in such exceptional circumstances as to be entitled to exemption from payment of lodging as provided for in the resolution, and the participating organization concerned had reason to believe that such claim was justified, the organization would present the case together with the necessary justification to the Executive Secretary, who in agreement with the Chairman would indicate to the organization concerned as well as to the other participating organizations whether the claim of the country should be accepted or not.

4. The decisions of the TAB and TAC were noted by the Economic and Social Council at its meeting on 13 March 1951, during its twelfth session.

## Annex 9

[A4/15]  
12 April 1951ADMISSION OF NON-GOVERNMENTAL ORGANIZATIONS INTO RELATIONSHIP  
WITH THE WORLD HEALTH ORGANIZATION<sup>1</sup>

## NOTE AND RESOLUTION SUBMITTED BY THE DELEGATION OF BELGIUM

The International Committee of Catholic Associations of Nurses and Medico-Social Workers, founded in 1933, which includes 26 national associations and has correspondents in some ten other countries, thus attaining a membership of about 300,000, has, as an international non-governmental organization, on two occasions submitted a request for admission to relationship with WHO.

The first request was rejected in August 1948 on the pretext that official relations could only be established with a single organization in one and the same field of activity and, on this pretext, the Executive Board—or the committee representing it—decided purely and simply that such relationship would be established exclusively with the International Council of Nurses.

The Executive Board seems to have realized that it had approved a decision hardly in conformity with the views and directives of the Constitution, since it felt it necessary to support its position subsequently as follows :

- (1) by proposing to add to the " Working Principles governing the Admission of Non-Governmental Organizations into Relations with WHO " a paragraph (vii) dealing with organizations of a " sectional " nature ;<sup>2</sup>
- (2) by voting, on the basis of this paragraph and without awaiting the opinion of the Health Assembly on this subject, a resolution<sup>3</sup> (by 6 votes against 4, 2 abstentions and 6 absent) under whose terms it declared itself unfavourable to admission of organizations of a sectional nature into relationship with the World Health Organization.

The Executive Board rejected the second request of the International Committee of Catholic Associa-

tions of Nurses and Medico-Social Workers on the basis of this resolution.

At the request of the Belgian delegation paragraph (vii) mentioned above was examined in May 1950 during the Third World Health Assembly which, supporting the proposal of the United States delegation, decided on the deletion of the said paragraph.<sup>4</sup>

Justly considering that there was no foundation for the rejections which it had encountered, the International Committee of Catholic Associations of Nurses and Medico-Social Workers persisted in its request.

The committee received from the Director-General of the World Health Organization the following reply, dated 17 July 1950 (*translation from the French*) :

I have the honour to inform you that the Executive Board, during its sixth session, held recently at Geneva, adopted the following resolution<sup>5</sup>

Taking into consideration the fact that there is already an international organization in the nursing field (the International Council of Nurses) in official relations with WHO, and

Believing that single representation in any particular field is desirable,

The Executive Board

REQUESTS the Director-General to approach both the International Council of Nurses and the International Committee of Catholic Associations of Nurses and Medico-Social Workers with a view to their forming joint representation authorized to act for the group as a whole, and to report to the Executive Board.

I would be grateful if you could let me have as soon as possible any observations which you may wish to make on this matter.

(signed) Brock CHISHOLM  
Director-General

<sup>1</sup> See resolution WHA4.59, minutes of the tenth and eleventh meetings of the Committee on Administration, Finance and Legal Matters, and verbatim record of the tenth plenary meeting, section 51.

<sup>2</sup> *Off. Rec. World Hlth Org.* 25, 18, sub-section 6.4.2, and annex 14

<sup>3</sup> *Off. Rec. World Hlth Org.* 25, 18, sub-section 6.4.1

<sup>4</sup> *Off. Rec. World Hlth Org.* 28, resolution WHA3.113

<sup>5</sup> Resolution EB6.R16, II, 2

The Belgian delegation does not see upon what constitutional or statutory provisions the Executive Board bases its opinion that "single representation in any particular field is desirable".

In point of fact, the principle of single representation does not follow from any constitutional or statutory provision; on the contrary, those provisions are such that one must consider that the principle concerning relations is that of plurality.

In the preamble to the Constitution the principle is enunciated that the enjoyment of the highest attainable state of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, or economic and social condition.

Furthermore, the preamble lays down the principle of unlimited collaboration with all those who can contribute to the improvement and protection of the health of all peoples.

In addition Article 2 (b) of the Constitution States that the Organization shall "establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate".

WHO does not even have to await the submission of a request from an organization capable of making a contribution to the execution of this programme of effective collaboration. Article 18 (h) of the Constitution states that the Health Assembly shall invite any organization, international or national, governmental or non-governmental, which has 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 conditions prescribed by the Health Assembly . . .".

Finally, Article 71 stipulates that "The Organization may,<sup>6</sup> on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations . . .".

These constitutional provisions clearly show that the programme of collaboration which we should implement is based on the principle of plurality of relations so as to bring together all efforts made throughout the world towards assuring for every human being the best state of health possible.

Embodied in the Constitution itself, the principle of plurality of representation is confirmed in paragraph 1 (iii) of the Working Principles governing the

Admission of Non-Governmental Organizations into Relations with WHO.

This paragraph is worded as follows: "The organization shall be of recognized standing"—which is the case with the International Committee of Catholic Associations of Nurses and Medico-Social Workers—"and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates"—which is also true in the present case.

It will be noted that it is stated that the organization concerned should represent not the whole of the persons organized for the purpose of participating in a particular field, but a substantial proportion of such persons. This implies that the principle of one representation per organization shall hold as soon as the organization in question is of recognized standing and brings together a considerable number of persons, and the Executive Board was therefore justified, on the basis of the constitutional and statutory provisions cited above, in admitting the International Council of Nurses into official relations with the World Health Organization without raising the objection of the principle of single representation for the whole of the persons organized.

The same paragraph (iii) also stipulates that organizations which do not comply individually with the conditions of the paragraph may form a group and establish a committee or other joint body authorized to act for the group as a whole. This provision, which has a definite and specific scope, does not apply in the case under consideration.

It is clear that the International Committee of Catholic Associations of Nurses and Medico-Social Workers, with its 300,000 members, itself fulfils the two prescribed conditions.

Consequently there is no justification for the invitation addressed to the committee to form a joint body with another non-governmental organization, which itself complies with the required conditions and has already been admitted into official relations with WHO.

What will be the logical culmination if, on the one hand, the Executive Board maintains the viewpoint of single representation and if, on the other hand, the International Council of Nurses and the International Committee of Catholic Associations of Nurses and Medico-Social Workers see no possibility of bringing about such single representation?

As the viewpoint of the Executive Board should then apply as much to the former as to the latter, the Board should, to be consistent with itself, proceed to annul the decision which it has taken with respect

<sup>6</sup> i.e., has the right to [footnote by the authors of the note]

to the admission of the International Council of Nurses into official relations with WHO.

From the constitutional and statutory provisions referred to in the present note, it follows that the World Health Assembly has the right—one might say the duty—to see that the most effective co-operation is realized with all institutions capable of helping to ensure the best possible state of health for men, women and children all over the world; which, we repeat, the Constitution declares to be one of the fundamental rights of every human being without distinction of race, religion, political belief and economic or social condition.

That the Health Assembly, which meets only once a year, should have entrusted to the Executive Board the task of examining and dealing with requests submitted by organizations desiring to enter into relations with WHO, is quite natural. However, when difficulties and differences of opinion arise as regards the interpretation of constitutional and statutory provisions, the Health Assembly, as the highest authority, should exercise its powers and settle disputes on questions of principle.

There is no doubt that in order to attain the objectives it has set itself WHO should, in accordance with its Constitution, associate with its activities all organizations—complying with the prescribed conditions—whose contribution can be effective and through which the Organization would remain in contact with world public opinion in its various forms.

In the medical and associated professions, as in all others, the principle of freedom of association cannot be set aside. By demanding a grouping to which those on whom it is to be imposed cannot subscribe, we are depriving ourselves of useful assistance in the pursuit of our common ends and

are running the risk that large sections of the population of the globe will begin to view the Organization with some concern and mistrust, first symptoms of disaffection to an international organization not in contact with life in all its various aspects.

Whereas it cannot be disputed that the International Committee of Catholic Associations of Nurses and Medico-Social Workers complies with the conditions necessary for recognition as an international non-governmental organization;

Whereas the activities of this organization are for the benefit of all human beings, without distinction of race, religion, political belief or economic or social condition;

Whereas the Constitution of WHO calls for the establishment and maintenance of effective collaboration with professional groups and all organizations whose aid may contribute to realizing the objectives of WHO;

Whereas it is clear that the International Committee of Catholic Associations of Nurses and Medico-Social Workers is able to contribute to the health activities for which WHO was established,

The Belgian delegation has the honour to submit the following resolution to the Fourth World Health Assembly:

In view of the relevant constitutional and statutory provisions,

The Fourth World Health Assembly

DECIDES that the International Committee of Catholic Associations of Nurses and Medico-Social Workers is admitted to official relations with WHO as an international non-governmental organization.

## Annex 10

[A4/AFL/21]  
19 May 1951

### PLACE OF FUTURE WORLD HEALTH ASSEMBLIES <sup>1</sup>

#### RESOLUTION PROPOSED BY THE DELEGATION OF INDIA

The Fourth World Health Assembly,

Recognizing that the increasing fulfilment of the aims and objects for which the World Health Organization stands will depend to a considerable extent on the active and willing co-operation of the governments of Member States and of their peoples, and that the development of such co-operation can be provided by the

<sup>1</sup> See resolution WHA4.66 and minutes of the twelfth meeting of the Committee on Administration, Finance and Legal Matters, section 8.

contacts that can be established by holding meetings of the World Health Assembly in the territories of the different Member States,

RECOMMENDS

- (1) that the Director-General arrange to have alternate meetings of the Health Assembly at Geneva and at suitable places in different countries respectively ;
- (2) that the 1953 Health Assembly be held in a place other than Geneva ; and
- (3) that the expenses involved should be part of the general budget.

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**Annex 11**

[A4/42]  
7 May 1951

**EMERGENCY ACTION BY THE ECONOMIC AND SOCIAL COUNCIL AND SPECIALIZED AGENCIES TO ASSIST IN THE MAINTENANCE OF INTERNATIONAL PEACE AND SECURITY <sup>1</sup>**

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**1. Text of Letter from the Secretary of the Economic and Social Council to the Director-General of the World Health Organization**

23 March 1951

Sir,

On behalf of the Secretary-General, I have the honour to transmit to you the resolution, "Emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security",<sup>2</sup> which was adopted by the Economic and Social Council on 14 March 1951. By this resolution the Council requests the Secretary-General, in the light of the discussion on this subject in the Council, to consult with the specialized agencies as to the specific arrangements they might most appropriately make in order to provide for the furnishing by them of such information and for the rendering of such assistance in the maintenance or restoration of international peace and security as may be requested by the Security Council or the General Assembly, such arrangements to cover action on an emergency basis

and within the constitutional and budgetary limitations of the agencies to meet urgent requests ; and invites the specialized agencies to approve arrangements to this end as soon as possible. The Secretary-General will get in touch with you as soon as possible regarding the consultation requested by the Council.

I also enclose copies of the summary records of the Council relating to the discussion.

With the assurance of my highest consideration,

I have the honour to be, etc.

(signed) G. E. YATES  
Secretary,  
Economic and Social Council

*Text of resolution 363 (XII) of the Economic and Social Council*

*The Economic and Social Council,*

*Conscious of its responsibility for the promotion of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations,*

*Taking note of General Assembly resolution 377 (V), "Uniting for peace", which provides that the*

<sup>1</sup> See resolution WHA4.70 and minutes of the thirteenth and fourteenth meetings of the Committee on Administration, Finance and Legal Matters and the sixth and seventh meetings of the Legal Sub-Committee.

<sup>2</sup> ECOSOC resolution 363 (XII)

General Assembly may make recommendations to Members for collective measures for the maintenance of international peace and security if the Security Council fails to act,<sup>3</sup>

*Desiring* to facilitate co-ordinated action in the economic, social and related fields which may be requested by the Security Council or recommended by the General Assembly in the implementation of General Assembly resolution 377 (V),

*Recognizing* that, in the light of General Assembly resolution 377 (V) it may be desirable for specialized agencies to make suitable arrangements,

1. *Requests* the Secretary-General, in the light of the discussion on this subject in the Council, to consult with the specialized agencies as to the specific arrangements they might most appropriately make in order to provide for the furnishing by them of such information and for the rendering of such assistance in the maintenance or restoration of international peace and security as may be requested by the Security Council or the General Assembly, such arrangements to cover action on an emergency basis and within the constitutional and budgetary limitations of the agencies to meet urgent requests ; and

2. *Invites* the specialized agencies to approve arrangements to this end as soon as possible.

<sup>3</sup> The relevant passage of the General Assembly resolution read :

*The General Assembly*

1. *Resolves* that if the Security Council, because of lack of unanimity of the permanent members, fails to exercise its primary responsibility for the maintenance of international peace and security in any case where there appears to be a threat to the peace, breach of the peace, or act of aggression, the General Assembly shall consider the matter immediately with a view to making appropriate recommendations to Members for collective measures, including in the case of a breach of the peace or act of aggression the use of armed force when necessary, to maintain or restore international peace and security...

**2. Text of Letter from the Director-General of the World Health Organization to the Secretary-General of the United Nations**

8 April 1951

Sir,

I have the honour to refer to the resolution adopted by the Economic and Social Council on 14 March 1951 concerning emergency action by the Economic and Social Council and specialized agencies to assist in the maintenance of international peace and security and to inform you that I am placing this resolution before the Fourth World Health Assembly.

With respect to paragraph 1 of that resolution, the following constitutional and other provisions cover emergency action which might be taken by the World Health Organization :

Articles 2 (b) and (d), 18 (i), 28 (i), 29 and 58 of the Constitution provide for consultation and collaboration with the United Nations and for emergency action to be taken by the Organization. In addition, Article IV of the Agreement between the United Nations and the World Health Organization deals with recommendations made to this Organization by the United Nations.

Successive resolutions of the World Health Assembly with respect to the Working Capital Fund authorize the Director-General and the Executive Board, within certain limits, to make advances from that Fund in order to meet emergencies and unforeseen contingencies. These resolutions are reproduced on page 318 of *Official Records* No. 13, on page 40 of *Official Records* No. 21 and on page 62 of *Official Records* No. 28.

I consider that the provisions quoted above enable the World Health Organization to co-operate with the United Nations, in accordance with the resolution of the Economic and Social Council of 14 March 1951, on emergency action to assist in the maintenance of international peace and security.

I have the honour to be, etc.

(signed) Brock CHISHOLM, M.D.,

*Director-General,*

*World Health Organization*

## Annex 12

### SUGGESTIONS OF THE WORLD HEALTH ORGANIZATION CONCERNING THE SCHEDULE OF WORK OF THE ECONOMIC AND SOCIAL COUNCIL <sup>1</sup>

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The Administrative Committee on Co-ordination discussed certain aspects of the organization and operation of the Economic and Social Council which are of particular interest to the specialized agencies.<sup>2</sup> The suggestions made by WHO on this subject can be summarized as follows:

1. The Council might well decide to reduce the number of levels at which a single topic is debated—for example, a sub-commission, a commission, a committee and a plenary session of the Economic and Social Council alone. The specialized agencies are now compelled to give up much professional time and incur high travel expenses in order to be represented at debates at these various levels.
2. The various organs of the Council might decide, as far as possible in advance, the schedule for the debate of topics which concern the specialized agencies. In pursuance of instructions from the Executive Board and the World Health Assembly, the Director-General must ensure that WHO is represented when certain topics are debated. The higher ranking members of the staff, who should represent WHO at such debates, cannot be spared to attend, for several weeks, meetings which may be held far from headquarters. A schedule fixed well in advance would enable the specialized agencies to be represented at the most appropriate level.
3. Furthermore, the Council might schedule for its summer session debates which concern specialized agencies working on social matters, while debates which concern the agencies working in the economic field might be scheduled for the winter session.
4. The Council might base its recommendations to specialized agencies on the programme proposed for the second succeeding year, so that the conferences or the assemblies of the agencies could take such recommendations into account when drawing up their programmes and in approving them one year in advance.
5. The Council might consider the reports of the specialized agencies in plenary session, in order to ensure an appropriate level of discussion. Points requiring more particular consideration might then be referred to committees of the Council.
6. The Council might request that the Administrative Committee on Co-ordination report to it not only on specific co-ordination matters but also on broad trends of development in the economic and social programmes of the United Nations family. The debate on such reports, in which high-ranking representatives of the specialized agencies would act as consultants to the Council, would have great value both to the United Nations and to the agencies.

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<sup>1</sup> See resolution WHA4.11 and minutes of the eighth meeting of the Committee on Programme, section 3.

<sup>2</sup> UN document E/1991, paragraph 59

## Annex 13

[From A4/39]  
7 May 1951BUDGET PROPOSALS FOR 1952 <sup>1</sup>

	1951	1952						
	Budget <sup>2</sup>	Director-General's proposed budget		Executive Board's <sup>4</sup> recommendation		United Kingdom proposal <sup>5</sup>		
		Original estimates <sup>2</sup>	Adjusted estimates <sup>3</sup>	Amount	Reduction from Director-General's adjusted estimates	Amount	Reduction from Director-General's adjusted estimates	Reduction from Board's recommendation
	US \$	US \$	US \$	US \$	%	US \$	%	%
1. GROSS BUDGET. . . . .	7,300,000	10,284,346	9,927,782	9,077,782	8.56	7,877,782	20.65	13.22
2. <i>Less</i> income available . . . . .	210,975	409,346	477,782	477,782	—	477,782	—	—
3. GROSS ASSESSMENTS BUDGET	7,089,025	9,875,000	9,450,000	8,600,000	8.99	7,400,000	21.69	13.95
4. <i>Less</i> assessments on inactive Members <sup>6</sup> . . . . .	1,135,006	1,581,095	1,548,129	1,400,000	—	1,184,800	—	—
5. ASSESSMENTS ON ACTIVE MEMBERS . . . . .	5,954,019	8,293,905	7,901,871	7,200,000	8.88	6,215,200	21.35	13.68
6. <i>Add</i> income available . . . . .	293,032*	409,346	477,782	477,782	—	477,782	—	—
7. EFFECTIVE WORKING BUDGET	6,247,051†	8,703,251	8,379,653	7,677,782	8.38	6,692,982	20.13	12.83

<sup>1</sup> This table was produced for the information of delegates to the Fourth World Health Assembly during the discussions of the programme and budget for 1952.

<sup>2</sup> *Off. Rec. World Hlth Org.* 31, 45

<sup>3</sup> *Off. Rec. World Hlth Org.* 33, 6 and 7, sub-section 10

<sup>4</sup> *Off. Rec. World Hlth Org.* 33, 8, sub-sections 22 to 25

<sup>5</sup> Submitted by the United Kingdom delegation in a memorandum (unpublished)

<sup>6</sup> The amounts indicated for 1952 are based on the assumption that the ratio of assessments on inactive Members to the total assessments for 1951, representing approximately 16%, would be the same in 1952.

\* Includes OIHP funds (\$82,057)

† This amount exceeds the expenditure ceiling by \$14,994, which is explained by the fact that the original ceiling was rounded off downwards to \$6,150,000.

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