# ABBREVIATIONS

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

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ACC</td>
<td>Administrative Committee on Co-ordination</td>
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<tr>
<td>CCICMS</td>
<td>Council for the Co-ordination of International Congresses of Medical Sciences</td>
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<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences (new title of CCICMS above)</td>
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<tr>
<td>ECAFE</td>
<td>Economic Commission for Asia and the Far East</td>
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<tr>
<td>ECE</td>
<td>Economic Commission for Europe</td>
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<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>ICAO</td>
<td>International Civil Aviation Organization</td>
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<td>ICITO</td>
<td>Interim Commission of the International Trade Organization</td>
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<td>ILO</td>
<td>International Labour Organisation (Office)</td>
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<td>ITU</td>
<td>International Telecommunication Union</td>
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<td>OIHP</td>
<td>Office International d’Hygiène Publique</td>
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<tr>
<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
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<td>PASO</td>
<td>Pan American Sanitary Organization</td>
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<tr>
<td>TAA</td>
<td>Technical Assistance Administration</td>
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<td>Technical Assistance Board</td>
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<td>TAC</td>
<td>Technical Assistance Committee</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<td>UNKRA</td>
<td>United Nations Korean Reconstruction Agency</td>
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<td>UNRWAPRNE</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>WFUNA</td>
<td>World Federation of United Nations Associations</td>
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MEMBERSHIP OF THE HEALTH ASSEMBLY
LIST OF DELEGATES AND OTHER PARTICIPANTS

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Dr. A.-R. HAKIMI, Director of Hygiene, Ministry of Health

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Delegates:
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Mr. P. SHAW, Permanent Delegate to the European Office of the United Nations
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Alternate:
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Delegates:
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Mr. K. STROBL, Chief Legal Adviser, Directorate-General of Public Health, Federal Ministry of Social Affairs
Dr. J. DAIMER, Federal Ministry of Social Affairs

BELGIUM

Delegates:
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Dr. A. N. DUREN, Inspecteur général de l'Hygiène au Ministère des Colonies
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Alternate:
M. J. A. DENOËL, Directeur au Ministère des Affaires étrangères et du Commerce extérieur

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M. F. BLONDEEL, Adjoint au Délégué permanent auprès de l'Office européen des Nations Unies
M. F. A. E. BOSMANS, Conseiller adjoint, Service des Relations extérieures, Ministère de la Santé publique et de la Famille

BOLIVIA

Delegate:
Mr. F. Ferrière, Consul in Geneva

BRAZIL

Delegates:
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Dr. A. G. DE ALMEIDA E CASTRO, Director, National Anti-Plague Service, Ministry of Education and Health
Dr. E. DE PAIVA FERREIRA BRAGA, Superintendent, Special Service of Public Health, Ministry of Education and Health

Adviser:
Mr. C. A. DE SOUZA E SILVA, Permanent Delegation to the European Office of the United Nations
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Delegates:
MRS. AUNG SAN (DANG KHIN KYI), Director of Women and Children’s Welfare Services (Chief Delegate)
Dr. BA MAUNG, Port Health Officer, Rangoon

CAMBODIA

Delegates:
Dr. YOU CHHIN, Médecin de l’Assistance médicale; Médecin traitant Hôpital Preah Ket Mêaléa, Pnom-Penh (Chief Delegate)
Dr. KHUON KIMSENG, Médecin de l’Assistance médicale; Médecin-Chef de la Circonscription médicale de Kompong-cham

CANADA

Delegate:
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Alternates:
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Dr. J. T. PHAIR, Deputy Minister of Health of the Province of Ontario

Advisers:
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Mr. B. M. WILLIAMS, Permanent Delegation to the European Office of the United Nations

CEYLON

Delegates:
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Dr. W. A. KARUNARATNE, Medical Officer, International Health, Ministry of Health
Mr. A. J. JOSEPH, Assistant Permanent Secretary, Ministry of Health

Delegate:
Dr. N. ROMERO, Director-General of Health

COSTA RICA

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

DENMARK

Delegates:
Dr. J. FRANDSEN, Director of Health Services (Chief Delegate)
Dr. O. ANDERSEN, Professor of Paediatrics, University of Copenhagen (Deputy Chief Delegate)
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Adviser:
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Delegate:
Mr. J. B. PEYNAO, Minister Plenipotentiary in Switzerland

EGYPT

Delegates:
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Dr. M. M. SIDKY, Director, International Health Section, Ministry of Public Health

Adviser:
Mr. Y. K. EL-MEHELMY, First Delegate, Council of State, Ministry of Foreign Affairs

EL SALVADOR

Delegate:
Dr. A. AGUILAR, Director, Health Demonstration Area, Directorate-General of Public Health

ETHIOPIA

Delegate:
Mr. TELAHOUN TCHERNET, Director-General, Ministry of Public Health

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

FEDERAL REPUBLIC OF GERMANY

Delegates:
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Professor F. KLOSE, Director, Institute of Hygiene of the University of Kiel (Deputy Chief Delegate)
Dr. E. GREUL, President, Board of Health, Freie Hansestadt Bremen

Alternates:
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Dr. Katharina HUSSELS, Chief, Berlin-Zehlendorf Health Department
Professor O. E. W. OLSEN, Geneva

FINLAND

Delegates:
Dr. S. SAVONEN, Departmental Chief, State Medical Board (Chief Delegate)
Mr. O. J. VALLILA, Counsellor, Finnish Legation; Permanent Delegate to the International Organizations in Geneva

FRANCE

Delegates:
Dr. D. BOIDÉ, Directeur de l’Hygiène publique et des Hôpitaux au Ministère de la Santé publique et de la Population (Chief Delegate)
Dr. E. J. AUJALEU, Directeur de l’Hygiène sociale au Ministère de la Santé publique et de la Population
Dr. L. BERNARD, Chef du Bureau des Relations extérieures au Ministère de la Santé publique et de la Population

Alternates:
M. J. FOESSEL, Administrateur à la Direction du Budget, Ministère des Finances
M. R. DE LACHARRIÈRE, Professeur des Facultés de Droit
M. B. TOUSSAINT, Représentant permanent auprès de l’Office européen des Nations Unies
Médecin-Colonel G. R. GARCIN, Chef de la Section technique, Direction du Service de Santé, Ministère de la France d’Outre-Mer

Advisers:
Dr. R. F. BRIDGMAN, Inspecteur principal de la Santé; Directeur adjoint de la Santé du Département de la Seine
M. J. E. DEPRUN, Inspecteur général, Ministère de la Santé publique et de la Population
Mlle A. LISSAC, Représentant permanent adjoint auprès de l’Office européen des Nations Unies
Dr. M. GAUD, Secrétaire général du Centre international de l’Enfance, Paris
M. J. VOLCKRINGER, Chef du Bureau de la Pharmacopée, Service central de la Pharmacie, Ministère de la Santé Publique et de la Population

GRECE

Delegates:
Dr. G. ALIVISATOS, Professor of Hygiene at the University and Professor of Epidemiology at the School of Hygiene, Athens
Mr. N. HADJI VASSILIOU, Permanent Delegate to the International Organizations, Geneva

Adviser:
Dr. R. L. CHERRY, Director, Public Health Division, Mutual Security Agency

GUATEMALA

Delegate:
Dr. C. F. MORA, Chief, Department of Hospital Medical Services, Institute of Social Security

HAITI

Delegates:
Dr. A. BELLEIVE, Directeur général du Service de la Santé publique (Chief Delegate)
Dr. G. NICOLAS, Administrateur du Service de la Santé du District de Jacmel

HASHEMITE KINGDOM OF THE JORDAN

Delegate:
Dr. S. NASRALLAH, Assistant Under-Secretary of State, Ministry of Health

HONDURAS

Delegate:
Dr. A. VIDAL, Minister of Honduras in France

ICELAND

Delegate:
Dr. J. SIGURJÓNSSON, Professor of Hygiene, University of Iceland

INDIA

Delegates:
Sir Arcot MUDALIAR, Vice-Chancellor, University of Madras (Chief Delegate)
MEMBERSHIP OF THE HEALTH ASSEMBLY

H. E. Nedyam RAGHAVAN, Ambassador of India, Minister to Switzerland, Austria and the Holy See (Deputy Chief Delegate)

Dr. C. G. PANDIT, Secretary, Indian Council of Medical Research, New Delhi

Alternate:
Lt-Col. D. P. NATH, Inspector-General of Civil Hospitals, Bihar

Adviser:
Dr. C. V. RAMCHANDANI, Assistant Director-General of Health Services, Ministry of Health, Government of India

INDONESIA

Delegates:
Dr. M. SOERONO, Secretary-General, Ministry of Health (Chief Delegate)
Dr. MA'MOEN AL RASHID KOESOEMADILAGA, Director, Quarantine and Communicable Disease Services, Ministry of Health
Dr. SAIFUL ANWAR, Senior Officer, Ministry of Health

Adviser:
Mrs. M. BIEMOND, Senior Officer, Ministry of Health

iran

Delegates:
Dr. A. H. TABA, Director, Health Department, Iranian State Railways (Chief Delegate)
Dr. A. DIBA, Director, International Health Relations Department, Ministry of Health

iraq

Delegates:
Dr. S. EL-ZAHAWI, Director, Institute of Bacteriology (Chief Delegate)
Dr. S. AL-WAHBI, Director, Karkh Hospital, Baghdad
Dr. M. IBRAHIM, Director of Social Medicine, Ministry of Health

Adviser:
Dr. Y. KHADDOURI, Director, Ministry of Social Affairs

IRELAND

Delegates:
Dr. J. D. MACCORMACK, Acting Chief Medical Officer, Department of Health (Chief Delegate)

Mr. T. J. BRADY, Assistant Secretary, Department of Health

ISRAEL

Delegates:
Dr. P. NOACH, Chief Medical Officer, Ministry of Health (Chief Delegate)
Dr. S. SYMAN, Director, Division of Social Medicine, Ministry of Health

Alternate:
Mr. M. KAHANY, Chargé d’Affaires; Permanent Delegate to the European Office of the United Nations

ITALY

Delegates:
Mr. G. MIGLIORE, High Commissioner for Hygiene and Public Health (Chief Delegate)
Professor G. A. CANAPERIA, Chief Medical Officer, Office of the High Commissioner for Hygiene and Public Health
Professor S. CRAMAROSSA, Director-General of Medical Services, Office of the High Commissioner for Hygiene and Public Health

Alternate:
Professor A. SPALLICCI, Deputy High Commissioner for Hygiene and Public Health (Alternate to Chief Delegate)
Professor V. PUNTONI, Director, Institute of Hygiene, University of Rome

Advisers:
Professor M. CATTABENI, Director, Institute of Forensic Medicine and Social Insurance, University of Modena
Mr. U. DE LEONI, Administrative Officer, Office of the High Commissioner for Hygiene and Public Health
Mr. S. GOZZIO, Professor of Statistics, University of Turin
Dr. A. MALTARELLO, Medical Adviser, National Workers’ Compensation Insurance Institute
Dr. M. TORRIOLI, Chief Medical Officer, Cancer Institute, Rome
Miss G. LAURETTI, Health Visitor, Office of Hygiene and Public Health
Mr. G. SILMBANI, Consul-General in Geneva
Mr. P. GHEZZI MORGALANTI, Vice-Consul in Geneva
Mr. S. CALLEA, Attaché, Italian Consulate, Geneva
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Delegates:

Dr. M. Yamaguchi, Director, Public Sanitation Bureau, Ministry of Health and Welfare (Chief Delegate)

Mr. B. Hoshi, Consul in Geneva

Mr. A. Saita, Chief, Information and Liaison Section, Ministry of Health and Welfare

Alternate:

Mr. S. Kono, Chief, Medical Affairs Section, Medical Affairs Bureau, Ministry of Health and Welfare

KOREA

Delegate:

Dr. Koo Young Sook, Former Minister of Health

Delegates:

M. Ouort Souvannavong, Vice-Président de l’Assemblée de l’Union Française (Chief Delegate)

M. K. Saycocie, Médecin à l’Hôpital Mahosoth, Vientiane

Advisor:

Dr. L. Baccialone, Médecin du Ministère de la France d’Outre-Mer

LEBANON

Delegate:

Dr. S. Hayek, Chief Medical Officer, Ministry of Public Health (Chief Delegate)

Dr. N. Beyhum, Chief, Division of Local Municipal Health Services, Ministry of the Interior

LIBERIA

Delegate:

Dr. J. N. Togba, Director of Public Health and Sanitation

LUXEMBOURG

Delegate:

Dr. L. Molitor, Directeur de la Santé publique

Alternate:

M. J. Sturm, Chargé d’Affaires à Berne

MEXICO

Delegate:

Dr. A. de la Garza Brito, Director, School of Public Health and Hygiene, Mexico D.F.

Advisor:

Mr. J. G. de Werra, Permanent Delegation in Switzerland

MONACO

Delegates:

Dr. E. Boeri, Directeur du Service d’Hygiène et de Salubrité publique (Chief Delegate)

M. R. Bickert, Consul général à Genève

NETHERLANDS

Delegates:

Dr. C. Van den Berg, Director-General for International Health Affairs, Ministry of Social Affairs and Public Health (Chief Delegate)

Dr. G. C. E. Burger, Director, Medical Department, Philips Lamp Works, Eindhoven (Deputy Chief Delegate)

Dr. N. A. Roozenaal, Chief Pharmaceutical Officer of Public Health

Alternate:

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

Advisers:

Dr. C. J. M. Mol, Member of Parliament

Mr. W. H. J. Van Asch van Wuck, Permanent Delegate to the European Office of the United Nations and the Specialized Agencies in Geneva

Dr. S. Van Praag, Medical Adviser, Board for Surinam Affairs in the Netherlands, Leyden

Dr. D. Metselaar, Public Health Officer

Miss H. C. Hessling, Division of International Health Affairs, Ministry of Social Affairs and Public Health

NEW ZEALAND

Delegate:

Dr. H. B. Turbott, Deputy Director-General of Health

Alternate:

Mr. W. Wynne Mason, Assistant External Affairs Officer, London

NICARAGUA

Delegate:

Dr. E. Selva Sandoval, Consul-General in Barcelona
NORWAY

Delegates:
Dr. K. Evang, Director-General of Health Services (Chief Delegate)
Dr. F. Melbye, Director, Division of Epidemiology and Hygiene, Health Services
Dr. T. O. Iversen, Chief Medical Officer, Oslo

Alternate:
Dr. E. Øxnevad, Chief Medical Officer, Bergen

PAKISTAN

Delegates:
Dr. M. Jafar, Director-General of Health (Chief Delegate)
Dr. S. A. Chowdhury, Assistant Professor of Medicine, Medical College, Dacca
Dr. M. I. Beg, Assistant Director of Public Health, Sind

PANAMA

Delegates:
Dr. A. E. Calvo Sucre, Director-General of Public Health (Chief Delegate)
Dr. G. Engler, Medical Superintendent, Almirante Hospital, Panama

PERU

Delegate:
Dr. C. Lazarre, Director-General of Health

PHILIPPINES

Delegates:
The Hon. Juan Salcedo, Jr., Secretary of Health (Chief Delegate)
Dr. T. Elizalde, Director of Hospitals, Department of Health
The Hon. Emilio Espinosa, Member, House of Representatives

Alternates:
The Hon. Venancio Ziga, Member, Health Committee, Congress of the Philippines
Dr. A. Regala, Special Assistant, Department of Health

PORTUGAL

Delegates:
Dr. A. da Silva Travassos, Director-General of Health, Ministry of the Interior (Chief Delegate)
Dr. F. J. Cambournac, Director, Malaria Institute; Professor at the Institute of Tropical Medicine, Lisbon
Dr. A. A. de Carvalho-Dias, Senior Inspector of Health, Office of the Director-General of Health, 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

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Dr. G. Engler, Medical Superintendent, Almirante Hospital, Panama

PERU

Delegate:
Dr. C. Lazarre, Director-General of Health

PHILIPPINES

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Alternate:
Dr. B. A. V. de Pinho, Director of Technical Services, Office of the Director-General of Health, Ministry of the Interior

SAUDI ARABIA

Delegates:
Dr. R. Pharaon, Minister Plenipotentiary in France (Chief Delegate)
Dr. B. Roumy, Director of Health, Mecca District (Deputy Chief Delegate)

Alternate:
Mr. S. Khanachet, Press Attaché, Saudi Arabian Legation, Paris

SWITZERLAND

Delegates:
Dr. P. Voltenweider, Directeur du Service fédéral de l’Hygiène publique (Chief Delegate)
Professeur E. Grasset, Directeur de l’Institut d’Hygiène de l’Université de Genève
Dr. P. Calpin, Chef du Service de l’Hygiène publique du Canton du Valais

SPAIN

Delegates:
Mr. J. S. de Erice y O’Shea, Minister Plenipotentiary; Consul-General in Geneva (Chief Delegate)
Dr. G. Clavero, Director, National School of Public Health

SWITZERLAND

Delegates:
Dr. P. Voltenweider, Directeur du Service fédéral de l’Hygiène publique (Chief Delegate)
Professeur E. Grasset, Directeur de l’Institut d’Hygiène de l’Université de Genève
Dr. P. Calpin, Chef du Service de l’Hygiène publique du Canton du Valais
Adviser:
M. J. RUEDI, Juriste au Département politique fédéral

SYRIA

Delegates:
Dr. A. Chawkat CHATTY, Secretary-General, Ministry of Health and Welfare (Chief Delegate)
Dr. M. W. JABI, Head, X-Ray Department, Damascus Hospital

THAILAND

Delegates:
Dr. S. DAENGSVANG, Deputy Director-General, Department of Health (Chief Delegate)
Dr. S. PHONG-AKSARA, Director, Tuberculosis Control Division, Department of Health
Dr. B. SUVARNASARA, Director, Venereal Disease and Yaws Control Division, Department of Health

TURKEY

Delegates:
Dr. N. KARABUDA, Under-Secretary of State, Ministry of Health and Social Welfare (Chief Delegate)
Dr. T. ALAN, Chief, Epidemiological Section, Ministry of Health and Social Welfare

Adviser:
Dr. C. OR, International Relations Officer, Ministry of Health and Social Welfare

UNION OF SOUTH AFRICA

Delegates:
Dr. B. M. CLARK, Deputy Chief Health Officer, Union Department of Health (Chief Delegate)
Mr. A. M. HAMILTON, Political Secretary, Office of the High Commissioner for the Union of South Africa, London

Advisers:
Sir John CHARLES, Chief Medical Officer, Ministry of Health
Sir Andrew DAVIDSON, Chief Medical Officer, Department of Health for Scotland
Dr. E. D. PRIDIE, Chief Medical Officer, Colonial Office
Dr. M. T. MORGAN, Port Health Office, London
Mr. R. M. BLAIKLEY, Principal, General Register Office
Mr. J. BEITH, Permanent Delegation to the European Office of the United Nations
Mr. F. A. MELLS, Senior Executive Officer, Ministry of Health

UNITED KINGDOM OF LIBYA

Delegates:
Mr. A. N. ANEIZI, Vice President of the House of Representatives (Chief Delegate)
Dr. W. M. GRAVES-MORRIS, Director-General of Health

UNITED STATES OF AMERICA

Delegates:
Dr. L. A. SCHEELE, Surgeon General, Public Health Service, Federal Security Agency (Chief Delegate)
Miss Fanny HURST
Dr. E. G. McGAVRAN, Dean, School of Public Health, University of North Carolina

Alternates:
Dr. F. J. BRADY, International Health Representative, Division of International Health, Public Health Service, Federal Security Agency
Mr. H. B. CALDERWOOD, Office of United Nations Economic and Social Affairs, Department of State
Dr. H. HYDE, Director, Health and Sanitation Staff, Technical Co-operation Administration, Department of State

Advisers:
Mr. D. C. BLAISDELL, United States Representative for Specialized Agency Affairs at Geneva

1 Instrument of acceptance of the Constitution of WHO deposited on 6 May 1952
MEMBERSHIP OF THE HEALTH ASSEMBLY

Dr. M. A. Casberg, Chairman, Armed Forces Medical Policy Council, Office of the Secretary of Defense, Department of Defense

Dr. R. Eliassen, Professor of Sanitary Engineering, Massachusetts Institute of Technology, Cambridge, Mass.

Mr. G. M. Foster, Director, Institute of Social Anthropology, Smithsonian Institution, Washington, D.C.

Mr. J. S. Henderson, Assistant Chief, Division of International Administration, Department of State

Dr. L. W. Larson, Member, Board of Trustees, American Medical Association, Bismarck, N.D.

Dr. L. C. Miller, Director of Revision of the Pharmacopoeia of the United States of America, New York

Dr. T. F. Sellers, Director, State Department of Public Health, Atlanta, Ga.

Mr. K. Stowman, International Health Representative, Division of International Health, Public Health Service, Federal Security Agency

Miss R. Taylor, Chief, Nursing Section, Children’s Bureau, Federal Security Agency

VENEZUELA

Delegates:

Dr. O. Müller-Rojas, Physician of the Venezuelan Immigration Mission in Germany (Chief Delegate)

Dr. O. Silva, First Secretary, Chargé d’Affaires, Permanent Delegation to the European Office of the United Nations

VIET NAM

Delegates:

Dr. Tran-Van-Don, Ministre Plénipotentiaire du Viet-Nam, London (Chief Delegate)

Dr. Tran-Van-Thin, Directeur du Service de la Santé pour la Zone maritime du Nord Viet-Nam; Président du Conseil national d’Hygiène

Alternates:

Dr. Nguyen-Van-Tran, Directeur du Service de Santé du Sud Viet-Nam

Dr. Nguyen-Van-Nguyen, Médecin-chef du Service d’Hygiène de la Préfecture de Saïgon-Cholon

YUGOSLAVIA

Delegates:

Dr. P. Gregorić, President, Council for the Protection of Public Health and Social Welfare (Chief Delegate)

Dr. R. Neubauer, Professor of Physiology at the Faculty of Medicine, Ljubljana

Dr. Olga Milošević, Secretary-General of the Yugoslav Red Cross

Adviser:

Dr. I. Brodarec, Chief, Institute of Hygiene, Zagreb

Representatives of Associate Members

MOROCCO ²

Dr. G. Sicault, Directeur de la Santé publique et de la Famille, Rabat (Chief Delegate)

Dr. A. Faraj, Médecin Principal, Direction de la Santé publique et de la Famille, Rabat

SOUTHERN RHODESIA

Dr. G. R. Ross, Director of Curative Services

TUNISIA ²

Dr. M. Ghachem, Ministre de la Santé publique (Chief Delegate)

Dr. J. Dairé, Médecin-inspecteur de la Santé publique; Chef du Service du Contrôle sanitaire des Frontières

M. Azouz, Administrateur du Gouvernement Tunisien; Chef adjoint du Cabinet du Ministre de la Santé publique

Observers for Non-Member States

COLOMBIA

Mr. M. Cajiao-Pérez, Consulate-General in Geneva

SAN MARINO

Dr. B. Lifschitz, Minister Plenipotentiary in Switzerland

Mr. A. Gallbusera

Count G. Citterio

² Morocco (French Protectorate) and Tunisia were admitted to associate membership of the World Health Organization at the seventh plenary meeting, 12 May 1952.
MEMBERSHIP OF THE HEALTH ASSEMBLY

VATICAN CITY
Rev. E. J. Killion, Representative of the Holy See to the Migration Committee and to the High Commissioner for Refugees
Professor G. Lami, Medical Officer in charge of the La Spezia Hospital

Representatives of the Executive Board
Professeur J. Parisot, Chairman
Dr. A. L. Bravo, Vice-Chairman
Dr. W. A. Karunaratne, Alternate

Representatives of the United Nations and Specialized Agencies
UNITED NATIONS
Mr. G. Menzies, Senior Representative, Technical Assistance Administration, Geneva
Mr. A. Lethbridge, Chief, Administrative and Financial Services, European Office
M. P. Obez, Administrative and Financial Services, European Office

ECONOMIC COMMISSION FOR EUROPE
Mr. Gunnar Myrdal, Executive Secretary

PERMANENT CENTRAL OPIUM BOARD
Mr. L. Atzenwiler, Secretary of the Permanent Central Opium Board and the Drug Supervisory Body

UNITED NATIONS CHILDREN'S EMERGENCY FUND
Mr. Dudley Ward, UNICEF Representative in London

OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES
Mr. J. M. Read, Deputy High Commissioner for Refugees
Mr. A. A. Hoveyda, Officer for Liaison with the United Nations and Specialized Agencies

UNITED NATIONS KOREAN RECONSTRUCTION AGENCY
Dr. L. Findlay, Medical Consultant
Mr. J. F. Ray, Chief, Geneva Liaison Office

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST
Dr. J. S. Peterson, WHO Representative and Chief of Health Division

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Mr. R. Rao, Assistant Director-General
Dr. A. Grut, Chief, Industrial Hygiene Division
Mr. M. Stack, Chief, Social Security Division
Mr. H. Vandries, Vocational Rehabilitation Specialist, Manpower Division
Mr. R. E. Manning, International Organizations Division

FOOD AND AGRICULTURE ORGANIZATION
Sir Herbert Broadley, Deputy Director-General
Dr. W. R. Aykroyd, Director, Nutrition Division

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION
Mr. J. Torres BODET, Director-General
Dr. Irina M. Zhukova, Head, Division of Science Co-operation Offices
Mr. C. M. Berkeley, Head, Division of Relations with International Organizations

INTERNATIONAL CIVIL AVIATION ORGANIZATION
Dr. F. de Tavel, Medical Adviser

WORLD METEOROLOGICAL ORGANIZATION
Mr. G. SwoBODA, Secretary-General
M. J.-R. RIVET, Assistant Secretary-General

Representatives of Intergovernmental Organizations
COUNCIL OF EUROPE
Mr. H. Pfeffermann, Social Section, Secretariat-General

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
Dr. J. Voncken, Secretary-General

PROVISIONAL INTERGOVERNMENTAL COMMITTEE FOR THE MOVEMENT OF MIGRANTS FROM EUROPE
Dr. F. Hennessey, Acting Chief, Medical Branch

Observers for Non-Governmental Organizations in Official Relationship with WHO
AMERICAN COLLEGE OF CHEST PHYSICIANS
Professor G. Maurer, Vice-Chairman, Council on European Affairs
Dr. M. Gilbert, Geneva
MEMBERSHIP OF THE HEALTH ASSEMBLY

BIOMETRIC SOCIETY
Dr. L. C. MILLER, Director of Revision of the Pharmacopoeia of the United States of America (also member of the delegation of the United States of America)
Professeur A. LINDER, University of Geneva

CENTRAL COUNCIL FOR HEALTH EDUCATION
Dr. J. BURTON, Medical Director

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES
Professor J. MAISIN, President
Dr. P. J. de CANNIERE, Brussels

INTERNATIONAL COMMITTEE OF THE RED CROSS
Dr. A. CRAMER, Member of the International Committee
Dr. R. MARTI, Medical Adviser

INTERNATIONAL CONFERENCE OF SOCIAL WORK
Mme M. L. CORNAZ, Directrice de l'Ecole d'Etudes sociales, Geneva

INTERNATIONAL COUNCIL OF NURSES
Miss D. C. BRIDGES, Executive Secretary
Mme G. VERNET, Présidente de l'Association suisse des Infirmières et Infirmiers diplômés

INTERNATIONAL DENTAL FEDERATION
Dr. A. E. ROWLETT, Honorary President
Dr. F. JACCARD, Honorary President of the Hygiene Committee
Dr. C. de VERE GREEN, London
Dr. C. L. BOUVIER, Geneva

INTERNATIONAL HOSPITAL FEDERATION
M. E. FAUCON, Council of Management of the International Hospital Federation ; Secrétaire général de la Fédération hospitalière de France

INTERNATIONAL LEPROSY ASSOCIATION
Dr. E. MUIR, General Secretary-Treasurer

INTERNATIONAL PAEDIATRIC ASSOCIATION
Professor G. FANCONI, Secretary-General
Dr. F. BAMATTER, Geneva

INTERNATIONAL PHARMACEUTICAL FEDERATION
Professor A. MIRIMANOFF, Geneva

INTERNATIONAL UNION AGAINST CANCER
Dr. A. JENTZER, Professeur de clinique chirurgicale à la Faculté de Médecine, Geneva

INTERNATIONAL UNION AGAINST TUBERCULOSIS
Professeur E. BERNARD, Secretary-General

INTERNATIONAL UNION AGAINST VENEREAL DISEASES
Professor W. BURCKHARDT, Vice-President ; Director of the European Regional Office

INTERNATIONAL UNION FOR CHILD WELFARE
Mrs. J. M. SMALL, Deputy Secretary-General
Miss L. FRANKENSTEIN, Assistant Head, Research Department

LEAGUE OF RED CROSS SOCIETIES
M. B. de ROUGÉ, Secretary-General
Dr. G. ALSTED, Director, Health Bureau
Dr. Z. S. HANTCHEF, Deputy Director, Health Bureau
Mlle Y. HENTSCH, Director, Nursing and Social Service Bureau

WORLD FEDERATION FOR MENTAL HEALTH
Dr. J. R. REES, Director

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Mr. J. A. F. ENNALS, Secretary-General
Mr. F. DAUSSET, Director, Education Office
Dr. B. STEINBERG, Centre de Microscopie électronique de l'Institut de Physique, Geneva
Dr. E. H. MUSIL, Director, Health Committee of the Austrian United Nations Association

WORLD MEDICAL ASSOCIATION
Dr. L. H. BAUER, Secretary-General
Dr. J. MAYSTRE, Liaison Officer with WHO, Geneva
Miss M. L. NATWICK, Executive Assistant
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

**President:**
Dr. J. Salcedo, Jr. (Philippines)

**Vice-Presidents:**
- Dr. A. Belleiuve (Haiti)
- Dr. J. N. Togba (Liberia)
- Dr. P. Vollenweider (Switzerland)

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

**Deputy Secretary:**
Dr. P. M. Dorolle, Deputy Director-General

**Committee on Credentials**
The Committee on Credentials was composed of delegates of the following countries: Afghanistan, Austria, Canada, Guatemala, Hashemite Kingdom of the Jordan, Iceland, Japan, Laos, Lebanon, Luxembourg, Panama, Union of South Africa.

**Chairman:** Dr. B. M. Clarke (Union of South Africa)

**Vice-Chairman:** Dr. C. F. Mora (Guatemala)

**Rapporteur:** Dr. A. Zahir (Afghanistan)

**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: Belgium, Ceylon, Chile, Denmark, El Salvador, Ethiopia, France, Haiti, Indonesia, Israel, Italy, Liberia, Mexico, New Zealand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Viet Nam.

**Chairman:** Professor G. A. Canaparia (Italy)

**Rapporteur:** Mr. Telahun Tchernet (Ethiopia)

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

**Main Committees**
Under Rule 33 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 and Budget.**

**Chairman:** Dr. N. Romero (Chile)
**Vice-Chairman:** Dr. J. D. MacCormack (Ireland)

**Rapporteur:** Dr. M. Nazif Bey (Egypt)

**Secretary:** Dr. H. S. Gear, Assistant Director-General, Department of Central Technical Services

**Administration, Finance and Legal Matters**

**Chairman:** Sir Arcot Mudaliar (India)
**Vice-Chairman:** Mr. P. Shaw (Australia)

**Rapporteur:** Dr. A. Chawkat Chatty (Syria)

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

**Legal Sub-Committee**

**Chairman:** Mr. W. Wynne Mason (New Zealand)

**Vice-Chairman:** Mr. H. B. Calderwood (United States of America)

**Rapporteur:** Mrs. M. Biemond (Indonesia)

**Secretary:** M. A. Zarb, Chief, Legal Office

**Working Party on Reservations to the International Sanitary Regulations**

**Chairman and Rapporteur:** Dr. M. T. Morgan (United Kingdom of Great Britain and Northern Ireland)

**Secretary:** Dr. Y. Biraud, Director, Division of Epidemiological Services.
PART I

RESOLUTIONS AND DECISIONS
EXPLANATORY NOTE

The resolutions are reproduced in the serial order in which they were adopted by the Health Assembly. However, in order to facilitate the use of the volume in conjunction with the Handbook of Resolutions and Decisions (first edition), they have been grouped by title in the table of contents under the Handbook subject-headings. There has also been added, beneath each resolution, a reference to the section of the Handbook containing previous resolutions on the same subject.

Resolutions of the Health Assembly are designated by the capital letters “WHA” followed by the number of the session at which they were adopted and by the serial number of the particular resolution: e.g. “WHA5.16” denotes the sixteenth resolution adopted by the Fifth World Health Assembly. The procedural decisions follow the resolutions and are numbered serially in roman numerals.
RESOLUTIONS AND DECISIONS

WHA5.1 Establishment of Main Committees of the Fifth World Health Assembly

The Fifth World Health Assembly

1. ESTABLISHES a Committee on Programme and Budget to:
   (1) review the Annual Report of the Director-General; ¹
   (2) study and make recommendations on the general programme of work for 1953-1956;
   (3) recommend the budgetary ceiling for 1953, after examination of the main features of the programme;
   (4) review and recommend the programme and budget for 1953 including the amounts to be devoted to each section of the total budget; and
   (5) study such other items as are referred to it by the Health Assembly;

2. ESTABLISHES a Committee on Administration, Finance and Legal Matters to:
   (1) review the financial position of the Organization, including:
       (a) the Financial Report and the Report of the External Auditor, ²
       (b) the status of contributions,
       (c) the status of the Working Capital Fund, Assembly Suspense Account and Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
   (2) determine the scale of assessments for 1953;
   (3) review the parts of the budget for 1953 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget; and
   (4) study such other items as are referred to it by the Health Assembly.

Handb. Res., 1st ed., 2.3  (Adopted at the second plenary meeting, 5 May 1952)

WHA5.2 Admission to Membership of the World Health Organization: United Kingdom of Libya

The Fifth World Health Assembly

ADmits the United Kingdom of Libya 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.

Handb. Res., 1st ed., 6.3.1  (Adopted at the fourth plenary meeting, 6 May 1952)

¹ Off. Rec. World Hlth Org. 38
² Off. Rec. World Hlth Org. 41
WHA5.3  Sovereign and Military Order of Malta

The Fifth World Health Assembly

1. NOTES resolution EB9.R46 of the Executive Board concerning the application of the Sovereign and Military Order of Malta for official relations with the World Health Organization; and

2. ACCEDES to the request of the Order that consideration of this subject be postponed to a later World Health Assembly.

See also Handb. Res., 1st ed., 8.3.2.III, p. 253  
(Adopted at the second plenary meeting, 5 May 1952)

WHA5.4  Reports of the Executive Board on its Eighth and Ninth Sessions

The Fifth World Health Assembly

1. NOTES the reports of the Executive Board on its eighth and ninth sessions; and

2. COMMENDS the Board on the work it has performed.

(Adopted at the fourth plenary meeting, 6 May 1952)

WHA5.5  Annual Report of the Director-General for 1951

The Fifth World Health Assembly

1. NOTES the Annual Report of the Director-General on The Work of WHO, 1951; and

2. COMMENDS the Director-General for the work performed;

3. APPROVES the manner in which the activities of the World Health Organization were carried forward in 1951;

4. NOTES with satisfaction that the Director-General and the Executive Board have satisfactorily implemented the 1951 programme in conformity with the general policy laid down by previous World Health Assemblies; and

5. CONSIDERS that in general the work carried out demonstrates policies and methods suitable for application to the proposed programme for 1953.

Handb. Res., 1st ed., 1.2.1  
(Adopted in part at the fourth plenary meeting, 6 May 1952, and in part on the first report of the Committee on Programme and Budget, at the seventh plenary meeting)

WHA5.6  Award of the Léon Bernard Foundation Medal and Prize

The Fifth World Health Assembly

1. NOTES the report of the Léon Bernard Foundation Committee; and

2. ENDORSES the unanimous proposal of this committee for the award of the Léon Bernard Foundation Medal and Prize for 1952;

3. AWARDS the Medal and Prize to Professor Charles-Edward Amory Winslow; and

4. PAYS TRIBUTE to Professor Winslow for his outstanding contribution to the progress of social medicine.

(Adopted at the seventh plenary meeting, 12 May 1952)

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5 Off. Rec. World Hlth Org. 40, 16
6 Off. Rec. World Hlth Org. 36; 40
7 Off. Rec. World Hlth Org. 38
8 Annex 1
WHA5.7  Topics for the Technical Discussions at the Fifth World Health Assembly

The Fifth World Health Assembly,

Noting resolutions WHA4.9 and EB8.R24,7

1. APPROVES the selection of the topics "The Economic Value of Preventive Medicine" and "The Methodology of Health Protection for Local Areas" for the technical discussions during the present Health Assembly; and

2. AUTHORIZES the President of the Fifth World Health Assembly to designate a Chairman for these technical discussions and to propose nominations from among the members of delegations for the conveners of the small group meetings.

Handb. Res., 1st ed., 4.1.2.11

(Adopted at the seventh plenary meeting, 12 May 1952)

WHA5.8  Budget Level for 1953

The Fifth World Health Assembly

RESOLVES that the budget level for 1953 should be US $9,832,754, to be financed by:
(1) casual income available for 1953 of $852,554;
(2) assessments against all Members of $8,980,200.

Handb. Res., 1st ed., 2.1

(First report of the Committee on Programme and Budget, adopted at the seventh plenary meeting, 12 May 1952)

WHA5.9  Effective Working Budget for 1953

The Fifth World Health Assembly

RESOLVES that the effective working budget for 1953 should be US $8,485,095, to be financed by:
(1) casual income available for 1953;
(2) assessments against the active Members.

Handb. Res., 1st ed., 2.1

(First report of the Committee on Programme and Budget, adopted at the seventh plenary meeting, 12 May 1952)

WHA5.10  Supplemental Budget for 1952

The Fifth World Health Assembly,

Having considered the recommendation of the Executive Board (in resolution EB9.R63*) on the supplemental budget estimate for 1952 to replace, in the Working Capital Fund, the sum of US $30,000 withdrawn for emergency relief to India,

1. APPROVES the supplemental budget for 1952;

2. APPROPRIATES the amount of $30,000 to be used to replace the amount withdrawn from the Working Capital Fund;

3. DECIDES that this supplemental appropriation for 1952 shall be financed from the available cash balance of the Assembly Suspense Account; and, therefore,

4. AUTHORIZES the Director-General to transfer the sum of $30,000 from the Assembly Suspense Account for this purpose.


(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 12 May 1952)

7 Off. Rec. World Hlth Org. 35, 20; 36, 7
8 Off. Rec. World Hlth Org. 40, 23
WHA5.11 Amendments to Staff Rules

The Fifth World Health Assembly

NOTES the amendments to the Staff Rules which were reported by the Director-General and confirmed by the Executive Board at its ninth session.9


WHA5.12 Revised Financial Rules

The Fifth World Health Assembly

NOTES the revised Financial Rules10 superseding the Provisional Financial Rules and confirmed by the Executive Board at its ninth session.


WHA5.13 Arrears of Contributions and Advances to the Working Capital Fund

The Fifth World Health Assembly,

Having considered a report on the status of contributions and advances to the Working Capital Fund and on the arrears of contributions in respect of the 1948, 1949 and 1950 assessments,

1. NOTES that certain Members have liquidated their arrears in respect of those years, and that other Members have communicated with the Director-General indicating that they have included in their national budgets appropriations to liquidate their arrears;

2. DRAWS to the attention of those Members who have not yet made such arrangements the fact that:
   (1) default or delay in payment of their contributions has resulted in a drain on the Working Capital Fund and has placed undue liability on other Member States,
   (2) as a result of their continued non-payment it may be necessary to abandon or curtail certain approved programmes of the Organization;

3. CALLS upon those Members to take appropriate action to liquidate their arrears of contributions during 1952;

4. NOTES that while certain Members have paid their arrears of contributions for early years they are now becoming in arrears for the year 1950 onward because they have not made provision in their national budgets for continuity of payments;

5. REQUESTS those Members to provide regularly in their annual budgets for their contributions to the World Health Organization and to pay such contributions as early as possible after they are due; and

6. REQUESTS the Executive Board to furnish a complete report to the Sixth World Health Assembly on any Members whose assessments to the 1948, 1949, 1950 and 1951 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.


WHA5.14  **Chronicle of the World Health Organization : Russian Edition**

The Fifth World Health Assembly,

Noting the small distribution of the Russian edition of the *Chronicle of the World Health Organization*,

1. **RECOMMENDS** that the publication of this edition be suspended; and

2. **REQUESTS** the Director-General to report to a future Health Assembly any new considerations which might lead to a decision to resume publication of this edition.

(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting)

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WHA5.15  **Admission of Tunisia as an Associate Member of the World Health Organization**

The Fifth World Health Assembly

**ADMITS** Tunisia as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of Tunisia in accordance with Rules 101 and 102 of the Rules of Procedure of the World Health Assembly.\(^{11}\)

Handb. Res., 1st ed., 6.3.2  
(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 12 May 1952)

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WHA5.16  **Admission of Morocco \(^{12}\) as an Associate Member of the World Health Organization**

The Fifth World Health Assembly

**ADMITS** Morocco \(^{12}\) as an Associate Member of the World Health Organization, subject to notice being given of associate membership on behalf of Morocco in accordance with Rules 101 and 102 of the Rules of Procedure of the World Health Assembly.\(^{11}\)

Handb. Res., 1st ed., 6.3.2  
(First report of the Committee on Administration, Finance and Legal Matters, adopted at the seventh plenary meeting, 12 May 1952)

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WHA5.17  **Accident Insurance for Members of the Executive Board**

The Fifth World Health Assembly

**AUTHORIZES** the Director-General to provide accident insurance for members of the Executive Board travelling on business of the Board.

(Second report of the Committee on Administration, Finance and Legal Matters, adopted at the eighth plenary meeting, 15 May 1952)

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\(^{11}\) After insertion of additional Rules of Procedure adopted by the Fifth World Health Assembly (resolution WHA5.38), these Rules become respectively Rules 106 and 107 (see *Handbook of Basic Documents*, fifth edition, p. 45).

\(^{12}\) The consequences of the admission by the Health Assembly of Morocco as an Associate Member of the World Health Organization concern only that part of Morocco for which France is responsible for the conduct of international relations according to the Treaty of 30 March 1912.
WHA5.18 Working Capital Fund for 1953

The Fifth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 1 May 1952 be established for 1953 in the amount of US $3,378,811, plus the assessments of Members joining after 1 May 1952;

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 1953, 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 1953 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided 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;

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 given in order to comply with Article 58 of the Constitution. Any amounts used under this authorization will increase the relevant Appropriation Section and 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.


WHA5.19 Status of the Assembly Suspense Account as at 31 December 1951

The Fifth World Health Assembly

NOTES the report of the Director-General on the status of the Assembly Suspense Account as at 31 December 1951.13

See also Handb. Res., 1st ed., 7.1.7.VI, p. 203

WHA5.20 Currency of Contributions: Proposed Use of Sterling

The Fifth World Health Assembly,

Having considered the report of the Director-General on the currency of contributions to the annual budget of WHO; 14

Noting with gratification the steps taken by the Director-General to implement a plan whereby a proportion of contributions could be paid in sterling;

Realizing, however, that the successful execution of this plan will depend on the co-operation of all governments concerned,

13 Off. Rec. World Hlth Org. 41, 37
14 Annex 2
1. CALLS on all Member States to give their maximum support to the plan;
2. WISHES to thank the Government of the United Kingdom of Great Britain and Northern Ireland for its generous co-operation, which has made the introduction of the plan possible;
3. CONCURS in the proposal of the Director-General for its further implementation; and
4. REQUESTS the Executive Board, at its tenth session, to consider this proposal in accordance with the provisions of Financial Regulation 5.5.

Handb. Res., 1st ed., 7.1.1.VI (Second report of the Committee on Administration, Finance and Legal Matters, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.21 Reimbursement by Governments for Materials, Supplies and Equipment

The Fifth World Health Assembly,

Having considered the report of the Director-General, on the difficulties encountered in securing reimbursement from governments for supplies and equipment after the completion of the work of demonstration teams; and

Taking into consideration that the countries to which services are provided by the Organization are contributing considerable sums in their national currencies towards the implementation of these projects,

1. DECIDES that the Organization shall not require such reimbursement in 1953;
2. AUTHORIZES the Director-General not to require reimbursement for years prior to 1953.

Handb. Res., 1st ed., 1.13.6.II (Second report of the Committee on Administration, Finance and Legal Matters, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.22 Frequency of Sessions of the Health Assembly

The Fifth World Health Assembly,

Considering that it is in a position to examine neither the proposal contained in Executive Board resolution EB9.R53 (concerning amendments to the Constitution to provide for biennial Health Assemblies) nor additional amendments proposed subsequent to that resolution,

REQUESTS the Director-General, therefore, to communicate to all Member Governments, for consideration by the Sixth World Health Assembly, the text of these and any other amendments which may be submitted by Member States, the Executive Board or the Director-General and which may be received in time to comply with the requirements of Article 73 of the Constitution.

Handb. Res., 1st ed., 4.1.3.VI (Second report of the Committee on Administration, Finance and Legal Matters, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.23 Publications Revolving Fund

The Fifth World Health Assembly,

Having considered the report of the Executive Board on its study of WHO publications; 

Realizing the necessity for better publicity to make known throughout the world the existence of WHO publications and the subjects with which they deal, and to improve the sale of such publications through all available channels,
1. AUTHORIZES the Director-General

(1) to continue to use such sums from the Publications Revolving Fund as are required to finance
the cost of printing additional copies of WHO publications for sale, and
(2) to draw on the Publications Revolving Fund amounts not to exceed the sum of $6,000 for 1952
and of $10,000 for 1953, such sums to be used to give publicity to WHO publications and to improve the
sale of such publications, through available commercial distribution channels; and

2. REQUESTS the Executive Board, at its first session in 1953, to review the status of the Publications
Revolving Fund in order to determine the purposes for which any accumulated sums should be used.


(Second report of the Committee on Administration,
Finance and Legal Matters, adopted at the eighth
plenary meeting, 15 May 1952)

WHA5.24 Publications Programme

The Fifth World Health Assembly,
Having considered the report of the Executive Board on the publications programme of the World
Health Organization,

1. NOTES the considerable progress made by the Director-General in implementing the publishing policies
laid down by the Third World Health Assembly (resolution WHA3.63); 20
2. EXPRESS its satisfaction with the general programme of WHO publications;
3. REQUESTS the Director-General to continue the programme of publications with such modifications
as were recommended by the Executive Board at its ninth session; and
4. REQUESTS the Director-General and the Executive Board to continue their studies on the free distri-
bution and sale of WHO publications, wherever possible in consultation with the United Nations and
other specialized agencies.

See also Handb. Res., 1st ed., 1.12, p. 93

(Second report of the Committee on Programme and
Budget, adopted at the eighth plenary meeting,
15 May 1952)

WHA5.25 General Programme of Work for a Specific Period

The Fifth World Health Assembly,
Noting resolution EB9.R35 of the Executive Board; 21
Having reviewed the general programme of work covering a specific period prepared by the Board
at its seventh session, 22

1. CONSIDERS that this programme of work provides a broad general policy as an appropriate framework
for the development of detailed annual programmes in the period 1953-1956; and
2. REQUESTS the Director-General to recommend to regional committees that their annual programmes
be so planned as to secure adequate integration of such programmes in the approved general programme
of the Organization.


(Second report of the Committee on Programme and
Budget, adopted at the eighth plenary meeting,
15 May 1952)

19 Off. Rec. World Hlth Org. 40, 54
20 Off. Rec. World Hlth Org. 28, 38
22 Off. Rec. World Hlth Org. 32, 55
WHA5.26 Vital and Health Statistics

The Fifth World Health Assembly,

Having noted the third report of the Expert Committee on Health Statistics, 23

1. CALLS the attention of Member governments to the recommendations in this report pertinent to national committees on vital and health statistics, or equivalent bodies; and

2. CALLS upon Member governments actively to encourage the medical profession, in particular through university teaching, to collaborate fully in the proper reporting of morbidity and causes of death, employing methods which scrupulously safeguard medical secrecy.

See also Handb. Res., 1st ed., 1.9, K, p. 72

(Second report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.27 Fellowships : Under-Developed Countries

The Fifth World Health Assembly

REQUESTS the Director-General, when awarding fellowships for individual studies, either within or outside a region, to give priority, for the next three years at least, to the under-developed countries.


(Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.28 Leprosy

The Fifth World Health Assembly,

Noting the recent developments in research and in the treatment and control of leprosy reported by some countries;

Noting with satisfaction that an expert committee on leprosy is to meet in 1952,

RESOLVES that the World Health Organization, in active collaboration with countries which are working on leprosy, should encourage further active programmes so as to promote progress in this field.

Handb. Res., 1st ed., 1.3.10

(Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting 15 May 1952)

WHA5.29 Supply and Requirements of Insecticides : World Position

The Fifth World Health Assembly

1. EXPRESSES its appreciation of the action taken by the Economic and Social Council 24 at its thirteenth session to establish a working party to examine the world position regarding the supply and requirements of DDT and BHC;

2. NOTES with interest the findings and recommendations of the working party and, in particular, the value placed on the statistics relating to public-health requirements collected by the World Health Organization and the suggestion of the possibility of convening at a later date a second meeting of the working party with wider terms of reference;

24 ECOSOC resolution 377 (XIII)
3. **REQUESTS** the Director-General to continue to follow the general situation with regard to insecticides for public-health purposes, and, if necessary, to report further on the matter to the Sixth World Health Assembly.

*(Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)*

**WHA5.30 Production of Insecticides and Antibiotics**

The Fifth World Health Assembly

**APPROVES in principle the taking over by the United Nations Technical Assistance Administration of activities connected with the manufacture of antibiotics and insecticides in the future and, provided the governments concerned are agreeable, such activities hitherto undertaken by the World Health Organization, it being understood in both cases that the World Health Organization must still maintain its function of providing scientific advice in specific fields of responsibility as opposed to undertaking industrial activities.**

*(Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)*

**WHA5.31 Recording and Transmission of Epidemiological Information**

The Fifth World Health Assembly

**INVITES the Executive Board to examine the value, from a practical point of view, of the work at present being done at the headquarters of the Organization in connexion with the recording and transmission to governments of information regarding the prevalence of communicable diseases not coming under the International Sanitary Regulations (WHO Regulations No. 2), with particular reference to the nature and extent of the technical work involved.**

See also Handb. Res., 1st ed., 1.7.2.II, E, p. 60  
*(Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)*

**WHA5.32 Reservations and Proposed Amendments to the International Sanitary Regulations (WHO Regulations No. 2)**

Having considered a report on the rejections, reservations and amendments to the International Sanitary Regulations (WHO Regulations No. 2) submitted by governments,\(^{25}\)

The Fifth World Health Assembly

1. **ADOPTS** the report ;

2. **REQUESTS** the Director-General to transmit it to all governments ;

3. **REQUESTS** the Director-General to prepare, as soon as possible after the entry-into-force of the Regulations, a statement for the information of governments, showing:

   (1) those governments which are bound by the Regulations without reservation or with reservations submitted by them and accepted by the Health Assembly ;

   (2) those governments which are not bound by the Regulations by virtue of rejection or of a reservation which has not been accepted by the Health Assembly and which has not been withdrawn by the government concerned ;

4. **REQUESTS** the Director-General to report to the eleventh session of the Executive Board the nature and extent of the rejections and reservations submitted by governments in respect of their overseas and outlying territories, in accordance with paragraph 2 of Article 106 of the International Sanitary

\(^{25}\) See Part III.
Regulations, in order that the Board may decide whether, in view of the complexity of the problems involved, such rejections and reservations should preferably be referred to an ad hoc committee for study and report to the Sixth World Health Assembly, or whether it would be sufficient to refer them directly to the Sixth World Health Assembly for consideration by a working party of that Assembly;

5. REQUESTS the Director-General:
   (1) to transmit any proposed amendments to the text of the Regulations which are received from governments to the Committee on International Quarantine;
   (2) to convene that committee for the purpose, inter alia, of advising the Seventh World Health Assembly on such amendments.

See also Handb. Res., 1st ed., 1.7.2.II., D, p. 60 (Report of the Working Party on Reservations to the International Sanitary Regulations, adopted at the eighth plenary meeting, 15 May 1952)

WHA5.33 Election of Members entitled to designate a Person to serve on the Executive Board

The Fifth World Health Assembly,

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

Brazil, Canada, Denmark, Iran, New Zealand, United Kingdom of Great Britain and Northern Ireland.

Handb. Res., 1st ed., 4.2.1.II (Adopted at the eighth plenary meeting, 15 May 1952)

WHA5.34 Co-operation with the Council for the Co-ordination of International Congresses of Medical Sciences

The Fifth World Health Assembly

1. NOTES that the Assembly of the Council for the Co-ordination of International Congresses of Medical Sciences has modified the title of the Council to "Council for International Organizations of Medical Sciences" (CIOMS); and

2. ENDORSES resolution EB9.R14, adopted by the Executive Board at its ninth session, concerning the principles for co-operation with the Council.

See also Handb., Res., 1st ed., 8.3.3, p. 254 (Third report of the Committee on Programme and Budget, adopted at the eighth plenary meeting, 15 May 1952)


The Fifth World Health Assembly,

Having examined the annual Financial Report of the Director-General for the period 1 January to 31 December 1951 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 41;

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,

86 Off. Rec. World Hlth Org. 37, 351
87 Report of the General Committee
88 Off. Rec. World Hlth Org. 40, 6
89 Annex 4
1. REQUESTS the Executive Board at its eleventh session to examine in detail the suggestions of the External Auditor; and


(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.36 Amendment to the 1952 Appropriation Resolution**

The Fifth World Health Assembly

RESOLVES to amend the Appropriation Resolution for 1952 (WHA4.73) by deleting paragraph VI and replacing it by the following:

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1952 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1952.

See also Handb. Res., 1st ed., 2.1.3.III, p. 125

(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.37 Appropriation Resolution for the Financial Year 1953**

The Fifth World Health Assembly

RESOLVES to appropriate for the financial year 1953 an amount of US $9,832,754 as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>154,400</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>77,680</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>34,750</td>
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<tr>
<td><strong>Total — Part I</strong></td>
<td></td>
<td>266,830</td>
</tr>
<tr>
<td><strong>PART II: OPERATING PROGRAMME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>1,563,866</td>
</tr>
<tr>
<td>5. Advisory Services</td>
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<td>4,285,141</td>
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<tr>
<td>6. Regional Offices</td>
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<td>1,052,371</td>
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<tr>
<td>7. Expert Committees and Conferences</td>
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<td>184,178</td>
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<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td>7,085,556</td>
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<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
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</tr>
<tr>
<td>8. Administrative Services</td>
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<td>1,132,709</td>
</tr>
<tr>
<td><strong>Total — Part III</strong></td>
<td></td>
<td>1,132,709</td>
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<tr>
<td><strong>SUB-TOTAL — PARTS I, II AND III</strong></td>
<td></td>
<td>8,485,095</td>
</tr>
</tbody>
</table>

\[80\] Off. Rec. World Hlth Org. 35, 47
\[81\] For analysis of these appropriations under the relevant chapters, see Annex 5.
### Appropriation Section Purpose of Appropriation Amount

**PART IV: RESERVE**

<table>
<thead>
<tr>
<th>Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Undistributed Reserve</td>
<td></td>
<td>1,347,659</td>
</tr>
</tbody>
</table>

Total — Part IV 1,347,659

**TOTAL — ALL PARTS** 9,832,754

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 1953 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 1953 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:

1. the amount of $23,164 available from the transfer of assets from the Office International d'Hygiène Publique
2. the amount of $406,850 representing assessments on new Members for 1951
3. the amount of $277,150 representing miscellaneous income available for this purpose
4. the amount of $145,390 available by transfer from the cash portion of the Assembly Suspense Account

**Total $852,554**

thus resulting in assessments against Members of $8,980,200.

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 charge as an obligation against the 1953 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1953.

VI. With respect to the printing of publications, notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1953 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1953.

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Handb. Res., 1st ed., 2.1

(Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

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**WHA5.38 Amendments to the Rules of Procedure of the World Health Assembly**

The Fifth World Health Assembly

ADOPTS the new and revised Rules of Procedure as recommended by the Executive Board in resolution EB9.R8, with the following modifications:

1. **Rule 3**, second paragraph, replace “countries” by “States”;  
2. **Rule 10**, delete the words: “not earlier than seven days before the anticipated date of closure of the session”;

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32 The rules mentioned in this resolution are cited by the provisional numbers under which they appeared in resolution EB9.R8 (Off. Rec. World Hlth Org. 40, 3). In the Rules of Procedure as thus amended (see Handbook of Basic Documents, fifth edition, p. 43) they become respectively Rules 3, 14, 18, 43.
(3) Rule 14, replace “territories” by “territories on whose behalf application for associate membership has been made”;

(4) Rule 40 (bis), delete the first sentence and substitute: “Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees”.


WHA5.39 Annual Reports from Member States

The Fifth World Health Assembly

DECIDES that Rule 5(a) of the Rules of Procedure of the Health Assembly shall be amended by the deletion of the words: “including a summary analysis of annual reports from Members under Articles 61 and 62 of the Constitution.”

See also Handb. Res., 1st ed., 1.2.2, p. 3; 4.1.1.II

WHA5.40 Office International d’Hygiène Publique: Denunciation of Rome Agreement by the Federal Republic of Germany, Japan and Spain

The Fifth World Health Assembly

NOTES that the Government of the Federal Republic of Germany and the Governments of Japan and Spain have denounced the Rome Agreement of 1907, which established the Office International d’Hygiène Publique.

See also Handb. Res., 1st ed., 6.5.2.II, p. 174

WHA5.41 Host Agreement with the Government of the Philippines

The Fifth World Health Assembly

1. APPROVES the Agreement signed on 22 July 1951 for the purpose of defining the privileges and immunities of the Organization and of its regional office situated in the Philippines;

2. REQUESTS the Director-General to exchange notes with the authorized representatives of the Government of the Philippines in accordance with Section 33 of Article XII of the Agreement.


33 Off. Rec. World Hlth Org. 40, 111
WHA5.42 Rights and Obligations of Associate Members

The Fifth World Health Assembly,

Having considered the rights and obligations of Associate Members; and

Taking into account the admission of two additional Associate Members by the Fifth World Health Assembly, 34

REQUESTS the Executive Board to study this matter and submit a report to the Sixth World Health Assembly.

Handb. Res., 1st ed., 6.3.2.1

(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.43 Assignment to Regions

With regard to Articles 44 (a) and 47 of the Constitution,

The Fifth World Health Assembly,

Considering the necessity of determining rules and criteria which permit the assignment of Member States, Associate Members and territories or groups of territories to the geographical areas determined in conformity with Article 44 of the Constitution,

1. REQUESTS the Executive Board, in close collaboration with the Director-General, to undertake a thorough study of the rules and criteria for determining the assignment of any territory to a geographical area;

2. DECLARES that this study should specifically take the form of inquiries to be carried out among the interested Member States, in which opinions should be collected from duly qualified national authorities;

3. DECLARES that the Executive Board, after considering the information collected in this way, should make a report to the Sixth World Health Assembly; and

4. AUTHORIZES the Director-General, in the meantime, to take the necessary steps to provide services to territories not yet assigned to regions through the headquarters of the Organization under the title "Region undesignated". However, Member States, Associate Members and territories or groups of territories for which a request for assignment to a region has been presented will be provisionally assigned to the regional organization of their choice, pending the results of the study mentioned above.

Handb. Res., 1st ed., 5.1.1.1

(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.44 Assignment of United Kingdom of Libya to the Eastern Mediterranean Region

The Fifth World Health Assembly,

Having considered the request from the Government of Libya for the inclusion of that country in the Eastern Mediterranean Region,

RESOLVES that Libya shall form part of the Eastern Mediterranean Region.

Handb. Res., 1st ed., 5.1.1

(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

34 Resolutions WHA5.15 and WHA5.16
WHA5.45 Regional Committee for the Eastern Mediterranean

The Fifth World Health Assembly,

Having noted with regret the resolution by which the Executive Board \(^{35}\) has brought to its attention the fact that the Regional Committee for the Eastern Mediterranean did not meet in 1951, and that the conditions which stood in the way of such a meeting continue to exist,

1. RESOLVES that the situation be kept under review by the Executive Board and that it be made the subject of a report to the Sixth World Health Assembly; and

2. REQUESTS the Director-General through the Regional Director to continue to supply technical assistance and services to all Members of the region.

Handb. Res., 1st ed., 5.2.5 (Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.46 Temporary Admission of Turkey to the European Region

Having considered the request of the delegation of Turkey \(^{36}\) to the effect that on account of the conditions prevailing in the Eastern Mediterranean Region which prevent the regular annual meeting of the Regional Committee, Turkey wishes to be admitted to the European Region while provisionally suspending its activities in the Eastern Mediterranean Region,

The Fifth World Health Assembly

DECIDES to accede to this request.

Handb. Res., 1st ed., 5.1.1 (Fifth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.47 Place of Sixth World Health Assembly

The Fifth 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 Sixth World Health Assembly shall be held in Switzerland.

Handb. Res., 1st ed., 4.1.3 (Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.48 Health Assemblies away from Headquarters

The Fifth World Health Assembly

REQUESTS the Executive Board to continue its studies on the holding of World Health Assemblies in places other than headquarters, taking note of the following points:

(1) the host countries should co-operate fully with the Organization and the delegates attending the session;


\(^{36}\) See minutes of the Committee on Administration, Finance and Legal Matters, ninth meeting, section 1.
(2) a financial contribution of 50% to 75% of the excess costs involved should be guaranteed either by the host country or by the host country in co-operation with the Member States of the region concerned;

(3) the host country should extend an invitation to the World Health Organization at least 18 months before the date of the holding of the particular session of the Health Assembly.


(WThird report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.49 Duration of Sessions of the Health Assembly

The Fifth World Health Assembly

REQUESTS the Executive Board to carry out, in conjunction with the Director-General, an examination of the work of the Health Assembly with a view to the completion of Health Assemblies within a substantially shorter period than at present.


(Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.50 WHO Seals

The Fifth World Health Assembly,

Recognizing that the sale of WHO seals is impracticable or undesirable in certain Member countries;

Believing that in other countries the sale of WHO seals will not conflict with the fund-raising activities of voluntary health agencies;

Recommending that, in making the decision as to whether WHO seals are to be sold, the government of each country take fully into account the interests of its voluntary health agencies,

1. RESOLVES that WHO seals shall continue to be supplied by the Organization and placed at the disposal of Member governments on request, either for their own use or for the use of national voluntary health agencies whose purposes are in conformity with the principles set forth in the Constitution of the World Health Organization, and

2. REQUESTS the Director-General to implement this decision in conformity with the conditions set forth in resolution WHA4.48 of the Fourth World Health Assembly.


(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.51 Appointments to the WHO Staff Pension Committee

The Fifth World Health Assembly

RESOLVES that the member of the Executive Board designated by the Government of Canada be appointed as a member, and the member of the Board designated by the Government of Iran be appointed as an alternate member, of the Staff Pension 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, 21 May 1952)

87 Off. Rec. World Hlth Org. 35, 36
WHA5.52 Renewal of the Contract of the Director-General

Whereas the First World Health Assembly elected and appointed Dr. Brock Chisholm as Director-General of the World Health Organization; 38

Whereas, in the Agreement on the terms of employment of the Director-General, the First World Health Assembly provided for his appointment to be for a five-year period as from 21 July 1948; 39

Whereas paragraph (1) of Article I of the Agreement between the World Health Organization and Dr. Brock Chisholm provides that the Agreement may be renewed by decision of the Health Assembly on such terms as the Health Assembly may decide; and

Whereas, under Article 31 of the Constitution of the World Health Organization, "the Director-General shall be appointed by the Health Assembly on the nomination of the [Executive] Board on such terms as the Health Assembly may determine ",

The Fifth World Health Assembly

1. RECOGNIZES that the services performed by Dr. Brock Chisholm have contributed immeasurably to the successful operation of the World Health Organization;

2. BELIEVES it desirable that Dr. Brock Chisholm continue as Director-General for a period beyond the expiration date of the present five-year period;

3. DECIDES that the Agreement on the terms of employment of Dr. Brock Chisholm shall be renewed for a period not to exceed three years from 21 July 1953;

4. RECOGNIZES that Dr. Brock Chisholm will wish to give consideration to this decision to renew his contract before deciding whether he is willing to accept it; and therefore

5. REQUESTS Dr. Brock Chisholm to communicate his decision to the President of the Fifth World Health Assembly on or before 31 December 1952, indicating whether he will accept the renewal of his contract, and, if so, the length of the period which he is willing to accept to a maximum of three years;

6. AUTHORIZES the President of the Fifth World Health Assembly to sign the renewal of the Agreement on the terms of employment of the Director-General on behalf of the Organization; and

7. REQUESTS the President of the Fifth World Health Assembly to communicate the decision of Dr. Brock Chisholm to the Executive Board at its eleventh session so that the Board will know whether it will be necessary to consider at that session, in accordance with Article 31 of the Constitution, a new nomination for submission to the Sixth World Health Assembly.

Handb. Res., 1st ed., 7.3.2 (Fifth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.53 Salary Differential

The Fifth World Health Assembly

1. REAFFIRMS the desirability of securing uniformity, in so far as is possible, in the practices of the United Nations and of the specialized agencies with regard to cost-of-living adjustments for internationally recruited staff;

2. EXPRESSES the hope that a workable system of salary differentials which will equitably and properly adjust the salaries of employees of the United Nations and specialized agencies on a uniform basis from locality to locality, to account for differences in living costs and other pertinent considerations, will be worked out by the United Nations and the specialized agencies;
3 LOOKS FORWARD to the consideration of such a system by the General Assembly of the United Nations at its session in 1952 and by the Sixth World Health Assembly.


(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.54 Accommodation for the Headquarters Office

The Fifth World Health Assembly,

I. Having considered the reports of the Director-General and of the Building Committee on accommodation for the headquarters office at Geneva,40

1. AGREES with the steps taken regarding the settlement of outstanding claims;

2. EXPRESSES the hope that the United Nations, in conjunction with the Director-General and the Building Committee, will take all possible measures to reduce the outstanding claims to the lowest reasonable figure;

II. Noting the necessity for providing at this time an additional credit of $24,780 to cover the increased cost of labour due under the terms of the contracts, the cost of the foundations of an additional boiler and the cost of umbrella racks and Zeiss locks,

DECIDES

(1) to increase the Building Fund established by the Fourth World Health Assembly 41 by $129,330, thereby establishing it at $362,975;

(2) to amend the Appropriation Resolution for 1952 42 by changing the present Part IV: Reserve to read “Part V: Reserve”; changing Section 9, Undistributed Reserve, to “Section 10, Undistributed Reserve”; and by adding a new Part IV to be called “Supplemental Building Fund” and a new Section 9 to be called “Supplemental Transfer to Building Fund”;

(3) to authorize the Director-General to transfer immediately the amount of $24,780 to the new Part IV from Parts I, II and III of the Appropriation Resolution for 1952;

(4) to authorize the Director-General to withdraw from the Working Capital Fund such additional sums as are required, such withdrawals not to exceed a total of $104,550, and to transfer these sums to the new Part IV of the Appropriation Resolution for 1952, to be used, subject to the approval of the Executive Board in each case, progressively as the contractors’ claims are finally worked out and approved by the United Nations and by the World Health Organization;

(5) to authorize the Director-General to reimburse the Working Capital Fund to the extent of the withdrawals authorized under paragraph (4) above, from any further savings realized in the 1952 budget;

(6) to delegate to the Executive Board full powers to take the necessary action with a view to applying this resolution;

(7) to request the Executive Board to submit to the Sixth World Health Assembly a complete report on the cost of the new buildings and on the measures taken pursuant to this resolution.


(Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

40 See Annex 6.
41 Off. Rec. World Hlth Org. 35, 33, resolution WHA4.40, para. 3
42 Off. Rec. World Hlth Org. 35, 47-8, resolution WHA4.73
WHA5.55 Scale of Assessments for 1953

The Fifth World Health Assembly

I. RESOLVES that the assessments for 1953 shall be fixed at the same scale and under the same provisions as for 1952, the assessment of Japan to be fixed at 214 units; and,

II. Taking into account the admission of Libya as a full Member of the Organization and the decision of the Third World Health Assembly (in resolution WHA3.86) by which the assessment of all Associate Members was established at 3 units,

RESOLVES that the following additions shall be made to the scale of assessments:

- Libya: 5 units
- Tunisia: 3 units
- Morocco: 3 units.

See also Handb Res., 1st ed., for para. I: 7.1.1.II, E, p. 183; for para. II: 7.1.1.III, C, p. 184 (Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.56 Proposals from the Republic of China regarding its Financial Contributions to WHO

The Fifth World Health Assembly, having considered a communication from the Republic of China containing proposals relating to its financial contributions to the World Health Organization;

Taking note of Rule 84 (e) of the Rules of Procedure of the World Health Assembly,

REQUESTS the Executive Board to study this communication and to report thereon to the Sixth World Health Assembly.

Handb. Res., 1st ed. 7.1.1.V; 6.3.3, D (Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.57 Study of the Scale of Assessments

The Fifth World Health Assembly, having noted a request that the assessment of the Union of South Africa should be reduced in order to bring it into line with the assessment of the Union in the United Nations;

In compliance with Rule 84 (e) of the Rules of Procedure of the World Health Assembly,

1. POSTPONES consideration of this question; and

2. REQUESTS the Executive Board to study the scale of assessments in the light of the decisions of the First and Third World Health Assemblies and to report thereon to the Sixth World Health Assembly.

Handb. Res., 1st ed., 7.1.1 (Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

43 See footnote 12, p. 21.
44 Annex 7
45 This rule, previously Rule 79 (e), was renumbered after the insertion of the Rules of Procedure adopted by the Fifth World Health Assembly in resolution WHA5.38 (see Handbook of Basic Documents, fifth edition, p. 45).
46 Annex 8
WHA5.58   Exceptional Contribution from the Kingdom of Laos

The Fifth World Health Assembly,

Having noted with pleasure the report of the Director-General transmitting communications from the Government of the Kingdom of Laos 47 in which this Government has informed the Director-General of an exceptional contribution of 100,000 piastres to the World Health Organization,

1. Wishes to extend to the Kingdom of Laos its deepest appreciation for this gift ;
2. Accepts this gift in accordance with Article 57 of the Constitution.

Handb. Res., 1st ed., 7.1.6 (Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.59   Participation of Member States in certain Costs incurred in the Operation of Field Projects

The Fifth World Health Assembly,

Considering the experience of the World Health Organization, both in the implementation of its regular programme and in co-operation with the other organizations participating in the expanded programme of technical assistance, with respect to the participation of governments in costs incurred by the agencies in the operation of various projects ;

Considering that, in their practical application, the resolutions adopted at the Fourth World Health Assembly (WHA4.60) 48 and at the eleventh and twelfth meetings of the Technical Assistance Committee 49 have presented serious obstacles to providing technical assistance under the regular programme of the World Health Organization as well as under the expanded programme of technical assistance to some of the countries where the greatest need exists ;

Reaffirming the approval of the Third World Health Assembly (in resolution WHA3.116) of the principles appearing in Annex 1 to resolution 222 (IX) of the Economic and Social Council, 50 with particular reference to the following :

The requesting governments should be expected to agree :

4. 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 ;
5. To undertake the sustained efforts required for economic development, including continuing support and progressive assumption of financial responsibility for the administration of projects initiated at their request under international auspices ;

1. Recommends to the Technical Assistance Committee :

   (1) that it re-study the question with a view to substituting, for the present restrictive definition applied to the costs which recipient governments must pay, a broader, more flexible policy which more adequately and realistically defines the responsibilities reflected in the principles quoted above ; and

   (2) more particularly, that it consider the possibility of removing the requirement for governments to provide lodging and travel per diem in the country ;

2. Authorizes the Director-General to make exceptions to the requirements prescribed in resolution WHA4.60, adopted by the Fourth World Health Assembly, in the case of projects where such requirements

47 Annex 9
48 Off. Rec. World Hlth Org. 35, 41
50 Reproduced in the Handbook of Basic Documents, fifth edition, pp. 153-4
RESOLUTIONS AND DECISIONS

would prevent the implementation of the activity, especially when the recipient government is incurring substantial programme expenditures on that activity; further

3. REQUESTS the Director-General, to the extent that it does not prevent the implementation of activities under the regular programme, to apply to the regular programme the same policy as may be established by the Technical Assistance Committee for the expanded programme of technical assistance; and, finally,

4. DECIDES that the question should be reconsidered at the Sixth World Health Assembly.

See also Handb. Res., 1st ed., 7.1.3, p. 191; 3.1, p. 131 (Fourth report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.60  Approval of the Regular Programme for 1953

The Fifth World Health Assembly,

Having reviewed the Director-General’s proposed programme for 1953 as contained in Official Records No. 39,

1. APPROVES the activities included therein;

2. DECIDES that, with respect to the schedule of meeting of expert committees:
   (1) the meeting on mental health of students should not be convened;
   (2) the expert committees on cholera and rabies should be convened only if the advance in research in these fields warrants it;
   (3) the terms of reference of the expert committee on filariasis should be limited to the study of the problem of onchocerciasis and, if funds are made available by the suppression of other expert committees, the proposed meeting should be expanded to a conference to which experts from countries in Africa and the Americas affected by onchocerciasis should be invited.

Handb. Res., 1st ed., 2.1; for para. 2: 1.8.1; 1.3.5; 1.3.15; 1.11.4 (Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.61  Technical Assistance Programme: Third and Fourth Periods

The Fifth World Health Assembly,

Having considered the programme proposed by the Director-General for participation by the World Health Organization in the third period of the United Nations expanded programme of technical assistance for economic development of under-developed countries as forwarded by the Executive Board, and the Board’s recommendations thereon (in resolution EB9.21), and bearing in mind the responsibilities of the World Health Organization as the directing and co-ordinating authority on international health work;

\[\text{Footnote to the resolution when adopted}\]

\[\text{Footnote to the resolution when adopted}\]

\[\text{Footnote to the resolution when adopted}\]
Having examined the report of the Executive Board and the Director-General in connexion with the implementation of this programme as set up by resolution 222 (IX) of the Economic and Social Council;

Having noted the resolutions adopted by the United Nations General Assembly at its 360th plenary meeting on 12 January 1952;39

1. APPROVES the co-ordinated programme proposed in Official Records No. 39 to be carried out under the expanded programme of technical assistance in 1953 as being technically sound and of value in the economic development of under-developed countries;

2. CONSIDERS that it conforms to the principles established by the Economic and Social Council at its various sessions (ninth, tenth, eleventh, twelfth and thirteenth);

3. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme, including any necessary modification thereof, in order to adjust it to the amount of funds made available;

4. AUTHORIZES the Director-General to continue to take the action necessary for the World Health Organization to participate in the expanded programme of technical assistance;

5. REQUESTS the Director-General to submit to the Sixth World Health Assembly a programme covering the fourth period of the expanded programme of technical assistance; and, further,

6. REQUESTS the Director-General, when preparing such a programme, to be guided by the following considerations:

   (1) the responsibility of WHO to act as the directing and co-ordinating authority on international health work;

   (2) the inseparability of social, economic and health factors;

   (3) the major purpose for which aid is provided; and

   (4) the kind of assistance needed and the rate at which it can be absorbed in orderly development.


(Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.62 Review of Programme and Budget Estimates by the Executive Board

The Fifth World Health Assembly

DIRECTS that the Board's review of the annual budget estimates in accordance with Article 55 of the Constitution shall include the consideration of the following:

(1) whether the budget estimates are adequate to enable the World Health Organization to carry out its constitutional functions, in the light of the current stage of its development;

(2) whether the annual programme follows the general programme of work approved by the Health Assembly;54

(3) whether the programme envisaged can be carried out during the budget year; and

(4) the broad financial implications of the budget estimates, with a general statement of the information on which any such considerations are based.

Handb. Res., 1st ed., 4.2.3

(Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

39 Resolutions 519 (VI) A and B

54 Off. Rec. World Hlth Org. 32, 55
WHA5.63 Future Organizational Studies by the Executive Board

The Fifth World Health Assembly,

Considering that, in the interests of the improved efficiency of the Organization, the Executive Board should continue to have detailed studies made of particular aspects of the work of WHO,

1. EMPHASIZES the importance of constant evaluation of the work undertaken by the Organization; and
2. REQUESTS the Executive Board at its eleventh session to give particular attention to the study of the following subjects, which appear to be of immediate importance:
   (1) education and training programme, including fellowships;
   (2) regionalization.

Handb. Res., 1st ed., 7.2; for para. 2: 1.6; 5 (Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.64 Procedure for determining the Necessity for Further Meetings of Expert Committees

The Fifth World Health Assembly,

Considering that expert committees are an essential component of the work of the Organization;

Recalling that in the initial stages of the Organization a large number of expert committees were established;

Realizing that further meetings of expert committees, or their establishment, require a close review if overlapping and duplication are to be avoided,

REQUESTS the Executive Board to examine very carefully the necessity for convening further meetings of expert committees or establishing new committees, and to report to the Sixth World Health Assembly.

Handb. Res., 1st ed., 1.8.1 (Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.65 Reports of the Administrative Committee on Co-ordination

The Fifth World Health Assembly

NOTES the report of the Administrative Committee on Co-ordination on its twelfth and thirteenth sessions 55 and the eleventh report of the committee, 56 which will be examined by the Economic and Social Council during its fourteenth session, May-August 1952.

Handb. Res., 1st ed., 8.1.1.1IV (Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.66 Co-ordination of Work of the United Nations and the Specialized Agencies

The Fifth World Health Assembly

1. NOTES a report 57 of the Director-General on decisions of the General Assembly of the United Nations, the Economic and Social Council and its Commissions, relating to the co-ordination of effort in the various activities of the United Nations and the specialized agencies;

55 UN document E/2161
56 UN document E/2203
57 Unpublished document
2. **EXPRESSES** its appreciation of the degree of co-ordination achieved in the field of health as demonstrated in the report.


(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.67 Representation at Meetings of Other Organizations**

The Fifth World Health Assembly,

Noting the increase in the number of meetings of other organizations to which the World Health Organization is invited to send representatives;

Considering that there is a need to establish criteria for the guidance of the Director-General in developing a policy for such representation,

REQUESTS the Executive Board to examine this question with the Director-General in the light of the discussion at the Fifth World Health Assembly.

See also Handb. Res. 1st ed., 8.1.1.II, p. 219

(Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.68 Long-Range Activities for Children: Report of the Technical Working Group**

The Fifth World Health Assembly

NOTES the report of the Technical Working Group on Long-Range Activities for Children, established by the Administrative Committee on Co-ordination.58


(Fourth report on the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.69 Rehabilitation of the Physically Handicapped: Report of the Technical Working Party**

The Fifth World Health Assembly

NOTES the report of the ad hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, established by the Administrative Committee on Co-ordination.59


(Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

**WHA5.70 Community Welfare Centres**

The Fifth World Health Assembly

NOTES with satisfaction the report 60 of the Director-General on the action taken by the Economic and Social Council and subsequently by the Secretary-General of the United Nations to promote the use of community welfare centres as effective instruments for economic and social progress.


(Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

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58 UN document Co-ordination/R.112
59 UN document E/CN.5/259, Annex A
60 Unpublished document
WHA5.71 UNICEF/WHO Health Programmes

The Fifth World Health Assembly,

Having considered a report of the WHO Executive Board members of the Joint Committee on Health Policy, UNICEF/WHO; 61

Noting the report of the recent meetings of the Joint Committee on Health Policy; 61

1. EXPRESSES its satisfaction with the development of co-operative programmes between UNICEF and WHO;
2. REITERATES that, for the promotion of certain programmes, WHO needs the supplies and equipment provided by UNICEF or a similar organization;
3. APPROVES the principle that WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future; and
4. REQUESTS the Executive Board to propose a procedure for the joint development of the health programmes of UNICEF and WHO and to transmit its proposal to UNICEF for consideration and comment.

Handb. Res., 1st ed., 8.1.5.1 (Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.72 Extension of Agreement 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 (UNRWAPRNE) on the basis of principles established by the Third World Health Assembly; 62

Whereas the duration of this agreement was extended until 30 June 1952, or until the dissolution of the Agency if this should take place before that date, by resolution WHA4.15 adopted by the Fourth World Health Assembly on 24 May 1951;

Whereas the United Nations General Assembly at its sixth session adopted resolution 513 (VI), urging the specialized agencies to continue their co-operation with the Secretary-General and with UNRWAPRNE;

Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWAPRNE,

The Fifth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1953, or until the dissolution of the Agency if this should take place before that date.

See also Handb. Res., 1st ed., 8.1.6.1, p. 240 (Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.73 Medical Care in relation to Public Health

The Fifth World Health Assembly,

Having reviewed a report of the Director-General 63 on co-operation with the International Labour Organisation on the health and medical aspects of social security;

Noting resolution EB9.R16 64 of the Executive Board on this subject,

61 Annex 11
63 Unpublished
64 Off. Rec. World Hlth Org. 40, 6
REQUESTS the Director-General:

(1) to undertake joint studies with other international agencies on the relationships between public health, medical care and social security; and

(2) to consider the appointment of an expert committee to study the problems in achieving sound organization of medical care, as experienced by nations with different social and economic backgrounds.

Handb. Res., 1st ed., 1.11.8; 8.1.2

(Fourth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.74 Agreement with the World Meteorological Organization

The Fifth World Health Assembly

APPROVES the agreement between the World Meteorological Organization and the World Health Organization, consisting of an exchange of letters between the administrative heads of the two organizations.65

Handb. Res., 1st ed., 8.2.6

(Third report of the Committee on Administration, Finance and Legal Matters, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.75 International Committee of Military Medicine and Pharmacy

The Fifth World Health Assembly,

Having considered the application of the International Committee of Military Medicine and Pharmacy for official relations with WHO under the terms of Article 70 of the Constitution;

Noting that according to its Statutes the committee is an intergovernmental organization,

APPROVES the draft agreement 66 defining the relations between the two organizations with the following amendment: 67

Article I, paragraph 2: delete the words “in the spirit of” and substitute “with”.

See also Handb. Res., 1st ed., 8.3.2.III, p. 252

(Fifth report of the Committee on Programme and Budget, adopted at the ninth plenary meeting, 21 May 1952)

WHA5.76 Publicity given to “Wonder” or “Miracle” Drugs

The Fifth World Health Assembly,

Having noted the hasty publication, in the lay press, of articles about new drugs, often presented as “wonder” or “miracle” drugs;

Aware that many of these drugs are still under trial;

Cognizant of the harmful effects of inadequate treatment, the masking of symptoms and the creation of resistance to future measures or to basic factors of disease control, as a result of the use of these drugs at their present stage;

Desirous of protecting the health of all peoples,

65 Annex 12
66 Annex 13 (final text)
67 An additional amendment was accepted to Article V of the French text only.
INSTRUCTS the Director-General to draw the attention of Member governments to the desirability of adopting appropriate measures, preferably through their national health administrations, for ensuring that such publicity may not jeopardize the health of their peoples, who may be misled to believe in a speedy, not yet existing, cure.


(Fifth report of the Committee on Programme and Budget, adopted at the tenth plenary meeting, 21 May 1952)

WHA5.77 Organization of Technical Discussions at Future Health Assemblies

The Fifth World Health Assembly,

Recognizing the increasing interest shown in the technical discussions organized during the course of the Fourth and Fifth World Health Assemblies;

Convinced of the usefulness of the exchange of views which takes place on these occasions; and

Desirous that, in order that the discussions may be as effective as possible,

(a) all those interested in this activity may have the opportunity of preparing for it, and

(b) sufficient time be placed at the disposal of the rapporteurs to enable them to establish, and obtain the acceptance of, the conclusions arrived at during the discussions,

1. CONFIRMS the decision of the Fourth World Health Assembly (resolution WHA4.9) that technical discussions should take place at future Health Assemblies;

2. REQUESTS the Executive Board and the Director-General to select the subject for discussion during the Sixth World Health Assembly, bearing in mind the opinions expressed during the discussions at the Fifth World Health Assembly, and, when organizing the next technical discussions, to take into account the following points:

   (1) preparatory discussion on the regional level during meetings of regional committees;

   (2) communication of the provisional conclusions arrived at in each regional committee to all Member States with a view to preparation of the discussion on a world level at the World Health Assembly;

   (3) inclusion of the technical discussions in the agenda for the first week of the Health Assembly session, the adoption of the conclusions arrived at to be postponed to the end of the session in order to give the rapporteurs and the Secretariat the necessary time for preparation and presentation of their report.

Handb. Res., 1st ed., 4.1.2.11

(Adopted at the ninth plenary meeting, 21 May 1952)

WHA5.78 Topics for Technical Discussions at the Sixth World Health Assembly

The Fifth World Health Assembly,

I. Being aware of the great importance of full and fruitful international discussion of the implications of investigation of the economic value of preventive medicine;

Desirous of having such a discussion as the technical discussion at the Sixth World Health Assembly;

Recognizing the need for giving immediate instructions to the Executive Board on this subject so that governments wishing to co-operate with the Organization in making studies may have ample time to do so,

REQUESTS the Executive Board and the Director-General to proceed as soon as possible with arrangements for technical discussions at the Sixth World Health Assembly (including any arrangements necessary for studies in co-operation with interested governments) on the following two topics:

(1) the relative place in health programmes, from both the long-term and short-term viewpoints, of preventive and curative work;
(2) comparative studies of different methods of applying the health techniques at present available, with particular reference to maximum results for least expenditure, and to the value of voluntary participation by the people served; and

II. Being aware of the intimate interrelationship between the economic value of health services and the wider economic and social fields covered by the family of the United Nations organizations, of which the World Health Organization is a part;

Realizing the need for well co-ordinated effort by all the international agencies to elucidate the social and economic mechanisms involved in raising levels of living and of human environment,

CALLS UPON the Economic and Social Council, as the co-ordinating body under the Charter of the United Nations, to consider setting up studies to be carried out jointly by the United Nations family of organizations, so that the principles of social and economic architecture may be more fully understood and available to policy-making bodies, national and international.

(Adopted at the ninth plenary meeting, 21 May 1952)
PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

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

Afghanistan, Austria, Canada, Guatemala, Hashemite Kingdom of the Jordan, Iceland, Japan, Laos, Lebanon, Luxembourg, Panama and Union of South Africa.

(First plenary meeting, 5 May 1952)

(ii) Composition of the Committee on Nominations

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

Belgium, Ceylon, Chile, Denmark, El Salvador, Ethiopia, France, Haiti, Indonesia, Israel, Italy, Liberia, Mexico, New Zealand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam.

(First plenary meeting, 5 May 1952)

(iii) Verification of Credentials

The Fifth World Health Assembly recognized the validity of the credentials of the following delegations:

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

(Second, fifth, eighth and ninth plenary meetings, 5, 7, 15 and 21 May 1952)

(iv) Election of Officers of the Fifth World Health Assembly

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

Dr. J. Salcedo, Jr. (Philippines), as President of the Fifth World Health Assembly;

Dr. P. Vollenweider (Switzerland), Dr. A. Bellerive (Haiti) and Dr. J. N. Togba (Liberia), as Vice-Presidents.

(Second plenary meeting, 5 May 1952)

68 The credentials of the delegations of Bolivia, Chile, Honduras, Saudi Arabia and Venezuela were provisionally recognized at the second, fifth and ninth plenary meetings.

69 See footnote 12, p. 21.
(v) Election of Officers of the Main Committees

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

COMMITTEE ON PROGRAMME AND BUDGET
Chairman: Dr. N. Romero (Chile)

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS
Chairman: Sir Arcot Mudaliar (India).

(Second plenary meeting, 5 May 1952)

The main committees subsequently elected the following officers:

COMMITTEE ON PROGRAMME AND BUDGET
Vice-Chairman: Dr. J. D. MacCormack (Ireland)
Rapporteur: Dr. M. Nazif Bey (Egypt)

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS
Vice-Chairman: Mr. P. Shaw (Australia)
Rapporteur: Dr. A. Chawkat Chatty (Syria).

(vi) Establishment of the General Committee

The Fifth World Health Assembly, after consideration of the recommendations of the Committee on Nominations, elected the following nine delegates as members of the General Committee:

Dr. P. J. J. van de Calseyde (Belgium); Dr. W. G. Wickremesinghe (Ceylon); Dr. D. Boidé (France); Professor G. A. Canaperia (Italy); Dr. H. B. Turbott (New Zealand); Dr. K. Evang (Norway); Dr. M. Jafar (Pakistan); Dr. Melville Mackenzie (United Kingdom of Great Britain and Northern Ireland); and Dr. L. A. Scheele (United States of America).

(Second plenary meeting, 5 May 1952)

(vii) Adoption of the Provisional and Supplementary Agenda

The Fifth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its ninth session as amended and, subsequently, the supplementary agenda.

(Second and seventh plenary meetings, 5 and 12 May 1952)

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70 The General Committee, in accordance with Rule 29 of the Rules of Procedure (Handbook of Basic Documents, fifth edition), consisted of the President and Vice-President of the Health Assembly, the chairmen of the main committees and the delegates mentioned above.
PART II

PROCEEDINGS

PLENARY SESSION AND COMMITTEES
AGENDA

Supplementary items added to the agenda under Rule 10 of the Rules of Procedure of the World Health Assembly are marked with an asterisk

1 Opening of the session by the President of the Fourth World Health Assembly
2 Establishment of Committee on Credentials
3 Establishment of Committee on Nominations
4 Election of President and three Vice-Presidents
5 Procedure for consideration of programme and budget estimates for 1953
6 Establishment of Committee on Programme and Budget
   Election of Chairman
7 Establishment of Committee on Administration, Finance and Legal Matters
   Election of Chairman
8 Establishment of General Committee
9 Adoption of the agenda
10 Presidential address
11 Adoption of procedure for technical discussions
12 Reports of the Executive Board on its eighth and ninth sessions
13 Report of the Director-General on the work of WHO, 1951
14 Admission of new Member and Associate Members
15 Election of Members entitled to designate a person to serve on the Executive Board
16 Award of Léon Bernard Foundation Prize
17 Reports of main committees
18 Other business
19 Closure of Fifth World Health Assembly
6. COMMITTEE ON PROGRAMME AND BUDGET

6.1 Election of Vice-Chairman and Rapporteur

6.2 Review of work during 1951:
   Annual Report of the Director-General

6.3 Approval of programme for 1953:
   Regular programme and budget estimates
   Expanded programme of technical assistance for economic development

6.4 Consideration of Other Technical Matters

6.4.1 Health Statistics: Recommendations to Member Governments

6.4.2 Publications

6.4.3 Reservations to the International Sanitary Regulations (WHO Regulations No. 2): Report of ad hoc committee

6.4.4 World position on the supply and requirements of insecticides

6.4.5 Assistance to governments in the manufacture of antibiotics and insecticides

6.4.6 Methods to be used by the Executive Board in reviewing the programme and budget estimates

6.4.7 Suggestions for future organizational studies by the Executive Board

6.4.8 Leprosy: Proposal by the Government of India

6.5 Co-operation with the United Nations and Specialized and Other Agencies

6.5.1 Decisions on co-ordination of the thirteenth session of the Economic and Social Council and the Sixth General Assembly

6.5.2 Reports of Administrative Committee on Co-ordination

6.5.3 Long-range activities for children

6.5.4 Rehabilitation of the physically handicapped

6.5.5 Medical care in relation to public health

6.5.6 Community welfare centres

6.5.7 Utilization and conservation of water

6.5.8 Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA/PRNE)

6.5.9 Report of WHO members of the Joint Committee on Health Policy, UNICEF/WHO

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1 Following the recommendation contained in the report of the Executive Board at its ninth session on the procedure for the consideration of the 1953 programme and budget estimates (Official Records No. 40, Chapter II, page 51), it was suggested that items 6.2, 6.3 and 6.7 should be examined with particular reference to the following:

- Organization of public-health services
- Professional and technical education
- Epidemiological and statistical services
- Communicable and other diseases
- Drugs, therapeutic substances and standards.
6.6 **Relations with Other Organizations**

6.6.1 International Committee of Military Medicine and Pharmacy

6.6.2 Sovereign and Military Order of Malta

*6.6.3 Council for the Co-ordination of International Congresses of Medical Sciences

*6.6.4 World Meteorological Organization

6.7 Review of general programme of work covering a specific period

*6.8 Lay publications of the so-called "wonder" or "miracle" drugs: Proposal by the Government of the Philippines

*6.9 Policy for carrying out health projects in certain under-developed countries: Proposal by the Government of the Hashemite Kingdom of the Jordan

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

7.1 Election of Vice-Chairman and Rapporteur

**General Administration**

7.2 Further study of the organizational structure and administrative efficiency of the Organization with particular reference to frequency of Assembly sessions and to publications

7.2.1 Reduction of the number of language editions of the *Chronicle of the World Health Organization*

7.2.2 Use of Publications Revolving Fund for sales promotion

7.3 Selection of the country or region in which the Sixth World Health Assembly shall be held

7.4 Desirability of holding future Health Assemblies away from headquarters

7.5 Report of the Director-General on accommodation for the headquarters office at Geneva

7.6 Progress in co-ordination with the United Nations and specialized agencies on administrative and financial questions

**Constitutional and Legal Matters**

7.7 Admission of new Member: United Kingdom of Libya and of Associate Members: Tunisia and Morocco

7.8 Rights and obligations of Associate Members

7.9 Approval of Host Agreement with the Government of the Republic of the Philippines

7.10 Office International d’Hygiène Publique: Position regarding the Rome Agreement of 1907

7.11 Assignment to geographical areas: Morocco; Tunisia; French departments of Algeria; Greenland; Somalia

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* Withdrawn at the request of the Sovereign and Military Order of Malta (p. 69)
* Title subsequently changed to Council for International Organizations of Medical Sciences
* See note to items 6.2 and 6.3.
* Item on agenda adopted by the Committee on Administration, Finance and Legal Matters at its second meeting
AGENDA

7.12 Amendments to the Rules of Procedure of the World Health Assembly

7.13 Regional Committee for the Eastern Mediterranean, 1952 meeting

7.14 Reports submitted by States under Articles 61 and 62 of the Constitution: Amendment to the Rules of Procedure of the World Health Assembly and change in the form of reporting

Staff

7.15 Amendments to the Staff Rules

7.16 Appointment of representatives on the WHO Staff Pension Committee to replace members whose period of membership expires

Budgetary Questions

7.17 Supplementary budget estimates for 1952 to replace the amount of the emergency fund of the Executive Board used for assistance to India

7.18 Report of the Director-General on the collection of contributions and advances to the Working Capital Fund

7.18.1 Currency of contributions *


*7.19.1 Communication from the Republic of China: Proposal for alleviation of the problem arising from its arrears of contributions

7.20 Scale of assessment for 1953

7.21 Scale of assessment for: Japan

Libya *

7.22 Review of programme and budget estimates for 1953 relating to:

7.22.1 Adequacy of the estimates for holding the Sixth World Health Assembly, meetings of the Executive Board and meetings of the regional committees

7.22.2 Adequacy of the estimates for Administrative Services

7.22.3 Text of the 1953 Appropriation Resolution *

Financial Matters


7.24 Revised Financial Rules

7.25 Establishment of the amount of the Working Capital Fund for 1953

7.26 Report of the Director-General on status of Assembly Suspense Account

7.27 Report of the Director-General on the sale of WHO Seals

7.28 Reconsideration of policy on participation of Member States in certain costs incurred by WHO in the operation of field projects

7.29 Reimbursement by governments for materials, supplies and equipment

7.30 Accident insurance for members of the Executive Board

*7.31 Exceptional contribution from the Kingdom of Laos

*7.32 Salary differentials—Cost-of-living adjustments: Proposal by the Government of the United Kingdom of Great Britain and Northern Ireland

* Item on agenda adopted by the Committee on Administration, Finance and Legal Matters at its second meeting
1. Opening of Session by the President of the
Fourth World Health Assembly

The ACTING PRESIDENT: As your Acting President, I am happy to call to order the Fifth World Health Assembly. It is a special pleasure to welcome those members who are attending an Assembly for the first time, as well as to greet the many friends who have met with us before. The opportunity to participate in the World Health Assembly on behalf of our governments is one to which all of us look forward eagerly and happily.

The past four years have given us positive proof that nations can share common problems and work together for common solutions, while at the same time retaining their full national sovereignty. Most of the nations of the world have met here, year after year, to make the ideal which brought the World Health Organization into being a living reality. We have become a wonderful team: the Member States and the Secretariat of the World Health Organization.

We have had natural differences of opinion from time to time. Some have favoured one programme over another; some have wanted larger programmes and budgets; others have wanted to go more slowly. But our discussions have always been friendly and free. They have been conducted in a spirit of give and take; and we have always found solutions on which we could agree. We have attained and demonstrated true international collaboration in these Assemblies, unselfish collaboration both in spirit and in deed.

Although WHO is only four years old, it has so ably demonstrated its value that most nations are willing to subordinate their national, regional, and ideological interests in order that the great work of the World Health Organization may go forward, benefiting the citizens of all nations. Virtually all nations have come to realize that health problems on a world scale must be dealt with through a permanent health organization. They also realize that, as technical knowledge and skills advance, the proper conduct of health programmes in any part of the world requires world-wide co-operation on an increasing scale, both in scope and volume. The active Members of WHO, whose representatives are attending this Assembly, have demonstrated their realization of these facts by loyal adherence to the obligations of membership in WHO.

My country—and, I am sure, all those represented here today—has always had faith in the world's health leaders. We have believed that if the health leaders of all nations were allowed to work together through this Assembly and WHO, as men and women dedicated to the relief of suffering, rather than as political representatives of their nations, those health leaders would not only do a great work for human health, but would also contribute to full international co-operation for other common goals. We still hold that belief and that faith, for throughout the centuries the health professions have developed and applied principles of co-operation for great humanitarian objectives which transcend geographic, political, and social barriers.

It is this faith in the results of full and free co-operation among health leaders of all nations that
brought the World Health Organization into being. The goals of WHO and the goals of health workers throughout the world are identical. The peoples of all nations yearn for the attainment of those goals. On the road to positive health, WHO's immediate task is to prevent disease and heal the sick. That is a task of the heart, and we must speed its accomplishment.

This Assembly has met not only to adopt a budget in dollars and cents but also to shoulder the responsibility for a far more significant budget, the currency of which is human lives. We shall continue to work as a team, true to our beliefs as healers that our opportunities are even greater than our responsibilities.

The action—yes, the very existence—of the World Health Organization has set off a movement for world-wide health improvement. It has given structure and consistency to that reverence for human life which has painfully spread during past centuries despite too frequent relapses into barbarism. Nations have been stimulated to improve their own health services and have learned how best to utilize their own means to this end. The action of the World Health Organization has been strengthened by technical assistance and other funds. Several nations have taken the initiative in helping others through direct technical assistance in the health field. Many non-governmental organizations are doing their share in special fields of health. The results are already amazing, although they represent only a small demonstration of what can eventually be achieved—especially if all groups co-operate.

The four short years of WHO's existence have seen greater reduction of death rates in many countries of all continents than in any other similar period. The reduction of sickness has been even greater. Diseases such as malaria, yaws, syphilis, trachoma, plague and yellow fever are definitely being controlled. Tuberculosis and diseases due to the lack of environmental sanitation are also receding. Increased production of food and other goods has already resulted in many countries from this improvement of health.

The demonstrations in control methods which WHO and other agencies have conducted have served as the catalysts for health improvement in individual countries. The demonstrations, however successful, are only a beginning. We, as officials responsible for the health of our countries, must adopt the demonstrations as part of our own national programmes, in order that the health benefits may be sustained and extended to all parts of our countries that need such services.

Permanent national and local health agencies are the first requirements for attaining nation-wide, sustained health improvement. Such agencies should be staffed with full-time, well-trained, and experienced personnel who are employed on a merit system assuring continuity of leadership and service by competent workers. Practically every nation needs higher pay scales for its public-health workers. If our official health agencies are unable to offer adequate economic opportunity, they will be unable to attract and retain the competent staffs that modern public-health work requires.

The health workers of all nations have at their disposal a rapidly swelling stream of scientific discoveries. Even in the little-explored areas, such as chronic diseases and mental disorders, new findings are giving promise that eventually these serious problems will yield to scientific study; while in the communicable diseases, refinements in our control methods and in agents for preventive and curative therapy are constantly being made. In the past year, for example, several new drugs have shown great promise in the treatment of tuberculosis. These drugs are being tested in the treatment of leprosy. Also, new findings on poliomyelitis have given the first definite clues to the development of a safe and effective immunizing agent.

As the health sciences advance and as nations apply the new knowledge more intensively, there arise closely related problems which scientific research must solve. Scientists indeed face no greater problem than that of assuring adequate supplies of food, clothing and housing for the earth's increasing population. Such assurance is essential if we are to hold the gains in world health and attain enduring world peace.

Recent reports show progress in agricultural and related sciences. New ways of farming the seas, building new soils, cultivating plants in water, and accelerating the growth of livestock, excite the imagination. Fish-ponds, for example, have been developed so as to yield 300 pounds of fish per acre per year. Single-celled plants, algae, have been grown in synthetic media to produce high proportions
of protein and fat. A combination of vitamin $B_{12}$ with antibiotics may increase the growth of farm animals. Greater use of solar energy and industrial utilization of atomic energy portend further advances in the production of foods and goods.

With the growth of world-wide action for better health by international and national organizations, there is continued need for co-ordination of effort. That is why the opportunities and responsibilities of the World Health Assembly are particularly challenging. The directives which this Assembly will establish for WHO's future programme will undoubtedly influence the direction of other efforts for progress in public health.

Programmes are well under way in all parts of the world and the time has come to begin appraisal. We shall need more than the Report of the Director-General on the work of the World Health Organization. We must begin to measure results in our own countries as well as in world health programmes. Such evaluations may cause us to re-chart some courses, and to project our plans farther into the future. Perhaps we may look forward in the near future to joint appraisals by all agencies concerned, national and international, of their plans and of the results achieved.

Shortages of health personnel continue to be a major deterrent to progress throughout the world. This is one of the main problems in my country. All categories of health workers are in extremely short supply, but medically trained public-health administrators head the list. The world-wide lack of trained health personnel highlights the inescapable fact that individual countries, like WHO, will have to assign high priorities to the development of new local training facilities and the improvement of existing ones. There must be an increase in the total output of trained medical and public-health personnel.

Many of the world's medical schools must improve their curricula and the quality of teaching. The teaching pattern of two or three decades ago, with great emphasis on lectures, has proved, in my opinion, obsolete. The modern school must increase the student's opportunities for practical experience. To accomplish this enrichment of the programme, a drastic decrease in didactic instruction is in order.

Another deterrent to improvement in the quality of teaching is the very low salaries of medical teachers in many countries. Too many members of medical faculties cannot give full time and attention to the vital task of teaching because, in order to obtain an adequate income, they are obliged to carry on active private practice along with their teaching jobs. Officials of national health and education agencies must take active steps to improve salary scales in schools of medicine, public health and related professions.

Medical schools need better textbooks, and more basic texts should be written in the languages of the countries concerned. Medical-school libraries should be given more attention. By comparison with the cost of other equipment needed in medical education, the development of adequate libraries is the least expensive item, not only in dollars and cents, but also in return on the investment.

An international meeting of medical educators is to be held in London in 1953, under the sponsorship of the World Medical Association, with assistance from all health organizations. I am sure that this conference will lead to practical solutions of many teaching problems in the health field, and will also afford the world's medical educators an opportunity to meet and share their difficulties and experience.

I have laid stress on the education of public-health and related personnel and on personnel shortages because of the central importance of these problems to the accomplishment of WHO's aims. If we do not improve our performance in the training and utilization of health personnel in the very near future, it will be exceedingly difficult—if not impossible—for WHO to extend its regular and technical assistance programmes. It will be equally difficult for many nations to attain their individual health goals.

I am sure the Assembly wishes me to thank the Executive Board, the expert committees, the Director-General and his staff for their truly remarkable performance during the past year. We also thank the representatives of all the other international organizations which have worked so ably with WHO.

The hundreds of people devoted to world health and the health workers in our individual countries have set a great example. Faith has been kept with the generations of research workers who have given us the knowledge and tools to work with. Faith has been kept with the people of our respective countries who believe in the World Health Organization and generously support it. We can be humbly thankful that a world-wide movement for the protection of life and health has been able to grow and accomplish so much in so short a time, and against many odds.
2. Address by the Representative of the Secretary-General of the United Nations

The ACTING PRESIDENT: We have the privilege of hearing this morning from Mr. Gunnar Myrdal, the Executive Secretary of the Economic Commission for Europe and representative of the Secretary-General of the United Nations.

Mr. MYRDAL, Executive Secretary, Economic Commission for Europe: Mr. President, ladies and gentlemen, I have been given the honour of representing Mr. Trygve Lie, the Secretary-General of the United Nations, at the opening of the present World Health Assembly. You have a very heavy agenda and, further, I shall be given the privilege of speaking to you later in my personal capacity, and so I do not want to take your time unnecessarily today. This time I should like to confine myself to conveying to this Assembly the Secretary-General's most cordial greetings and his best wishes for continued success in your work.

As you know, the Secretary-General holds the sincere conviction that the World Health Organization is one of the most effective members in the United Nations family of international organizations. As has anyone who has followed your work, he has been deeply impressed, particularly by three things. First, the way in which you have followed in the path broken by the Health Organization of the League of Nations and extended the work begun there, both in scope and in depth. By “in depth” I mean the undertaking of operational tasks in clearly defined regions of the world through regional offices, from which field missions and services radiate. In the second place, WHO has pioneered in the field of technical assistance. Its concepts of technical assistance and its early experience have contributed mightily to the successful development of technical assistance in other fields. The third fact which impresses all of us who know your work is the constructive contribution of the World Health Organization to the progressive creation of a more rational and fruitful co-operation among the various specialized agencies and the United Nations.

3. Address by the Representative of the United Nations Educational, Scientific and Cultural Organization

The ACTING PRESIDENT: We next have the privilege of hearing from Mr. Torres Bodet, the Director-General of UNESCO.

Mr. TORRES BODET, Director-General, UNESCO (translation from the French): On 18 June 1951 my eminent friend, Dr. Dorolle, was kind enough to participate in the opening meeting of the sixth session of the UNESCO General Conference. His address, which reflected his generous spirit of solidarity and human understanding, awoke a deep echo of sympathy in our hearts. A few days later, the Director-General of your organization joined in our work and, when our fundamental education project came under discussion, he devoted all his high intellectual and moral authority to making clear the importance of such education as a means of raising living standards in the less-favoured countries.

To-day, at the invitation of Dr. Chisholm, I in my turn am present at a meeting of your conference. I would thank him, as well as the President of this learned Assembly, with all my heart, for the opportunity which they are offering me to affirm once more my conviction that certain of the ills which beset mankind could be considerably reduced by our united efforts. I wish I could find words worthy of comparison with those of Dr. Chisholm and Dr. Dorolle to tell you how deeply interested I am in your work and to give expression to the hope aroused by your success, a hope which animates all who, through their co-operation, serve the cause of peace.

In a world in which everyone depends increasingly upon others, the destinies of all are bound up together. But—and this is precisely the source of the great difficulties of our times—we are obliged to recognize that the physical interdependence of the peoples is becoming a reality more rapidly and more inescapably than any impulse of intellectual and moral solidarity.

We should learn mutual tolerance on this planet, which is becoming smaller and smaller as the speed of communications increases. But, in most cases, we continue to measure our problems by a yard-stick which no longer corresponds to the demands of the present day. When, for example, we think of sickness, want and ignorance, we still for the most part think of them within the bounds of a single area—that which is familiar to us, that which is the scene of our daily life and the human background in which we work. This narrow view bears no relation to the universal plane on which the problems we have to face are already well-defined. Whether we like it or not we live on a world scale; problems of sickness, ignorance and hunger call for world-wide solutions. We can say where is the gate of a town, the frontier of a State, and what lines trace out the profile of a continent. But who could show on the map where the realm of tuberculosis begins or where the empire of illiteracy ends? Evils merge into one another. Just as the proximity of a sick person is a danger to the healthy, so the very existence of the ignorant and the starving is a disgrace to those who eat their fill and to those who enjoy the benefits of an education
to which millions of their brethren have no access. And this disgrace is not without its dangers.

The aim is to achieve equilibrium, but the desirable equilibrium cannot be attained without international collaboration. Yet, to form some idea of how necessary it is, not only must we transcend the geographical bounds of a single country but we must also rise above immediate interests. If we wish to have some say in the shaping of the future, we must foresee it. Not only a nation or region, not only the present generation must be borne in mind, but all regions and generations to come, because all play their part in the general history of mankind. Progress cannot be other than collective if it is not to bear within it the seeds of its own destruction.

The supreme novelty of the San Francisco Charter is in my opinion the daring with which it defines the complex tasks of the new international co-operation. Of course it makes provision for the machinery indispensable for imposing the respect of law and safeguarding the collective security of States, but also—and on the same high level—it provides a centre-pin for all the mechanisms necessary to ensure the social and economic development of the peoples. Without collective security, this progress would be hampered by the precautions born of fear and would be in constant danger of interruption or annihilation by the sudden outbreak of bloody and devastating conflicts. Without economic and social progress, collective security would only confirm the juridical structure of peace. That is doubtless in itself a great asset, but true peace demands, in addition to the maintenance of order, constructive action within that order, that is to say the fruitful deployment of the abilities, which are the dignity of man in his thirst for creative activity, justice, freedom and happiness.

The breastplate is worthless without the heart which beats behind it. The greatness of the concept of collective security lies in the possibilities for human progress which it is intended to set free. The United Nations have proclaimed their faith in this progress in the form of a text which is famous for all time: the Universal Declaration of Human Rights. Side by side with the United Nations, all our specialized agencies are working for a single end—to give day by day to the articles of that declaration a fuller and more vital actuality.

The right to food, health and education, and the right to share the cultural and scientific heritage of mankind, are but complementary aspects of a single eternal right—the right to live a decent life, free from the shadow of oppression, ignorance, despair, want and the threat of disease. That is why it is the duty of our organizations to unite in a concerted effort. They are the limbs of a single body. Their effectiveness will, in the last resort, depend upon their power of co-ordination.

This will to co-ordinate which animates UNESCO is reflected in its programme of activities. In the first elements of fundamental education, in scientific and cultural research of the most specialized kind, in all the fields which are assigned to it, UNESCO's work would have no solid basis without the support of organizations like your own and like the other specialized agencies of the United Nations. Each result achieved by one of them is a contribution towards the success of all.

The necessity for this collaboration is also written into your Constitution and into the very definition which it gives of health. Your Constitution considers health "a state of complete physical, mental and social well-being" and not the mere absence of disease or infirmity. That is the measure of the amount of co-operation required.

Thanks to the watchfulness of your Director-General and the deep awareness of the common good shown by your Assembly and your Executive Board, no appeal which we have made to your organization has failed to meet with response and speedy transformation into fruitful co-operation.

This co-operation at all stages in the elaboration and application of programmes has existed since 1948. It became the regular practice after a meeting of experts from the two organizations held at UNESCO House in October 1950. The activities of the two organizations were reviewed point by point. The vast network of converging interests became clear in all its details and our task has been made much easier since that time.

I shall not attempt to repeat this complete survey here. I will only quote a few examples chosen from the most important fields of work.

In the scientific research called for by health problems, the World Health Organization touches on one of UNESCO's fundamental preoccupations—the organization of international co-operation between scientists. In this connexion I am glad to note the development of the Council for the Coordination of International Congresses of Medical Sciences and the results which it has obtained during the three years which have elapsed since its foundation. I welcome particularly the decision taken by the Second General Assembly of this Council to organize symposia, to promote the publication and exchange of scientific documents and to work for the standardization of abstracting in the medical and biological sciences.

If we are to succeed in our efforts we must also provide assistance for children. Any attempt to
build a happy and peaceful world would be doomed to failure by the presence of millions of undernourished, ailing and untaught children. Through what miracle could one expect these virtual outcasts to be able one day to make a real contribution to the maintenance of peace in a society which had abandoned them to their unhappy lot?

UNESCO tries to help its Member States by all the technical means at its disposal, to ensure for children a sound education and harmonious development fully adapted to the conditions of present-day life. There again our aim can be achieved only through close co-operation with the other members of the community of the United Nations, and particularly with your organization, which is doing great work for children. A meeting of experts convened by our two organizations was held in Paris in September 1951 to go into the problems of the mental health of children and the training of nursery-school teachers. Again, together with your organization, the United Nations, the International Labour Organisation and the International Children’s Emergency Fund, we are preparing a conference on the education and mental health of children in Europe, to be held in December next. Finally, the UNESCO General Conference will decide at its next session whether to convene a conference on the problems of education as related to technical progress and social changes in Latin America. It intends to call for the collaboration of your organization in connexion with the repercussions of these changes upon the mental health of children.

With this same aim in view—a “state of complete well-being”—your organization has given a further proof of the spirit of collaboration prevailing between the two organizations, by joining in our campaign for fundamental education. This type of education, intended for men, women and children whom circumstances have deprived of the most elementary instruction—that is to say more than half of the human race—calls for unusual pedagogic methods. These illiterates, living for the most part in deplorable conditions, have to be taught hygiene, agriculture and craftsmanship. Owing to its scope, its methods and its programmes, fundamental education must be a collective undertaking. The plan to set up a worldwide network of fundamental education centres to train specialized teachers and prepare suitable material could be conceived and put into execution only through constant collaboration. It is my pleasant duty to convey to you my gratitude for the prompt, generous and comprehensive help which you are giving UNESCO in this long-term undertaking.

These examples show that our specialized means have the same common aim, the service of man considered as a whole. We do not think only in terms of the sick, the starved and the ignorant, nor of individuals unrelated to their environment; we look upon the human being, endowed with rights, aware of his duties, and capable of rising to the responsibilities which await him in a world of widened scope.

Our unswerving aim is to create a synthesis of factors—physical, psychological, intellectual, moral and social—which will, in conditions of constant progress, maintain the equilibrium of individual and collective health. Man and his environment are a part of nature. We are governed by the soil, by water, air, light and all living things. We are governed by the discoveries of science, which make the forces of nature our helpers; and by culture, which imposes discipline and awakens us to beauty. And finally, the prime importance of education is to fit us to exercise our free initiative in the midst of all these interrelated factors.

No human problem is self-contained and isolated from the rest. None can be solved without taking into account its every individual and social aspect. The consumptive dies of social inequality as often as of his bacilli. If we had the courage everywhere to organize labour, to raise the level of education, to come to the timely aid of those bending under their load, then disease would take a less heavy toll.

Not long ago I was present in Florence at the celebration of the fifth centenary of the birth of Leonardo da Vinci. Going through the Notebooks of the artist, who was also an anatomist, an engineer and a philosopher, I found a definition of medicine which foreshadows to some extent that given in your Constitution: “Medicine is the remedy applied to conflicting elements; disease is the discord of elements innate in the living body.” This brief definition shows in terms of peace and war the problem of disease and health. What is true of the individual is also true of the community in which he lives. We cannot separate our efforts from this combined movement to restore and consolidate a general equilibrium. May we, by close and continuous co-ordination, make of the United Nations and its agencies “the remedy applied to conflicting elements”, that is to say an instrument for the achievement of a just and prosperous peace which would be nothing less than the health of the world. That is my final wish.

4. Address by the Representative of the World Meteorological Organization

The ACTING PRESIDENT: We shall next have the pleasure of hearing from Mr. Swoboda, Secretary-General of the World Meteorological Organization.
Mr. Swoboda, Secretary-General, WMO (translation from the French): I have the signal honour of addressing the World Health Assembly as representative of the World Meteorological Organization, which feels great satisfaction in entering into closer relationship with WHO, one of its elders among the specialized agencies. Our two organizations have common problems to solve, since it is an indisputable fact that the physical and mental well-being of man depends largely upon his environment, which is influenced to a considerable extent by atmospheric factors, not only out of doors but even within his dwellings. Climatic conditions largely determine the salubrity or insalubrity of a place or region. Meteorological conditions, that is, changes in the weather—periodic or otherwise—have either favourable or unfavourable repercussions upon man’s state of health. The detailed study of these facts, these relationships, has given rise to a relatively new science—bioclimatology or meteorobiology. Very interesting and valuable reports have already been written on these problems, many of which still await solution through research which calls for much nicety and for a close and discerning co-operation between physicians and meteorologists if false conclusions are to be avoided. One can well see how, on the international plane, collaboration between WHO and WMO could be of great help in the statement and solution of such problems and in the conduct of research, as also in the provision, for such research, of meteorological and clinical equipment. Moreover, the results already achieved have to be applied by appropriate practical measures for the benefit of public health. Here we are thinking in particular of collaboration between WHO and WMO in connexion with technical assistance for under-developed countries. Fertile ground lies before us which could be made fruitful by our combined efforts. WHO and WMO, through mutual goodwill, can thus make a contribution in this field also to the progress of mankind, which by concerted endeavour strives to increase human well-being in all its aspects. It is in this spirit that WMO wishes the Fifth World Health Assembly every success.

5. Address by the Representative of the Food and Agriculture Organization

The Acting President: We hear next from Sir Herbert Broadley, Deputy Director-General of the Food and Agriculture Organization.

Sir Herbert Broadley, Deputy Director-General, FAO: Mr. President, Director-General, representative of the Secretary-General of the United Nations, ladies and gentlemen, I am very happy on this occasion to be able to express our appreciation in FAO for the honour which Dr. Chisholm did us in November last by attending our conference and discussing with us some of the joint problems that concern our two organizations. I am only sorry that Mr. Dodd himself is not able to be here today; unfortunately he is still absent from Europe visiting many of our Member countries. It really is vital that our two organizations keep in the closest possible touch. We are both technical bodies and we are both concerned with human needs. Your business is to see that the people of the world are healthy; ours is the task of seeing that they are adequately fed, clothed and housed. But the more successful you are in reaching your goal, the more difficult FAO’s task becomes. We do want to pay tribute to the great achievements that have marked the first few years of WHO’s existence. The span of human life is being extended. Infant mortality has immensely fallen and thousands upon thousands of human beings are coming out of the shadow of disease, misery and incapacity into the sunshine of healthy energetic lives. But more mouths demand more food. Healthy people eat more than do the diseased and incapacitated, and in a lifetime of 70 years one individual consumes much more food than does a man or woman who is doomed to die at 30, 40 or 50; and this is the measure of FAO’s growing task. Some people have said—perhaps we have repeated it—that WHO’s successes are FAO’s greatest enemy. We must recognize that at the moment the world is just not responding to FAO’s challenge. It is not producing sufficient food even to maintain for its increasing population the amount which the fewer, shorter-lived, less-healthy millions had for each individual before the war. At our last conference, which Dr. Chisholm attended, we called upon the Member countries to increase their food production by one per cent more than the rate at which the world’s population is increasing. Now, one per cent more does not sound an impossible task. At best it promises a very tiny increase in the average standard of nutrition of the peoples of the world. But in terms of hectares and acres, in terms of meat, wheat or rice, in gallons or litres of milk, it means a huge effort, and we are still waiting to know what the world’s answer is to the challenge we issued last November. Of course since the war there have been special problems which have delayed the forward advance we need. There have been the repair of war damages, the resettlement of populations, economic adjustments and political uncertainties. Some of these, fortunately, now seem to be on the
way to a solution, and other problems not quite so acute as they have been in recent years. So the time has really come for this drive to increase food production to become a reality, and if it does not, then we are faced with fearful consequences. At the moment there are two schools of thought busily preaching their doctrines on this problem. There are those who see no hope of ever adequately feeding the world's increasing millions, and their solution is a reduction in the millions, substituting education and a limitation of families for those desperate remedies, that operated in the past, of war and the great killing diseases; and the other school—the enthusiasts and the optimists—who see no limit to the quantity of food that the world can produce. Well, it is quite true that technical knowledge exists today which, if it were applied, could result in an immense increase in world food production; but the political, social, and economic difficulties are also immense. In many countries antiquated systems of land tenure are an enormous handicap to the application of the new agricultural technology, and ignorance too, on the part of so many millions, is a giant in the path, and disease has sapped human effort and initiative in this field. But all our agencies together are beginning work on these problems. The United Nations and FAO are at work on the field of land reform. UNESCO is beginning to lighten the darkness of human ignorance, and WHO, we are happy to record, is eliminating the killing diseases. So we can have hope in the successful outcome of our joint efforts, but we cannot yet have confidence that success will be achieved in time. We are marching rapidly into a future full of promise but equally lively with menace, and that is why there is no simple or quick solution to the problems which WHO's successes and the efforts of the health organizations of our national countries are posing to the world.

Where birthrates continue to advance, as is the case in many countries—and not only in the underdeveloped countries—where death rates and human mortality are being halved, where the expectation of life is gaining another five, ten, fifteen years, we cannot just sit back and let nature take its course. If we do, nature's course will be a very desperate one. It is only through international action, which this Assembly represents and which our agencies are endeavouring to carry out, that wise solutions can be achieved. Otherwise, the growing populations of those countries which are at present exporting food will consume their own existing output, and the food-importing countries of Western Europe will in turn be faced with the dangers of shortage and famine.

It will be strange, Mr. President, if, as the result of this great forward move in health which is being carried out under your inspiration, food shortages and famine are transferred from the under-developed countries of Asia to the industrial countries of Western Europe. And yet, it is no impossible dream. And that is why one looks to the food-importing countries of Western Europe to be especially strong supporters of international action through this and other organizations, through technical assistance, through development plans, through increased exchange of goods, advice and services. These international conferences and Assemblies are the places where we should be able to view these problems in their right perspective. Less today than ever before is it possible for individuals and nations to live for themselves alone. And that is why, Mr. Chairman, I am sure that at this important Assembly you will be soberly considering the problems which your own successes are creating. Many measures will be necessary for their solution.

We in FAO will do our best to play our part in providing the food needed for the increasing, longer-lived, healthier and more energetic population of the world. But our efforts will not be sufficient alone. So we wish you well in your conquering battle against death, disease and misery, even though your very successes are going to make our own task all the more difficult.

6. Establishment of Committee on Credentials

The Acting President: In accordance with Rule 17 [27] of the Rules of Procedure of the Health Assembly, the Chair proposes the following twelve countries to be the Committee on Credentials: Afghanistan, Austria, Canada, Guatemala, the Hashemite Kingdom of the Jordan, Iceland, Japan, Laos, Lebanon, Luxembourg, Panama and the Union of South Africa. Are these twelve countries satisfactory to the Assembly? As no objection is heard, they will serve as the Committee on Credentials.

1 The Rules of Procedure as amended and renumbered in consequence of decisions of the Fifth World Health Assembly are reproduced in the fifth edition of the Handbook of Basic Documents. In this record of the plenary meetings the new numbers have been added between square brackets.
7. Procedure for Consideration of Programme and Budget Estimates for 1953

The ACTING PRESIDENT: Before we proceed with the establishment of the Committee on Nominations, the Assembly is invited to consider the resolution of the Executive Board at its ninth session regarding the procedure for the consideration of the Programme and Budget Estimates for 1953. The text of the resolution, EB9.R29 (Official Records No. 40, page 11), will be found in front of you on your desks and reads as follows:

The Executive Board,

Believing that the procedures of the World Health Assembly may be simplified so as to contribute to the more efficient functioning of the Assembly;

Believing that the annual programme and budget are inseparable in the deliberations of the Assembly,

RECOMMENDS that the Fifth World Health Assembly adopt the following procedure:

The Fifth World Health Assembly

1. ESTABLISHES a Committee on Programme and Budget, to:

   (1) review the Annual Report of the Director-General;
   (2) study and make the recommendations on the general programme of work for 1953-56;
   (3) recommend the budgetary ceiling for 1953;
   (4) review and recommend the programme and budget for 1953 including the amounts to be devoted to each section of the total budget; and
   (5) study such other items as are referred to it by the Health Assembly.

2. ESTABLISHES a Committee on Administration, Finance and Legal Matters, to:

   (1) review the financial position of the Organization, including:
       (a) the financial report and the report of the External Auditor,
       (b) the status of contributions,
       (c) the status of the Working Capital Fund, Assembly Suspense Account and Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
   (2) determine the scale of assessments for 1953;
   (3) review that part of the budget for 1953 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget; and
   (4) study such other items as are referred to it by the Health Assembly.

Is there discussion of this resolution? The delegate of Norway.

Dr. Evang (Norway): Mr. President, fellow delegates, as most of you will know, the Assemblies of the World Health Organization have had considerable difficulties and have done some experimenting in trying to find the best method of handling the most important parts of the agenda of the Assemblies, namely the programme of work and the budget. The method suggested to us now represents a new form, and I take it that the Executive Board felt that this method too should be given a fair trial. I do not disagree, Mr. Chairman, on the main point; on the contrary I feel that it is worth while to find out whether a procedure with a combined Committee on Programme and Budget will work more satisfactorily than the other methods which have been tried. Looking, however, at the rather detailed terms of reference of this combined committee, I have to raise one point which to my mind needs clarification—these terms of reference have just been read to you from the Chair, and I think you will all find the wording on your desks. To my mind, if these terms of reference are accepted in the way they now stand, also meaning that these points on the agenda of the Committee on Programme and Budget will have to be taken in chronological order, it invites a procedure which is, to my mind, both most uncommon in dealing with programmes and budgets and also unsound. It really means fixing the ceiling of your budget before you have had any chance really to discuss what you want to do. That, of course, would have been a right procedure if the question of the budget of this Organization had been a financial question, a financial problem. We do know that that is not the case. The total budget of the World Health Organization, split up between the Member States, does not represent a real financial problem. The problems are of another nature. And therefore I venture to suggest, Mr. Chairman, that at this Assembly, as in other Assemblies, the representatives from the Member States should be given a chance to discuss the programme—in general terms, of course—before fixing the ceiling. We are happy to have the Regional Directors of this Organization here with us at this Assembly and I am quite sure that we should all like very much indeed to hear from them, before we fix the ceiling of the budget, what they think it is possible and practical to accomplish in 1953.
Therefore, Mr. President, I would like to suggest a slight change in the terms of reference of this committee, so that the first part of it would read like this. The introduction to be unchanged; points (1) and (2) to be unchanged; point (3) (and that is the first change) to read as follows:

(3) review the programme for 1953; and
(4) recommend the budgetary ceiling for 1953 and the amount to be devoted to each section of the total budget;

Point (5) to be unchanged and the rest of the resolution to be unchanged.

I do not myself feel that this change has any bearing upon the question of electing a Committee on Nominations and I would suggest, Mr. President, that you might now proceed with the election of the Committee on Nominations and then at a later stage of the Assembly, perhaps this afternoon, take up this question for discussion.

The Acting President: The Chair wishes to call on Dr. Bravo, who is Chairman of the Standing Committee on Administration and Finance.

Dr. Bravo, representative of the Executive Board (translation from the Spanish): Mr. President, fellow delegates, the remarks which Dr. Evang has just made cover a point which was discussed at length both in the Standing Committee on Administration and Finance and at the ninth session of the Executive Board of WHO. Clearly, the programme and budget of WHO are indissolubly linked. It is impossible for public-health experts to carry out their programme if they do not know in advance what means they can expect to have at their disposal and, on the other hand, it is impossible to distribute the funds equitably among the various programmes on which WHO is engaged if no long-term programme has been planned beforehand to enable the Organization to go on from year to year, step by step, by well defined stages, towards a single objective.

It was for this reason, I repeat, that in resolution EB9.R29, which you all have before you, the Executive Board recommended, after long discussion, that the Fifth World Health Assembly adopt a proposal by the terms of which the study of these two inseparable subjects—the programme and the budget—would be entrusted to a single group of persons meeting in a single committee and that, in the terms of reference of that committee, allowance should be made for the necessity not only of having the programme and the budget studied together, but also of having the sums of money to be allocated to each section of the budget for the implementation of the programmes established in some detail.

But if we are to perform this task, it is indispensable that we should know in advance what our budgetary ceiling will be. All the delegates here present are health experts and health administrators in their own regions and countries and, as such, well know that to achieve our ambitions for the improvement of health in each of our countries we could ask for unlimited sums of money, were we not faced at present with limits beyond which we cannot go without seriously endangering the economy of our respective countries. In an international organization we have to bear similar limitations in mind and so, in order to carry out our programmes to the fullest possible extent, we must know what is the limit set.

The proposal just made by the delegate of Norway would involve no fundamental change in the scope of the committee. However, the Executive Board has put forward the wording which you have before you for the reasons which I have just given; it also wished to have the Assembly's work go forward along guiding lines allowing of gradual progress towards a definite result which would, as a whole, serve as a basis for the establishment of both our programmes and our budget.

The Acting President: Is there further discussion? The United Kingdom.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland): Mr. President, fellow delegates, we are prepared to support the procedure proposed by the Executive Board and we wish to do all possible to develop the most efficient and simplest form of dealing with the programme and budget in the Assembly. We are, however, somewhat doubtful of the wisdom of experimenting every year with the Assembly procedure and we should like to urge that the new procedure, if adopted, should be given a fair trial and kept in operation for at least two years, at all events as regards its essential features. We should also welcome the opportunity of thinking about Dr. Evang's suggestion and taking the matter this afternoon.

The Acting President: Does anyone else wish to speak to this point?

We need not take final action on this at this time. The changes proposed by the delegate of Norway will be recorded and distributed to you and we can then take this subject up this afternoon.

8. Establishment of Committee on Nominations and Provisional Adoption of Amendments to Rules of Procedure of the World Health Assembly

The Acting President: Under Rule 18 [22] of the Rules of Procedure of the Health Assembly, the Chairman wishes now to propose to the Assembly the names of 18 countries to serve on the Committee on Nominations: Belgium, Ceylon, Chile, Denmark, El Salvador, Ethiopia, France, Haiti, Indonesia,
Israel, Italy, Liberia, Mexico, New Zealand, Syria, United Kingdom, United States of America, Viet Nam. I will read them again (repeats).

Is there any objection to these 18 countries? Your Chairman, hearing none, then declares these 18 nations members of the Committee on Nominations.

I would like to ask the Assembly to adopt provisionally the amendments to the Rules of Procedure of the Health Assembly recommended by the Executive Board at its ninth session. That is resolution EB9.R8, Official Records No. 40, pages 3 and 4. You will find this resolution on your desks. In view of its length I will not read it to you, unless you wish, but I would request you now to read it before we take action.

The Chair recognizes the delegate of Syria.

Dr. Chatty (Syria) (translation from the French): Syria was not asked whether it desired to be a member of the Committee on Nominations, and I should like my country to be represented on some other committee. I have formal reasons for making this new proposal.

The Acting President: We will proceed to consider the provisional adoption of resolution EB9.R8. Is there any objection to the provisional adoption of these amendments to the Rules of Procedure of the Assembly? The Chair, hearing none, then declares these amendments provisionally adopted.

The delegate of Syria has asked that the name of Syria be withdrawn from the Nominations Committee. I would like to ask the Assembly if there is any objection to this withdrawal. As none is heard, that will be satisfactory, then, and your Chairman will propose Turkey to replace Syria. Is there any objection to this—Turkey to replace Syria on the Nominations Committee? As I hear none, then it is so ordered.

According to Rule 19 [23] of the Rules of Procedure the report of the Committee on Nominations shall be communicated to the Health Assembly two hours before the meeting during which the election is to take place. It is therefore proposed to place the report on the delegates’ desks—the desks in this room—by 14.00 hours today and to resume the plenary session. If we follow the Rules of Procedure exactly, we would resume at 16.00 hours. However, your Chairman would like to ask you if you would be willing to shorten this time and meet at 15.00 hours. You will receive on your desks the report of the Committee on Nominations at 14.00 hours, and the Assembly will reconvene in plenary session at 15.00 hours. Is there any objection to meeting at 15.00 hours? The Chair hears none, so we will meet this afternoon at 15.00 hours.

9. Announcements

The Acting President: I have several announcements to make.

Delegates will find on their desks forms WHO 9—delegates’ personal data form—which they are requested to complete, if possible, during this day. It is also most important to indicate whether the delegates are accompanied by members of their family or not. In addition, the information contained in these forms is indispensable for several reasons, for example, in the preparation of the list of delegations to the Assembly, the distribution of documents, the arrangement for the personal mail of delegates and the preparation of invitations for the social functions during the Assembly.

Under Rule 6 [10] of the Rules of Procedure supplementary items may be added to the agenda provided they reach the Health Assembly not later than five days after the opening of the session. Delegates are therefore requested, if they wish to propose any supplementary items, to submit these in writing to the assistant to the Secretary of the Assembly, Room A664, not later than Friday, 9 May.

I should like to read Rule 82 [87] of the Rules of Procedure of the Health Assembly:

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

Delegates are invited to send their suggestions to the assistant to the Secretary of the Assembly, Room A664, not later than Thursday, 8 May.

The items to be discussed at the afternoon meeting are: adoption of the report of the Committee on Credentials; adoption of the report of the Committee on Nominations; election of the President and three Vice-Presidents of the Health Assembly; establishment of the chairmen of the two main committees (Committee on Programme and Budget, Committee on Administration, Finance and Legal Matters); establishment of the General Committee; and adoption of the provisional agenda.

The members of the Committee on Credentials are asked to meet in Room XI and the members of the Committee on Nominations in Room X immediately following closure of this meeting.

There being no further business to come before this meeting, your Chairman declares it adjourned.

The meeting rose at 12 noon.
SECOND PLENARY MEETING

Monday, 5 May 1952, at 3 p.m.

**Acting President:** Dr. L. A. Scheele (United States of America)

**Later**

**President:** Dr. J. Salcedo (Philippines)

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10. **Adoption of First Report of the Committee on Credentials**

The **Acting President:** The second plenary meeting of the Fifth World Health Assembly will please come to order. We are sorry; we regret the delay. The Committee on Nominations worked until 2 o'clock and there is some delay in bringing before the Assembly the nominations. However, the Committee on Credentials is prepared to report, and your Chairman would like to call on the Rapporteur of the Committee on Credentials for the first report.

*Dr. Zahir (Afghanistan), Rapporteur, read the first report of the Committee on Credentials.*

The **Acting President:** Is there any discussion of this report? Will all those in favour of its adoption please signify by a show of cards. Opposed? Abstentions?

The report is unanimously adopted.

11. **Procedure for Consideration of Programme and Budget Estimates for 1953 (continuation)**

The **Acting President:** We next turn to the item that we discussed this morning, the resolution on procedure for consideration of the 1953 programme and budget estimates at this Assembly. The Chief Delegate of Norway proposed amendments to the resolution. It is my impression that the Chief Delegate of Norway had in mind rather general discussions of programme matters in advance of the discussion of ceiling, and did not have in mind in his proposal lengthy and detailed discussions of programme in advance of the discussion of ceiling. Is that correct, Dr. Evang? Dr. Evang indicates that it is.

Does anyone wish to discuss this proposal further? The delegate of Ceylon.

*Dr. Wickremesinghe (Ceylon):* I am sorry I cannot agree with Dr. Evang of Norway. Our experience at past meetings has been that the discussions of the Committee on Programme have been of such a theoretical and unrealistic nature that it often became necessary at the end of the meetings of the Committee on Administration, Finance and Legal Matters to appoint a sub-committee of the two committees on programme and finance to consider over again all that we had considered in the Committee on Programme. I know that at that time many of the delegates felt that it was a great deal of time wasted; and I do think therefore that the suggestion now before us to have some form of ceiling, so that we may discuss in a realistic manner all we are to do with the money likely to be available, is the most practical one. I therefore commend to you the resolution that is before us, and I cannot support Dr. Evang in the amendment he has proposed.

The **Acting President:** Is there further discussion? The United Kingdom.

*Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland):* Mr. President, delegates, we should like to support Dr. Evang's suggestion, but we feel that perhaps it might be slightly differently drafted; and we should like to suggest that after sub-paragraph 1(3) of resolution EB9.R29, which reads, "recommend the budgetary ceiling for 1953"; the words ‘after the examination of the main features of the programme’ should be added; and I understand Dr. Evang would be in agreement with this.

The **Acting President:** Dr. Evang, would you care to comment further?

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2 See p. 328.
Dr. Evang (Norway): Thank you, Mr. President. I would just like to support the proposition put forward by the delegation of the United Kingdom. I do think that perhaps my very good friend from Ceylon may have slightly misunderstood my intention. It was not my intention in any way to complicate matters. I perfectly agree with him that we should not repeat the failures which we have made before. We should try to find the practical way of handling the programme and budget. My only intention was, through my change of the wording, now improved by the United Kingdom delegation, to give all the Members at the Health Assembly a chance to look over the general features of the programme of 1953 before they decide on the ceiling. This is the common procedure, I think, in most national health administrations and I think it is a sound idea. It is a pleasure to support the United Kingdom delegation’s suggestion.

The Acting President: Is there further discussion? Apparently not. In effect Dr. Evang has withdrawn the amendment he proposed this morning, and you have before you now resolution EB9.R29 (Official Records No. 40, page 11) with the modification under sub-paragraph 1(3). Instead of reading “recommend the budgetary ceiling for 1953”, it now reads “recommend the budgetary ceiling for 1953 after examination of the main features of the programme”.

All those in favour of the resolution as amended by the United Kingdom delegate and seconded by the delegate of Norway signify by a show of cards. Opposed? Abstentions?

Forty-four votes for the resolution as amended, three opposed, and three abstentions. The resolution is adopted.

The Chair would like to declare a ten-minute recess, and we are hopeful that the papers will be here by that time. We ask you please not to go away, and to return to your places in approximately ten minutes.

The meeting was suspended at 3.45 p.m. and resumed at 4.40 p.m.

12. Adoption of First Report of the Committee on Nominations

The Acting President: The second plenary meeting is again convened. Is there anyone who has not as yet received the first report of the Committee on Nominations? We will call on the Rapporteur of the Committee on Nominations to present the report.

Mr. Telahun Tchernet (Ethiopia), Rapporteur, read the first report of the Committee on Nominations.3

The Acting President: According to Rule 19 [23] of the Rules of Procedure, this report is to be communicated to the Assembly two hours before the meeting during which the election takes place. Would it be permissible for us to proceed with the adoption of this report and the holding of the election, foregoing the two-hour waiting period? Would there be objection to that?

The Chair hears no objection.

We have just learned that Dr. Romero’s credentials, which are on the way, have not as yet arrived and, in adopting this report, we would ask you to consider the nomination of Dr. Romero as Chairman of the Committee on Programme and Budget as provisional. It is anticipated that his credentials will arrive soon and we might set a date for that receipt—the time of the meeting of the Committee on Nominations tomorrow noon, or tomorrow after the morning plenary meeting, so that the Committee on Nominations may again take action if necessary.

Is there any discussion of this report or any comments on the remarks I have made?

I have been advised that the appropriate procedure would be to hold the election of the President of the Assembly first and then you would proceed with the election of vice-presidents and so forth.

13. Election of the President of the Health Assembly

The Acting President: You have a nomination before you: Dr. Juan Salcedo of the Philippines. Under Rule 63 [68] of the Rules of Procedure of the Health Assembly all elections should be held by secret ballot. However, the precedent in the past has been somewhat different. We have never had a secret ballot on the election of the President and, unless there are further nominations to be made from the floor, I would suggest that you agree that we proceed to the election of Dr. Salcedo.

Is there objection to waiving the rule that this be a secret ballot? There is no objection. Are there further nominations? There are no further nominations. Then I believe we can show our unanimous approval of Dr. Salcedo as President.

Dr. Salcedo (Philippines) was elected President by acclamation.

3 See p. 330.
The Acting President: We will ask Dr. Salcedo to come and take the Chair.

Dr. Salcedo took the presidential Chair.

The President: Distinguished delegates of the Fifth World Health Assembly, ladies and gentlemen, your election of my humble self to the most exalted position of President of this Assembly confers high honour not only on myself and on our delegation, but also on the Government and people of the Republic of the Philippines and on the various governments of the Western Pacific Region of WHO. Viewing the matter in this light, may I take this very brief opportunity to thank you all for your selection of the President of this Assembly. In our opinion it indicates the growing importance of the Western Pacific Region of WHO. On behalf of the Western Pacific Region, of my Government, of the Philippine delegation, and of my humble self, I thank you all from the bottom of my heart.

14. Election of Vice-Presidents

The President: The next item on our agenda is the election of the three vice-presidents of the Assembly, taking into consideration the recommendations of the Committee on Nominations in the report which is now before you. Following the Rules of Procedure, we may elect the vice-presidents by secret vote or, as heretofore practised, some other procedure may be selected.

The Chair calls your attention to the nominations for the three vice-presidents and, if the Assembly so desires, the Chair is prepared to receive other nominations. Are there any other nominations for the positions of vice-presidents of the Assembly?

Is there any objection to waiving the procedure of election by secret vote?

There being no objection to waiving the procedure of election by secret ballot, and there being no further nominations apart from those reported to us by the Committee on Nominations, the Chair is prepared to have the Assembly declare the three delegates herein listed vice-presidents of the Assembly.

The three Vice-Presidents proposed by the Committee on Nominations were elected by acclamation.

The President: The vice-presidents are therefore Dr. P. Vollenweider of Switzerland, Dr. A. Bellerive of Haiti, and Dr. J. N. Togba of Liberia.

15. Election of Chairmen of the Two Main Committees

The President: At this stage in our procedure, we would like to invite your attention to the fact that we have here before us the names of the Chairman of the Committee on Programme and Budget and the Chairman of the Committee on Administration, Finance and Legal Matters.

With particular reference to the Chairman of the Committee on Programme and Budget, perhaps it might be useful at the present moment to have his election considered as provisional until the credentials are received. The credentials, however, we have been advised, have to be received before the meeting of the Committee on Nominations tomorrow, and they have to be received by the Committee on Credentials.

On that basis—considering the nomination for the Chairman of the Committee on Programme and Budget as provisional—unless there are other nominations from the floor we might proceed further. However, the Chair is prepared to entertain, if the Assembly so desires, other nominations from the floor for the position of Chairman, Committee on Programme and Budget.

Is there any objection to not having the election of the Chairman, Committee on Programme and Budget, by secret ballot?

There being no objection to waiving the rule on election by secret ballot, and the Chair not hearing any other nominations for the position of Chairman, Committee on Programme and Budget, the Chair, together with the Assembly, may thus provisionally accept the election of Dr. Romero of Chile as Chairman of the Committee on Programme and Budget, subject to the conditions which we have already stated.

The Assembly, if it so concurs, will manifest its approval by some token.

Dr. Romero (Chile) was provisionally elected Chairman of the Committee on Programme and Budget by acclamation.

The President: We now proceed to the election of the Chairman, Committee on Administration, Finance and Legal Matters of the Assembly. The Committee on Nominations has submitted the name of Sir Arcot Mudaliar, India. The Chair will entertain any other nominations for this position.

Is there any objection to waiving the rules on election by secret ballot? There being no other nominations for the position of Chairman, Committee on Administration, Finance and Legal Matters, and there being no objection to waiving the rule of election by secret ballot, the Assembly, perhaps, might denote its approval of the election of Sir Arcot Mudaliar.

Sir Arcot Mudaliar (India) was elected Chairman of the Committee on Administration, Finance and Legal Matters by acclamation.
16. Establishment of the General Committee

The President: The other members of the General Committee, apart from the President, the three vice-presidents and the two chairmen, as you may note from the report of the Committee on Nominations, are Dr. van de Calseyde from Belgium, Dr. Wickremesinghe from Ceylon, Dr. Boidé (France), Professor Canaperia (Italy), Dr. Turbott (New Zealand), Dr. Evang (Norway), Dr. Jafar (Pakistan), Dr. Mackenzie (United Kingdom), Dr. Scheele (United States of America). The Assembly, if it so desires, may submit names of other delegates to constitute the remaining members of the General Committee. Is there any objection to waiving the rule of election by secret ballot? There being no further nominations for the remaining members of the General Committee and no objections to waiving the rule of election by secret ballot, the Chair invites the Assembly to indicate its approval of the election of the nine delegates as members of the General Committee, as previously stated.

The nine delegates proposed by the Committee on Nominations were elected by acclamation.

The President: Under Rule 30 [34] of the Rules of Procedure, the main committees themselves will consider after their establishment the nominations for the offices of vice-chairman and rapporteur.

17. Adoption of the Agenda

The President: We now have the pleasure of inviting the Assembly to adopt the provisional agenda, as outlined in document A5/1, with the exception of item 6.6.2 which was withdrawn following a request from the Sovereign and Military Order of Malta that this subject be considered at a later Assembly. Are there any observations or comments? Any objections to the provisional agenda? There being no comments, no observations, no objections, the Chair assumes that the provisional agenda is acceptable and is adopted by the Fifth World Health Assembly.

18. Announcements

The President: A few announcements. There will be a meeting of the General Committee at 9.30 a.m. in Salle VII on Tuesday morning, 6 May (that is tomorrow) to consider the following: the programme of work of the Assembly; the procedure for the technical discussions and for the consideration of the reservations to the International Sanitary Regulations; the arrangements for the election of those Members entitled to designate a person to serve on the Executive Board. A further announcement: a plenary meeting will commence at 11 o'clock and will consider the recommendations of the General Committee on the items mentioned above. Delegates are requested to bring with them Annexes A and B of document C.L.14.1952, i.e., the proposed programme of work of the Assembly. This has already been distributed to them. There being no other business, the Chair would like to adjourn this meeting until tomorrow morning, 11 o'clock.

The meeting rose at 5.10 p.m.
I should like to believe that my election bespeaks your growing awareness of the importance of the Western Pacific Region, to which my country belongs, in our global efforts to improve the health of all peoples, and in consonance with the declaration that "the achievement of any State in the promotion and protection of health is of value to all" and "unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger". I shall, therefore, try my best to discharge the duties and responsibilities of this high position with courage and determination, supported by your guidance and collective action. I earnestly wish that I may be able thus to justify your manifested confidence.

We all take pride, I am sure, in our membership in the World Health Organization. As we do so, we feel a sublime urge to give honour and public recognition to the men and women who have led and guided the deliberations of the previous Health Assemblies. They are all great and able leaders, supremely devoted to the great task of improving the health of all peoples. Dr. Andrija Stampar of Yugoslavia, Dr. Karl Evang of Norway, Rajkumari Amrit Kaur of India and Dr. Leonard Scheele of the United States of America have built on top of the accomplishments of one another what is now the solid structure of the World Health Organization, upon which peoples of the world pin their hopes for freedom from disease and infirmity and the attainment of a state of physical, mental and social well-being. Equal recognition is due to the men and women who have sat in the Executive Board and in the various expert and other committees, for they were the ones who had been largely instrumental in shaping and moulding the blocks, so to speak, with which the Health Assembly has moulded the present foundation of WHO. Nor should we ignore the fact that the work of all these bodies had their effective impact on the health of peoples by the effective direction and execution of their recommendations and policies by the Director-General and his staff.

Much has been done in implementing the objectives of the World Health Organization within the brief span of four years. As it pursues its activities with increasing vigour, it unfolds other and, perhaps, far greater problems than it had originally decided to work on. I should like to mention a few of these problems which, I believe, are within the scope of the World Health Organization. These problems obtain largely in several countries of the Western Pacific Region. They may be equally present in countries of other regions.

It should be disturbing to note the appearance recently in the lay press of reports about the so-called "wonder drugs". There has been too frequent use of the word "wonder" which, in view of the still experimental nature of some of these products, may be misleading. The consequent effect on public opinion and public health by hasty and even indiscriminate publicity is obviously harmful to populations throughout the world. As a result, inadequate treatment is being attempted, symptoms are masked, resistance is created to future measures and the basic factors of disease control become ignored by the public, gullible—or desperate—enough to want a speedy cure. Such a situation is obviously contrary to the public interest and it is my wish to draw the attention of the Fifth World Health Assembly to this increasingly serious matter. It may be that control, on the part of national health administrations everywhere, could ensure that premature publication is not made of future alleged cures, so that the public, when informed appropriately and at the proper time, would have sound faith in any drug announced by its own government as having been proved truly effective. Again, it is suggested that advertisements or statements on new "wonder" and other drugs be limited to scientific journals of the medical and allied professions.

The conduct of public-health programmes in many less-developed countries of the world can very well be improved by encouraging and developing collective interest and responsibility among governmental and voluntary agencies, with the widest possible participation of the affected community. Official health agencies in these countries very often do not have the necessary funds with which to carry on their public-health programmes. What is more, the community is not only not prepared to accept the programmes but may actually be indifferent or resistant to them. It becomes a timely opportunity for the governments of such countries to share responsibilities of health work with the people themselves; first, by educating them and by gradually giving them active participation in the work. The returns which will accrue from these activities in terms of positive health may well arouse their interest not only in accepting the programme but in giving it their full and active support.

Another fundamental problem in the conduct of a public-health programme is the seeming lack of interest in and appreciation of this type of work among medical graduates in less fortunately situated countries. One of the important reasons for this attitude is the meagre and often inadequate financial remuneration given to public-health personnel.
Many medical graduates find it more profitable to engage in the private practice of their profession which, generally, has little of the preventive aspect. I am inclined to believe, however, that one other strong reason is the failure to give appropriate or due emphasis to the importance of preventive medicine in the national life in the undergraduate medical curricula. In the light of the knowledge and experience gained of the tremendous significance of preventive medicine in promoting and protecting the health of peoples, it will be well for us to consider the possible re-examination of the curricula in medical schools with a view to giving the necessary emphasis to the preventive aspects of disease. The implication of such an objective in the social and economic development and well-being of the people and of the country will be fully taken up, I believe, in the course of our technical discussion on the economic value of preventive medicine.

Another problem which is becoming of serious concern among many of the less-developed countries is the policy adopted by the Health Assembly and by the Technical Assistance Committee of the Economic and Social Council with regard to the expanded programme of technical assistance, on the participation of Member States in certain costs incurred by WHO. These forms of technical assistance are being recognized as vital both to the development and to the strengthening of the health services of the countries which request them, but their full utilization cannot be achieved because of the difficulties which are being encountered in meeting the costs the countries are normally expected to bear. This Health Assembly might consider it necessary to re-examine these policies with a view to easing up certain of the requirements from requesting governments so as to make it possible for them to make full and complete utilization of this very important activity of WHO.

There is a move in many of the less-developed countries and in those greatly damaged by the last war to mobilize their potentialities so as to develop their national economies. These may either be agricultural or industrial mobilizations, or both. New lands are being opened for agriculture or for settlements, irrigation is being undertaken, roads constructed, and power plants erected. But the success of these various enterprises is being hampered generally, in most of those countries, by malaria, bilharziasis, malnutrition, tuberculosis, intestinal parasitism and poor environmental sanitation. Obviously, the full exploitation of the economic potentialities of these countries cannot be realized with these constant deterrent factors. This Health Assembly might wish to bring to the attention of Member Governments, especially those in the less developed areas, the assignment of a high priority to the consideration of health problems of these countries in relation to their economic development.

An enumeration of some of the health problems affecting certain Member States of WHO has been attempted in the foregoing paragraphs. They are problems which should fall within the framework and be the concern of WHO. I am passing them on to the Assembly for its thoughtful consideration. The action which the World Health Organization would take on them may influence largely the faith and adherence of countries thus involved in the strength and effectiveness of the Organization in the discharge of its manifold functions under Article 2 of its Constitution.

Ladies and gentlemen of the Assembly, permit me to close by reiterating once again my very sincere gratitude for the confidence reposed in my humble self by your electing me to the Presidency of this Assembly. It is to me a signal distinction, but like a crown of laurels placed on the heroes of days of long ago, I must take it from my head and offer it to the Western Pacific Region of WHO and to my country, the Philippines, to which it should really belong. On their behalf and that of the Philippine delegation, and on my own, I offer the most sincere thanks for your confidence and trust, which I fervently hope I shall be able to carry with dignity and high honour.

20. Announcements

The President: Delegates, the General Committee met this morning and examined the programme of work of the Assembly as proposed by the Director-General in Annexes A and B to circular letter C.L.14.1952. The General Committee examined the general aspect of this programme of work as well as some of its more concrete elements, that is, technical discussions, election to the Executive Board, and International Sanitary Regulations. This last point will be presented in a document which will be before you this afternoon. The General Committee wishes to recommend that the programme of work, including arrangements for technical discussions, be adopted, it being understood that it is a guide, which might have to be adapted to new circumstances should such circumstances arise.

The Chair takes great pleasure in announcing that there might be a possibility for the application for membership in the World Health Organization of the United Kingdom of Libya to be considered this afternoon, should the Assembly agree to include
this item in the agenda for this afternoon's meeting. Is there any objection to including in this afternoon's agenda the application for membership of the United Kingdom of Libya? If there is none, it is included. The Chair takes equal pleasure in announcing to the Assembly that the credentials of Dr. Romero of Chile have been received by the Secretariat by cable. His credentials will now be transmitted to the Committee on Credentials for consideration.

I have been asked to call your attention to the exhibit which has been set up in the Salle des Pas Perdus—the large corridor overlooking the lake and just to the rear of the main Assembly Hall where we are now sitting. This exhibit illustrates some aspects of the economic value of preventive medicine and public health and is designed to show a part of WHO's work in this context. The exhibit will be on display in the Salle des Pas Perdus for the duration of the Assembly. Following the Assembly it will be shown to the thousands of visitors who tour the Palais des Nations each summer, and who will thus learn something of the work of our Organization.

We are pleased to inform the Assembly that the agenda for this afternoon's plenary meeting is as follows:

1. Application for admission of the United Kingdom of Libya;
2. Statement by the Director-General;
3. Report by the Chairman of the Executive Board;
4. International Sanitary Regulations;
5. General discussion.

There will be two speakers: the delegate of Lebanon and the delegate of Viet Nam. Other delegates who may wish to speak are requested to send their names to the Chair so that we can schedule them for tomorrow's plenary meeting. At this point the Chair would like to adjourn the meeting until 15.00 hours.

The meeting rose at 11.40 a.m.

FOURTH PLENARY MEETING

Tuesday, 6 May 1952, at 3 p.m.

President: Dr. J. Salcedo (Philippines)

21. Admission of the United Kingdom of Libya to Membership of the World Health Organization

The President: The plenary meeting of the Fifth World Health Assembly is called to order. The first item on our agenda this afternoon is the admission of the United Kingdom of Libya as a new Member of WHO.

The United Kingdom of Libya has applied for admission into the Organization. Unless there are any objections, it is believed that the following resolution may be appropriate to authorize the admission of the United Kingdom of Libya into WHO. The Chair will read the draft resolution:

The Fifth World Health Assembly

Admits the United Kingdom of Libya 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 draft resolution is open for your consideration. Are there any remarks? Discussion? Amendments?

Objections? If there are none, the Chair takes it that the Fifth World Health Assembly approves the resolution admitting the United Kingdom of Libya as a Member of the World Health Organization, subject to the deposit of an instrument of acceptance of the Constitution. (Applause)

By your applause the Chair interprets that the admission is unanimous.

The delegate of the United Kingdom of Libya is recognized by the Chair.

Dr. Graves-Morris (United Kingdom of Libya): Mr. President, delegates, ladies and gentlemen, on behalf of the United Kingdom of Libya I thank you for allowing this special procedure to take place, and for our election to membership of the World Health Organization.

As you all know, the country which I have the honour to represent is a very new country. It is also, at present, a very poor country, and an enormous amount of work is required to bring it into line with
other countries. We suffer from all those conditions which are brought about by poverty and lack of education, such as a high infant-mortality rate, a high rate of eye diseases and deficiency diseases. As yet we have not even a Libyan doctor.

The World Health Organization has already given us much help and advice. We hope we shall do our share to continue to carry on this work that it has already started. Mr. President, thank you very much.

The President: The Chair would like to recognize the delegate of Liberia.

Dr. Togba (Liberia): Mr. President, fellow delegates, the decision which we have just taken marks a great moment in the history of the World Health Organization. Libya, as we know, is a country newly established by the United Nations and, as such—as the representative of Libya has just stated—there is a great deal to be done by the World Health Organization for the safety of the people of that country. I do hope that in the years to come the World Health Organization will continue to play its part in making safe the health of those people, as well as, of course, that of people in other parts of the world.

The President: The Chair recognizes the delegate of Saudi Arabia.

Dr. Pharaon (Saudi Arabia) (translation from the French): I already had the pleasure and honour, at the Sixth General Assembly of the United Nations, during the discussion of the annual report of the United Nations Commissioner in Libya, of hailing with great satisfaction the independence of this young State; also at that same Assembly, during the discussion with regard to the admission of new Members, I expressed the hope of seeing Libya take its place within the United Nations, which has largely contributed to its birth and to the restitution of its sovereignty. I seize with enthusiasm the opportunity offered me to-day of saying how happy we are to see Libya sitting among us and contributing, within the international agencies, to the consolidation of its own independence while at the same time collaborating, within the human community, in the work for the maintenance of peace and the improvement of the living conditions of mankind. Need I add here that the admission to WHO of this young country, which has so many tasks awaiting it in all fields, and especially in the field of public health, seems to me to be its most valuable asset after the acquisition of its independence? Libya, in fact, is in need of the full support of this Organization in order to meet the many obligations which are laid upon it. I am sure it will find in the Organization not only the support of which it stands in need, but also the solicitude and sympathy which are always inspired by a new creation eager for life—a better, healthier and richer life. In joining the World Health Organization Libya certainly shows no lack of goodwill. I am therefore persuaded that it will find in WHO the support and interest it merits.

The President: The Chair recognizes the delegate of Syria.

Dr. Chatty (Syria) (translation from the French): I have the honour and great pleasure, in the name of my country, Syria, of thanking the Assembly for the decision it has taken in declaring Libya a Member of WHO, for this was a beneficent action. May I tell you on this occasion something which perhaps you do not know? Our religious principles exhort us to render tenfold for a good deed done to us. At present, alas, we have not the means to do so; but we have a brilliant future. Our star, set for centuries, is rising again. It will shine with a beneficent light which will help to create peace of the soul or universal peace, as well as that peace of the body which is individual health. I feel it my duty before leaving this tribune to thank you all, and in your name to offer our best wishes to our younger sister the United Kingdom of Libya, which I congratulate most heartily.

22. Announcements

The President: The Chair would like to make the following announcement. The Committee on Credentials is invited to meet immediately after the close of the plenary meeting this afternoon, to consider the credentials of the delegates of the United Kingdom of Libya and of those of two other countries which have just been received.

The Chair has to make another announcement. The Staff Association of the World Health Organization has asked me to announce that they are holding this year's Assembly Ball on Saturday, 10 May. It will take place in the Salle des Pas Perdus here in the Palais, and the Staff Association extends a warm welcome to members of all delegations, observers and their families. Invitations are now on their way to delegates.

23. Reports by the Director-General and the Chairman of the Executive Board

The President: The next item on our agenda is a statement by the Director-General.
The Director-General: It has become customary for the Director-General to speak in presentation of the Annual Report on the Work of the World Health Organization.

The Annual Report, covering the activities of the Organization during 1951, bears renewed witness to the continued and determined efforts being made to mobilize, as economically and efficiently as possible, all available resources for assisting governments in raising the health standards of their people. This Annual Report shows how the nations' investment in international health through WHO is slowly beginning to yield dividends. Though certainly not yet great, these are nevertheless already tangible.

In presenting the Annual Report, it would appear useful to sketch briefly some trends and questions essential for understanding WHO's development during its third full year of work. Such an introduction may facilitate discussion both of the Report itself and of the programme being proposed for 1953.

The main problems faced by WHO in 1951 related to its fundamental function as directing and co-ordinating authority and to decentralization, which began in 1949 and is now completed.

The co-ordinating role of WHO has placed on the Organization even heavier obligations than were originally foreseen. The unfolding pattern of international health work is extremely intricate, and includes activities carried out by governmental and non-governmental organizations, on a bilateral and a multilateral basis, both independently and in association with larger efforts directed towards economic development. The very complexity of this rapidly-evolving pattern brings with it risks of overlapping, duplication and confusion.

In this situation there is a very strong and quite natural temptation for countries to use available means more or less indiscriminately, a temptation simply to choose "from the counter" the many things that can be had for the asking. To resist this subtle temptation is no easy task. It calls for real vision and an ability to take the long-term view. Much effort on the part of the national health authorities and of the World Health Organization's staff, working in close association with them, has had to be devoted to this problem.

During my own recent trips in three of our regions, I have had some opportunity to observe the dangers inherent in the situation just described. Motivated by a completely understandable desire to catch up with medical history, and to make full use of knowledge and techniques developed by modern science, many people tend to expect a degree of progress in one, two or three years, which has never before been made in less than 25 or even 50 years. For many, ordinary miracles are not enough. They want super-miracles, and they want them performed overnight. One cannot help sympathizing with their desires, but grave disillusionment would be inevitable if peoples were encouraged to expect any such sudden revolutions.

Fortunately, there is a growing number of social and health workers in the various countries which we visited who are fully aware of these dangers, and who are fighting for the future in terms of reality to a degree which, I think, has not existed before. They know that the health work which needs to be done in the world is a matter of gradual, planned development, and that in many fields the introduction of short-cuts may lead to a slowing-down rather than to an acceleration of progress. They realize fully that advancement in public health is essentially a group process which requires growth in experience by a large number of individuals, the establishment of institutions and services, and the adequate training of medical and auxiliary personnel at every level. Everywhere we found a broadening realization that the best type of assistance governments can obtain from abroad (indeed, the only type of assistance that is justified internationally and will be effective in the long run) are those projects which help them to take the next appropriate steps in the orderly development of their own health services, within the context of prevailing circumstances—cultural, social and economic.

Considering the Annual Report for 1951 as a whole, I believe you will find that perhaps the most gratifying single fact which emerges from the mass of detail is this: As a result of various experiments, some of which go back to the early days of the Interim Commission, the World Health Organization now has at its disposal a set of tested methods and techniques, which today make it possible for each country to obtain the kinds of assistance needed by it to raise significantly the health standard of its people. I believe it is true to say that WHO has now come of age. It has reached the stage which it was designed to attain at about this time. The thoroughly decentralized, regional structure of the Organization has been, and still is, costly in terms of both money and effort; but this system is beginning to bear fruit. Thanks to the regional organizations—the six regional committees and their corresponding regional offices—the programmes of the World Health Organization are avoiding the pitfalls of over-
standardization. Health for the world cannot be mass-produced on the assembly-line of unwarranted uniformity. The work of the Organization is being fitted to the specific needs of individual countries against the background of the economic and social conditions prevailing in those countries.

The World Health Organization is determined to avoid the mistakes of the past. Too often countries requesting assistance have been the object of well-meaning but disastrous attempts to superimpose on the local culture foreign patterns which, lacking the necessary foundations, are bound to result in friction, misunderstanding and ultimate failure. In health work, as in all other fields of technical assistance, there can be no question of simply transplanting techniques from one place to another.

During the past years, it has been made clear that modern methods of combating disease and promoting health are useful only if their application is satisfactorily adjusted to widely differing stages of social, cultural, educational and institutional development. Only in this way can the people whom they are designed to serve accept them and put them into practice as an integral part of their own ways of life. To accomplish this is, of course, a long and difficult task. It calls for courage, patience, imagination, understanding and a willingness to give up long-cherished prejudices. All of these prerequisites to success are just as essential on the part of those who help as they are among those being helped. But the work already begun shows that minimum requirements such as these are at hand, and many of the activities undertaken or further developed during 1951 augur well, I believe, for the future.

* Let me give you only a few examples:

Increasing recognition is being given to the vital importance of promoting education and training at all levels, as the keystone in the arch supporting the development of health services. Technical discussions held during the Fourth World Health Assembly stimulated such activities. The teaching and training programmes of WHO have been greatly expanded in 1951 by an increase in the number of actual projects in this field. They have been made more effective through being planned as an integral part of the Organization’s total effort.

Six hundred and sixty-five fellowships have been granted to men and women from 73 countries during 1951. In accord with the basic principle of adjusting modern techniques to local attitudes and possibilities, a growing number of fellowships have been devoted to studies within regions, so that Fellows can obtain training and become familiar with advanced techniques under conditions as similar as possible to those prevailing in their own countries.

Exchange of scientific information has been encouraged by 26 symposia, seminars and training courses on a wide variety of subjects, which WHO organized, or helped to organize, in Europe, the Eastern Mediterranean and South-East Asia.

Important developments in programmes of public-health administration included the preparation of large-scale health demonstration areas in Ceylon and Egypt, as well as in El Salvador, where operations began one year ago this month. Still other health demonstration areas are in planning stages. Within another year or two these should begin to show how well-planned and well-organized public-health services can not only result in improvement of health, but also favourably affect economic development. Emphasis on environmental sanitation in these demonstration areas reflects the importance attached by WHO to work in this field throughout its programme. Incidentally, the theme for the 1952 observance of World Health Day was also environmental sanitation, translated into everyday speech in many languages throughout the world by a slogan, “Healthy surroundings make healthy people.”

In reviewing WHO’s work in communicable-disease control, two factors stand out during 1951 and need emphasis because of their unquestionable importance for the future. First, increasing acceptance of the principle that methods used for combating a particular disease are more effective when integrated with general public-health work than they can be in isolation. The trend is toward combined efforts, e.g., malaria control associated with public-health nursing, or venereal-disease control in conjunction with work in maternal and child health. Second, 1951 has brought conclusive evidence of the highly beneficial effects internationally-organized demonstration teams can have in furthering national efforts in disease control. For example, during 1951 full operational responsibilities for two malaria-control demonstration units in India were assumed by the State Government concerned when WHO staff were withdrawn, having completed their assignment. In Afghanistan a malaria-control pilot project, begun two years ago, was so successful that the Government was encouraged, with overwhelming support from the people, to launch a country-wide attack on malaria under the central administration.

The adoption of International Sanitary Regulations and the publication of the first volume of the *Pharmacopoea Internationalis*—both of these being events of historic importance which occurred during 1951
—are particularly outstanding symbols of benefits which humanity can derive from international organizations such as WHO, and which scarcely could have been achieved without it.

The planning and execution of many projects representing WHO's share in the United Nations Expanded Programme of Technical Assistance for Economic Development have been greatly facilitated by technical and administrative advances made by the Organization since its establishment. Lessons we have been learning from day-to-day experience in applying various methods to help break the age-old vicious circle of "poverty-breeds-disease-breeds-poverty" undoubtedly pave the way for further improved techniques to promote health as a prerequisite in industrial, agricultural and general social and economic development. Interest shown by WHO during the past four years in promoting, and contributing to, inter-agency co-operation has proved to be an important asset in the United Nations technical assistance programme, which can achieve its high purpose only through fraternal association of all United Nations agencies at work in various social and economic fields.

In nearly every section of WHO's Annual Report for 1951 will be found evidence of joint effort between WHO and the other agencies of the United Nations. Foremost among this evidence is our co-operation with the United Nations International Children's Emergency Fund, and it is not too much to say that the relationship between these two organizations has taken on the form of a genuine symbiosis. This extends to such varied types of work as tuberculosis control, malaria and treponemal-disease control, maternal and child health, and training of health workers of many categories.

Close co-operation with the Food and Agriculture Organization, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization has helped, and is helping, to contribute to progress made in nutrition, health education of the public, and social and occupational health. Of common concern to WHO and the United Nations itself are such problems as juvenile delinquency, prevention of crime and treatment of offenders, vital and health statistics, rehabilitation of the handicapped, and community welfare centres.

Further progress in carrying out the tasks implied in the very concept of the technical assistance programme will depend largely on three factors: first, an ability of all concerned to extend the scope and effectiveness of co-ordination on an inter-agency level by making full use of the Administrative Committee on Co-ordination, the Technical Assistance Board and the resident technical assistance representatives now in many countries; second, the re-examination in more realistic terms of certain obligations which at present appear to be hampering some governments in fulfilling their own role in the technical assistance programme; and third—perhaps the most important factor—the help which can be given to as many as possible of the so-called "under-developed" countries in creating their own machinery for planning and co-ordinating technical assistance work, from whatever sources it may be financed.

The programme being proposed for 1953, essentially a consolidation and development of work being carried out this year, shows how WHO is attempting to contribute to the solution of these problems. Maximum attention has been devoted to ways in which pressing public-health needs can be met in order to promote the general economic development of "under-developed" areas. But it must be emphasized that in formulating our regular programme we have made every effort to assure proper balance between measures designed to meet the short-term requirements of these areas and the longer-term need of each individual country to develop its own health services in a sound and orderly fashion.

I am confident—and the experience of four previous World Health Assemblies would seem to warrant great confidence—that the discussions which are to take place here in Geneva during the next three weeks will mark another important step in our common effort to build the foundations of good health, on which alone a prosperous and peaceful world society can be constructed.

The President: The next item on our agenda is the report by the Chairman of the Executive Board, Professor Jacques Parisot.

Professor Parisot, Chairman of the Executive Board (translation from the French): In accordance with the decision of the last Assembly, the reports on the work of the eighth and ninth sessions of the Executive Board, which appear in Official Records Nos. 36 and 40, are to be submitted to you in the form of a general statement. The two above-mentioned sessions were important; they called respectively for 10 and 22 plenary meetings, in addition to many committee and working-group meetings. In all, 169 resolutions were adopted.

Instead of studying analytically and successively the various questions and resolutions dealt with in these two reports, I think it will be more interesting to select the principal ones and to group them in a rational synthesis, thus making clear the course of their development, the progress achieved, and the position of the Board in regard to them and in regard to the points which must claim your special attention
or be submitted to you for discussion. Such a statement, although brief, should also enable you to associate yourselves more directly with the work of the Board than is possible through the Official Records. These, although more complete, are less vivid, and do not reveal the spirit in which the technicians designated by the Member States your delegations have elected, sitting in a personal capacity, work in our meetings in cordial and useful cooperation with the Director-General and his staff. Assembly, Executive Board, Secretariat, and those active elements which we have distributed throughout the world in the form of regional committees and offices, cannot and must not act in isolation, and anything that will clarify their relations, or make liaison with them and mutual understanding easier, cannot but contribute to the unity of the Organization and to the enhancing of the value of its work.

Gentlemen, one of the most important questions studied and discussed by the Board in these two sessions was the progress made since the previous year in the field of regional organization. The ninth session marked an important date in the development of WHO, for the Board was meeting for the first time since the complete organization of the six geographical regions. On that occasion I took the opportunity of rendering homage—and I render it again in your presence—to all those who were active agents in the realization of this plan and in particular to those who, throughout the world, are inspiring and assisting the regional offices with their technical knowledge and devotion. The regional organizations first constituted—those of South-East Asia, the Eastern Mediterranean and the Americas, which were successful pioneers of regionalization—have already furnished us with many proofs of their constructive dynamism, and we now salute most heartily the latest of these regional creations: the Regional Organization for the Western Pacific, which has already held two sessions, the Regional Organization for Europe, which was set up here in September last, and the Regional Organization for Africa, which was established very soon after the European organization.

The Board gave particular attention to the reports of the committees for the three last-mentioned regions. From their first meetings these committees, following the example of their forerunners, have shown that they have a clear conception of the needs of the countries they represent and the ability to establish programmes of action perfectly adapted to those needs and to the prevailing local conditions. The Assembly will note with interest that a four-year programme of work has been proposed by the Regional Office for Europe; the practical and constructive character of this programme was particularly appreciated by the Board. The Board also appointed the two Directors for the African and European Offices and received their oaths of loyalty to the Organization, not with the indifference that usually marks the completion of an administrative formality, but with the respectful attention befitting the solemnity of the undertaking, for it is true to say that the atmosphere in which an action is accomplished determines its character and value.

A particularly interesting meeting, devoted to very fully-documented statements by the Directors of the four regional offices in full activity, showed what magnificent efforts they have made as demonstrated by the results already obtained and by the programmes being carried out or to be put into operation. The members of the Board took an active part in the discussions thus opened and expressed their satisfaction on the one hand with the work accomplished and the opportunities afforded for exchange of information in the interests of all, and on the other hand with the general policy on activities to be undertaken (resolutions EB8.R14, EB8.R46, EB8.R47, EB9.R36, EB9.R37, EB9.R38, EB9.R39, EB9.R40).

Although our six regional organizations are now constituted, it has still not been decided to which region several countries are to be assigned. The last Assembly requested the Board to formulate recommendations with regard to these countries. In the light of the information placed at its disposal, the Board has met this request in so far as Morocco, Tunisia, Algeria, Greenland, and Somalia are concerned (resolutions EB8.R48, EB9.R76).

The Board has given much attention to questions in connexion with technical assistance for economic development. During its last two sessions it was called upon to consider reports on the progress of the work accomplished by the Organization in the implementation of the United Nations expanded programme of technical assistance for economic development of under-developed countries. The agenda includes the examination by the Assembly of document A5/35, which contains the report submitted to the Technical Assistance Board by WHO on the part played by the Organization during the first financial year, i.e., from the commencement of the implementation of the programme up to 31 December 1951.

The Board noted with satisfaction the progress made in the putting into operation of this vast programme and, in particular, the part played by WHO. In virtue of the powers conferred upon it by the World Health Assembly, the Board also confirmed and extended the authorization given to the Director-General to implement this programme (resolution EB8.R9).
The Board was called upon to study some highly important questions in connexion with equipment and supplies granted under the expanded programme of technical assistance, and it requested the Director-General to urge the Technical Assistance Board to undertake immediately the fullest possible study of the question. The Director-General will submit to the present Assembly a report on the developments which have taken place in this field (resolution EB9.R18).

I think emphasis should be placed on the importance of the discussion during these two sessions on the subject of participation by Member States in certain costs incurred by WHO; the resolution adopted in this connexion is of particular interest to the Assembly (resolution EB9.R20). Since a number of governments are encountering serious difficulties in meeting their commitments in the various programmes, the Board considered that some relaxation of requirements was necessary in order to permit them to proceed with the implementation of planned programmes. For this reason, the Board has recommended the Assembly to reconsider this question with a view to revising the policy for the regular programme and submitting to the Technical Assistance Committee a proposal for similar revision in connexion with the technical assistance programme.

The Assembly will also note with interest resolution EB9.R21, in which the Board requests the Director-General and the regional committees to be guided, in planning and co-ordinating health programmes, by certain considerations:

1. the responsibility of WHO to act as the directing and co-ordinating authority on international health work;

2. the inseparability of social, economic and health factors (which makes it imperative that there be joint action in all these fields);

3. the capacities of the various countries to absorb usefully and in an orderly manner the assistance offered from different sources.

The Executive Board has urged on many occasions and in connexion with a number of questions the necessity for a co-ordinated policy in all activities to be undertaken. This co-ordination must be obtained:

1. On the world level, with the United Nations agencies concerned;

2. On the regional or local level, as already mentioned, especially in so far as projects undertaken jointly under the expanded programme of technical assistance are concerned. In this connexion, the Board insisted on the advisability of adopting as a fundamental principle the policy that the governments concerned must be responsible for co-ordinating joint projects within their own territories and that the participating Organizations must assist the governments in carrying out this responsibility (resolution EB9.R50);

3. Finally, it is essential that there be close co-ordination of all the elements constituting WHO, and more especially, having regard to the decentralization of the Organization, of its general administration, its Secretariat and its regional offices.

The World Health Assembly has never ceased to advocate the establishment of effective co-ordination in the various tasks undertaken by the organizations belonging to the United Nations family. Resolutions EB9.R22 and EB9.R67 deal especially with co-ordination of programmes and administrative practices within the United Nations and its specialized agencies.

Although the Board was not called upon during its two sessions to examine any particular aspect of the collaboration which already links it with several other United Nations specialized agencies and which has shown itself particularly and mutually fruitful as far as FAO and UNESCO are concerned, the Assembly will note with satisfaction that fresh studies have been commenced. The first of these is a study of demographic problems, considered from the purely technical angle, made in collaboration with the United Nations Population Commission; then there is a study of the health and medical aspects of social security, undertaken with the International Labour Organisation (resolution EB9.R12). The Assembly, is, moreover, called upon to give its opinion on the possibility of authorizing joint studies with the other international institutions on the relationship between public health, medical care and social security (resolution EB9.R16). Need I mention also, in connexion with the rehabilitation of physically handicapped persons, and bearing in mind the resolution of the Fourth World Health Assembly, the study of a co-ordinated international programme of action which has been transmitted to you (resolution EB9.R34), and the acceptance of the principle of future collaboration with the World Meteorological Organization?

Finally, the Assembly will take note of the progress made in the co-ordination of long-range activities for children, a subject which has already occupied its attention on a number of occasions (resolution EB9.R24).

It is, however, becoming increasingly important that the field of collaboration should be extended and that relations and mutual understanding should be thus established with other international organizations outside the United Nations.
WHO has formed useful working relations with numerous non-governmental organizations. The Assembly will learn with interest that such relations have been entered into more particularly in connexion with the world conference on medical education, which it is intended to convene in 1953 under the auspices of the World Medical Association and the World Health Organization. The Executive Board, in recommending the Assembly to support this venture, has taken into consideration your wishes as well as its own. Need I emphasize how closely the work of this conference is associated with our own activities in the important field of medical education? The technical discussions which took place here last year with complete success, as well as those due to commence in a few days on the fundamental question of preventive medicine and its economy (which are introduced by the work of our colleague and friend, Professor Winslow, and for whose successful development the Board and the Secretariat have made every effort), are cogent arguments for the association of WHO and the World Medical Association in the study of a problem for which a rational solution must be found if the qualified and indispensable collaboration of all physicians is to be obtained in the modern sanitary and social protection of populations (resolution EB9.R17).

The Assembly will recall that the Board has always paid great attention to the question of relations between WHO and non-governmental organizations with functions similar to its own. The Board is, in fact, called upon to examine this question every two years. It noted that 27 organizations have up to the present time been admitted to official relationship with WHO. As the Assembly is aware, the establishment of these relationships has raised a large number of problems. The Board therefore decided to reconsider the whole question completely, and it requested the Director-General to submit to it, with all the appropriate considerations, a special report assessing the value of these relations, not only to WHO, but also to the non-governmental organizations themselves. When the Board has received this report it will submit proposals on this subject to the World Health Assembly. It hopes to be able to prepare these proposals in time for the Sixth Assembly. Meanwhile it has decided to postpone consideration of all outstanding applications; but this, obviously, in no way reflects on the merits of the organizations which have asked to be admitted to official relationship with WHO (resolution EB9.R42).

In the technical field, I must take a moment to mention one of the Organization's important activities: that of its expert committees. During the last two sessions, the Executive Board examined about 17 expert-committee reports, which it recommended should be published with its own remarks. These reports cover the most diverse subjects. Some are highly technical (such as biological standardization), while others (such as that of the Expert Committee on Insecticides) supply, in response to requests from certain governments, very useful advice on standards for equipment and supplies.

The Board has also given careful attention to the organization and functioning of expert committees and panels. It will continue to study, in the light of experience gained, the principal problems connected with the work of these committees, so as to be able to submit recommendations to the Assembly from time to time.

As you are aware, the Board has certain responsibilities in regard to the International Sanitary Regulations. In this connexion, it adopted a number of resolutions, on the one hand concerning the preparation of regulations covering various additional measures such as hygiene and sanitation of airports and prevention of the transport of insect vectors of malaria by international traffic, and on the other requesting the Director-General to set up an ad hoc committee to consider reservations to the Regulations submitted by Member States, and to report on the subject to the present Assembly.

A statement which is developed at some length in Chapter IV of Part 2 of the report of the ninth session and supplemented by various annexes gives an account of the studies made by the Board on the important subject of publications. The conclusions arrived at demonstrate clearly the progress achieved in this field during the past two years. The remarks and recommendations made concerning the various types of publications will contribute both to the improvement of their quality and to their wider distribution. The Board also went into the question of the present sales position, and methods likely to promote sales; in this connexion it has proposed to the Assembly that increased publicity for WHO publications be financed from the WHO Publications Revolving Fund.

Gentlemen, I have made a somewhat lengthy statement on the preceding questions which, although fundamental, represent only part of the problems studied during our two sessions; but this does not at all indicate that I undervalue the importance of the subjects to which I am now about to refer and which, in fact, affect the very life of the Organization today and in the future: the programmes of work, and the budgets which must supply the where-withal for putting the programmes into operation. Here, of course, we have a whole series of studies which are of primary interest to the delegations called...
upon to devote most of their activities to the deliberations of the Committee on Programme and Budget and at the same time to commit the governments they represent to responsibility in these matters.

Yesterday, in fact, on the proposal of the Board, you entrusted to a single committee the task of studying the programme in both its technical and financial aspects; a second committee is to deal with purely administrative, financial and legal matters. There is no doubt that the Board's long preparatory studies of all these aspects would seem at first sight to merit detailed attention in my statement. This would, however, be as useless as it would be lengthy. I mean that although, as far as the more technical activities are concerned, I have been obliged to give explanations and appropriate details to amplify the brief resolutions submitted to you, such a method is unnecessary as far as the proposals concerning programme and budget and organizational structure and administrative efficiency are concerned. Several chapters of volume No. 40 are, in fact, devoted to detailed and precise statements on all these questions and give full information regarding the various recommendations and resolutions adopted. It would, therefore, be superfluous to repeat all this orally, since any such explanation must, unless very lengthy, be incomplete. Moreover, when these recommendations and resolutions come up for discussion by the competent committees, the members of the Executive Board appointed by it to be present at the committee meetings for that purpose will reply to all questions and give any details which may be desired by committee members. As I have the honour of presenting to you the introductory report on the work of the Board, I think it would be right that the colleagues appointed along with me, Dr. Bravo and Dr. Karunarathne, should have the honour of representing the Board in the two Assembly committees in question, and I have asked them to agree to this. They are both particularly qualified for the task: Dr. Bravo has presided with remarkable efficiency over the Standing Committee on Administration and Finance, and Dr. Karunarathne has distinguished himself, with our colleague Dr. Karabuda, in his delicate and onerous task as Rapporteur for the Board.

I should like, however, over and above the questions of substance and detail, to stress certain general considerations in connexion with the larger problems submitted for your discussion. In the first place, on the subject of the proposed programme and budget estimates for 1953, which form the subject matter of Chapter I of the report on the ninth session and which have been drawn up after very thorough study, you will note that the Board has approved, subject to a few slight modifications, the proposals made by the Director-General, and in particular the fixing of the total 1953 budget at $9,000,000; this is, in fact, a theoretical figure, the amount actually available for the 1953 programme being $8,489,000. Although the various details were reviewed and discussed in the necessary critical spirit, the recommendations submitted to you were voted unanimously by the Board—a fact which deserves acknowledgment. The programme and budgetary provisions for the expanded programme of technical assistance were also considered in the same way. Then, widening the scope of its studies, the Board examined the general programme of work covering a specific period, as approved by the Fourth World Health Assembly, and it was of the opinion that this programme was in accordance with the desires and requirements of the United Nations and of other specialized agencies, in so far as WHO is obliged to take such desires and requirements into consideration. It was also thought that this programme could continue to be carried out in its present form for another year subject, later, to such modifications as might be justified in the light of the experience gained, particularly in the regions (resolution EB9.R35).

Some of the questions dealt with in Chapter III have already been discussed by you; I feel, however, that the reasons for including them should be mentioned.

Bearing in mind the wishes of the Assembly, the Board has constantly studied methods and procedures which would facilitate the work of the Assembly. The latter has already employed a number of methods for the examination of the WHO programme of work and for the approval of the budget estimates for the following year. This is the reason for introducing another change (resolution EB9.R29) in the procedure to be adopted for consideration of the proposed programme and budget estimates for 1953. The Board is aware that only by judiciously trying out various methods can the Organization succeed in finding those which best enable it to carry out the obligations imposed upon it by the Constitution.

The Board has revised and approved certain amendments to the Assembly Rules of Procedure (which you accepted provisionally yesterday). It has not confined itself to examining and formulating proposals regarding the procedure to be adopted by the Assembly; it has also subjected its own methods of work to continual re-examination, the results of which are to be found in resolution EB9.R28.

One extremely important point which the Assembly will be called upon to decide during its present session is whether, following the example of several other international organizations such as FAO and UNESCO, it intends meeting every two years in the future. The Board has prepared for the Assembly a whole series of resolutions suggesting various possible
solutions (EB9.R53). The problem is complex, but there is every reason to believe that, as a result of the studies made by the Board and with the traditional spirit of collaboration which reigns in the Assembly, it will be possible to reach a solution.

I have put before you briefly, but perhaps in your opinion already at too great length, the essential points and relevant observations to enable you to understand clearly the studies made and the guiding principles followed by the Board. Many other questions were raised and discussed, and the whole represents a considerable volume of work which was satisfactorily concluded in a relatively short time.

My task would not be complete, and above all my duty to you, to my colleagues of the Executive Board, to the Director-General and to his collaborators would not be fulfilled if I did not complete this essentially technical statement by drawing a moral. For all stories should supply a moral and a philosophy.

If a vast number of questions, the study of many of which was difficult and delicate, has been raised and examined, and if decisions, resolutions and definite proposals have been formulated, all this is due to the dynamism with which the Board acquits itself of its task and to its constantly manifested desire not to arouse or encourage controversies, but to prevent or check them by seeking some just and reasonable ground for agreement. Our work has been rapid, but its rapidity has not affected either its value or the liberty of discussion. This was possible because of the good documentary preparation provided by the Secretariat together with the information necessary to clarify the position, and also because of the suggestions put forward by the Director-General and his collaborators with the careful attention and courtesy which characterize the frank and cordial relations existing between them and the members of the Board. There is no doubt that these relations make it possible to discuss the Organization's problems in a spirit of true professional collaboration. Moreover, I must emphasize the desire for improvement which has inspired the Board itself to re-examine frequently its functions and conceptions in order to associate all Members in the work, and at the same time to protect this work from any harmful influence.

It has been my honour and responsibility to direct the work of the Board, and I offer my thanks to all those who have collaborated with me, especially the Vice-Chairmen, Dr. Bravo and Dr. Togba, our Rapporteurs, the Directors, the Secretariat and, in particular, all the members of the Board, since it was the remarkable degree of agreement among them and their very real team spirit that lightened my task of conducting the debates, which were pursued in an atmosphere of serenity and friendly collaboration. I have attended the meetings of the Board for several years, and I have been struck by the change in spirit and attitude.

Fellow delegates, I believe that you, like myself and all those who participate or are interested in our work, will see in this satisfactory and progressive development an encouraging and happy augury, since, without being visionaries, we may surely hope that such co-operation, in the service of man and not of politics, with a constant improvement of technical quality and a constant strengthening of the spirit by which it is animated, will make an ever greater contribution, in close collaboration with other interested bodies, to that vast undertaking which is the achievement for all mankind of physical and social well-being, the source and basis of security and peace.

The President: Ladies and gentlemen of the Assembly, we have had the pleasant privilege of hearing in succession a statement by the Director-General, Dr. Chisholm, in connexion with his report on the work of WHO in 1951, followed by the report of the Chairman of the Executive Board, Professor Parisot, and perhaps you will agree with me that both reports have given valuable information to all of us.

The Assembly, I believe, concurs with me when I express to Dr. Chisholm, the Director-General, the deep appreciation of this Assembly for the thoroughness and the completeness of his report and of the statement he made about the report, and for the valuable information contained therein. The report of the Director-General on the work of WHO for 1951 is an indication of the brilliant success WHO has been, and it is a justification for the continuation of full support by all Member Governments for the activities and objectives of WHO. Dr. Chisholm, we express to you our deep appreciation.

Professor Parisot, we have been charmed by your remarkable and wonderful report of the accomplishments of the eighth and ninth sessions of the Executive Board. It is not amiss to state that the work of the Executive Board, as headed and guided by you, has truly been beneficial and enlightening, not only to the Members of the Board but to the Member Governments of the Assembly, to the Secretariat and to the various committees. I may say with certainty that the Assembly is behind me in expressing to you, Professor Parisot, and through you to your colleagues on the Executive Board, our sincere appreciation for your efforts in presenting to the Assembly a truly remarkable report of the accomplishments of the eighth and ninth sessions of the Executive Board.

The Chair believes that at this moment it might be appropriate to adopt or approve two resolutions.
One resolution would be worded more or less as follows:

The Fifth World Health Assembly
1. NOTES the Director-General's Annual Report on the work of the World Health Organization for 1951, and
2. COMMENDS him for the work he has performed.4

Would that resolution be acceptable to the Assembly? Any comments? Observations? Amendments? If there are none, the Chair takes it that the Assembly approves the resolution.

I would like to invite the attention of the Assembly to another draft resolution, which perhaps may be worded as follows:

The Fifth World Health Assembly
1. NOTES the reports of the Executive Board on its eighth and ninth sessions, and
2. COMMENDS the work it has performed.5

The Chair invites comments, discussion, observations, remarks, amendments. There being none, the Chair assumes that the resolution is approved.

24. Reservations to the International Sanitary Regulations

The President: The next item on our agenda is the procedure to be followed for the consideration of reservations to the International Sanitary Regulations, WHO Regulations No. 2. The reference for our discussion is document A5/34, which is on your desks. The Chair would like to invite your special attention to page 3 of document A5/34, the paragraph reading:

The special body thus established would be open to all delegations wishing to attend. It could meet, as is tentatively shown in the proposed programme of work (Annex II), from Tuesday, 6 May in the afternoon until Thursday evening and later, if necessary, and would submit its report direct to the Health Assembly in plenary session.

The other pertinent information is included there in the succeeding paragraphs.

We have invited your attention to that paragraph because on page 2 of the same document, in the paragraph below the paragraph numbered 2, the second sentence reads as follows: "It is therefore suggested (a) to put the question of reservations on the agenda of the plenary"—that is why we have this on our agenda this afternoon—"and (b) to refer it to a special body established by the Assembly itself". This special body is the body mentioned on page 3 to which we have invited your attention, and which is supposed to meet this afternoon at 5 o'clock. Any observations? Remarks? Comments? There being none, the Chair would like to invite all delegations that so desire to attend the initial meeting of this special body.

25. Discussion on the Reports of the Director-General and Executive Board

The President: We now proceed to general discussion. The Chair takes pleasure in recognizing the delegate of Lebanon.

Dr. Hayek (Lebanon) (translation from the French): Fellow delegates, you will support me when I commence by expressing gratitude and praise for the work of the retiring President, Dr. Leonard Scheele, as well as by congratulating the President of the Fifth World Health Assembly, the Vice-Presidents of the Assembly and the Chairmen of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters. Next, I should like to thank the Secretariat for its remarkable work as represented in particular by Official Records, Nos. 38, 39 and 40, which bring together in such a well co-ordinated and complete whole documentation relating to the activities of WHO during 1951, to the programme and budget, etc. The Government of my country particularly appreciated the advantages of receiving and being able to consult this important work 20 days before the opening of this session.

The Government of Lebanon, which I have the honour to represent, as well as myself personally, are happy to see the United Kingdom of Libya become a Member of the World Health Organization, thanks to the unanimous vote just returned. The delegation of Lebanon is all the more glad since this young State will cooperate with us, we are certain, in the collective task of raising the health level of its region, with the assistance of the World Health Organisation, the other United Nations specialized agencies concerned and other philanthropic bodies.

And now, with the aim of ensuring all possible economy, resulting in a financial saving which could be used for more necessary expenditure, such as that for medical supplies, or again, for lightening the costs to be borne by governments for the maintenance of international teams working in demonstration areas in territories which are under-developed economically and technically, we feel that the budget which has been submitted to us should be very carefully examined. It might perhaps be found

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4 Resolution WHA5.5
5 Resolution WHA5.4
possible to do away with certain expenses or costly positions, for example those of deputy director or assistant director of the regional offices. It seems clear to us that when a region really needs to increase its staff, an additional medical administrator would be sufficient, without its being necessary to appoint a person acting more or less as assistant regional director or deputy director.

Other savings might also be made in getting the personnel and equipment of the demonstration teams to the actual site of the work, bearing in mind the remarks which were formulated by my Government on 27 November 1951. The document mentioned pointed out that a team, after having spent several weeks unoccupied at regional headquarters, had to wait for a further long period for the dispatch of the equipment necessary for its work, this involving expenditure both for WHO and for the Member State. It would thus be desirable to send the international staff of the team only to a region where preparations have already been completed. In this way it would be possible to avoid useless waiting periods during which a large number of projects could be carried out in other, no less handicapped countries.

Furthermore, the international staff responsible for a mission in a given country could be provided on the very day of its departure with all the supplies which it will need. This would seem to be a priori a necessity. It is therefore suggested that a decision be taken to the effect that in every regional office a central depot be established, to supply at all times the equipment indispensable for such work.

This proposal raises once again the question of the participation of Member States in the costs of running the teams, a question which has been often discussed ever since WHO commenced to have demonstration teams. Now that the regions are established and WHO is extending its programme of action in each of them to an ever-increasing degree, it seems really urgent that this fundamental problem be solved and that the Assembly come to a clear and precise decision in the matter. What is required, gentlemen, is to codify the directions to be followed in this connexion very precisely, on the one hand as concerns the regular WHO programme and on the other hand as concerns the programme directed by WHO but subsidized by the Technical Assistance Committee of the Economic and Social Council. It is no longer a matter of agreeing to make exceptions of the kind envisaged by the Executive Board in its resolution of 25 January 1952 (EB9.R20). On the contrary, I would request the Assembly and its committees to re-examine the question so as to settle it once and for all. The delegation of Lebanon would suggest for this purpose the abolition pure and simple of the participation of governments in the cost of carrying out the work, the cost of accommodation and allowances for travel inside the country, governments to be responsible for the payment of national personnel and the renting of offices for the team as a whole. Experience has shown that there will be danger of the most serious difficulties arising until such measures have been adopted. The Chairman of the Executive Board has just brought out this fact in his well-documented and clear address.

I would again like to thank here all those who took part in the gigantic work of establishing the International Sanitary Regulations (WHO Regulations No. 2), while stressing that various Member States have presented suggestions incorporating amendments either in the substance or in the form of the Regulations. Naturally any State which is free from pestilential diseases is legitimately anxious to retain this advantage and to guarantee as far as possible that the peoples in its care will continue to enjoy it. Consequently, the remarks presented and the amendments, if any, proposed cannot be greeted too heartily. For my part, I would like in particular to draw attention to the special case of a State which finds itself suddenly threatened by the danger of an epidemic coming from a bordering country. I feel that in such a case, a State should have the right to take all measures it may deem necessary for the protection of the inhabitants, even including the closing of its frontiers. I would like to see such a right sanctioned by a legal text.

To turn to another matter, in our country we attach great importance to the health education of the public. Unfortunately it does not seem that this problem has been studied with all the necessary care. It is talked about a great deal, it is rightly recommended that the education of the masses in health matters be advanced as far as possible, but such education is treated as if it were a simple and easy task, whereas we feel it on the contrary to be a very delicate one. Thus, like everybody else, we regard the cinema as a very valuable means of propaganda—but the films should be perfect. However, this is far from being the case with certain films which we see. The effect on the masses of a mediocre film is certainly contrary to that which we desire. We would stress this point, so that greater attention than heretofore may be paid to the solution of the problems of health education of the public and, above all, so that more effective and better thought-out methods may be employed than those at present in use.
On referring to Official Records, No. 38, page 181, we see that there are numerous countries from which the Organization has not recruited officials. It is clear that the WHO staff should have first-rate professional abilities but, while recognizing this necessity, I still ask myself why certain countries have not been called on for personnel. With all due modesty, I consider that a country such as my own, which has 950 doctors, including 12 hygienists holding diplomas from the Harvard School, John Hopkins or other modern schools of hygiene, for a total population of 1,500,000, only 15% of which are illiterate, should not be frustrated in this manner.

Finally, I take the liberty of returning to a pertinent suggestion made concerning the multiplicity of WHO publications. The interest which officials of the national health services, on the one hand, and the public on the other, might have shown in reading these publications is dulled by the fact that it is difficult to make a judicious distinction between all these periodicals, the number of which is continually growing.

At the close of this address I would like, Mr. President and fellow delegates, to pay from the rostrum of this Assembly a tribute of esteem and admiration to Dr. Chisholm, our distinguished Director-General, to the Chairman of the Executive Board, Professor Parisot, as well as to the Deputy Director-General, Dr. Dorolle, to Dr. Shousha, Pasha, Regional Director for the Eastern Mediterranean, and to all their co-workers. I cannot conclude without sincerely thanking the Swiss Government for its traditional hospitality.

The President: The Chair takes pleasure in recognizing the delegate of Viet Nam.

Dr. Tran-Van-Don (Viet Nam) (translation from the French): Through me, our distant country, Viet Nam, greets you fraternally and expresses its admiration for the nobility of the sentiments which inspire you and for the marvellous results of your work.

Our ancient Asiatic civilization has taught us that in life, although it is a pleasure to receive, it is a much greater one to be able to give. Does not nature offer us every day that wonderful picture, the mother nursing her child? By contributing her creative genius, her science and her culture, France has greatly helped in the rebuilding of our own culture and, going forward hand in hand, we have shown an astonished world that East and West can perfectly well meet and win one another's affection. We have realized that to fight illiteracy, poverty and disease is to fight social injustice, that source of ill-health and unrest.

Our medical assistance services were highly developed. Hospitals, maternity centres and homes were functioning normally in all our provinces. Preventive measures against malaria, for example, were admirably carried out by the doctors of the Institut Pasteur, whose four establishments at Saigon, Hanoi, Nhatrang and Dalat continue to help us in the detection of disease and in the control of epidemics. In a large city like Saigon-Cholon, which has two million inhabitants, we have not had a single case of cholera for three years. The reason for this is that we have given the population an abundant supply of safe drinking water, and have vaccinated 800,000 persons annually.

I should certainly fail in my duty if, in telling you of the good deeds of France, I did not pay a grateful tribute to the admirable Catholic missions, in particular the Foreign Mission of Paris, whose members have cared for the people without distinction of race or religion. Hospitals, crèches, orphanages, infirmaries and leper colonies have been established almost everywhere, even in the most remote and neglected parts of the country. The teaching and nursing staff have given proof of remarkable devotion and tact, being inspired only by love for their fellow beings, for the ignorant, the destitute and the sick.

Alas, our country was visited by war, war with its sad accompaniment of mourning, ruins and misery. Our facilities for medical and social assistance are now very limited. In these fields, France and the United States have done what they can to aid us, by giving us very substantial assistance, which is however still insufficient; we would therefore make a special appeal for the goodwill and help of the World Health Organization.

I can assure you that, despite our present difficulties, our hearts are with you in your work, in your efforts to understand and aid those who are even worse off than ourselves.

You may be confident that in this work of peace and love you will never find Viet Nam unfeeling or indifferent.

The President: The Chair takes pleasure in recognizing the delegate of Austria.

Dr. Khaum (Austria): Mr. President, fellow delegates, ladies and gentlemen. As the chief delegate of Austria to the Fifth World Health Assembly, I have the honour of presenting to this Assembly the compliments of the Austrian Government and of wishing this august body every possible success. I desire also to pay my respects to the President of the Fourth World Health Assembly, Dr. Scheele, and to the newly elected President, Dr. Salcedo.
Owing to the fact that I have now, for the fourth time, the honour to represent my country at the World Health Assembly, I think it is not an exaggeration if I state that the work done by the World Health Organization, and its importance, grow from period to period. Such work is exemplified by two outstanding events, namely, the establishment and adoption of the International Sanitary Regulations and the publication of the first volume of the International Pharmacopoeia. Both are real instruments of international co-operation beyond all politics, solely destined to promote health all over the world in accordance with the programme laid down in the Constitution of the World Health Organization.

The Austrian delegation believes that these two accomplishments alone justify approval by the present Assembly of the work of the World Health Organization in the last year and call for congratulations to the Director-General, the Secretariat, the Executive Board and the various expert committees which have contributed so much to their successful completion. It is unnecessary for me to go into the details of the most excellent report of the Director-General and it is sufficient, therefore, to acknowledge that, from our point of view, the various features of the report present no grounds for criticism.

I should like now to point out a phase in the development of the World Health Organization which for our country is of fundamental interest. It is the shifting of the World Health Organization from the global-priority approach to the regional-priority approach. This we can consider now as an accomplished fact, following the establishment of the Regional Organization for Europe last autumn. This does not, however, and must not, mean that the global viewpoint in the aims of the World Health Organization need be abandoned. Quite on the contrary, we think it necessary that such a viewpoint remain the fundamental basis of the Organization, as before. It is to be admitted, however, that for technical, administrative, and financial reasons, the work of the World Health Organization can best be carried out through adequate decentralization.

It was clear to the Consultative Committee, which was reorganized as the Regional Organization for Europe in accordance with the approval of the majority of the countries concerned, that programmes in such a technically advanced region as Europe should aim less at demonstrating individual disease-control methods than at assisting governments in co-ordinating existing health policies, exchanging experience of common health problems and intensifying the training of all types of public-health personnel.

Now Austria, after years of hard work to repair the consequences of the war, after years of preparation and planning, is taking hopeful strides towards the better health and relative prosperity of her citizens. The incidence of communicable diseases in 1951 showed a further decrease in so far as diphtheria and scarlet fever were concerned. Other communicable diseases remained at about the same level as in 1950. The antituberculosis campaign by BCG vaccination, begun three years ago, has been continued. Although a visible decrease cannot at present be demonstrated with regard to the morbidity of the disease in general, the re-examination of those vaccinated gives rise to a reasonable hope in this respect for the future. On the other hand a group of experts on nutrition, delegated by the World Health Organization, who visited Austria last year, stated that the nutritional status of our population was rather satisfactory, at least in so far as the adult population was concerned. The supply of milk for our infants is better now since the baby-milk programme was started with the assistance of UNICEF. Nevertheless, the infant-mortality rate is still higher than in the other European countries. This and many other health problems in Austria await a solution. We should therefore like to express our special appreciation to the Director of the Regional Office for Europe and his staff, with whose help we were enabled to set up a technical assistance programme for Austria for 1952 and 1953. This programme includes public-health training, especially the establishment of a public-health school, tuberculosis control, venereal-disease control, environmental sanitation, maternal and child health, rehabilitation of handicapped children, mental hygiene and other fields. The programme, having been examined and approved by the competent authorities of the World Health Organization as well as our own, has begun to be realized. Austria will also take part in the symposia, seminars and training courses organized for studying those problems which are common to more than one country.

There are problems, however, which cannot be solved individually in one country alone but must be viewed in their world-wide significance. One of these is the fact that the public costs of medical care and social welfare nearly everywhere attain an enormous height and often exceed those of any one other governmental service. In every case they are much higher than those of the purely preventive health services. Notwithstanding this, the simple truth that the essential reduction of these costs can be obtained only by prevention of sickness and disease seems as yet not to be understood by those
responsible for the economy of many States. Thus in Austria, for example, the budget provides enormous sums for social care, including the treatment of the sick, rental allowances for the disabled, etc., whilst the budget for public-health measures is limited to a few million schillings. The question whether medical science has advanced so far that we can prevent much disease and premature invalidism with success is to be answered emphatically in the affirmative, not only in respect to the communicable diseases but also in regard to many chronic illnesses. Hence there is no doubt that every effort must be made to propagate the benefits of modern preventive medicine and plead for an understanding of its advantages in the economics of public-health administration.

Another problem of world-wide importance, yet unsolved, is the unequal distribution of medical and sanitary personnel. This problem is connected with the circumstance that their training differs in nearly every country. We sincerely appreciated therefore the innovation of the technical discussions begun last year at the Fourth World Health Assembly. As regards the present World Health Assembly, we should deem it advisable to continue technical discussions on the education and training of medical and public-health personnel and to open the discussion, as intended, on the economic value of preventive medicine. May these discussions add a new field to the activities of the World Health Organization and make the work of the Fifth World Health Assembly as noteworthy and successful as was that of the Fourth.

The President: The Chair invites the attention of delegates to the document which has been circulated on the procedure for election of Members to designate new persons to replace the six retiring members of the Executive Board. This document has been circulated in two languages and perhaps you have already found it on your desks.

General discussion will be resumed here tomorrow morning at 10 o'clock, in accordance with the programme of work that we have adopted. Delegates from the following Member States will be given the floor: India, the Hashemite Kingdom of the Jordan, Italy, Yugoslavia, Ceylon, the United Kingdom of Great Britain and Northern Ireland, and Japan.

The meeting rose at 4.55 p.m.

26. Adoption of Second Report of the Committee on Credentials

The President: The plenary meeting of the Fifth World Health Assembly is called to order.

The first item on our agenda is the second report of the Committee on Credentials. The Chair would like to request the Rapporteur of the Committee on Credentials to present his report to the Assembly.

Dr. Zahir (Afghanistan), Rapporteur, read the second report of the Committee on Credentials.6

The President: The Assembly has heard the report of the Committee on Credentials. The Chair awaits the pleasure of the Assembly on the report. Any comments? Remarks? Observations? Objections?

If there are none, the Chair assumes that the Assembly approves the report.

27. Announcements

The President: There are a couple of announcements which the Chair would like to read before the Assembly.

A cable has just been received from the Acting Minister of Foreign Affairs for Iraq, appointing Dr. El-Zahawi and Dr. Ibrahim as delegates and Dr. Khaddouri as adviser. Since the Committee on Credentials has already established the policy of accepting such cables as provisional credentials pending the arrival of proper and due credentials, seating the delegation provisionally with full rights, the Chair suggests that the plenary meeting so admit the delegation of Iraq. Any remarks? Objections?
If there are none, the Chair assumes that the Assembly has no objection to admitting the delegation of Iraq provisionally.

The Chair would like to make another announcement, as follows:

It will be remembered that an announcement was made yesterday for the purpose of calling the attention of delegates to a paper distributed concerning the election of those Members entitled to designate a person to serve on the Executive Board. The Chair now wishes to make it clear that in accordance with the recommendation of the General Committee on this subject, the deadline for receiving suggestions is not later than 5 p.m. on Thursday, 8 May, as was announced by Dr. Scheele on the opening day of the Assembly. I should like to repeat: the deadline for receiving suggestions concerning the election of Members entitled to designate a person to serve on the Executive Board is 5 p.m., Thursday, 8 May. In other words, it is tomorrow afternoon at 5 o'clock.

28. Discussion on the Reports of the Director-General and Executive Board (continuation)

The President: We are going to resume the general discussions which we started yesterday. I wish to announce that general discussion will continue until 12.30 p.m. However, since there are twelve delegations that have requested the privilege of addressing the Assembly, it might be well if the various speakers could consider that the time limit is until 12.30 to-day and that there is a total of twelve speakers. We hope all concerned will take that into consideration when they make their own speeches.

After a ten-minute recess—in other words at 12.40—the General Committee will have a short meeting in Room VII.

The Chair takes great pleasure in requesting the delegate of India to address the Assembly.

Sir Arcot Mudaliar (India): Mr. President, on behalf of my country and the delegation with which I am associated, I have great pleasure in offering you our hearty felicitations on your unanimous election as President of this Assembly. Your country has played such a notable part in the United Nations and the subsidiary agencies; one of your distinguished countrymen, General Romulo, has occupied the presidential chair of the United Nations; and it is but fitting that, in view of all that you have done to support and extend co-operation to these great organizations, your country’s efforts should have been once more recognized, by this Assembly, and you should have been promoted as our President. We offer you our hearty felicitations.

Our delegation has read with great interest and pleasure the Report of the Director-General and has perused the proceedings of the Executive Board with a great amount of interest. We have listened to the Director-General’s exposition of his Report, and we are sure that we are conveying the feelings of all of you when we say how deeply we have appreciated his efforts in this direction and the trouble that he has taken in making certain of the activities of the Organization so clear to us.

We are also profoundly thankful to the Chairman of the Executive Board, Professor Parisot, for the exhaustive and illuminating address which he has delivered. As one who has shared the responsibility in a similar capacity on a previous occasion, let me heartily congratulate him on the trouble that he has taken and the care with which he has prepared the documentation, which has done not a little to enable us to appreciate the activities of the Executive Board.

We feel that the year 1951 has been a year of great progress and we have no doubt whatsoever that the work which has been begun in 1951, if it be continued with the same amount of vigour, enthusiasm, and sustained energy, will place the World Health Organization on the map of the United Nations and subsidiary organizations in a way that will make it second to none of those organizations.

It was a great pleasure to us to have on the opening day representatives of other organizations and of the United Nations, who delivered to us speeches which greatly heartened us in our task and enabled us to realize that the World Health Organization in all its activities has been steadily following the policy of the closest co-operation with the United Nations and with every other subsidiary agency.

I was delighted myself to hear my esteemed friend Mr. Torres Bodet, the Director-General of UNESCO, who in a very eloquent address indeed gave us something of his impressions about the co-operation between UNESCO and WHO. Likewise we were glad to hear the address given by the FAO member, who, alternately with subdued optimism and occasional pessimism, gave us some grounds for thinking, and made us feel, that our activities were in the right direction, whatever his own difficulties might be.

Another fact which I feel is remarkable and noteworthy is that on the initial day we had here the representatives of the six regional organizations, the directors. Some of you may be aware that at the First World Health Assembly it was the privilege of the Indian delegation to sponsor the resolution
constituting regional committees and providing for much of the field work of this Organization to be conducted through directors and personnel employed in those regional organizations.

We are glad, and we warmly appreciate the fact, that it has been found possible for the Executive Board to bring into existence these six regional organizations in the different regions which had been demarcated before, and we are sure that, through these regional organizations having been constituted, the field work and other activities of the World Health Organization will be greatly forwarded.

Speaking about the regional organizations, we feel that it is time that some attention was given to the possible manner in which these organizations may develop. Our delegation notes with pleasure that the work of these organizations has been very favourably commented upon by the Executive Board, and knowing intimately, as some of us do, the work of the Organization in one or another of the regions, we are happy to note that there has been a consistent policy pursued all along in regard to the several tasks which have been allocated to the different regional organizations.

The Indian delegation feels that it would perhaps be opportune in the next year to review in a more complete manner the organizational directives, functions and policies to be pursued by the central and regional organizations. We feel that for the effective work being carried out in the regions there should be a certain amount of decentralization, while in matters of policy and for co-ordination the centre should be responsible. The needs of the different regions can only be fully appreciated by the regional organizations themselves, and the approach to the health problems of these regions, the modus operandi that may be necessary and the other activities that would necessarily have to follow, will depend very much on the conditions in these regions, with which doubtless the regional organizations will be more familiar than any central organization.

On the other hand we feel that it will perhaps be all the time desirable that there should be constant contact between the regional organizations and the centre, so that in matters of general policy there would be some uniformity maintained in the activities of all regions. The regional conferences that are being held every year are of great importance and I myself can testify to the fact that they have created a great deal of interest in all the countries within the region. I do hope it will be possible in course of time to have not only regional conferences but conferences of two or more regions situated in a close neighbour-
tions outlined in Article 18(h) of the Constitution and should not involve any financial obligation on the part of the World Health Organization. And sixthly, I would venture to suggest that the Director-General should report to the Executive Board at the end of every third year the exact form of relationship that has been in existence, and the reviewing on the position of the international organization should be undertaken both by the Director-General and by the Executive Board.

I have ventured to make these observations in the light of the experience that I gained in another organization, where, if I may speak without any sort of disrespect, it would almost appear that non-governmental and other international organizations have secured a place which has so dominated the organization that it is difficult to know who is really running that organization, and the funds of the organization have been distributed to a large number of these non-governmental organizations, with very good purpose, but in a way which ultimately has produced many other complicated situations. If my experience in another subsidiary organization is worth anything, my request, and an earnest request, is that the World Health Organization should keep an open mind on the suggestions that our delegation has ventured to put forward.

Another subject of great interest has been referred to, and that is the training of medical and other personnel in the field of public health. You, Mr. President, have referred to it in your opening remarks, and Dr. Scheele, your immediate predecessor, has also referred to it, as has the Director-General. The Indian delegation attaches great importance to this particular question, for we feel that without minimum requirements being obtained from all those medical and other auxiliary personnel who are working in a country, the objectives and the functions of the World Health Organization are not capable of complete fulfilment and there will, therefore, be difficulties in the task. The Indian delegation, therefore, noted with great pleasure that the Executive Board has accepted the invitation of the World Medical Association to participate in the sponsorship and in the organization or a world conference to be held in 1953. We, however, feel that in the modern concept of health and in the furtherance of the objectives of the World Health Organization it would be far more instructive and beneficial if the scope of such a world conference could be enlarged and extended. No longer can it be said that the health problems of the world can be dealt with by medical personnel alone. We realize that we require the active co-operation of the nursing profession, of the public-health engineer, of dentists, of many other auxiliary personnel, whose role in the sphere of national and international health services is no less important or essential. An integrated programme of public-health services cannot be implemented unless there is a clearer realization and appreciation of the role each of these special groups can and should play in such a co-ordinated endeavour. It is the hope of the Indian delegation that this aspect of the question will receive due consideration and, if possible, be implemented, now that the world conference is envisaged.

So far as medical training is concerned, delegates are doubtless aware that there was a seminar on the training of medical, nursing and auxiliary personnel held at the last session of the Assembly, and if the World Health Organization is to be properly implemented and continued, as I said, the importance which is to be attached to the proper training of the basic doctor cannot be over-emphasized. In this connexion we have noted with particular pleasure that, as a first step in the preparation of a survey of medical education throughout the world, the World Health Organization has sponsored the compilation of a directory of faculties of medicine and is also going to publish the minimum requirements for certain departments of study. We hope that these activities will be extended in the future.

Let me refer next to a point which has been reported in the proceedings of the Executive Board. The Executive Board has suggested certain amendments to the Constitution, if it is decided to have biennial Health Assemblies. Our delegation feels that there is much virtue in that "if", for we are of the opinion that the holding of biennial Assemblies is a matter that has to be carefully considered at this stage of the development and progress of the World Health Organization. We feel that it is inopportune at this juncture to implement such a resolution. The world is too much out of joint; problems of the utmost importance are arising from day to day; and we do believe that it will be in the interest of the World Health Organization, whatever may be the trends in other subsidiary agencies, that there should be the utmost of co-operation between all Member States, which is only possible when an Assembly of this nature can be convened every year. Among the objects stated in suggesting such a course are that there will be savings in expenditure, that there will be savings in the Secretariat time, and that there will be saving in the time that the delegates have to spend away from their responsible jobs in their own countries. I have carefully analysed the figures
It is because of these annual Assemblies that today need to worry oneself about that particular subject. the Member States makes me feel that there is no had to the five World Health Assemblies from all delegations is concerned, the response that we have against that factor. certain compensations which may well be set off they have to devote to our cause, I feel that there are part of the Secretariat in the time and labour that make themselves known and their needs better under- position to establish with the various departments but the personal contact that the delegates are in a is intended.
The second thing, the saving of the Secretariat's time: if I did not know the Secretariat as well as I do, I would have thought it was a reflection upon the Assembly members, in that they contribute to the loss of efficiency or to wastage of the time of the Secretariat. I am sure that no such impression is intended. As a matter of fact, my own feeling in the matter is that it is not the Assembly sessions, but the personal contact that the delegates are in a position to establish with the various departments of the Secretariat, the opportunity they have to make themselves known and their needs better understood by the Secretariat, which afford an invaluable opportunity that no secretariat can afford to miss; and if there is a certain amount of overstrain on the part of the Secretariat in the time and labour that they have to devote to our cause, I feel that there are certain compensations which may well be set off against that factor.

As far as the saving of the time spent with the delegations is concerned, the response that we have had to the five World Health Assemblies from all the Member States makes me feel that there is no need to worry oneself about that particular subject. It is because of these annual Assemblies that today we can count upon the fact that we are the largest single subsidiary agency of the United Nations, with a total membership of eighty—including a few Members who have not cared to attend our sessions. That is a consummation that has been achieved by the very manner in which we have called these annual sessions and by the manner in which we have evoked so much sympathetic response from every single Member State. Under those circumstances, the Indian delegation feels that, while we may consider everything connected with the suggested amendments to the Constitution, the biennial Assembly question should be postponed for a better time.

I will refer, with your permission, to a matter that is somewhat delicate, but I feel I must place it before you. Honourable members are aware that both the United Nations and the World Health Organization are seized of the problem of population and the increase in population all over the world. We are aware that in certain countries the population figures have risen to such an extent that they have constituted a great menace in regard to the health and welfare, the social security and the ideologies of the people concerned. If under the stress of over-population different ideologies seize such populations and different interpretations are given as to the manner in which social security can be secured, I am sure that all of you will agree it will be a very painful thing indeed and a disaster to human progress. Under these conditions my Government, through our Prime Minister, Pandit Jawaharlal Nehru, approached the World Health Organization, as it has under the Constitution a right to do, and appealed for some help in the solution of a very difficult problem. I realize, none better, that there are many facets to these problems, and it is not our intention under any circumstances to give cause for any delegation or country to feel any regret or offence at the measures that may be taken. Let me state, however, quite plainly, that the result of the visit of the expert who was sent down by the World Health Organization was only to give a limited advice to individuals concerned in the nature of self-control in a limited manner. I do hope that this particular question will not be viewed from any other point of view than the advice that may be reasonably given—advice gained by scientific publications that are available to all people—to those who may not be in a position to get at that scientific publication, and to give them the advice, which I think has been given in the most unexceptionable manner possible. We take the full responsibility for having invited the World Health Organization to give us that advice, and we do hope that our
intentions and our sincerity will not be questioned when we say that we have absolutely no intention of trying in any way to give any cause for complaint to any Member State concerned.

I should like to read through the pages with regard to communicable diseases. We are interested at present in one particular communicable disease: leprosy. Some of you will remember that at the Second World Health Assembly, held in Rome, the Indian delegation produced a document in favour of the World Health Organization’s taking a more active interest in the control, prevention and cure of leprosy, which is indeed a fell disease for many countries concerned. I am glad to note in this connexion that the Executive Board is convening a special expert committee this year to deal with the problem of leprosy. We in our own country have been taking very special measures with regard to the work on leprosy. Apart from the governmental agencies, which have specialized clinics and sanatoria in all the States where leprosy is endemic, leprosy work has been extended by two national non-official organizations, the Hind Kusha Nivaran Sangh and the Gandhi Smarak Nidhi. The latter organization promises to perpetuate the name and work of Mahatma Gandhi, one of the greatest seers of this century, who did so much pioneering work in enlisting the support of the public towards leprosy relief and control. It has an extensive programme and is trying to draw the attention of the public at large in my country to the need for succouring the lepers. The Indian Council of Medical Research has also undertaken investigations regarding the study of the evolution of the disease, especially in childhood, and the standardization, the mode of administration and the dosage of the newer drugs now available for treatment. There is another aspect of leprosy work which has claimed much attention and on which concentrated work is being done: that is the rehabilitation of leprosy cases through suitable applications and special surgical and orthopaedic procedures to counteract the effect of the deformity. Our delegation feels that this last measure, the rehabilitation of the crippled leper, falls well within the proposed activity of the World Health Organization and merits the attention of the association for the relief of crippled and deformed personnel. I have myself seen this work, which is being carried on at the Missionary Hospital at Vellore, and the remarkable successes that have been achieved in transforming what may be called completely crippled and broken-down individuals, the method of pursuing an avocation which will not only give them the sustenance to live on but also a pleasurable mode of work to occupy their time; and I hope and trust that the World Health Organization will interest itself in this branch of work in its activities to relieve crippled and disabled persons.

Mr. President, I have probably exceeded the time-limit that you had so very generously given a hint of at the beginning of your speech. I wish to apologize and conclude by saying that the work of the World Health Organization has reached a stage where in all countries it is being very prominently thought of. In my own country, on 7 April of this year when World Health Day was observed, I was gratified to note that the Press of all shades of opinion—and there are many shades of opinion in my country—was unanimous in this one respect: in paying a tribute to the work of the World Health Organization. (That is saying a little too much, because unanimity in the Press of my country is the rarest of all events that one can think of.) A Minister of State in my own province, where malaria control has been undertaken by the World Health Organization, was able to announce with great satisfaction that consequent upon these measures malaria mosquitoes had been wiped out and malaria was no longer prevalent. The arid desert areas of those villages which had been uncultivated for more than twenty years have borne such rich vegetation that it is a matter of great gratification to us all, and people have pursued the matter in other parts of the State. It is in this manner that the World Health Organization acts as a catalytic agent, and induces different governments to follow the policies that have been so conclusively vindicated in its programme.

So far as my country and my Government are concerned, we are devoted, passionately devoted, to the task with which the World Health Organization is faced, and we give you our utmost co-operation in whatever manner we can serve you. Whether in a humble capacity or otherwise, it will always be a pleasure for us to be of service to the World Health Organization.

One of our sacred books has stated: “To work you have the right, but not to the fruits thereof”, and it is that principle that I believe it would be worth while copying in the World Health Organization. Although we may not see immediate results in our own time and in our own generation, I feel sure that if we continue on the lines on which we have begun, the day is not far off when humanity will bless this organization and those who have sponsored it from its beginning.
The President: The Chair takes pleasure in recognizing the delegate of the Hashemite Kingdom of the Jordan.

Dr. Nasrallah (Hashemite Kingdom of the Jordan): Mr. President, fellow delegates, it is quite evident that the aim and motive of the World Health Organization since its inception has been to raise the health and sanitary standards of the backward and under-developed countries. For this reason, a ready response was made by the Member countries of the world, who agreed to participate with the World Health Organization in carrying out the proposed health projects required for each country. For achieving these objects it was, as you are aware, agreed that each of these projects would be carried out conjointly by the World Health Organization and the Member State concerned, this of course depending on the financial state of the latter.

But unfortunately a State like the Hashemite Kingdom of the Jordan, whose resources are limited and whose economic and financial status is deplorable, is unable to contribute anything or pay its share for the completion of the joint projects agreed upon. The help my Government is receiving is so negligible that it does not afford any real assistance to my country as expected. In fact, my country has had only a few fellowships and a mobile unit through the World Health Organization, and has paid its contributions in full.

I wish to point out to the Assembly that my country demands one hundred per cent financial and technical assistance for completion of its health projects; she is unable to pay her share or contribute anything financially. Therefore it is requested that the World Health Organization be asked to carry out all health projects in the Hashemite Kingdom of the Jordan entirely at its own expense and on its own responsibility, and should relax its past policy in accordance with the new resolutions adopted by the Executive Board (as reproduced in Official Records of the World Health Organization No. 40, EB9.R18, EB9.R20 and EB9.R21).

A poor country like the Hashemite Kingdom of the Jordan requires more ample and adequate financial help for carrying out the proposed projects in the field of health and sanitation. It is expected that the World Health Organization should afford more financial and technical facilities for completion of these projects, and we would earnestly demand that the World Health Organization should shoulder the finance for the completion of the works required.

I need not emphasize the point that the financial and economic status of my country is exceedingly bad, as half of its population are refugees, two-thirds of its area is desert, added to which are the remaining rugged and infertile mountainous parts of Palestine. Such a country, whose revenues are very limited and whose budget is poor, deserves all the help that the World Health Organization can afford to give for effecting the improvements desired in the field of health and sanitation of the country.

The most essential projects, of vital importance, which my country desires to achieve are:

1. Malaria—its permanent control;
2. Control of tuberculosis, which is becoming the panic of the country;
3. Maternal and child health;
4. Environmental sanitation and rural health;
5. Trachoma control.

If the World Health Organization adheres strictly to the approved principles governing the granting of its financial help to the backward and under-developed countries, it should immediately provide the necessary funds for starting work on these projects totally at its own expense. It may commence with one project at a time, and after its completion start with the next, and so on until the projects are completed to the entire satisfaction of my country and the World Health Organization.

The Ministry of Health is not benefitting much from the various fellowships allocated by the World Health Organization because of the difficulty of finding doctors who would accept employment in the public-health service at the very limited salaries offered, and the difficulty of replacing those recommended for fellowships.

In conclusion I have to state that if the Technical Assistance Board is unable to relax its past decisions regarding participation in expenditure, and is not prepared to consider favourably the case of my country, which, I presume you all know, is a unique one among the Member States in view of its poverty and the existing rigid economic conditions, I shall have to advise my Government to reconsider its policy towards the Organization, and there would be no reason why my Government should continue its membership, as I note with regret that the financial help is being given to the rich and not to the poor.
Although my country is small and its withdrawal from the World Health Organization may not be serious to you, its moral effect will be great.

The President: The Chair is happy to recognize the delegate of Italy.

Mr. Migliori (Italy) (translation from the French): I desire to express on behalf of the Italian Government, which attaches the greatest importance to the activities of the World Health Organization, its best wishes for the success of the work of this Fifth Assembly.

This is the first time that I have had the pleasure of taking part in this important meeting. However, from the day on which I was honoured with the responsibility of guiding the Italian public-health administration I have followed the work, activities and efforts of the Organization with special attention.

The objective which it has set itself, and which has been clearly defined in the Constitution, is the enjoyment by all peoples of the highest attainable standard of health, where the word “health” means not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being. So noble an aim cannot but receive the warm support of all peoples who have faith in social progress and cherish the hope that a better world can and will be created.

Italy has taken part in the Organization’s activities from the beginning and will not fail to give its wholehearted support to the constructive work which WHO is to carry out—the campaign against disease and suffering, for the improvement of the health of all peoples. That is the essential basis of human progress.

The Director-General’s annual report, the reports of the eighth and ninth sessions of the Executive Board and the technical and budgetary programme for 1953 which are submitted for our study today, offer remarkable material by which to judge the work done by the Organization, as well as its tendencies and plans for the future.

One of these tendencies worthy of special note is the decentralization which has taken place with the establishment of the regional offices. Three new regional offices—those of the Western Pacific, Europe and Africa—were established during 1951. Thus the six regional offices planned by the First World Health Assembly are now in being. Regionalization is therefore an accomplished fact. For the first time we have before us a programme of work which has been prepared and submitted by the regional committees. This is one of the most important turning points in the life of the Organization, since the examination on the regional plane of the programme of assistance to the various countries ensures a better knowledge of the needs and possibilities of each country; furthermore, the execution of these plans is a matter for the regional offices, which thus assume responsibility for them.

This decentralization will, I am sure, offer considerable advantages. It must not, however, make us lose sight of the importance of having a single and central guiding principle governing all the Organization’s world-wide action. The relationship between the headquarters and the regional offices, and their respective tasks, must be clearly defined, and regional programmes must be established within this framework; at the same time any dissipation of effort in diverse and disconnected activities, which might endanger the achievement of the Organization’s aims, must be avoided.

May I here express the hope that the problem of relations with the non-governmental organizations, to which the chief delegate of India has referred, will be examined in a spirit of understanding and realism, and that consideration will be given above all to the real contribution which these organizations can make.

Another point which, in my opinion, is very important is the part played by WHO in technical assistance. That is a field of activities which will no doubt widen our horizon in the future and enable WHO to make its technical contribution to the carrying-out of health programmes of fundamental importance for the economic and social progress of the less developed countries.

This is perhaps not the moment to speak of the importance and economic value of preventive medicine, particularly as a lecture is to be given on this subject in connexion with the technical discussions which are to take place during this session.

It is an indisputable fact that the scientific and technical progress made during recent years in medicine and hygiene has led to admirable conquests and is giving us new weapons to spur on humanity to create conditions more conducive to a healthy and harmonious life. In several countries, these weapons and these means have been used to reduce the causes of suffering and death and to wipe out diseases which have tormented mankind for centuries. The road to new achievements lies open.

As head of the Italian health administration, I am proud to note the results achieved in Italy, under the five-year malaria-control plan, by the use of residual insecticides throughout the country. Malaria, the scourge which has ravaged certain districts of my
country for centuries, bringing with it a miserable train of poverty, suffering and death, this terrible endemic disease which had put up fierce resistance to all the efforts of man, can now be considered as having disappeared. Sardinia, the great island in the Mediterranean, with all its considerable natural resources, could not provide subsistence for its population because malaria was hampering its normal economic development. The eradication of the endemic has made it possible to develop the industry and agriculture of the island, which will soon be able to receive 500,000 persons from other regions.

That, in my opinion, is an encouraging example of the results which preventive medicine can give and an indication of the road which WHO must take if it wishes to contribute effectively in its own field to a solution of population problems.

Scientific and technical progress also offers new weapons to fight other serious social diseases, such as tuberculosis, venereal disease, trachoma, etc., and the remarkable results already achieved in this field encourage the hope that these diseases will be overcome.

However, for carrying out these campaigns, we need arms and men. Each country should have the necessary means to draw up programmes and competent men to carry them out. The World Health Organization is best placed to help in the achievement of this aim, and the technical assistance programme enables it to do so. This programme has been satisfactorily applied during this year, and I hope it will be developed further in the future. But it must find its place in the general programme of work of the Organization, and must be so directed as to strengthen national health-services.

The expert committees have been remarkably active and their work deserves our attention. The reports of experts are a guide to the Organization, and for the reason that meetings of experts should be planned and prepared with the utmost care. Their work must also follow a coherent pattern and tend towards conclusions and recommendations from which a very precise line of conduct for international activity can be established.

Before I close, I would express, on behalf of the Italian delegation, the satisfaction with which we welcome among us the delegates of the United Kingdom of Libya, the young State which was admitted unanimously to membership of our Organization yesterday.

In conclusion, I would say how satisfied my Government is with the work done by WHO, and express Italy's sincere desire to share in this work to give all human beings the highest possible standard of health, prosperity, well-being and peace.

The President: The Chair is happy to recognize the delegate of Yugoslavia.

Dr. Gregorić (Yugoslavia): Mr. President, ladies and gentlemen. The regular annual sessions of the World Health Organization provide excellent opportunities for the evaluation, at intervals, of the progress made in health protection throughout the world, and especially the role played by the World Health Organization in health protection.

It would be difficult for me to evaluate the progress of health protection in the world, but I can certainly judge the role of the World Health Organization in the international health service, and even more clearly evaluate the role of the activities and existence of the World Health Organization in the development of health protection in my own country.

In his report, the Director-General declared that, in his opinion, the year 1951 was not a year of great progress, neither was it a year of any serious retardation on the path of mankind towards achieving the aims of the World Health Organization. But he rightly pointed out that mankind is becoming more and more conscious of its right to enjoy health, and of the obligation of the rich and developed countries to help in one way or another the development of health protection in the poor and under-developed countries.

At any rate, this necessity is one of the main reasons justifying the existence of the World Health Organization, even if no need were shown for an exchange of experience and progress achieved in medical sciences in all countries, regardless of their degree of development and size.

In the report on the work of the World Health Organization, in spite of the moderate valuation of the achieved results set out by the Director-General, we have nevertheless met with a number of exceptionally worthy and useful activities, which would not be possible in the world—or which would develop much more slowly—were it not for the existence of the World Health Organization.

In examining the development of health protection in my country, it is not difficult to establish that, in spite of the considerable facilities provided by the Yugoslav Government for the protection of public health, my country can and must be grateful to a certain extent for its successes to international colla-
boration, particularly to that of the World Health Organization and of various agencies with which WHO is in close co-operation (such as UNICEF, ILO and technical assistance).

The role of WHO, and its help in developing health protection in my country, was expressed above all by the rapid rate at which were introduced the achievements of medical science and the experience of other countries. The advance in knowledge and skill of health personnel, and in information to the population on the problem of health protection, was promoted by various means and through various channels. A new form of introducing the latest developments was to send a number of physicians and other health workers abroad to study and observe the practices and techniques of the health services and the progress of medical science in other countries. Through the World Health Organization a number of experts from other countries have been able to visit Yugoslavia where they offered assistance on the spot in solving certain problems and had a favourable influence upon the views and scientific efforts of our experts. The convening of various international conferences, such as the meeting of European sanitary engineers and that of experts on trachoma, and the holding of seminars on alcoholism, etc., have made it possible for our people to meet many foreign experts and to supplement their knowledge and widen their views on various questions.

This year also, I would like to emphasize the enormous benefits derived from the international conferences of experts which WHO has convened and whose reports are published in the Technical Report Series. In this way the latest views and ideas have become accessible to a wider circle of our health workers and have penetrated more easily and more quickly into our practice. Until recently we had no experts on certain questions, but after having sent groups of health workers abroad for training, we are now able to further their advancement on these questions and to train new personnel in our own country, e.g., in the rehabilitation of handicapped children, certain sectors of bacteriology and immunology, etc. The international scientific research work on certain questions has led to certain centres of experts being included in international groups (the Influenza Centre in Belgrade, the Salmonella Centre in Zagreb, and the Brucellosis Centre at Rijeka).

I think it is not necessary to lay special emphasis on the world-wide significance of the epidemiological service, the work on biological standardization, the publishing of pharmacopoeias, the statistical work and similar functions of WHO.

Of still greater significance were the activities in Yugoslavia, where the introduction of professional knowledge was combined with a certain assistance in supplies. Thanks to the ample supplies provided by UNICEF, we in Yugoslavia were able to mobilize huge resources by which we conducted such actions as the eradication of malaria, which is almost disappearing as a mass disease; the treatment of endemic lues, which occupies more than 90,000 persons; the antimycosis campaign; the development of networks of sanitary-epidemiological stations; and the thorough control of brucellosis.

Last but not least, I wish to emphasize the value of the regular Assemblies of WHO. The world-wide significance of our regular Assemblies does not lie only in passing the budget and working programme for our Organization. The holding of these Assemblies offers an opportunity to meet and exchange directly our experiences and successes, to hear about the methods of solving various health questions in other countries, and to continue our contact and co-operation after the termination of these Assemblies. The World Health Assembly, more than any other forum, contributes to the spreading of the spirit of internationalism and international collaboration, and at the same time to the maintenance of world peace. I was able to establish in my own country that, in connexion with the holding of the World Health Assembly, not only the health workers of my country, but also the population are becoming more and more familiar with international health problems, and with the need for international collaboration and mutual help as a prerequisite for the preservation of peace in the world and of our own progress.

Consciousness of the importance and value of the work being done here should not, ladies and gentlemen, mislead us and prevent us from endeavouring at this session to comment on the work of our Organization—not only of the Secretariat, but also of the Executive Board and even of the Assembly itself.

Can the work of WHO be more extensive and better? Can international collaboration in the field of health be more extensive? These are questions which we should examine.

I think we should not spend too much time in discussing whether the work of the Secretariat of our Organization could be better. It is a fact that the work of the Secretariat was strictly limited by the directives and conclusions of last year's Assembly and the instructions of the Executive Board. What
is more, my impression is that the work of the Secretariat, within the limits of the fixed budget, the programme and the policy of the Organization, was perhaps too strained, and that too many problems were covered without adequate facilities. Therefore, the question continues to remain open whether we are able to achieve certain more important successes with the available means of the Organization, or whether we are able to use more efficiently the expert apparatus of the Secretariat of our Organization by changing and widening our policy and especially by ensuring greater material means.

At last year's session our delegation on several occasions emphasized the need to strengthen WHO in offering direct material assistance, combined with the implementation of definite programmes. This kind of work would not only represent a complete realization of the high principles of our Organization—that the rich and developed countries should help the poor and under-developed countries—but it would give greater authority to the Organization and speed up the implementation of its programmes, as we have experienced in our own country on a number of occasions.

We see, however, that the Executive Board of our Organization did not follow the recommendations given by the Assembly. Last year the Fourth World Health Assembly adopted resolution WHA4.25, which reads:

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

Instead of getting recommendations on the feasibility of carrying out in practice the provision of supplies and how to combine them with the various programmes of the countries, we received from the Executive Board at its ninth session—31 January 1952—a request that WHO provide help to governments in the form of advice, or intermediation with governments for the supply of necessary equipment. In this way, a useful recommendation and initiative of the most essential significance for the further development of WHO has been actually discarded, while the task of an intermediary commercial agency has been imposed upon the Secretariat. This task was not provided for by the programme and working plan adopted for the work of the Organization last year.

Ladies and gentlemen, we are not criticizing even this type of service, because it can also be of benefit to certain governments. However, this type of help has no connexion with actual direct material assistance to under-developed and poor countries. In so far as we wish to raise the reputation and the efficiency of our Organization, we shall sooner or later have to take a decision to include supplies to governments in the regular programme of work of the Organization.

Frankly speaking, we are aware that there is a certain fear that including direct material assistance and supplies in WHO programmes may lead to an increase in the budget of our Organization. However, I see nothing wrong in this. It is clear today, more than ever before, that the question of the struggle for peace is not solved only by armaments and expenditure for war purposes but, above all, by solving the vital social and health problems in the world. The question of the superiority and influence of certain countries does not depend on their military force half as much as it depends on their policy of peace, collaboration and brotherly help to the poor and under-developed countries. Would an increase in the budget of WHO represent a serious burden for the budget of the Member governments of WHO? It is certain that it would represent only an insignificant percentage of the expenditure laid out daily on armaments. And yet an additional budget, which we would spend only on supplies, along with well-prepared and planned programmes for the development of the health services of the under-developed and backward countries, and the international health service, and the scientific solution of various problems, would contribute to a more rapid development of health protection throughout the world and, among other things, would give "fuel" (to use the expression of the Director-General in his report) to the technical apparatus of WHO, which is very well organized and has excellent experts but in practice, to be honest, has only few facilities to work with, as is set out by the Director-General in his report.

For these reasons the Yugoslav delegation will give, at this session, active support to every proposal for an increase in the programme and the budget of the Organization, in so far as it aims at realizing definite complete programmes of the Member countries, and in so far as it does not lead to a further increase of expenditure on the administrative apparatus of our Secretariat and the various committees.

If limited facilities this year also make it impossible for us to adopt a plan and working budget for 1953 in which greater facilities will be made available for supplies, we appeal to the Assembly to bind the
Secretariat and the Executive Board, by reducing administrative costs, to create at least some means, or to authorize the Director-General to use the facilities of the Working Capital Fund, for supplies and direct help in carrying out national and international research on health protection. This Assembly should thereby declare its resolved and principled desire to introduce this type of international health collaboration and to create a precedent for providing increasingly greater facilities for these aims—gradually, with the maturing awareness of the various countries and governments of the necessity of making greater contributions for the realization of the aims and principles of the World Health Organization.

Allow me at this time to set forth the views of my Government regarding the proposal of the Scandinavian countries, discussed in the Executive Board this year (resolution EB9.R53). We believe that by extending the time between the Assembly’s sessions to two years, the great advantages derived from the regular annual sessions of the Assembly would be lost, and there would be but little saving in material means. International health collaboration is not yet so strengthened, nor has the work of WHO taken on sufficiently definite form, for it not to require frequent revisions and alterations by this supreme body. Even the best quality work of the Secretariat and the meetings of the Executive Board could not compensate for the direct contact of the representatives of countries and officials of health services. The expenditure for the work of the Assembly does not amount even to three per cent of the total expenditure of WHO, and the benefits of its work are positively much greater than the work of any individual technical department or section of our Secretariat. Therefore we feel that for several years more, the adopted practice of regular annual sessions of this Assembly should not be changed. We wish to emphasize here the enormous world-wide significance of the technical discussions in WHO, and we believe that they should be continued in the future, just as they were held last year and this year.

We greet the successes of the Director-General and the Executive Board in forming regional committees, because we are convinced that in this way, in the various parts of the world, the work will be better adapted to the needs of the various countries.

Ladies and gentlemen, this Assembly is the supreme forum of WHO. The peoples and governments of our countries expect from us and our work that we use to the maximum and in the best possible way the facilities and the assistance which they are giving for our work. We cannot be passive towards the work of the Organization, neither can we allow the Secretariat and the Executive Board to bear the responsibility and the burden for the work on international health collaboration. Even though each one of us, considering his own personal interests, may sometimes have the impression that the more he gives to others, the less he will have for himself, we must be aware that the progress of the health of mankind depends on our mutual understanding and solidarity and the correct policy we are going to carry out in our Organization. Thus progress in the health of the peoples of the world will be the more rapid, international collaboration and mutual help will be greater, and millions of people throughout the world will be more firmly conscious that world peace is the basic factor which makes possible not only the progress of public health, but all progress in the life of any people, and, consequently, in the life of all peoples of the world.

The President: The Chair recognizes the delegate of Ceylon.

Dr. Wickremesinghe (Ceylon): I should like first of all to offer to you, Mr. President, our cordial felicitations and to express the hope that under your leadership this great organization may flourish.

I am sorry to have to strike a note of sadness at the outset. A few days before I left my country, our Minister of Health, who was also the Prime Minister of Ceylon, died after a tragic accident. We have, therefore, been deprived of his wise guidance in our conduct at this Assembly. Nevertheless, we are well aware of the principles that guided his life. He was always a firm believer in the democratic way of life. He was a wholehearted supporter of all international agencies and international work of every type, and lastly he was infused with a burning patriotism to serve his country to the best of his ability. We, Sir, will always bear those principles in mind, and shall direct our conduct at this Assembly bearing in mind those high principles, which we believe are in accord with the principles of the World Health Organization.

Previous speakers have referred to the Director-General’s report. May I add our own tribute to the Director-General and to his colleagues for an excellent record of work during the past year? If I may be permitted to say so, I think that of all the reports of this Assembly that I have read this is by far the
best that has been put out. It is most instructive and most interesting. To us who live far away, it is a wise policy to study the report carefully and to understand the various activities of this Organization. As the head of a national health-service, I know full well the difficulties of meeting all the demands of various interested parties and the difficulties in writing a report which gives sufficient emphasis to all aspects that some people may desire. I can well appreciate, Sir, how difficult the duties of the Director-General must have been in reviewing so multifarious a list of activities throughout the countries of the world.

I should like at this stage to say how very glad we were to have the Director-General and his Assistant, Mr. Siegel, with us in our country a short time ago. I think it is very necessary that the Director-General should himself in person, as far as time permits, visit the countries where the work of WHO is in operation. We are, therefore, extremely happy that we were honoured by this visit from the Director-General.

I do not propose, Sir, to review all the activities recorded in the very excellent report of the Director-General, but I think I should mention those items which have impressed me very greatly. I feel that the expert committee reports should rank very high in the work of our Organization. To me personally they have afforded much information and much guidance. Their greatest virtue is that they are the product of a composite group and that we are therefore safeguarded from those individualistic tendencies to which experts are sometimes liable. May I suggest, however, that when consultants on special subjects are sent to various countries, they are made completely familiar with those very expert committee reports, because sometimes we talk in diverse tongues when they are not so acquainted.

I wish to refer to another activity which, to my mind, is of considerable importance, and that is the setting up of international centres—the Influenza Centre in London, the Anaesthesiology Centre in Copenhagen, the Brucellosis Centres in Minneapolis (USA) and Yugoslavia, the Health Statistics Centre in London and several other such centres—because I visualize that from these centres will emanate very valuable information on the specific subjects for which they have been established. And furthermore, I feel that they will be centres to which the officers from our national governments can go from time to time, to exchange ideas, to improve their technical knowledge, and to get a better understanding of the subjects in which they are interested.

I am glad, Sir, that in the report reference has been made to the vital importance of environmental sanitation. We from the East cannot stress too seriously the great importance of this subject. And may I endorse what the Director-General said in his introductory remarks—that the methods applied for the control of the environment of countries in the East should not necessarily follow the pattern adopted in countries in the West. Most of our areas are rural areas, and the methods should be in conformity with the environment itself and with the needs and the means of the people themselves.

There is, Sir, a very important activity which has just been initiated and that is the health demonstration project. We in Ceylon have some experience of this type of work, and I have the greatest faith that the health demonstration project will be one of the greatest means of improving the health standards of our people. But I do hope that we will all take to heart what the Director-General said—that we should not try to take everything "off the counter"; that we shall not try to take short cuts, but plan our policies in these health demonstration projects soundly, cautiously and scientifically. Health cannot be pushed too quickly, and if we lay the foundation stone correctly then I can assure you that we shall draw dividends. That indeed, has been our experience, although the experiment that we carried out had neither the support nor the backing of a great organization such as ours today.

The delegate of India and the Director-General himself have referred to an important problem that concerns us in the East, and that is the question of population. It is perhaps true that Ceylon has the highest rate of population growth, the percentage being about three per cent as compared with one or two per cent in the other countries which have such a problem. We are therefore happy to see that the World Health Organization is starting a pilot project in our neighbouring country, and we shall endeavour to study as much as we can the methods that will be tried out in that experiment.

I feel that the Deputy Director-General of FAO, who spoke here on the opening day, was not completely correct when he said that the World Health Organization was creating a problem by virtue of the fact that we were increasing births and reducing deaths. We must not forget the fact that we are
concerned not merely with births and deaths, but with the reduction, and where possible the elimination, of disease. And when we control chronic diseases such as malaria, hookworm, malnutrition and yaws, we increase the vitality, the economic efficiency and the productivity of our people. Therefore I say it is only partly true that we add to the population problem, although undoubtedly the net increase is real and true. We must, therefore, always regard the population problem as a vital one and see how, without violating any religious beliefs or moral standards, we could solve this problem in a scientific and careful manner. The pilot project will, I am sure, give us the necessary information.

I do not want to review any more of these activities. I am convinced that this young organization has justified its existence and that it has done during these four years much more than a national government could have done during that period. I think therefore that we can justly pride ourselves on this achievement and hope that in the future we may be able to make further progress.

I feel personally extremely privileged to come here to this Assembly to meet old friends and make new acquaintances, and I do give you the assurance that I and my fellow delegates will endeavour to the best of our ability to work for what the World Health Organization holds so dear, to improve the health and happiness and peace of the world.

The PRESIDENT: To the honourable chief delegate of Ceylon and through him to the delegation of Ceylon, and through the Ceylon delegation to the Fifth World Health Assembly to the Government and people of Ceylon, to the family of His Excellency the late Minister of Health, concurrently the Prime Minister of Ceylon, the Assembly wishes to extend its heartfelt sympathy and its deep condolence on the early demise of the late Minister of Health and Prime Minister. We wish to inform the chief delegate of Ceylon that the Fifth World Health Assembly condoles with him and with his people, and joins you in mourning and deep sorrow.

The Chair recognizes the delegate of the United Kingdom.

Sir John CHARLES (United Kingdom of Great Britain and Northern Ireland): Mr. President, may I join the felicitations of the United Kingdom delegation to those so eloquently and movingly expressed by the previous speakers: it is clear to those of us who have had an opportunity of observing, Mr. President, your equanimity and competence, that the praises which we had already received of you have been too modestly stated.

The moving line of witnesses mounting the rostrum to bring their tributes to the work of this great organization is in itself a sign of international significance. Praise is given, criticism is directed, and points of view are stated, accepted or challenged in an atmosphere of peace and mutual forbearance.

Where there have been so many expressions of approval of the work of the Organization, and of the Director-General and his staff, it would be churlish to refrain from adding to them. But if a little criticism is included in the eulogy, then we hope it will be regarded as no more than the salt which adds savour to the banquet.

A very rough estimate of the wide-ranging and multifarious activities of WHO can be made from the fact that they require 152 large quarto pages for their description. The records of these undertakings make the Annual Report of the Director-General a great atlas and catalogue of good works and international co-operation.

The Director-General himself has hesitated to describe at length all these activities. Therefore, if we comment only on a few of the more outstanding, it will be understood that brevity is being used, both in emulation of the Director-General, and as the soul of wit and the concentration of praise.

In matters of this kind, where we all have our own standards of value, some achievements which appear to us meritorious may be regarded less highly by others who are perhaps better fitted to judge. And again it might be invidious to select some regional activity in the Americas and contrast it with a similar one in Europe. We must avoid throwing apples of discord at all costs.

So for several reasons, and not least because of their intrinsic merit, we would select for recognition those developments of the administrative framework and organization of WHO which are intended to make it a more powerful instrument for good in international affairs. The measure of that power to do good is not necessarily the possession or acquisition of increased financial resources, but whether the organization is so constructed that it has the strength, speed, resilience and efficiency of a good machine—a machine which is to be directed by men of good will.
to beneficent purposes. So first upon our list of major achievements must come co-ordination of the work of WHO with that of the United Nations itself and of its other specialized agencies.

Particularly to be commended are the combined efforts with UNICEF in relation to medical supplies, with the International Labour Office in respect of merchant seamen, and with the Technical Assistance Board over a wide field of health activities.

Next comes the establishment of the six regional offices as effective decentralized segments of the Organization. 1951 saw the emergence of the Regional Offices for Africa, Europe and the Western Pacific. Within four years the grand plan of the First World Health Assembly has become an accomplished fact. More and more it will be possible for the well-considered schemes of governments to be transmitted to WHO with the guidance and backing of the regional offices. And those schemes will take into account those interdependent programmes of industry, agriculture, sanitation and medical care, which marry health and economics.

One of the signs of human maturity is the capacity to be self-critical. In that respect, as in many others, international organizations have human characteristics. We therefore welcome as indicative of progress and as a healthy omen for future development those attempts which have been made by WHO to evaluate its programmes and projects and to arrive at an assessment, not only of their popularity, but of their real and continuing worth.

All those developments which I have mentioned are the outward and visible signs of a sturdy adolescence passing on into vigorous manhood—of organizational and administrative maturity.

The past year has seen the harvest of long labours in three different fields. We refer to the first edition of the International Pharmacopoeia; to the new International Sanitary Regulations (by no means a first edition); and the first full year of the operation of the Regulations regarding Nomenclature with respect to Diseases and Causes of Death. We may indeed be pleased that the United Kingdom has been able, through its experts, to contribute to the success of these labours. No one will begrudge Dr. Hampshire, Dr. Morgan or Dr. Stocks the credit which, they would be the first to admit, they share with three of the ablest of the international teams that WHO has gathered together, and with this trinity we would associate Dr. Miles and the Expert Committee on Biological Standardization.

It would be both uncharitable and inaccurate to suggest that the occasions for criticizing the work of WHO are as numerous as the opportunities for praise. And where the criticism is intended to be constructive, the occasions are few indeed. But there are some points—we hope none of them seriously controversial—which suggest themselves as worthy of thought and consideration.

The World Health Organization is an inter-governmental organization—therein lie its strength and its purpose. It exists to help governments, not to supersede them. Consequently, any overlapping with existing machinery, any operations in fields already adequately farmed by national endeavour are to be avoided. Perhaps in the past we have not borne this sufficiently in mind, and have tended to stake claims for WHO in every branch of clinical and administrative medicine, rather than to limit our activities to work which can best be carried out by international co-operation and machinery.

Our expert committees are set up to advise the Executive Board in particular, and not the great and learned worlds of science and medicine in general. But several of them have entered purely technical fields which are already well covered by highly authoritative existing non-governmental organizations, by the national institutes of research, and where a co-ordinating intergovernmental organization is not required as an administrative instrument. Giving an example of a contemplated project rather than of an existing one, we wonder whether, having regard to the powerful and wealthy non-governmental organizations and the national research teams which now exist in the United States and Europe, the proposed expert committee on poliomyelitis is really necessary.

Looking back over some of the activities of the past five years we would suggest that expediency, as well as urgency, has determined the launching of some of WHO's schemes.

The success of those projects has been great when viewed from the standpoint of the immediate present. They have stirred the imagination, roused enthusiasm, and enlisted the interest and support of governments.

But looked at from the point of view of long-term planning, some of these projects have been "placebos" and "stop-gaps". They have tided over an emergency, without getting down to the fundamental cause. They have been superficial
remedies, rather than radical cures. A great English epidemiologist once said "I thank Heaven that Wright’s T.A.B. vaccine and the chlorination of water had not been discovered in the time of Chadwick. If they had been I am certain we would never have had our great organized systems of water supply. The temporary remedies would have become the permanent ones."

Finally, we would gently criticize the quality of some of WHO’s publications—concentrating on the Bulletin and the Monographs. And our justification for this is that these publications should attain the highest possible standard of excellence. It is not sufficient that they should be good. They ought to be superlatively good. The criteria by which any articles or monographs submitted for publication are judged should be at least as high as those used by the great international scientific and medical journals and publishers, and by the national organizations of medical research. Working to these standards WHO may need to harden its literary heart from time to time and issue a few more of those letters which begin by saying, “The Editor regrets...”.

We feel that it is not necessary to offer apologies for these departures from the path of praise and appreciation. The World Health Organization is a live, growing, intelligent entity. It is all the better for a little introspection, and for some critical thought as to its policies and the methods available to implement them.

In the temporal measurements of the Romans, WHO has reached the end of its first half-decade, its “lustrum”. It has achieved much in those five years. It can achieve even more in the future if its purposes are concentrated and its efforts not unduly dispersed. If it is animated by that same imaginative conception of international co-operation, if goodwill and good works continue to be the essence of that co-operation, the world can look forward to better health and the Organization to greater triumphs.

The President: Ladies and gentlemen of the Assembly, if I may be permitted to digress for one brief moment from our proceedings, I should like to follow the example last year of Dr. Fabini, Chief of the Uruguayan delegation, in calling attention to the anniversary which will be observed tomorrow, Thursday 8 May, of one of the City of Geneva’s greatest sons, whose inspiration and efforts gave us one of our world’s greatest humanitarian institutions. I refer, of course, to Henri Dunant, who was born in this hospitable city—which is again host to our Assembly—on 8 May 1828. The heritage which he left us in the form of the national Red Cross society, also known sometimes as the Red Crescent or the Red Lion and Sun society, in the countries of all of us present here today is one of the richest that has ever been passed on in this world. The example of Dunant, as someone has said so well, has proved that millions can be inspired by the initiative of one. It is proof that humanitarian work has a tremendous impact on mankind. It is proof that good unites more than evil divides. Apart from its immeasurable contribution to mitigating the suffering of mankind in war, the Red Cross, founded by Henri Dunant, has carried out and continues to carry out a tremendous work in peacetime in promoting the improvement of health and the prevention of disease—a work, I dare say, that has not escaped the personal attention of any one of us here today, from whatever part of the world we come.

Five years ago the League of Red Cross Societies, of which I am deeply proud to be a governor by virtue of my service as President of the Philippine National Red Cross, set aside the 8 May as international Red Cross Day so that all the world might join in paying tribute to this illustrious humanitarian and citizen of the world. In homage to the memory of Henri Dunant I would propose that this distinguished Assembly rise and observe a minute of silence. It is equally as homage to the City of Geneva and to the International Committee of the Red Cross, the oldest organ of the movement.

The Health Assembly stood in silence for one minute.

The President: The Chair recognizes the delegate of Japan.

Dr. Yamaguchi (Japan): Mr. President, fellow delegates, ladies and gentlemen, as chief delegate of Japan I wish to take this opportunity of extending the greetings of our Government and people to the honourable Member governments of the World Health Organization and their distinguished delegates to this Assembly. I would also like to express my respect for the Director-General and the members of the Secretariat and the members of the Executive Board. Further, I wish to pay my sincere respect to the President of the Fourth World Health Assembly, Dr. Scheele, and to the newly-elected President of the Fifth World Health Assembly, Dr. Salcedo.
It was just one year ago, in this hall, that you bestowed upon us a great honour by accepting my country as a Member of this Organization. It is with great satisfaction that I am able to report that the year with this Organization has been most inspiring as well as most fruitful for all of us who are striving hard for the better health of the people in our country. The sense of fellowship among the worldwide health team, and the consciousness of being an integral part of the great working party which is carrying on the greatest health programme ever planned, gave us new vision for the goal of health activities and renewed zeal for the fulfilment of the goal thus revealed. The accomplishments that were attained in the field of public health in my country during the year 1951, such as the remarkable decrease in deaths from tuberculosis, further prolongation of life expectancy for men and women, and the sharp decline in infant mortality, might not have resulted without the moral support and spiritual inspiration of this organization.

It is only natural, therefore, that our interest was not only confined to the welfare of our own people but was also keenly directed to that of the people in our fellow countries, and, consequently, to the programme at large of the World Health Organization, the gigantic programme challenging the evil of the world, a programme of which the Director-General gives us a vivid account with precise details in his Annual Report. This interest, furthermore, led us to the desire for active participation in and contribution to the far-reaching programme of the Organization.

Because of this interest and desire on the part of my Government, it readily received WHO fellowship-holders from our fellow countries in the region, and now seven public-health officers are with us from the Republic of China, receiving training courses in Tokyo. The invitation was also sent by my Government to the World Health Organization for the health statistics seminar for the region to be held in the months of August and September 1952 in Tokyo. Insecticide products are offered to help other countries in carrying out their health programmes.

These steps were taken because my Government believes in the ideal of the World Health Organization, wisely expressed in its Constitution, and because it also places confidence in the sincerity of the Director-General and his able staff and their ability to implement the programme which is so essential for the realization of the ideal and the success of the work of the World Health Organization.

I am extremely happy to report to you that our Government has instructed me to take this opportunity of offering its firm pledge that Japan will continue to co-operate in contributing its share towards the achievement of the ultimate mission of the World Health Organization. Our supplies of antibiotics and other essential drugs and equipment might be of assistance to some countries which are having difficulties in obtaining the necessary materials. Some of our experts in various fields of medicine might be able to contribute to scientific progress by participating in the expert panels and committees.

Mr. President and fellow delegates, on this occasion of the Fifth World Health Assembly, permit us to join with you in congratulations on the wonderful accomplishments of our Organization under the leadership of our respected Director-General during the preceding year, and in pledging ourselves in this current year to active participation in the fight against diseases which bring misery, slavery, and death to our beloved people all over the world.

The President: The chair recognizes the delegate of Iran.

Dr. Taba (Iran): Mr. President, dear friends and colleagues, the Iranian delegation takes pleasure in participating once more in the discussions and deliberations of the World Health Assembly. Our annual gatherings here have not only served for us to make and renew friendships, but through our technical discussions and exchange of views I may safely say that we have been successful in solving to some extent the health problems of our countries and of the world. The world's happiness greatly depends on close and intimate international intercourse and co-operation, and in what sphere can this international action for the promotion of human welfare be more necessary than in the sphere of health? Perusal of the Director-General's report for 1951 shows solid achievements by WHO in the promotion of better conditions of world health. But vast and complex problems still confront the Organization. While the Director-General and the Secretariat can rightly pride themselves on their past achievements (for which I express my Government's gratitude) they must make sure that the implementation and realization of future programmes is ensured without let or hindrance.

As for the health problems of my country, I am glad to say that we have had great developments in the field of social welfare and that great strides have been taken in the past year to improve the health of the nation. Governmental and voluntary charitable institutions work in harmony and the overlapping
of public-health efforts, which was conspicuous in the past, is to a large extent remedied. Antimalaria measures continue to give very good and satisfactory results, and I shall not repeat the outlines of the successful outcome of the nation-wide schemes which I detailed here last year and which are continuing very progressively and satisfactorily in spite of my country’s restricted finances.

Expert WHO advisers are helping us in our antituberculosis campaign, in venereal-disease control, in maternal and child health and in nursing problems. The Medical Teaching Mission sponsored by WHO and the Unitarian Service Committee visited Iran last summer and I may confidently say that it was a real success. Dr. DOROLLE, the Deputy Director-General, and Dr. Shousha, Pasha, the Eastern Mediterranean Regional Director, also visited our country at the same time, and I thank them for their combined efforts and willingness to help us with our health problems. I cannot let slip this opportunity of mentioning the fact that our Regional Director, Dr. Shousha, Pasha, has done much to implement the resolutions and decisions of the Assembly and the policy of the Organization in such a way as to give the best results. Indeed, the practical work carried on in our region has found for WHO a warm place in the heart of our people.

I conclude by declaring Iran’s solemn and sincere support for the ever-increasing activities of WHO, thanks to which I hope humanity all over the world will enjoy better health in the years to come.

The President: The Chair recognizes the delegate of Saudi Arabia.

Dr. Pharaon (Saudi Arabia) (translation from the French): It is with the greatest pleasure that I again find myself among the friends and colleagues, who, since I began to co-operate with them in the work of this Organization in a serene and cordial atmosphere, have become dear to me, for I have seen them engaged on the constructive and humane task that is the only hope on which the hearts of all men are fixed.

It is also a great happiness and an exceptional privilege for me to be able to breathe again from time to time this hopeful, devoted and disinterested atmosphere, characterized by a love of science and humanity, and by an intense desire to improve the lot of the human race and an unshakable will to achieve this aim and realize this ideal.

Animated by such a spirit and determined to give it expression, the World Health Organization is, in the eyes of the whole world, a stable organization, proof against intrigue and political or ideological dissension. This favoured position has been acquired only at the cost of intelligent and constant effort by the Executive Board, the Director-General, and his colleagues the members of the Secretariat on the one hand, and by the eminent persons who have been called upon to preside over the World Health Assembly on the other. The attitude of the delegations from Member States has also been the indispensable foundation on which the entire work of the Organization has been patiently erected.

It is on account of the work so far done and the task to which our efforts must be devoted in the future that I pay tribute to this Organization, which is but the instrument co-ordinating the collective effort of all men of good will.

May I now turn particularly to Dr. Scheele, President of the Fourth World Health Assembly, and convey to him all my admiration for the great qualities of tact, integrity and firmness which he showed in the conduct of the Assembly’s work, qualities which are the attributes of generous and upright men.

Thus, the Organization maintains its tradition in the choice of presidents for its Assemblies. After the great men whom we have so far had at the head of the Organization, there now comes a successor of the same calibre in the person of His Excellency Dr. Salcedo.

Allow me, Mr. President, to say how glad I am to see you in charge of the conduct of our work during this session. I congratulate you and the Assembly on the happy choice it has just made.

As for the tribute which I have pleasure in paying to the Director-General, Dr. Chisholm, and to his colleagues, it is a mere statement and confirmation of the high regard in which he is held by all those who have had the opportunity to appreciate the clarity of vision and steadfastness, the flexibility and skill which have characterized his handling of this intricate machinery.

It is my no less pleasant duty to convey to Dr. Shousha, Pasha, Director of the Regional Office for the Eastern Mediterranean, my sincerest thanks and deepest appreciation for the admirable work done under his guidance, thanks to his devotion to duty and wide experience. In so doing, I express not only my personal feelings, but the esteem and gratitude of my Government. The valuable assistance and enlightened advice with which he has constantly provided us have been of inestimable value to the health authorities of Saudi Arabia. This assistance
and advice have been carefully studied and put to
good use. We hope they will soon bring forth all
their fruits. The course is planned, the foundation
laid, and work has begun with all the zeal and
enthusiasm which will, I am sure, be the guarantee
of full success.

Saudi Arabia is a young country which came into
being in circumstances with which you are all
acquainted. In matters of health its difficulties
were greater than in any other field, and I would
even go so far as to say that they were insuperable,
since it had to face a great national and international
responsibility while striving against the most rigorous
climatic and atmospheric conditions.

Far from being discouraged, its Government went
to work with faith and determination. In record
time, with rudimentary means and a small staff, it
has been able to perform what I am tempted to call
a major feat. Beginning from nothing, it has been
able to provide the country with a health organization
which has proved capable of meeting its most urgent
needs, although it is as yet far from fulfilling its
ambitions.

It started with problems in the order of their
urgency and is determined to go on to the end,
sparing neither effort nor resources.

Its greatest difficulty is, perhaps, the recruitment
of physicians and other health personnel. It is, how-
ever, resolved to overcome this difficulty, whatever
the cost. It will soon succeed in doing so; already
several young physicians are coming forward at the
request of the competent services, to work in Arabia.

Obviously that is not the true solution to the
problem. I agree. But my Government is facing the
future with confidence. Young citizens of Saudi
Arabia are studying in medical schools almost
everywhere, and they are the promised generation,
awaited to reinforce the existing personnel and con-
tribute to an improvement in the standard of health
of their fellow citizens. The health authorities of
Saudi Arabia have therefore opened this year eight
training schools for nurses and health personnel.

They have also recruited more than sixty physicians
and sixty nurses of various nationalities, Egyptian,
Syrian, Lebanese, Pakistani, English, French and
Italian. Here I feel it incumbent on me to express
our sincere gratitude to the Government of Egypt
for the valuable and generous aid it has afforded
my country by placing at its service 50 of its most
capable physicians.

The authorities of Saudi Arabia are giving their
main attention to health problems. In order to meet
the needs of the ever-growing and developing health
services, the Government of Saudi Arabia has set
up a Ministry of Health this year, to replace the
earlier General Board. Saudi Arabia could not give
clearer proof of its determination to find a radical
solution of its health problems. The Government
of Saudi Arabia has issued a decree setting up a
Ministry and, at the same time, providing it with
the funds necessary for its efficient operation. This
Ministry’s budget for the year 1952 is about
$7,000,000 as against $2,000,000 for last year.
An additional $8,000,000 has been provided for
building and health equipment. These are figures
which call for no further comment.

I feel, however, it would be useful if I were to give
you very briefly a picture of the health reform in
progress in my country. In addition to a maternity
hospital, an ophthalmological hospital and a third
hospital already in full operation, the following
projects are planned for the current year:

1. Construction and equipment of a modern
hospital at Mecca (400 beds);
2. Construction and equipment of a similar
hospital at Riyadh;
3. Construction and equipment of 38 dispen-
saries in the various parts of the country with
the staff and equipment necessary for giving all
forms of medical assistance;
4. Formation of mobile health units with
appropriate equipment for the medical supervision
of nomad peoples and for the application of
preventive and curative measures.

All this work comes within the scope of the general
organization of the country’s health services.

I will only mention among special measures for the
protection of pilgrims, the installation of a system
for the supply of drinking water over the whole route,
a new plan for bringing drinking water to Jeddah,
the provision of covered spaces and large awnings
to protect pilgrims from sunstroke and, lastly, the
opening of an air-conditioned hospital with the
necessary equipment to treat persons suffering
from sunstroke.

I emphasize this point, which may seem un-
necessary to some of you who are present here. But
as the pilgrimage has been taking place in the height
of summer for several years, sunstroke is the most
important problem for the health authorities of Saudi
Arabia, since it takes the heaviest toll of victims.

At the same time, I would emphasize the scale of
an undertaking which consists in protecting nearly
half a million persons who collect together for a
very short time at a place where the weather and
natural conditions are highly unfavourable, one
might even say unbearable.
Lastly, I would mention the Jeddah quarantine station. I shall be very brief and not try your patience for long.

- You all know the history of this station. You know it too well for me to have to say much on the subject. I would not have mentioned it if I had not something new and interesting to tell you. At the Fourth World Health Assembly, my delegation undertook, on behalf of its Government, to have a modern sanitary station set up at the port of Jeddah before the end of 1952. I am happy to announce that this promise has been kept and that the Jeddah station will be able, if called upon to do so, to meet any emergency during this year's Pilgrimage season, that is to say, towards the end of August.

The station will be finished and fully equipped in October, when the International Sanitary Regulations are to come into force.

Before I close, I have pleasure in thanking the World Health Organization, on behalf of my Government, for the generous assistance rendered in connexion with this project.

29. Programme of Work

The President: The Assembly has adopted as a guide the programme of its work according to which the two main committees are to commence this afternoon at 3 o'clock. It appears, however, at this late hour of the morning that the list of speakers has not yet been exhausted. The Chair would therefore wish to propose to resume the general discussion this afternoon for a short time only. We could meet in this hall at 3 o'clock and thus enable the two main committees to begin their work at 4 o'clock.

The Chair would like to ask the Assembly if it agrees in principle with this modification to the programme of work. If the Assembly agrees in principle, the Chair has every reason to believe that the General Committee will endorse this decision. We have three more speakers and it might be necessary for us to meet for only one hour this afternoon in plenary session to hear the three speakers. The two main committees will begin their work at 4 o'clock. The Chair would like to have the opinion of the Assembly on this change.

The Chair would like to repeat the announcement, made earlier today, that the General Committee will meet after a recess of 10 minutes in Room VII. The Chair invites the Chairman of the special body working on reservations to the International Sanitary Regulations to the meeting of the General Committee.

We therefore adjourn until 3 o'clock.

The meeting rose at 12.30 p.m.

SIXTH PLENARY MEETING

Wednesday, 7 May 1952, at 3 p.m.

President: Dr. J. Salcedo (Philippines)

30. Discussion on the Reports of the Director-General and Executive Board (continuation)

The President: The Chair would like to call the meeting to order. The Chair takes pleasure in recognizing the delegate of Israel.

Dr. Noach (Israel): Mr. President, fellow delegates, my Government has studied with the keenest interest the very remarkable Annual Report of our Director-General, and wishes to congratulate him on the fine work achieved during this period by our Organization under his able leadership.

We shall, in due course, during the debate in the committees, present our comments and define our attitude on a certain number of problems referred to or raised in this report.

May I be permitted to make here only a few remarks on what we consider to be the two main broad aspects of the work of the World Health Organization? On the one side we have the technical work of the Organization, consisting of all the technical services for the co-ordination and the improvement of national health-administrations, of direct assistance to Member States, of proposing
and elaborating international health conventions and, in short, of all the numerous activities aiming at the improvement of the health of mankind. I am certain to speak not only in the name of the Government and people of Israel when expressing my deep appreciation for the work done in this respect by the World Health Organization. It is, indeed, a most astonishing and striking achievement if we consider the very modest material means put at the disposal of the Organization. But it seems to me that there is a second, even more important, aspect of the role of the World Health Organization which has not always received due attention. I have in mind the ideological and moral side of our activities and the principles on which our whole work should be based. This aspect finds its expression in the Constitution of the World Health Organization when it declares as basic principles for the happiness, the harmonious relations and the security of all peoples the attainment by every human being "of the highest attainable standard of health", and defines health as "fundamental to the attainment of peace and security" and as "dependent upon the fullest co-operation of individuals and States".

No organization of a humanitarian character like ours can work successfully without a proper philosophy. Technical work cannot be useful if there is no ideal behind it. Should we promote health only for the purpose of providing more people for slaughter in battles and wars? Should we fight against infant mortality only to spare the children to be murdered later on by bombs or starvation? Should we protect our peoples against infectious diseases only in order to deliver them to death by their fellow-men? Our work would be quite senseless if we did not ask these questions and give our reply to them without hesitation. Medical men can only be promoters of peace. Our work would be quite meaningless if it were not based on the conviction that the destination of men is life and creation, not death and destruction.

I know that in stating these basic principles I am in full agreement with our Director-General. I have read with the greatest interest a number of lectures delivered and a number of studies written by him, and I have been deeply impressed by his explanations of the danger of future possible wars, of the necessity of peace for the survival of mankind, and of the vital importance of bringing up children to real maturity—meaning to educate them in how to live together in peace and harmony. The same principles apply to the work of our Organization.

During the last year we had in Israel—as is mentioned in the Annual Report of the Director-General—a most encouraging example of international co-operation in the field of public health. A teaching mission, composed of outstanding scientists from the United States of America, the United Kingdom, Norway, Sweden and Denmark came to Israel and stayed there for one to two months teaching, demonstrating, advising, lecturing and discussing our health problems in the light of their great experience. This was a fine example of peaceful co-operation among nations and my Government wishes to express once more its deepest appreciation and thanks to all the participants in this mission and to its staff from the World Health Organization, as well as to the Unitarian Service Committee and its representative. The visit was a tremendous event in the medical history of my country and we are still busy evaluating all the precious advice and suggestions we received from its members.

While this shows the happy results which can be achieved by international co-operation in the field of public health, I regret to state that this spirit of co-operation is not perceptible in the same degree within the framework of the World Health Organization when turning to the Eastern Mediterranean Region, to which we belong. In 1951, there was not even a meeting of the Regional Committee. I would not mention this fact here (although it is mentioned in the Report of the Director-General) but there is a resolution on this matter accepted by the Executive Board and inviting the Assembly to make their comments.

In our opinion, this is not a matter of minor importance, and one which can easily be overlooked. Any evidence of lack of international co-operation in the field of health is a most essential point calling for action. This has, of course, nothing to do with politics. On the contrary, we have to refuse any attempts to make health work the tool of politics. We have here in Geneva the great example of the international Red Cross which shows that, even in times of war, the ideals of humanity can remain alive and that, even in the camps of fighting forces, respect for suffering mankind can be preserved. How then could we tolerate the subjection of humanitarian health work to arbitrary decisions of day-to-day politics?

In his remarkable address to the American Public Health Association in San Francisco, Dr. Chisholm said, inter alia (I am quoting from the verbatim record of his speech which appeared in the American Journal of Public Health):

WHO, like the other specialized agencies and the United Nations itself, has no entity of its own. It is no more than the embodied intention
and will of the peoples of its 79 member governments. The UN, WHO, and all the rest will do what the national delegations of their member governments tell them to do. The national delegations can only express the will of their governments. Governments can only represent their people, finally, although they may misrepresent them for some time.

I am sorry that I have to disagree here with Dr. Chisholm. I think that the World Health Organization has, or at least should have, its own entity. It is true that every national delegation represents only the government of its people, but all the national delegations together form the World Health Assembly which, within the frame of its Constitution, represents the peoples of the world. And it is an essential duty of the World Health Assembly to act as the voice of public opinion on public health, an opinion which, in turn, is exercising its influence on the Member States. In doing so, the World Health Assembly is acting as an entity and there can be no doubt that its opinion can and does influence very definitely most of the governments and of the nations of the world. And here I would like to quote Dr. Chisholm again, taking from the same address the following passage: "We must", he said "learn to break down our own barriers of nationalism, of local interests, of prejudice, of fancied superiority".

I fully agree with this and it is for that reason that I believe it essential that we should not satisfy ourselves with the technical promotion of health. It is for us to create a world health movement educating the peoples of the world in order to make them understand that it is better to live together in health, in peace and in contentment, rather than to seek profit at the expense of others. That is, by the way, not a new idea. It was already expressed and preached some 2,000 years ago by some of my ancestors, the prophets of Israel, and since then by many other good and wise men from all the peoples of the world.

There is another reason why I have mentioned this matter of lack of co-operation in the region to which my country belongs. Indeed, the question of the spirit prevailing in the regional organizations is essential if we decide on the proposal of biennial meetings of the World Health Assembly. My Government is in favour of this proposal for technical and economic reasons, but it would mean that certain powers of the Assembly would have to be transferred to the regional organizations, and that can only be done if the regional committees are actually working in the spirit of peaceful co-operation at which we are all aiming.

But it will always remain one of the main tasks of the World Health Assembly to give expression to the humanitarian spirit of the Organization. I see in these gatherings of the leading health representatives of the nations a source of wisdom for general opinion in the world, an instrument of education for health and humanity which has to overcome any possible friction between the Member States as far as matters of health are concerned and to lead to a perception of higher idealistic spirit. The future of the World Health Organization stands or falls with the maintenance of this principle. I cannot better sum up than by quoting the words of Professor John Hanlon on the World Health Organization in his book, Principles of Public Health Administration. He says:

As yet it is still too early to determine with any degree of assurance what the future holds for the World Health Organization. Much depends upon the ability of the nations of the world to live with one another in peace and cooperation. There is the possibility, on the other hand, that public health may provide the one common ground of agreement, the seed crystal, for which the human race is desperately searching, to lead to the ultimate achievement of the even greater goal.

The President: The Chair recognizes the delegate of France.

Dr. Boidé (France) (translation from the French): Sir, the French delegation associates itself with the other delegations in congratulating you on your appointment as President of the Fifth World Health Assembly. We are confident that the work of this Assembly will run smoothly under your friendly and authoritative guidance.

Gentlemen, the Annual Report of the Director-General gives us a statement of the work accomplished by the Organization during its "third full year of activity". Today we judge its work no longer on a basis of promises, but of facts; as time goes on, the part we must take on trust diminishes and our examination can be based on the concrete results which may legitimately be expected of a technical and administrative organization which has been put to the test.

The Director-General is both too ambitious and too modest when he states in his Introduction that "there have been no very spectacular advances towards the goals of WHO, but neither have there been any disquieting setbacks". We have never expected WHO to make "spectacular" progress.
International action in the field of health, particularly when we consider the scope and variety of the tasks laid upon us by our Constitution, can only make slow headway. Again, we should consider it unusual if there had been any kind of setback. What we ask is that the Organization should advance smoothly, continuously, steadily along the path it has set itself, and that the results obtained should, as far as possible, be in proportion to its financial resources and to the means at its disposal. The Director-General's report shows that there has been undoubted success in that respect and the French delegation wishes at once to express its satisfaction.

In its role as the "directing and co-ordinating authority" on international health work WHO has made considerable progress during 1951. The most remarkable element in this progress has certainly been the establishment of the International Sanitary Regulations, the adoption of which the French delegation to the last Assembly formally proposed from this platform and which the French Government, in spite of some inconveniences it was felt might result from certain provisions, approved as a whole without reservations, thus demonstrating the desire for international co-operation in that connexion by which it has always been inspired.

The considerable advance made by the experts in the preparatory work on an international pharmacopoeia is also worthy of mention. The first volume of the Pharmacopoea Internationalis deserves high praise and is a guarantee that the final work will be an undoubted success. In fact, the progress made seemed so decisive that the Governments parties to the 1906 and 1929 Brussels Agreements have been invited to consider, during this Assembly, a protocol to end these Agreements. The French delegation will attend this meeting in a spirit of collaboration, although it is not altogether convinced that it is not premature to abrogate texts, which have served their purpose satisfactorily, before the edition of the WHO Pharmacopoeia is complete, before it has been submitted for the examination of the competent national commissions and, therefore, before it is possible to know to what extent its provisions will finally be adopted.

Concerning the WHO publications, in which, as you are aware, France has always shown a very active interest, we have nothing to say except to congratulate the Executive Board on having devoted a considerable part of its work during the course of the past year to a conscientious and thorough study which we hope will have a favourable influence on the development of this part of the Organization's activities.

In this very general comment we will not enlarge upon the numerous activities which come within the framework of public-health administration, control of communicable diseases, therapeutic substances etc. We would mention only that the French health administration is very particularly interested in the problems of rehabilitation of handicapped persons of whatever category, and of occupational and social readaptation. We must congratulate WHO on having tackled this problem and on having appreciated the necessity for action in this field in close co-operation with the United Nations Social Affairs Division, ILO, UNESCO and UNICEF. My country is itself anxious to make rapid progress in this kind of work and fully supports the action taken, by WHO in particular, on the international level.

In the field of education, special mention should be made of the fellowship programmes. France is doubly pleased with the development of these programmes in 1951, on account of the useful visits our French technicians were thus able to pay to other countries and of the pleasure we derived from welcoming a large number of fellowship-holders from various countries in our hospitals, laboratories and general health services. We have endeavoured, and we shall endeavour still further in the future, to improve at the national level these two complementary elements in fellowship programmes—first, by improving the conditions for receiving fellowship-holders by widening and multiplying the opportunities for practical work for WHO Fellows, and secondly, when formulating our own requests, by making a very careful selection of study subjects and of candidates. We are of the opinion that the annual programmes should not be considered separately but that, on the contrary, each year's programme should be regarded as part of a long-term provision, covering a number of years, to meet the fundamental public-health needs of our country. This tendency always towards larger returns is evidently in the national interest, but it also provides the Organization with the assurance that the most economical use, in the true sense, will be made of funds it allocates to us.

Side by side with the individual fellowships, the programmes for group training which are being increasingly developed on the regional level offer equally interesting opportunities. These short-term fellowships are reserved for technicians of already recognized ability, who thus have the opportunity of widening their experience and of comparing methods whose value they personally have proved with those used in other countries for the same purposes—a fruitful exchange in which each gives and receives instruction.

Whatever the activity referred to in the entire first part of the Director-General's report, one is
struck by the importance of the role played by the experts. Gradually, during these last years, the panels of experts set up by the Director-General have been enriched by the addition of new names and have been widened to include experts from a greater number of countries; it is our hope that in the future they will include a larger number of equally qualified experts.

We attach great importance to the international status of the experts and to their independence of any governmental doctrine; we are well aware that the procedure by which they are nominated has been adopted precisely in order to guarantee their independence. This is as it should be, on condition however that the experts appointed are not only those who already enjoy an international reputation; there are men working in all our countries who could make a valuable contribution to WHO. The competent health authorities can certainly be invited by the Director-General to establish detailed lists of experts, thus enabling him to widen his choice. But would it not also be possible, from a practical point of view, for the competent members of the Secretariat to make personal contact in each country with the national experts, who would thus be well known to them and whom they could use for international work? Such contacts could be made either direct or through the regional offices, in liaison, if necessary, with the competent health authorities.

We would follow up these remarks concerning WHO's activities on the world level by again emphasizing the advantages to be obtained from well-organized regionalization. Whether in connexion with fellowship programmes or experts, the role of the regional offices appears to be paramount. They constitute the natural link between the WHO headquarters and the national administrations, the channel through which are made the human contacts which will always be more valuable than the most apposite administrative correspondence.

This general idea recurs in the few observations which the French delegation now wishes to make with regard to the effectively decentralized activities of WHO, to which the Director-General devotes the second part of his remarkable report, and in particular to the activities in connexion with the programme of technical assistance to under-developed regions.

What are the necessary elements for the carrying out of this programme? Men and material. As far as the men are concerned, there is above all the question of the recruitment of experts. This recruitment cannot be satisfactorily effected unless world resources in qualified experts are well known and put to the fullest use. In actual fact, what information is available to us on this subject? As far as WHO is concerned, the annual programme and budget proposals look too far ahead for the information contained in them to be of practical use; on the other hand, the reports submitted by the Secretariat to the Executive Board come too late, since they chiefly refer to projects already under way. The Technical Assistance Board distributes to its members half-yearly reports and monthly lists of requests for assistance; but these documents refer to the United Nations programmes as a whole. All these sources of information are in terms which are often too general and too indefinite to enable countries wishing to do so to press for the appointment of adequately qualified experts. These experts, who must obviously be technicians of the very first order, are so closely associated with the functioning of their national health-services that it is difficult for them to be released without sufficient notice and without some clear idea of the international tasks for which they are required.

The present method, therefore, seems to us to require improvement in two directions: the necessary information should be circulated at the appropriate moment, i.e., neither too early nor too late, and it should include a sufficiently precise and detailed description of the posts to be filled. Could not WHO, following the example of the Technical Assistance Board, but on its own account, distribute at regular intervals—every month, for example—a list of the requests for technical assistance with which the Organization is concerned? These lists would serve as a basis for the recruitment of experts on the national level. Or better still, could not the regional offices make inquiries as to the experts available in the countries within their geographical area and transmit the information obtained to WHO headquarters, which, having examined and approved the lists, would send them to the regional offices requesting assistance?

Such a method should enhance the value of WHO regionalization and contribute to the more effective implementation of its programme. The headquarters of the Organization would maintain its directing and co-ordinating role since it would be responsible for taking the initiative and for giving its approval with regard to the requests for experts.

With reference to supplies and equipment, we were struck by the wish expressed almost simultaneously by the Regional Committees for South-East Asia, Africa and the Western Pacific for more flexibility in the rules limiting the sums allowed for purchases. We have noted with satisfaction the recent developments in this connexion, since it is today very obvious that such rules hamper the realization of a great many projects.

These are the few matters which the French delegation desired to bring to your notice during the general discussion of the Organization's annual report. Our suggestions in connexion with them
are prompted by no other motive than a desire on the part of France to collaborate as actively as possible in our common task, and no other aim than to indicate methods which we believe might enable us to accomplish that task most effectively.

We have still a long way to go, but it is comforting to be able to state that 1951 will prove one of the most decisive years in the history of our Organization.

The President : The Chair recognizes the delegate of Thailand.

Dr. Daengsvang (Thailand) : Mr. President, fellow delegates, ladies and gentlemen, on behalf of the delegation of Thailand and my country, I have great pleasure in congratulating the Director-General and his staff—as well as the Executive Board of the World Health Organization—on the success with which their work has been accomplished and on the reports of this work made available in easily understandable form for the year 1951. Moreover, I wish to express how deeply I appreciate the joint undertakings of the Organization with the United Nations International Children's Emergency Fund given to the people of my country, as clearly shown in the Annual Report of the Director-General on the Work of WHO for 1951, and from which my people have received the direct benefit of better health and well-being through demonstrations and country-wide programmes on malaria, yaws, tuberculosis and maternal and child health. I also wish on this occasion to place special emphasis on the two-year WHO/UNICEF-assisted malaria-demonstration projects, which ended in 1951 in the northern part of the country, and to express our wholehearted thanks for the valuable work accomplished by the Organization. The malaria team recruited by WHO has shown us the promising results obtained in reducing malaria cases considerably in that area and has trained the national health-personnel to know how to attack the disease properly and economically by modern malaria-control techniques, especially by residual DDT-spraying. In addition, six national doctors have been granted fellowships by the Organization to study new malaria-control techniques in India. These good results of the WHO malaria-demonstration area, together with the training programme, have now made it possible for the Government to further a country-wide malaria-control programme along the same lines as those demonstrated by the WHO team, making use of national financial resources and of personnel made available with the generous aid given by the Mutual Security Administration of the United States of America, for which we are grateful. The present malaria-control programme aims at the protection of a population, in the malaria-stricken areas, of about 1,200,000 and 2,500,000 in the years 1952 and 1953 respectively.

Now permit me to turn to some other points on which I wish to make observations. I have learnt in the Annual Report of the Director-General with great satisfaction that, in 1951, WHO was allotted a total of $2,330,000 (equivalent) from the sum made available to the special fund of the United Nations in connexion with technical assistance, and that the Economic and Social Council has still further recommended that, for the second period in the year 1952, the sum given should be equal to, or even greater than, the amount pledged for the first period.

Another question worthy of serious attention by the Organization is that of medical supplies and equipment. I firmly believe that some steps should be taken by WHO to enable a number of States to secure without interruption large and adequate amounts of essential stocks and supplies such as DDT, penicillin etc. for the technical assistance programmes. It is generally known that material assistance to under-developed areas, particularly for economic development, is very essential in furthering and strengthening the necessary health programmes without which fellowships and experts given by the Technical Assistance Administration will not be able to implement the contemplated health projects properly. In this connexion, the Regional Committee for the South-East Asia Region, at its fourth session in Rangoon, recommended that the limitation on the use of technical assistance funds should be removed, since it led to difficulties in providing essential supplies and equipment for the projects in the region.

Again I wish to congratulate the Secretariat and the Executive Board on the fact that decentralization of WHO through the creation of the regional offices has indeed been progressing towards successful accomplishment in 1951. Our regional offices and regional committees have now been able to determine and provide assistance in the form of fellowships, expert consultants, demonstration teams, training courses etc. by planning assistance to governments on the spot. I firmly believe that the assistance of WHO will best be able to reach the needy people by this complete decentralization.

My delegation is also pleased to learn that WHO fellowships have now been awarded not only to further the projects in which the Organization is assisting governments but also to meet the special needs of the governments, thus making possible national projects to meet countries' own requirements.
One more point: I should like to observe at this moment that I am now inclined to agree that financial requirements imposed on governments concerning the cost of internal travel, per diem allowances, and financial obligations for accommodation of the internationally-recruited personnel for WHO demonstration projects implemented in the country should be removed, as this additional obligation, in even small amounts, would make the Organization unpopular while implementing the various necessary health projects required for the well-being of the people, especially in the economically and technically less developed areas, owing to the fact that this additional financial requirement may create a certain reluctance in some countries to make requests for the implementation of necessary WHO-assisted projects, since the cost of the demonstration projects themselves may be so high for those countries. Consequently the health and well-being of the people would not be raised to the proper standard required in good time.

As regards co-ordination, we are very gratified to see that this has been achieved not only at its central and regional level but at a country level, where it is most needed and most effective.

We are interested in the population-control experiment proposed by India. We consider that this is a matter purely for the country concerned and no obstacles should be created to their desire to improve the lot of their people. This matter should be viewed on technical grounds only and kept free from sentimental and other involvements.

31. Announcements

The President: We are approaching 4 o'clock and there is every desire on the part of the delegations to begin their work in the two main committees. Before we adjourn this plenary meeting, the Chair would like to make the following announcement: according to the programme of work, the next plenary meeting will be held on Monday, 12 May, at 10 o'clock and will have the following agenda:

1. Award of the Léon Bernard Foundation Prize for 1952.
2. Adoption of committee reports.

A more detailed agenda will be found in the Journal in due course.

We call your attention to the fact that the Committee on Programme and Budget will meet in Salle XII at 4 o'clock promptly, and the Committee on Administration, Finance and Legal Matters in Salle VII at the same time. We will now adjourn this plenary meeting.

The meeting rose at 3.50 p.m.
Léon Bernard Foundation prize. Your attention is invited to document A5/2, dated 25 February 1952, distributed to the delegations on their desks. The Chair would like to invite the Rapporteur of the Léon Bernard Foundation Committee, Dr. Höjer, to present the report of his committee.

Dr. Höjer (Sweden), Rapporteur, read the report of the Léon Bernard Foundation Committee.7

The President: Thank you, Dr. Höjer. The Assembly wishes to thank you, and through you the Léon Bernard Foundation Committee, for your report.

Ladies and gentlemen of the Assembly, you will note that item 16 of our agenda refers to the award of the Léon Bernard Foundation medal and prize, which is given, to quote Article 2 of the Statutes of the Foundation "to the author of a work in the field of social medicine, consisting either of a contribution to knowledge or a practical achievement". According to Article 5 "the candidature must be in respect of a work either published or executed within five years preceding the award of the prize submitted in manuscript to the World Health Organization". In accordance with the decision of the Léon Bernard Foundation Committee, it might be necessary for the Fifth World Health Assembly to adopt more or less the following draft resolution. With your permission the Chair would like to suggest the following resolution:

The Fifth World Health Assembly,
Endorsing the unanimous proposal of the Léon Bernard Foundation Committee,
AWARDS the Léon Bernard Foundation medal and prize to Professor Charles-Edward Amory Winslow, and
PAYs TRIBUTE to Professor Winslow for his outstanding contribution to the progress of social medicine.8

That is the draft resolution which has been suggested by the Chair for adoption by the Assembly should you desire to accept and approve the report of the Léon Bernard Foundation Committee. I would like to invite the consideration of the resolution by the Assembly. Any comments? Amendments to the resolution? Modifications? Any objections? The Chair, not noting any objections to the draft resolution, takes it that the Assembly approves the resolution unanimously and at the same time accepts and approves the report of the Léon Bernard Foundation Committee. That being the case, since the report of the Léon Bernard Foundation Committee has now been confirmed at this plenary meeting of the Health Assembly by an appropriate resolution, it is my happy privilege and pleasure to invite Professor Charles-Edward Amory Winslow to come to the rostrum to receive the Léon Bernard Foundation prize.

Mr. Director-General, Professor Winslow, distinguished members of delegations, observers and guests, ladies and gentlemen, in implementing the provisions of the Statutes of the 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 outstanding members, Professor Léon Bernard. The first recipient of this honour was Dr. Wilbur A. Sawyer, to whom the award was made in 1939. Dr. René Sand received the second award last year.

In 1952 the award goes to Professor Winslow. Born in 1877, this great statesman in the field of public health has devoted his entire professional life to the cause of social medicine. As Anna M. R. Lauder Professor of Public Health at Yale Medical School from 1915 to 1945, his inspired leadership has influenced the entire course of public health and social medicine.

Many awards and honours have been bestowed on Professor Winslow: the Sedgwick Memorial Medal, the highest prize of the American Public Health Association, in 1942; the Elizabeth Severance Prentiss Award in Health Education, in 1945; the F. Paul Anderson Medal, in 1949; the coveted medal given by the American Society of Heating and Ventilating Engineers; the first Lemuel Shattuck Award, in 1950, by the Massachusetts Public Health Association on the 100th anniversary of Shattuck's great report.

On this last award the following tribute was paid:

All these distinctions represent man's efforts to express his appreciation of the great services you have done him. Unlocking secrets of man's environment, you have been ever mindful of man himself. Contributing new knowledge to scientific annals yourself, as editor, you have pointed to the significance of work done by others. Inspiring your students as a great teacher, you have gloried in their achievements. Outstanding in your own country, you have given other nations the finest sort of help. Making history by your own achievements, you have unravelled and made fascinating the historical development of public health itself.

7 See Annex 1.
8 Resolution WHA5.6
Your inspired leadership in many fields has made the work of others a challenging career rather than simply a job to be done.

In a career so filled with fruitful activity, it is difficult to single out more than a few of his notable achievements. Apart from having been Professor of Public Health, Yale Medical School, from 1915 to 1949, and now Professor Emeritus, he has been: Director of the John B. Pierce Laboratory of Hygiene from 1932 to 1946; author of more than 20 books and 574 articles in scientific journals; editor of the Journal of Bacteriology from 1916 to 1944; editor of the American Journal of Public Health from 1944 to the present day; and President of the American Public Health Association, the American Society of Heating and Ventilating Engineers and the Society of American Bacteriologists.

His international associations in the field of public health date back to 1921, when he was appointed general medical director of the League of Red Cross Societies, Geneva. From 1927 to 1930 he served as able Expert Assessor of the Health Committee of the League of Nations. He was a member of the Board of Scientific Directors of the International Health Division of the Rockefeller Foundation from 1929 to 1930.

His monograph The Cost of Sickness and the Price of Health, recently published by the World Health Organization, throws much light on the economic burden of sickness throughout the world and discusses methods of reducing this burden, considering the cost of health and the expense which is justified and desirable for the control and the alleviation of preventable disease. Professor Winslow will be the featured speaker at the opening meeting of the technical discussions on the economic value of preventive medicine.

Professor Winslow, in awarding you the Léon Bernard Medal and the sum of 1,000 Swiss francs, the World Health Organization pays tribute to you as a true statesman in the field of public health, a great and dearly beloved teacher, a valiant warrior in the cause of better housing, public-health education and social medicine. (Applause)

Professor Winslow: Mr. President and members of the Assembly, I can find no adequate words to express the gratitude which I feel for this honour which you have conferred upon me. The Léon Bernard Award is the highest recognition which can come to any labourer in the field of public health, proceeding, as it does, from this great organization which represents the central leadership in health protection and health promotion of the more than three-score free and sovereign States which make up the population of the world.

There are several special reasons why this honour is particularly precious to the present recipient.

In the first place, I prize this award not only for itself, but because it is a special privilege to have my name follow that of René Sand, with whom I was intimately associated in the direction of the League of Red Cross Societies more than 30 years ago. I have seen the science and art of public health broaden its vision and deepen its scope, from sanitation and communicable-disease control to positive health promotion and to the far-reaching concepts of social medicine; and no man in any of the public-health professions has done more than René Sand to further this advance. "Social medicine" and "René Sand" are almost synonymous terms.

Furthermore, this honour means more to me because it comes through the recommendation of a committee of which Jacques Parisot is Chairman. My intimate acquaintance with Professor Parisot dates back to 1929, when he and I were members of a study committee of the Health Organization of the League of Nations which travelled through Germany and Austria to observe the development of health insurance programmes in those countries; and in 1936 we were again fellow-members of a League of Nations committee to study the health programme of the Soviet Union. In hotels and railroad trains and on long automobile trips one gets to know one's companions well—and, in the case of Jacques Parisot, to love and admire them. Jules Cambon, when he was Ambassador of France in Washington, once described the qualities of the French mind in three words: "clarté, netteté, logique". Add to those words "élan" and "verve" and you have Professor Parisot. You will note that a personality so representative of his great country can only be described adequately in the words of its noble language.

Finally, I prize this award because it was established to honour another great Frenchman, Léon Bernard, worthy successor of Dupré, of Leuret, of Bretonneau, of Gendron de l'Eure in the early nineteenth century, of Pasteur and of Calmette in later years.

My personal acquaintance with Bernard goes back for 30 years, and I should like to cite one episode of our association which has perhaps some historical significance and is not, as far I am aware, anywhere a matter of printed record. The League of Nations was considering the possibility of establishing its Health Section, the precursor of the present World
Health Organization; and a small group of us were asked to make recommendations in regard to the desirability of this step. On 5 May 1921, Bernard of France, Buchanan, Dame Rachel Crowdy and Stieigman of England, Carozzi and Lutrario of Italy, and Sueki of Japan met at 35 Rue Vernet to consider the problem. We were faced at the outset of the meeting by a statement from the French Foreign Office that the State Department of the United States was opposed to the creation of a new body which might rival the Office International d'Hygiène Publique and the Pan American Sanitary Bureau. This was a staggering blow. Lutrario wanted to adjourn at once. Buchanan proposed postponing action until a new international conference could be called. But Professor Bernard and I, who were not governmental representatives, did not share the diplomatic fears of our Governments. After a long struggle, we persuaded the members present to adjourn officially that day and to meet again informally as individuals on the morrow. On 6 May, this unofficial group made to the League of Nations specific recommendations for the creation of the Health Organization of the League, and sowed the first small seed for the foundation of the global health programme which WHO so admirably represents today.

I therefore prize this award not only for its own supreme significance, but because of its associations with René Sand, with Jacques Parisot and with Léon Bernard.

That the award comes to me is not due to any merit of my own. I owe it to the two great leaders of American public health, William T. Sedgwick and Hermann M. Biggs, with whom I had the honour of close association in my youth. Above all, I owe it to the fact that I happened to enter the field of public health almost at the beginning of its great development and to grow up, step by step, with its advancing progress. You have selected me as the symbol of health almost at the beginning of its great development and to grow up, step by step, with its advancing progress. You have selected me as the symbol of health almost at the beginning of its great development and to grow up, step by step, with its advancing progress.

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The Chair recognizes the delegate of the Netherlands.

Dr. van den Berg (Netherlands): Mr. President, fellow delegates, the Netherlands delegation has no objection whatsoever to the proposed document, but, Mr. President, I should like, on behalf of the Netherlands delegation, to request some clarification, because we think that there is some confusion among the members of this Assembly with regard to the procedure for the technical discussions, especially with regard to the important item, “The Economic Value of Preventive Medicine”. Until now, we have collected three opinions and perhaps there are more. One opinion is that this item will be discussed after we have heard the lecture. The second opinion is that this item will be discussed in the various groups, and the third opinion is that there will be no discussion of this item at all and that the discussion will be confined to the local health problems.

Mr. President, in the opinion of the Netherlands delegation, the first item, “The Economic Value of Preventive Medicine”, is a most important and at the same time a rather dangerous item, and therefore in our opinion we should have opportunity to discuss it most carefully and to avoid any misunderstanding. I think, Mr. President, it would be wise if we could have, now, quite precise information with regard to the procedure for the technical discussions.

The President: The Chair would like to request the Deputy Director-General, Dr. Dorolle, to elaborate on this particular item of the agenda.

Dr. Dorolle, Deputy Director-General (translation from the French): In reply to the point raised by the chief delegate of the Netherlands, I would explain that, after long discussions in previous sessions of the Executive Board, it was agreed that the general question of “The Economic Value of Preventive Medicine” would not be the subject of detailed discussions for the time being. The subject will be presented in its broad aspects at the meeting to be held at 8.30 p.m. on 15 May. After the opening of the meeting, Professor Winslow will speak on the economic value of preventive medicine, as you yourself announced, Mr. President. Then Professor Gunnar Myrdal will give an address on the economic aspects of health. Then the person appointed as rapporteur-general will be asked to give a summary and make some remarks bringing to a close this rather formal meeting.

In accordance with the indications given to the Secretariat by the Executive Board, group discussions to be held on the following days will be limited to a rather narrower subject, more appropriate for
practical discussions. This subject is the methodology of health protection in limited communities in local areas. Five groups, meeting at the same time, will discuss the subject as a whole. It has been proposed by the specialists in charge of the preparation of the work—or, more simply, I shall say it has been suggested—that discussions should cover the following aspects: study of local problems, organization of local health services, function and scope of local health services, health workers attached to local health services and, lastly, the health centre and community participation in the local health service.

I think, Mr. President, that I have covered the points raised by the delegate of the Netherlands.

The President: The Chair recognizes the delegate of the Netherlands.

Dr. van den Berg (Netherlands): Mr. President, fellow delegates, the Netherlands delegation is very grateful for the precise explanation given by the Deputy Director-General, but nevertheless there is still one point on which we should like information. The Netherlands delegation would like to make some observations with regard to the most important publication we have received from Professor Winslow. I should like to know how and when, in what manner, we should present those observations. We understand it cannot be done in the plenary meeting; if I understand correctly it cannot be done in the groups. Is it for the Netherlands delegation to produce a document that could be distributed, or in what manner can we make our observations with regard to this most important item on the excellent publication of Professor Winslow?

The President: The Chair would like to invite the Deputy Director-General to give information on the points raised by the delegation of the Netherlands.

Dr. Dorolle, Deputy Director-General (translation from the French): As regards the document by Professor Winslow published by the Organization, there is no doubt that the question can be dealt with during an official discussion of the programme. As regards the non-official discussions—and I apologise if I repeat myself—the Executive Board deemed it preferable to limit discussion to matters of detail, but these matters of detail have, of course, a basis. The subjects chosen are not two separate ones, one for the general meeting and the other for group discussion; there is to be a general presentation followed by discussion on a particular aspect. It therefore seems that if one of the participants in the technical discussions (and here I no longer use the term "national delegations" since these are non-official discussions), wishes to raise a question connected with the discussions as a whole, this might usefully be done during the general meeting to be held at 9 a.m. on 16 May when all the groups will be meeting together and when the general method of discussion will be fixed.

What you have heard here, Mr. President, are suggestions only, since they come from the Secretariat, and it is for the general meeting of 9 a.m., 16 May to determine the method of work and the scope of the discussion. That, I think, is the time when objections from any person present at the discussion might be submitted and examined.

The President: The Chair would like to recognize the delegate of Norway.

Dr. Evang (Norway): Mr. President, fellow delegates, I am most thankful to the chief delegate of the Netherlands for raising this question, and I would also like to thank the Deputy Director-General for the very clear statement which he gave in the first instance in answer to Dr. van den Berg. It seems to me, however, that the second and last statement given by the Deputy Director-General again introduced some doubt—at least in my mind. The situation seems to me to be this: Originally it was decided to put up one topic for technical discussions at the Fifth World Health Assembly—namely, the economic value of preventive medicine. Now for some reason which I do not know this decision was reversed and the Executive Board, which I think reversed this decision, has recommended that this matter should not be discussed at this Assembly in the technical discussions but that, as Dr. Dorolle has said, it should be presented in a formal way in two formal lectures by Professor Winslow and by Mr. Myrdal, with a summary by the Rapporteur; and that after that a completely different and new topic, which is also very important—namely, the approach to the solution of public health problems in the local areas—should be put up for the discussions. I for one strongly advise against mixing these two, as I say, very different topics and trying to make a discussion of both at the same time. Personally I would like to say, Mr. President, that I would have much preferred us to have selected only one topic; I am of the opinion that two topics are too much for one Assembly to discuss; but I do not think that can be reversed now. Therefore I would ask the Executive Board to consider whether the topic originally put up for the technical discussions could not be put up again at a later Assembly.
The President: It seems that the entire question could be more or less resolved if the Assembly could receive additional information from the Executive Board. The Executive Board has recommended these topics. It might be worth while for the Assembly to be enlightened by the Executive Board. Would the Chairman of the Executive Board be willing to elaborate on this item to the Assembly?

Professor Parisot, Chairman of the Executive Board (translation from the French): The question of the technical discussions was studied at two sessions of the Executive Board, and more especially at its last session in January.

In our minds it has always been clear that the technical discussions should deal with preventive medicine and its economic advantages; but it appeared to us that the development of health protection and social welfare in local areas could usefully be studied together with this question. Properly speaking, therefore, there are not two subjects far removed one from the other, but two subjects, the second of which is the complement of the first.

Preventive medicine, an economic method for protecting health, and social medicine in general can be studied first of all in the light of the document published by the World Health Organization and written by Professor Winslow, and then in the light of the statements which will be made on the subject from a more specially economic point of view; but I agree with the Deputy Director-General that there might be some discussion of the matter at the meeting to be held on the morning of 16 May. Indeed, resolution EB8.R24 of the Executive Board clearly states that the general presentation (concerning preventive medicine) will be followed by more detailed discussion of health protection for local areas. I repeat, we considered that the second question was not different from the first, but complementary, and should be linked with it.

I think that these explanations will suffice to give an idea of the spirit in which the Executive Board made general plans for the technical discussion, leaving details of organization of the discussion to the Secretariat.

The President: We wish to thank you, Professor Parisot, for enlightening us on this subject.

Any other remarks? Comments? Does the Assembly feel that the item has been sufficiently discussed? Is the Assembly ready to act on the draft resolution? The Chair takes it that the Assembly is prepared to act on the draft resolution. The draft resolution is in document A5/50, dated 10 May 1952, now on your desks. We should like to invite the Assembly to vote on the draft resolution. Those in favour of adopting the draft resolution as printed in document A5/50 will kindly indicate their approval by raising their cards. Those against the adoption of the draft resolution in document A5/50 will kindly indicate their disapproval by raising their cards. The Chair would like to note any abstentions. Delegations abstaining may raise their cards. The Chair is pleased to announce that the resolution is adopted.

Pursuant to paragraph 2 of the resolution which the Assembly has just adopted, the Chair takes pleasure in announcing the following nominations:

General Chairman: Professor M. J. Ferreira, Brazil.

Chairmen for the group discussions: Dr. E. J. Aujaleu, France; Dr. Mohamed Nazif Bey, Egypt; Dr. Karl Evang, Norway; Dr. M. Jafar, Pakistan; Dr. E. G. McGavran, United States of America.

The Chair also would like to announce that Professor J. M. Mackintosh, United Kingdom, will act as Rapporteur-General.

The Chair invites the Assembly to consider the nominations which are being made pursuant to paragraph 2 of the resolution just adopted. Any objections? If there are none, the Chair is happy to announce that these nominations have been confirmed by the Assembly.

The Chair announces the following summary of the arrangements for the technical discussions. The opening meeting will be on Thursday evening, 15 May, at 8.30 p.m. in the Assembly Hall, when Professor Winslow and Professor Gunnar Myrdal will speak respectively on the “Economic Value of Preventive Medicine” and the “Economic Aspects of Health”. The second subject, “Methodology of Health Protection for Local Areas”, will be discussed in the group meetings which will begin on Friday morning, 16 May, at 10.30 a.m. These meetings will be held in Salle XII and they will be preceded by a short general meeting in the same place. At the general meeting there will be the election of chairmen and rapporteurs for the group discussions. Delegates wishing to take part in the group discussions are requested to hand in their names at the inquiries desk, door 14, before Tuesday, 13 May—that is, before tomorrow. All information concerning the technical discussions may be obtained from room A.335 (telephone 3166) and delegates will find full details for the entire period of the technical discussions in document A5/Technical Discussions/22, which has already been distributed.

35. Adoption of First Report of the Committee on Programme and Budget

The President: The next item on our agenda for this morning is the adoption of committee reports. The Assembly is prepared to receive the first report
of the Committee on Programme and Budget, document A5/46. The Chair invites the Rapporteur of the Committee on Programme and Budget, Dr. Nazif Bey, to present his committee’s report to the Assembly.

Dr. Nazif Bey (Egypt), Rapporteur, read the first report of the Committee on Programme and Budget."}

The President: Thank you, Dr. Nazif Bey. The Assembly wishes to thank the Committee on Programme and Budget for the work it has done in producing the first report which has been submitted to us.

You will note in document A5/46 that the Committee on Programme and Budget has recommended to the Assembly the adoption of the resolutions which are contained in this document. The resolutions are now submitted to the Assembly for its consideration. Any comments? Remarks? Amendments? Observations? Any objections?

The Chair, noting that there are no comments and that there are no objections, assumes that the Assembly adopts the resolutions in document A5/46.

36. Adoption of First Report of the Committee on Administration, Finance and Legal Matters

The President: The second report which the Assembly is pleased to hear is the first report of the Committee on Administration, Finance and Legal Matters. The Chair invites the Rapporteur of this committee, Dr. A. Chawkat Chatty, to present the report of his committee.

Dr. Chatty (Syria), Rapporteur, read the first report of the Committee on Administration, Finance and Legal Matters.10

The President: The Assembly thanks Dr. Chatty for presenting the report of the Committee on Administration, Finance and Legal Matters. The Chair is certain that the Assembly is aware of the great volume of work which lies behind the formulation and presentation of the first report of that committee.

The report is now under consideration by the Fifth World Health Assembly, and we invite your attention to the seven resolutions in the report as contained in document A5/43. The Assembly may wish to adopt the report in its entirety, or it may desire to act individually on the various resolutions; or, finally, it may choose to approve the first five resolutions as a whole (as the first five resolutions deal with the supplemental budget and the Financial Rules), and later approve resolution 6 and resolution 7. These three procedures, in addition to others which the Assembly may wish to undertake, are open for your consideration.

The Chair, utilizing the privilege of President of the Assembly, would like to suggest that the Assembly adopt the first report of the Committee on Administration, Finance and Legal Matters in its entirety. Any remarks? Comments? Amendments? Observations? Any objections?

There being no observations on the report, the Chair, noting no objections to the first report of the Committee on Administration, Finance and Legal Matters, assumes that the report as contained in document A5/43 is adopted by the Fifth World Health Assembly.

37. Addresses following the Admission of Tunisia and Morocco11 to Associate Membership of the World Health Organization

The President: The Chair has pleasure in inviting the delegate of France to address the Assembly.

Dr. Bodé (France) (translation from the French): The French delegation, which has so far represented Tunisia and Morocco in the World Health Organization, welcomes the vote which has just been taken and which admits Tunisia and Morocco to the Organization.

Pending the formal notice to the Director-General required by Rules 101 [106] and 102 [107] of the Rules of Procedure of the World Health Assembly, I have the honour to inform the Assembly that the French Government accepts, on behalf of Tunisia and Morocco, the associate membership which they have just been offered by your vote. Furthermore, the French Government assumes the responsibility for ensuring the application of Articles 66 to 68 of the Constitution with regard to Tunisia and Morocco.

The President: On behalf of the Assembly, which has just unanimously resolved to admit Tunisia as an Associate Member of the World Health Organization, we would like to indicate at this point our welcome to Tunisia as an Associate Member of the World Health Organization. (Applause)

The Chair invites the delegate of Tunisia to take the floor.

Dr. Ghachem (Tunisia) (translation from the French): There falls to me the signal honour and great pleasure of conveying to you from this rostrum the cordial thanks of the Government of Tunisia for having studied and accepted the admission of Tunisia as an Associate Member of your Organization.

10 See p. 339.
11 See footnote to resolution WHA5.16.
When I crossed the threshold of this magnificent building for the first time, I experienced deep within me a soaring of the spirit which encouraged me to submit my country's request to you in all simplicity and frankness. Yours is an Organization of brotherhood and peace in which the great hopes of suffering humanity find refuge.

Tunisia is prepared and will be able to bring its modest contribution to the study of the medico-social questions which are submitted to your generous attention. The main health problems now facing my country are those which are the constant concern of the technical committees of your Organization.

The defensive, and also offensive, tuberculosis-control campaign, undertaken in Tunisia in view of the gravity and prevalence of the disease, has important successes to its credit. Without however neglecting the purely medical side of the question, we should like to concentrate our attention in Tunisia on the social factors of nutrition and living conditions in so far as they are responsible for this scourge.

Our annual antimalaria programmes are carried out in test areas where the various methods of destroying mosquitoes and larvae and the preventive use of quinine can be usefully tested.

The endemo-epidemic ophthalmic diseases, which are a real social scourge in Tunisia, especially among children, have induced us to adopt new methods in the campaign against trachoma. Rather than employ a multiplicity of methods, onerous for a government budget, we are trying to perfect more effective and direct methods arising from the practical application of the sum of all knowledge acquired in this field. This is the spirit behind the trachoma campaign which is about to begin in Tunisia.

Our present work is also directed towards the achievement of further results in the fields of free medical assistance, hospital treatment, preventive medicine, social welfare, mental health and maternal and child welfare. The Pasteur Institute in Tunis has achieved results of world-wide importance in its discoveries, its vaccines, its experimental therapeutics, and is continuing its work on many subjects, all of international importance.

Tunisia is very proud and happy to see its experts serving on various expert committees of the World Health Organization.

To us, citizens of Tunisia, admission to membership means the beginning of a wider and more intimate co-operation with the Organization which has just associated us with its work. By reason of the many and important problems facing our country, the efforts it has already made, its health and social conditions, Tunisia is destined to benefit from the work of the World Health Organization both on the world-wide and on the regional plane, and to make a useful contribution to the work.

Tunisia's geographical situation has made it an heir to all civilizations. The Arab civilization has left a particularly deep mark and its sacred relics are jealously and piously guarded. But Tunisia has not remained motionless in contemplation of its past. It has developed; it has grown and it has benefited by the presence of the French. Thanks to a Franco-Tunisian association inspired by a creative and generous spirit, Tunisia has been able to make magnificent progress in all fields of human activity. Essentially European in its scientific culture, Tunisia has very easy and rapid communications with Europe.

For these imperative reasons, and without wishing to prejudice the decision of this Assembly, I should, with your permission, Mr. President, like to seize this opportunity of giving the Assembly the point of view of the Tunisian Government, which wishes to be attached to the Regional Office for Europe for the time being.

Before leaving this platform, may I again say with all my heart how proud Tunisia is to come among you. On behalf of my country I express here its recognition, its gratitude and its hopes for the future.

The President: The Chair recognizes the delegate of Egypt.

Dr. Nazif Bey (Egypt): Mr. President, fellow delegates, the resolution proposed to us was for the admission of Tunisia as an Associate Member. I am sure that all of us, from all regions, welcome Tunisia as an Associate Member of the Organization, but the question of the assignment of Tunisia to a region should not, I think, be mentioned here now, since it has to be examined in committee.

The President: The Chair notes the views expressed by the delegate of Tunisia, and at this point would like to state that the preference of Tunisia will be studied more closely by the Committee on Administration, Finance and Legal Matters, in accordance with the Constitution.

On behalf of the Fifth World Health Assembly, which has by unanimous resolution admitted Morocco as an Associate Member of the World Health Organization, the Chair welcomes Morocco as such. (Applause)

The Chair has pleasure in inviting the delegate of Morocco to take the floor.
Dr. Sicault (Morocco) (translation from the French): On behalf of the delegation of Morocco, I would express all our gratitude for the honour you have done us in admitting us to your Assembly. From its experience of membership of the Office International d’Hygiène Publique since 1924, Morocco knows the value of work resulting from international collaboration, and WHO has such high, noble and generous aims that we are justly proud to participate in its activities.

Morocco has written a glorious page of history, and today all its spheres of activity are developing considerably. In spite of the delays imposed on the development of its public-health service by two wars, that service includes 270 full-time physicians, 150 part-time physicians and over 1,000 public health officers. A central directorate with two departments—one for health and public hygiene, the other for medicine and social work—a technical inspectorate and a central pharmaceutical service make up its essential structure. Seven regional sub-directorates ensure decentralization and co-ordination of local action.

By their laboratory and field work, the Institute of Hygiene, the headquarters of all prophylaxis, and the Pasteur Institute, the headquarters of scientific research, have enabled us to eradicate the great epidemic diseases almost completely and to reduce the malaria area to a considerable extent.

Regional health and epidemiology sections are carrying on this campaign relentlessly.

Highly co-ordinated networks of health units include 260 consultation rooms, 73 infirmaries, six rural hospitals and 21 general, district or regional hospitals, in addition to hospitals specializing in ophthalmology and neuropsychiatry, tuberculosis units (preventoria and sanatoria), urban dispensaries and health centres made up of several dispensaries. Such is the health service in Morocco to-day. It is being expanded and added to every day under the five-year plan, 1947-1952, which will cost more than eight thousand million francs, 2,200 millions of which were allotted to the 1952 financial period alone.

The medico-social services include services for treatment (and I would remind you here that medical treatment both in consultation units and in hospitals is free for all Moroccans), school health, mother and child welfare and health education. In this connexion I would mention the many paediatric centres that combine specialized dispensaries and schools for mothers, in which Moroccan women are instructed in the elements of child care. In all, the working budget amounts to nearly three thousand million francs. All these measures are parts of a governmental campaign to improve the living conditions of the people by combining the economic and social means utilized.

This gives some indication of the benefit which we shall be able to derive from co-operation in the work of your Assembly. "No road leading to health can be called difficult or hard", wrote Montaigne three centuries ago. But this is not always the case. On this difficult road which we are treading together and which is often strewn with obstacles we are glad to be able to rely upon your technical and moral support.

For our part I can assure you that we shall collaborate to the full both in your central and regional committees, and in this connexion, without wishing to prejudice your decision, the Moroccan delegation asks that Morocco be attached to the Regional Office for Europe.

The more carefully the ground has been tilled the better the harvest. I have no doubt of the value of our future harvests when we follow the counsel and advice of your Assembly.

Once again, I would convey to you our deep gratitude for having made it possible for us to summon up and devote all our efforts and energies to the common task.

The PRESIDENT: The Chair recognizes the delegate of Libya.

Mr. Aneizi (United Kingdom of Libya): Mr. President, on behalf of the United Kingdom of Libya, I should like to express the great pleasure that Libya has in welcoming the associate membership of Tunisia and Morocco.

The PRESIDENT: The Chair notes the views expressed by the delegate of Morocco as to the preference of Morocco in the Organization, and at the same time the Chair wishes to state that the question of the final grouping of Morocco will be more appropriately considered by the Committee on Administration, Finance and Legal Matters, in accordance with the Constitution.

38. Other Business

The PRESIDENT: We now come to the last item on our agenda, which is "Other Business".

The Chair recognizes the delegate of Chile.

Dr. Romero (Chile) (translation from the Spanish): The emotion with which I rise to address you prevents me from accurately describing my feelings.

11 See footnote to resolution WHA5. 16.
The Assembly has just made a great gesture. It has awarded to Professor Winslow, one of the friends of Professor Léon Bernard, whose work in preventive medicine he has continued and expanded, the greatest honour which can be conferred in this domain and which is known as the Léon Bernard Foundation Prize. This gesture on the part of the Assembly has encouraged me, in my turn, to address you.

I would remind you that I was also, in my younger days, a student of that famous teacher, Professor Léon Bernard. This great gesture of recognition to the men who have shed lustre on the science of preventive medicine shows us life from another angle. Here we usually listen to statements of a technical nature, but we hear nothing about the more personal aspects of our existence.

What do we achieve in this way? A manifestation of the spirit and a personal aspect. And in connexion with this gesture which the Assembly has just made, I would draw your attention to another which, in my opinion, is just as important, since it concerns the very nature of our emotions—the human gesture which the staff of WHO have just made in giving us another of life's joys, an impression of being at home, at ease, on the occasion of the ball of Saturday last. The attentiveness of their Head and of all the staff shown on that occasion encourages one to think that all should not be reduced to scientific questions; we also need other aspects of life which must be cultivated; in this way the terms employed in our Constitution about health, which we are bound to promote from the physical, mental and social points of view, work many wonders here.

For this reason I would ask you to bring this plenary meeting to an end by applauding in their turn the staff who, with their Director, were eager to offer us this moment of leisure and enjoyment.

Our best thanks to Dr. Chisholm and the staff of WHO.

39. Programme of Work

The President: The Chair finds that the hour is rather late for the main committees to begin their work this morning and therefore announces that the two main committees will meet, as scheduled in the programme, at three o'clock this afternoon. The Committee on Credentials will meet in Salle X immediately after the close of this meeting to consider additional credentials which have been received. The General Committee will meet at 12 noon, or in approximately ten minutes from now.

Is it the pleasure of the Assembly that we adjourn this meeting? If there is no objection, the meeting is so adjourned. Thank you.

The meeting rose at 11.50 a.m.

EIGHTH PLENARY MEETING

Thursday, 15 May 1952, at 2.30 p.m.

Acting President: Dr. P. Vollenweider (Switzerland)

later

President: Dr. J. Salcedo (Philippines)


The Acting President (translation from the French): I declare the eighth plenary meeting of the Fifth World Health Assembly open.

We now come to the first item of our agenda: "Suspension of Rule 10 [14] of the Rules of Procedure of the World Health Assembly".

I should like to make a few comments on this first item of our agenda. At earlier Assemblies it was found necessary to suspend the application of Rule 10 [14], which provides that a period of 48 hours should elapse between the distribution of documents and their examination in plenary meeting. Owing to the inevitable increase in the rate of work, it proved impossible to observe this stipulation to the letter. Each previous Assembly has therefore suspended the application of this rule. This year the General Committee has again found it advisable to ask the Assembly to take the same decision. I am sure that the Secretariat will do all in its power to see that documents reach delegations as rapidly as possible and will endeavour to comply with the 48-hour requirement in spite of the suspension of this rule.
Nevertheless it is likely that towards the end of the session certain documents will not be out soon enough for this rule to be observed. For that reason, on behalf of the General Committee, I ask the Assembly to suspend the application of Rule 10 [14] once again. Are there any comments on this proposal?

As there is no objection, Rule 10 [14] will be suspended until the close of the present Assembly.

41. Adoption of Third Report of the Committee on Credentials

The Acting President (translation from the French): Item 2 of the agenda is the consideration and adoption of a number of committee reports.

I call upon the Rapporteur of the Committee on Credentials, Dr. Zahir, to submit the third report of this committee (document A5/54).

Dr. Zahir (Afghanistan), Rapporteur, read the third report of the Committee on Credentials.12

The Acting President (translation from the French): Are there any observations? The report is adopted.

42. Adoption of Second Report of the Committee on Programme and Budget

The Acting President (translation from the French): We now go on to the second report of the Committee on Programme and Budget (document A5/56). Will the Rapporteur of the Committee on Programme and Budget, Dr. Nazif Bey, present this report?

Dr. Nazif Bey (Egypt), Rapporteur, read the second report of the Committee on Programme and Budget.13

The Acting President (translation from the French): Have you any observations to make on this report? There appear to be no observations. The report is therefore adopted.

43. Adoption of Third Report of the Committee on Programme and Budget

The Acting President (translation from the French): I call upon the Rapporteur of the Committee on Programme and Budget, Dr. Nazif Bey, to submit the third report of this committee (document A5/57).

Dr. Nazif Bey (Egypt), Rapporteur, read the third report of the Committee on Programme and Budget.14

The Acting President (translation from the French): The discussion is open. I call upon the delegate of the Netherlands.

Dr. van den Berg (Netherlands): Mr. President, fellow delegates, the Committee on Programme and Budget in this report, as part of the consideration of the programme and budget for 1953, makes a recommendation with regard to fellowships for the next three years. To my mind, it is not within the competence of this committee to make recommendations with regard to the programme for 1954 and 1955, and therefore I should like formally to propose the deletion of this recommendation from the committee's report.

The Acting President (translation from the French): Are there any other speakers? The delegate of the Netherlands has proposed the deletion of item 1 from the report. Do you accept the proposal made by the delegate of the Netherlands?

I call upon the delegate of Pakistan.

Dr. Jafar (Pakistan): Mr. President, colleagues, the resolution to which reference has just been made was very fully discussed by the Committee on Programme and Budget. We have not heard any reasons from the proposer of the resolution in reply; we are just asked to vote for its deletion. I feel that it is rather unfair on those who supported this resolution that no reasons should be advanced before the Assembly by the mover of the resolution, and that we should be asked at this stage to reject it.

I for one, who supported the resolution, should like to state the case very briefly. The proposal was put forward by the delegate of New Zealand with a view to enabling those countries which are described as economically under-developed to get their medical graduates or doctors trained abroad in such a way that they would become teachers or instructors on their return. At that stage, the delegate of the Netherlands suggested that this move need not be supported because there were teachers already available in some of the countries that may be considered advanced or developed. We all know that there are people available in the developed countries, and we also know the aims and objects of the World Health Organization. The World Health Organization has all this time been trying to afford facilities for those who are backward, or

12 See p. 329.
13 See p. 333.
14 See p. 334.
who have not had the opportunity in previous years, to have that opportunity now, so that they may in due course be in a position not only to man their public-health services properly but to multiply the numbers of trained personnel. We have no objection at all to the training of personnel from the developed countries, as was made clear in the resolution. It was only that priority should be given to those who have not had equal opportunities in the past. This again, colleagues, was made quite clear. In spite of this, it seems that there is a desire on the part of some delegations here to keep those people who have so far had the opportunity behind the others. I cannot attribute any other motive to this than the one I have just described.

Now a very important reason for this request by the New Zealand delegation, supported by others, was the question of availability of placements. Those of us who are responsible for making arrangements for the training of their personnel know full well that they cannot get what they want because the countries which are described as developed or advanced prefer to give facilities in the first instance to their own people, and after that to those they wish to give to. The request involved in this proposal was that countries which do not possess facilities for the postgraduate training of their people in their own countries should be able to obtain facilities through the World Health Organization in countries abroad. And if the countries which have those facilities still feel that other countries which do not possess them should continue to be deprived of them and not given the priority which they have asked for temporarily, then I have nothing more to say.

I would, therefore, oppose this proposal and appeal to this Assembly to make that concession to the countries which need it so very badly.

The Acting President (translation from the French): I call upon the delegate of the Netherlands, Dr. van den Berg.

Dr. van den Berg (Netherlands): Mr. President, fellow delegates, I should like to make it clear that I only made formal objections because to my mind it is not within the competence of a committee that is dealing with the budget for a certain year to decide on the policy for three years. That was my only formal proposal. Materially I have no serious objections, because, to my mind, this recommendation does not materially mean so very much, because as a matter of fact you cannot divide the field of technical assistance and the field of fellowships and so on; you cannot divide countries as such into developed and under-developed countries. Each country is in certain aspects developed and in other aspects under-developed. If you will look at the budget for technical assistance this will be quite clear. Therefore I am not opposing materially this recommendation, but I made my objections in order to maintain good principles of budget policy. I should like to make this clear; I am not opposing materially this recommendation.

The Acting President (translation from the French): The next speaker is the delegate of New Zealand.

Dr. Turbott (New Zealand): Mr. President, fellow delegates, I should like to say that I agree entirely with the remarks just made by the delegate of Pakistan. This matter was well thrashed out in the Committee on Programme and Budget. In my opinion, it is well within the competence of this Assembly, and therefore of its Committee on Programme and Budget, to formulate general programmes for two, three or ten years in advance, and there is a precedent for this. I therefore find myself strongly opposed to the amendment proposed by the delegation of the Netherlands.
need it most. On that basis, ladies and gentlemen, I again appeal to you to consider this problem favourably.

The Acting President (translation from the French): Are there any other speakers?

The delegate of the Netherlands approves of the text of the report, but, if I have understood his proposal correctly, the measure recommended should apply for one year only. If there are no other speakers, we shall proceed to vote.

Delegates in favour of the proposal made by the delegate of the Netherlands are requested to raise their cards. Against? Abstentions? The proposal of the Netherlands delegate is rejected by 49 votes to one, with seven abstentions. The text of the report as submitted to the Assembly remains unchanged.

Now, with your permission, we shall decide upon the report as a whole. Those in favour of the adoption of the report are requested to raise their cards. Are there any other speakers? I call on the delegate of Norway.

Dr. Evang (Norway): Mr. President, fellow delegates, I would like to make a few remarks in reference to item 6 of this report—“Production of Antibiotics and Insecticides”. It has been a matter of mounting concern to my Government that there seems to be a tendency to complicate the international machinery all the time, thereby making the administrative cost too high in relation to what can be done in the field. On several occasions we have seen that, instead of strengthening those international bodies already existing within the framework of the United Nations, new international agencies have been established with a large international bureaucracy. We do not really know what we are now undertaking. Does this mean, Mr. President, that there will be established a United Nations Technical Assistance Administration which will gradually take over larger or smaller parts of the work until now done by the specialized agencies? We are not clear on this point, and I do not feel on behalf of my delegation and my Government that I can vote for this at the present time. At this late stage I do not want to take up any other proposal, but I have to reserve the attitude of my country on this point.

The Acting President (translation from the French): Are there any other speakers?

With this procedure? If so, will those in favour of the adoption of the first part of the report, that is to say, items 1, 2, 3, 4 and 5, kindly raise their cards? Against? Abstentions? The items in question are adopted by 52 votes.

Item 6: Delegates in favour of retaining item 6 as it appears in the report are requested to raise their cards. Against? Abstentions? There are 45 delegates in favour of the adoption of item 6, none against and eight abstentions.

44. Adoption of Second Report of the Committee on Administration, Finance and Legal Matters

The Acting President (translation from the French): We now come to the next item on the agenda: the second report of the Committee on Administration, Finance and Legal Matters (document A5/58). Will the Rapporteur of this committee, Dr. Chatty, come to the rostrum?

Dr. Chatty (Syria), Rapporteur, read the second report of the Committee on Administration, Finance and Legal Matters.15

Dr. Chatty (Syria), Rapporteur, Committee on Administration, Finance and Legal Matters (translation from the French): Mr. President, I would ask you to authorize the Chairman of the Legal Sub-Committee to give the Assembly some explanations on item 7, that is, the frequency of Health Assembly sessions.

The Acting President (translation from the French): I call upon the Chairman of the Legal Sub-Committee.

Mr. Mason (New Zealand), Chairman of the Legal Sub-Committee: Mr. President, fellow delegates, the Chairman of the Committee on Administration, Finance and Legal Matters requested that an explanatory statement should be made to the Assembly on this item of the committee's report. At the request of the Rapporteur, therefore, I am giving a brief summary of the decisions taken at various stages of the consideration of this question, and, since those decisions were closely contested, the main arguments for and against them.

The Committee on Administration, Finance and Legal Matters referred to its Legal Sub-Committee proposals and recommendations for amending the Constitution contained in Official Records No. 40, pages 18-20, and document A5/AFL/2, in order to

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15 See p. 341.
determine whether they complied with Article 73 of the Constitution. The latter provides that such proposals must be in the hands of the Member States at least six months in advance of their consideration by the Health Assembly.

Proposals from the Scandinavian countries almost identical with those before this Assembly had been in the hands of Member States six months before the Third World Health Assembly of 1950. Opinion in the Legal Sub-Committee was divided as to whether this made it possible to reconsider them now. Some members of the sub-committee maintained that these proposals had lapsed when the Third World Health Assembly had declined to take action on them but had instead asked for the matter to be studied by the Director-General. Others of the sub-committee maintained that these proposals had never lapsed and that, since they had been notified to Member States six months before the Assembly of 1950, they were clearly in the hands of Member States six months before this Assembly.

The former view was upheld in the Sub-Committee when the following recommendation was carried by nine votes to six:

The Legal Sub-Committee,

Considering that the time-limit imposed by Article 73 of the Constitution for the presentation in the form of definite texts of amendments to the Constitution has not been respected,

is of the opinion that the Fifth World Health Assembly is not in a position to examine proposals contained in Executive Board resolution EB9.R53 and the documents issued subsequent to that resolution.

After lengthy discussion in the full committee, the Legal Sub-Committee's recommendation that this Assembly is not in a position to consider resolution EB9.R53 of the Executive Board, or documents of a later date, was endorsed.

Some felt, however, that the first part of the Legal Sub-Committee's recommendation might be taken to establish a precedent that proposals automatically lapsed when no action was taken on them by the Assembly to which they were presented. This part of the sub-committee's recommendation was therefore put to the vote separately. It was not adopted since there were 20 votes for and 20 against.

The remaining part of the recommendation was adopted, together with an additional paragraph which would ensure that amendments to the Constitution and administrative arrangements involved in biennial sessions could be considered by the Sixth World Health Assembly.

The Acting President: (translation from the French): You have heard the explanations given by the Chairman of the Legal Sub-Committee and have now to take a decision on item 7 of the report: the frequency of Health Assembly sessions. Are there any speakers on this point? There are none. Consequently, discussion is open on the rest of the report, that is items 1 to 6. No observations? The report is adopted.

Mr. President, before retiring in order to allow you to resume the chairmanship for the rest of the meeting, I should like to say how grateful I am that you thought fit to honour me with this office in your absence. To collaborate in this Fifth World Health Assembly with the representatives of countries all over the world and the Secretariat of the Organization is a source of great joy and great satisfaction to the Swiss delegation. I can assure you that the Swiss people are becoming more and more deeply interested in the magnificent work in which we are engaged, not only because the headquarters of the Organization and the Regional Office for Europe are situated in this radiantly beautiful city of Geneva, but also because Switzerland has had the honour and the pleasure of receiving the World Health Assembly again this year. The President of the World Health Assembly will now take the chair.

The President took the Chair.

The President: Ladies and gentlemen of the Assembly, before we proceed to the next item of the agenda I wish to express on behalf of the Assembly our appreciation for the excellent manner in which the Chair has been conducted by the Vice-President, the chief delegate of Switzerland.

45. Adoption of Report of the Working Party on Reservations to the International Sanitary Regulations

The President: The next item on our agenda this afternoon is the Report of the Working Party on Reservations to the International Sanitary Regulations: item 6.4.3 of the agenda of the Health Assembly. The documents are A5/59 and A5/60. Both have been circulated to the various members of the Assembly. They are now in front of you, but before you consider them the Chair would like to have the pleasure of requesting Dr. Morgan, in his capacity of Chairman and Rapporteur of the working party, to address the Assembly on the subject-matter of our agenda.

Dr. Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman and Rapporteur
of the Working Party on Reservations to the International Sanitary Regulations: Mr. President, fellow delegates, I have the honour to present to this Assembly the report of the working party of the whole Assembly on the rejections or reservations submitted by governments in accordance with the terms of paragraph 1 of Article 106 of the International Sanitary Regulations.

The working party took as a basis for its discussions the report of the ad hoc committee which had been set up by the Executive Board to consider the rejections and reservations, and confirmed or modified in some cases the ad hoc committee's findings. Delegates may be interested to know that of the 89 countries who could have submitted reservations only 25 did so—a good indication of the general approval of the Regulations. Four submissions were construed as rejections, but of a formal nature, pending the completion of constitutional procedure necessary in the opinion of those governments for the approval of the Regulations by their legislative body. The total number of reservations submitted was 73. Of these 35 were accepted by the working party, with or without modification, and 38 were rejected. In addition, 11 of the submissions were regarded as amendments to the Regulations and could not be considered as reservations.

We shall, I am sure, all await with interest, and perhaps with some anxiety, the reaction of governments whose reservations have not been accepted by the Assembly, or are acceptable only with some modification. It is not, I think, too much to hope that many governments, inspired by their desire to collaborate to the fullest possible extent, will withdraw their reservations altogether or withdraw them in so far as the Assembly has felt unable to accept them.

The next stage is to receive the rejections or reservations submitted by States under paragraph 2 of Article 106 of the Regulations, applicable to their overseas and outlying territories, and to report on them to the next Assembly. In view of the complexity of the problems associated with the control of epidemic diseases in many of these outlying territories, it would seem desirable that the same kind of procedure, so successful in dealing with the metropolitan territories, would be appropriate.

A certain stability of the Regulations over a good period of time is essential if they are to be efficiently administered and complied with by all parties concerned—administrative, medical, commercial and the travelling public. While it may be expedient to consider amendments at a date in the near future, their entry-into-force should not be hurried. Consequently you will see that the working party has recommended to the Assembly that amendments which have already been suggested by governments, and other amendments which are sure to emerge from experience in the practical application of the Regulations, should be submitted to the Seventh World Health Assembly.

I cannot close these remarks without bringing to the notice of the Assembly the excellent work that has been done by the Secretariat, and in particular by Dr. Biraud and his staff.

Our legal adviser, Mr. Hostie, deserves a special mention; his wise counsel and advice have been invaluable to the working party and to me in particular.

Lastly, Mr. President, I wish, as Chairman of the working party, to express to you and to my fellow delegates my most sincere thanks for the kind and considerate support accorded to me.

I now turn, Mr. President, to the draft resolution prepared by the working party, document A5/60, which is in the following terms:

The Working Party on Reservations to the International Sanitary Regulations recommends to the Fifth World Health Assembly the adoption of the following resolution:

Having considered a report on the rejections, reservations and amendments to the International Sanitary Regulations (WHO Regulations No. 2) submitted by governments,16

The Fifth World Health Assembly
1. ADOPTS the report;
2. REQUESTS the Director-General to transmit it to all governments;
3. REQUESTS the Director-General to prepare, as soon as possible after the entry-into-force of the Regulations, a statement for the information of governments, showing
   (1) those governments which are bound by the Regulations without reservation or with reservations submitted by them and accepted by the Assembly;
   (2) those governments which are not bound by the Regulations by virtue of rejection or of a reservation which has not been accepted by the Assembly and which has not been withdrawn by the government concerned;
4. REQUESTS the Director-General to report to the eleventh session of the Executive Board the nature and extent of the rejections and reservations submitted by governments in respect of their overseas and outlying territories in accordance

16 See Part III.
with paragraph 2 of Article 106, in order that the Board may decide whether, in view of the complexity of the problems involved, they should preferably be referred to an ad hoc committee to study and report to the Sixth World Health Assembly on these rejections or reservations, or whether it would be sufficient to refer the reservation to the Sixth World Health Assembly for consideration by a working party of that Assembly;

5. REQUESTS the Director-General

(1) to transmit any proposed amendments to the text of the Regulation which are received from Governments to the Committee on International Quarantine;

(2) to convene that committee for the purpose, inter alia, of advising the Seventh World Health Assembly on such amendments.\(^\text{17}\)

The President: On behalf of the Assembly I would like to express thanks and appreciation to Dr. Morgan and his working party for the volume of work they have accomplished and for the report they have submitted to the Health Assembly.

The Chair recognizes the delegate of Belgium.

Dr. Van de Calseyde (Belgium) (translation from the French): I have the honour to submit to you a number of comments on the working party’s recommendations. In so doing, I have the support of the delegations of Belgium, Brazil, France, Haiti, Italy and Luxembourg.

After debate on the reservations submitted by 21 countries, the working party adopted a series of recommendations on which the Assembly will have to come to a decision. These recommendations are contained in the report now submitted to the Assembly. Some of them invite the Assembly to accept reservations which change the very spirit of the Regulations. They are in conflict with Article 23, which stipulates that the measures permitted by the Regulations are the maximum measures which may be applied. Almost all make the Regulations more complicated for health administrations as well as for transport organizations and the persons who will have to apply them. They put countries which make no reservations in the position of having to comply with measures the justification of which is doubtful, to say the least. Finally, they are of a nature to warrant recourse to measures of reciprocity, the result of which would be to make the basic principles of the universality of the international regulations illusory and to create confusion in the application of these regulations, not to mention the disputes to which this confusion may give rise between States which have to apply the Regulations.

No human work of an international character can attain perfection at once and meet all different points of view. It is therefore understandable that certain countries are not fully satisfied with some of the provisions of the Regulations. In all probability every country has some adverse criticism to make of these Regulations and would have preferred a narrower or wider wording, or the addition of some provision or other. Some have accepted the Regulations as a whole in spite of their imperfections, trusting that the other countries will display a generous spirit of collaboration and good sense in their application. They wished to put the Regulations to the test of practice, at the same time reserving their rights to point out to WHO, in due course, any difficulties arising, with a view to putting forward amendments. Others, however, fearing that they would not be sufficiently covered by the Regulations, have submitted a series of objections regarding the application of these Regulations.

The comments which I have the privilege to make do not mean that we are determined to reject the working party’s report. We have made these remarks chiefly in order to affirm that our gesture in accepting the report in a spirit of international conciliation should not be interpreted as support for the substance of these reservations which, in our opinion, go against the spirit of the Regulations.

The President: Are there any other delegates who would like to express their views on the two documents before us this afternoon? Are there any other comments, remarks, observations? Is the Assembly prepared to act on the resolution in document A5/60? If so, the Chair would like to request the action of the Assembly on document A5/60, which contains the resolution in regard to the reservations and proposed amendments to the International Sanitary Regulations. Delegations who are in favour of the resolution in document A5/60 will please make known their desire by raising their cards.

Delegations who are opposed to the adoption of the resolution in document A5/60 may indicate their opposition by raising their cards.

Delegations who wish to abstain will kindly raise their cards.

The result of the action of the Assembly is as follows:

In favour of the resolution, 56; opposed, one; abstention, one.

The resolution is therefore approved.

\(^{17}\) Resolution WHA5.32
46. **Election of Members entitled to designate a Person to serve on the Executive Board**

The President: The next item on our agenda is the election of Members entitled to designate a person to serve on the Executive Board; it is item 15 of the agenda of the present Health Assembly. The reference is document A5/55, dated 13 May 1952. The Chair would like to read this document:

At its sixth meeting on Monday, 12 May 1952, the General Committee, in accordance with Rule 83 [88] of the Rules of Procedure, drew up the following list of nine Members to be transmitted to the Health Assembly for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Executive Board:

- Canada, Denmark, New Zealand, Brazil, Iran, United Kingdom of Great Britain and Northern Ireland, Switzerland, Laos, Israel.

The committee then recommended the following six Members, which in the committee's opinion would provide, if elected, a balanced distribution of the Board as a whole:

- Canada, Denmark, New Zealand, Brazil, Iran, United Kingdom of Great Britain and Northern Ireland.

At this point the Chair would like to remind the various delegates that there are several pertinent Rules which govern the election of Members entitled to designate a person to serve on the Executive Board. Rule 83 [88], which has been cited here, reads as follows:

The General Committee... 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.

Based on this Rule the committee has presented to you document A5/55.

We have Rules 82 [87] and 83 [88] which are significant with reference to our action this afternoon. We have also Rule 84 [89], the last sentence of which is important in the deliberations of the Assembly. The pertinent portions of these Rules may be read by the Chair:

The Health Assembly shall elect from among the Members nominated in accordance with the provisions of Rule 83 [88] the six Members to be entitled to designate persons to serve on the Board by secret ballot.

It therefore means that in this session of the Assembly we will elect six Members.

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 83 [88] and this Rule shall be considered.

The Assembly is therefore being informed that the list of nominations is confined to the report made by the General Committee in document A5/55.

For the purpose of elections in accordance with Rule 84 [89] 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.

Therefore, the Chair wishes to remind the Assembly that any ballot which contains more than six names or less than six names, or countries other than those appearing in the list given in document A5/55, will be considered null and void. The Chair wishes to repeat: any ballot which contains more than six names or less than six names, or countries other than those appearing in the list given in document A5/55, will be considered null and void.

Those are the pertinent provisions of the Rules of Procedure of the Health Assembly which shall guide the Assembly in its action this afternoon.

The Chair at this point would like to designate with the concurrence of the Assembly two tellers. I have the pleasure of designating, if the Assembly so approves, Dr. Daengsvang (Thailand) and Dr. Clark (Union of South Africa) as tellers. Any objections on the part of the Assembly? If there are none, the Chair would like to thank the Assembly for confirming these designations.

The Chair would like to request the two tellers to come forward to the rostrum.

The next procedure is: the Secretariat will distribute the ballots, the delegations will indicate their choice and the delegation of each country will be requested to come to the rostrum to vote. Each delegation shall have only one vote and will be called to the rostrum in the English alphabetical order of the country. The countries at the appropriate time will be requested by the interpreter to come to the rostrum to indicate their ballot. The Chair would like to repeat that the delegations will be called to the rostrum in the English alphabetical order of the name of the country. However, the interpreter will kindly address the delegations, or read the names of the delegations, in English, French and Spanish.
The votes of the Member States were taken in turn by secret ballot.

The President: The Chair wishes to announce that there are 60 Members present and voting. In view of the fact that the counting of the ballot will take some time the Chair would like to announce a short recess, unless there is any objection on the part of the Assembly.

The meeting was suspended at 4.25 p.m. and resumed at 4.45 p.m.

The President: The Chair wishes to call the plenary meeting to order after our recess. The Chair has just received the report of the committee of tellers. The report is signed by Dr. Daengsvang (Thailand) and Dr. Clark (Union of South Africa), tellers. The contents of the report are as follows:

Eighth plenary meeting of the Health Assembly held on 15 May starting at 2.30 p.m. in the Assembly Hall on the subject: Election of six Members to designate persons to serve on the Executive Board.

Here are the official results:

- Number of Members entitled to vote: 63
- Absent: 3
- Papers null and void: 2
- Number of Members present and voting: 58
- Number required for simple majority: 30

The pertinent rule which will decide the election on the first ballot is Rule 84 [89], which reads as follows:

The Health Assembly shall elect from among the Members nominated in accordance with the provisions of Rule 83 [88] 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...

I will read again for the benefit of the Assembly Rule 84 [89], pertinent provisions: (Repeats)

Therefore the first six countries or six candidates which have registered a vote of 30 or more are elected according to Rule 84 [89].

The results of the election are as follows:

- Canada: 57
- Brazil: 53
- Denmark: 53
- New Zealand: 50
- Iran: 41
- United Kingdom: 33
- Switzerland: 27
- Israel: 17
- Laos: 17

A vote of 30 is enough for election to the Board; the following countries are therefore declared by the Chair to be elected to the Board and are authorized to designate persons to serve on the Executive Board: Canada, Brazil, Denmark, New Zealand, Iran, United Kingdom of Great Britain and Northern Ireland. (Applause)

The Chair notes the spontaneous manifestation of approval of the Health Assembly acting as one body, and interprets the action just taken by the Health Assembly as congratulations to the six countries elected by the Assembly to designate persons to the Executive Board. The Chair joins the Assembly in such manifestations.

On behalf of the Assembly the Chair would like to thank Dr. Daengsvang and Dr. Clark for their co-operation and assistance in this election.

47. Other Business

The President: We now come to item number 5, other business. The delegate of Libya is recognized by the Chair.

Mr. Aneizi (United Kingdom of Libya): Mr. President, fellow delegates, allow me first of all to thank you again for the unanimous welcome which you so kindly gave to the membership of the United Kingdom of Libya. It is indeed a great honour for a new independent nation to be a member of this world organization.

The independence of my country was the outcome of the United Nations' resolutions and efforts. It has been said that Libya is considered as a child of the United Nations; as a child we must apply for help to our parents and relatives. This is especially so in the health domain, which is one where our needs are most urgent. This help which we hope will soon be given to us will have to be administered by a regional office, and I have the honour, on behalf of my government, to apply formally for the assignment of the United Kingdom of Libya to the Eastern Mediterranean Region. The reasons for this choice are many. We are a Mediterranean country with the same climate, diseases and social problems as the Eastern Mediterranean zone. Furthermore, this wish does also comply with the delineation of the Eastern Mediterranean Region, in which Libya was included before independence.

Of course, we shall forward, if necessary, our formal application to the authorities concerned. I hope that this Assembly will approve this request. Thank you, Mr. Chairman.

The President: The Chair notes the views expressed by the delegate of Libya, but at this point would like to state that these views will have to be
considered in more detail by the Committee on Administration, Finance and Legal Matters before further action can be taken by the Health Assembly.

Is there any other business that you would like to take up?

48. Announcement

The President: Before we adjourn, the Chair would like to make the following announcement, in connexion with registration for the technical group discussions:

All those wishing to take part in the technical group discussions who have not yet registered should please give their names to the inquiries desk at Door 14 today.

Is it your pleasure that we adjourn the meeting?

If so, the meeting is adjourned.

The meeting rose at 4.45 p.m.

49. Deposit of Instrument of Acceptance of the Constitution by the Government of the United Kingdom of Libya

The Acting President (translation from the French): The ninth plenary meeting is in session.

Before passing to the first item on the agenda, I have a communication to make. I have great pleasure in announcing to you that the Secretary-General of the United Nations has just officially informed the World Health Organization that the Government of the United Kingdom of Libya has deposited the instrument of acceptance of our Constitution. Libya thus becomes definitely a Member of the World Health Organization with the full rights which that status confers.

In the name of the whole Assembly I would again express our satisfaction to the United Kingdom of Libya and again welcome this new Member.

50. Adoption of Fourth Report of the Committee on Credentials

The Acting President (translation from the French): I now have pleasure in calling upon the Rapporteur of the Committee on Credentials, Dr. Zahir, to present that committee's fourth report.

Dr. Zahir (Afghanistan), Rapporteur, read the fourth report of the Committee on Credentials.18

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18 See p. 329.
circulated to you and will be included in our report. Professor Myrdal confronted us with some disturbing features of the present-day world which many of us in the past have tended to ignore, and Professor Winslow gave us the courage and the philosophy with which to face those facts. I feel that we owe them both our most cordial thanks.

For our discussion on the second subject—The Methodology of Health Protection for Local Areas—we divided ourselves into five smaller groups, each of about 20 people, under the chairmanship of Drs. Aujaleu, Evang, Jafar, McGavran and Nazif Bey. Each group discussed the same general subject as a whole, but in addition each group examined in more detail a different aspect of the subject. These small groups had three sessions of discussion and approved a report by their rapporteurs.

It was the responsibility of the Rapporteur-General, Professor Mackintosh, to knit together these group contributions into a single comprehensive report which he presented yesterday to the general meeting of our technical discussions. Those of us who heard the presentation of this report will agree with me that he has achieved a remarkable synthesis, despite great pressure of time. We all therefore look forward to the publication of his full report which, I hope, will take place as soon as possible. It merits wide distribution.

I have mentioned the great difficulty that faced Professor Mackintosh owing to the breathless haste imposed upon him by the timetable we were given. Our group rapporteurs were faced with the same problem. Drs. Foster, Khaddouri, Leroux, Turbott and Zahir deserve our thanks for preparing the group reports in a space of time which, we must recognize, was quite inadequate.

Regarding the discussions themselves, it is, I think, clear that they were a success. We enjoyed them and, what is more, I think we all learned something from them, but we did not always learn the kind of things we expected. Some of us came looking for neat cut-and-dried solutions which we could write down and take home with us, but we learned that they do not exist. And so from our discussions we learn something more valuable, namely, how to set about finding the solutions that are appropriate to our own country—which has its own history, its own geography and its own ways, even if it has the same diseases as other countries.

We found, too, that we in the under-developed countries can learn from the mistakes of the more advanced countries as well as from their successes; and that they too can learn from our experiments. Perhaps, as a result of this year's discussions, I may also mention some of the suggestions which I, and my colleagues the chairmen of the groups, feel should be borne in mind when the Executive Board and the Director-General begin their planning for next year's discussions.

First of all, the question of time. We need more time for our discussions than we were given this year. Last year's discussions were more satisfactory from this point of view. This year, instead of cutting the budget, we cut the time for the technical discussions. Next year I hope we shall cut neither.

Secondly, when should we have these discussions? We feel they should come earlier in the Assembly, but not before the official business begins, lest those who control the finances of our delegations be tempted to think it an unnecessary expense to attend them. But although the bulk of the discussions should take place early in the Assembly, the report should be presented later—perhaps in the second week—if we are to give our rapporteurs the time they need for their work.

Thirdly, we hope that we shall continue to experiment with the technique of the discussions themselves, and that the Director-General will not hesitate to suggest to the Executive Board such experiments as seem to him worth trying.

And lastly, the question of a subject. We have reached the same conclusion as was reached last year: our subject was too broad and, as Professor Parisot said in his report to the Fourth World Health Assembly on the technical discussions held under his masterly chairmanship: "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."

I have one final duty, Mr. President. It is to thank those who attended these discussions for their active participation, and the Director-General and his staff who made the success of our discussions possible. In our technical discussions we worked in a friendly and very informal way: we put forward our personal views as individual health workers, and we got to know each other. In presenting to you our report, Mr. President, I like to think that the spirit of our discussions has had an influence beyond our own meetings and has shown itself in those other meetings where we represent not ourselves but our countries.

The Acting President (translation from the French): The Chair wishes to thank Professor Ferreira for his brilliant statement regarding technical
discussions. We think that the pertinent remarks he has made concerning the organization of these discussions will be useful to the Director-General of the World Health Organization in making arrangements for the discussions in the future.

Draft resolution submitted by the Delegations of Brazil, India and Norway

The Acting President (translation from the French): In connexion with the technical discussions, two draft resolutions have been presented, one by the delegations of Brazil, India and Norway, contained in document A5/62, and the other by the delegation of France, contained in document A5/70. The debate is open on the resolution presented by the delegations of Brazil, India and Norway. Does any delegate wish to speak? If no one desires to take the floor, the Chair will consider the resolution as adopted.\(^\text{19}\)

Draft resolution submitted by the Delegation of France

The Acting President (translation from the French): The draft resolution presented by the French delegation and contained in document A5/70 is before the Assembly. Does any delegate wish to speak? If no one desires to take the floor I shall consider this resolution as adopted.\(^\text{20}\)

52. Population Problems

The Acting President (translation from the French): The delegate of Belgium.

Dr. van de Calseyde (Belgium) (translation from the French): I have asked for the floor on a point of order on account of a new fact in connexion with population problems. The day before yesterday, in a desire for conciliation and agreement, the draft resolution presented by the delegations of Italy, Lebanon and Belgium was withdrawn. When withdrawing it, I made the following statement and I asked that that statement be included in extenso in the minutes of the meeting; this was not done. Among other things I said: \(^\text{\textquoteleft\textquoteleft} It must be made clear beyond any possibility of doubt that the outcome of the debate which has taken place is that we, in this committee, are agreed that although the problem of over-population in certain regions may call for WHO's advice and assistance for the protection of the health of these peoples—advice and assistance already being given—there can be no question of our organization, which is universal and neutral, becoming the advocate, still less the means of implementing, certain economic and social theories which are far from receiving universal approval. \textquoteright\textquoteright\)

Professor Canaperia added that he thought the Director-General and the Secretariat were sufficiently informed concerning our discussions and that they would bear them in mind in the future. It so happens that a newspaper (I am aware that it is possible to reply that the Secretariat of the Organization is not responsible for what appears in the Press), the New York Herald Tribune of 20 May 1952, gives a very objective account—which does credit to the person who wrote it—of our work in committee. The last paragraph states: \(^\text{\textquoteleft\textquoteleft} Secretariat officials said, however, that they did not consider themselves bound by the views of any delegation in the absence of a formal decision of the meeting.\textquoteright\textquoteright\) I regret that I am obliged to ask the responsible officials of the Organization, and the Director-General, Dr. Brock Chisholm, if this declaration was made by a responsible person attached to the Secretariat and if this declaration expresses the opinion of the Director-General of the World Health Organization.

The Acting President (translation from the French): I give the floor to the Director-General of the Organization in order that he may reply to the question put by the Belgian delegation.

The Director-General: Mr. President, I know of no source of such a statement from the Secretariat. The job of the Secretariat is clearly to carry out the wishes of the national delegations at the Assembly as expressed in the Assembly—whether in formal resolution or in expressed wish in committee is not important, as the job of the Secretariat is to carry out wishes. I know of no statement that could be interpreted in the words which have been quoted from a newspaper which could be—as far as I know—traced to members of the Secretariat.

The Acting President (translation from the French): Is the Belgian delegation satisfied with the information given by the Director-General?

Dr. van de Calseyde (Belgium) signified assent.

The Acting President (translation from the French): Before passing the acting Presidency of the
Assembly to Dr. Togba in accordance with the wish of the President of the Assembly, I desire to express my gratitude to Dr. Salcedo for having called upon me to preside over this Assembly. I desire also to thank the delegates for their co-operation and for their assistance in the carrying-out of my task.

Dr. Togba, Vice-President, took the Chair.

53. Adoption of Fourth Report of the Committee on Programme and Budget

The Acting President: Thank you, Dr. Bellerive. We now proceed with the other items on our agenda. We have the fourth report of the Committee on Programme and Budget. Will the Rapporteur of this committee please come forward?

Dr. Nazif Bey (Egypt), Rapporteur, read the fourth report of the Committee on Programme and Budget.21

The Acting President: Thank you, Dr. Nazif Bey. Is there any objection to the adoption of this report as a whole? Any comments? As there are no comments and no objections, the report is adopted.

54. Adoption of Fifth Report of the Committee on Programme and Budget

The Acting President: And now the fifth report of the Committee on Programme and Budget. Dr. Nazif Bey.

Dr. Nazif Bey (Egypt), Rapporteur, read the fifth report of the Committee on Programme and Budget.22

The Acting President: The delegate of the United States of America.

Dr. Scheele (United States of America): It will be recalled that, when the question of the budget ceiling for 1953 was before the Committee on Programme and Budget, the delegate of the United States of America, on behalf of his Government, urged the adoption of a budget which would continue total assessments against Members at the same level as in 1952, namely $8,600,000. This proposal failed of adoption and an $8,980,200 assessment level found majority favour in the committee. The delegate of the United States of America registered objection to the Appropriation Resolution when that resolution was considered by the Committee on Administration, Finance and Legal Matters. I wish again to record the disapproval of the United States of America of item 2 of the fifth report of the Committee on Programme and Budget now under consideration.

The Acting President: The delegate of Norway.

Dr. Evang (Norway): Mr. President, I should just like to call attention to point 10 of the document before you—the resolution “Publicity given to ‘Wonder’ or ‘Miracle’ Drugs”. By some mistake, I think, what has been read to us is not the wording which was accepted by the Committee on Programme and Budget; it is the original wording suggested by the delegation of the Philippines. Several amendments were suggested by several delegations and these were all accepted, but the final text has not been presented in this document.

The Acting President: In the light of what has just been said by the delegate of Norway, we shall ask the members to approve this report with the exception of this particular item and ask the Director-General and his staff to go over the particular item.

The delegate of the United Kingdom.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland): Mr. President, in view of the importance of section 2 of the report under consideration, I wonder if you would be good enough to take that section separately from the rest of the report for voting?

The Acting President: For the information of the Assembly, I wish to call attention to the fact that there are a number of important items in this report, as a result of which we shall have to approve this report item by item. Some of them require a showing of cards to register your approval; others require a two thirds majority, in keeping with our Constitution. When such time arises, I shall inform you.

So, turning to document A5/66, which is the fifth report of the Committee on Programme and Budget, is there any objection to our adoption of item 1—Regular Programme for 1953? Any objection? Any comments? As there are none, this item is adopted.

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21 See p. 335.
22 See p. 336.
Item 2—Appropriation Resolution for the Financial Year 1953. This particular item requires a show of cards and it requires a simple majority for its adoption. Will all those who are in favour of this item kindly raise their cards? Those against? Abstentions? The result is: those for the resolution as it stands 38, against 16, abstentions 4. Hence this item of the report is adopted.

Item 3: Is there any objection? Any comments? As there are none, it is adopted.

Item 4: Objections? None. Adopted.

Item 5: Any comments? Objections? None. It is adopted.

Now item 6 requires a two-thirds majority, in keeping with Article 60 of the Constitution, which states that decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting; and, since this matter of course deals with conventions or agreements, in the light of this article of the Constitution a two-thirds majority is required for its adoption. All those in favour, please make it known by raising your cards. Those against? Abstentions? The result is 59 for, none against and no abstentions. So we have adopted this resolution bringing us into relations with UNRWAPNE.

Item 7—Joint Committee on Health Policy, UNICEF/WHO: Any comments? Any objections? None. It is adopted.

Item 8—Review of Programme and Budget Estimates by the Executive Board: Any comments? Objections? There being none, it is adopted.

Item 9—International Committee of Military Medicine and Pharmacy: This item also, in keeping with Article 60 of our Constitution, requires a two-thirds majority. All those who are in favour of approving this item, please raise your cards. Those against? Abstentions? For this particular item, those in favour 48, against 1, abstentions 7. In keeping with our Constitution, this item is adopted. As was previously stated, item 10 will not be considered until a later plenary meeting.

On behalf of the Assembly, I wish to thank the Chairman of the Committee on Programme and Budget for the splendid manner in which he has conducted the affairs of that particular committee, and also to thank the Rapporteur of the committee for this report, and all of you for your decision to adopt it as it has been presented. I wish also to thank Dr. Salcedo, the President of the Assembly, for the honour and opportunity he has granted me by permitting me to preside over this particular meeting of the Assembly.

The President took the Chair.

The President: Ladies and gentlemen of the Assembly, I should like to thank Dr. Togba for presiding over a portion of the deliberations of this morning’s meeting. Also I would like to express my gratitude to Dr. Bellerive for starting the plenary meeting of the Assembly, earlier this morning.

55. Adoption of Third Report of the Committee on Administration, Finance and Legal Matters

The President: We will now proceed to the next item in our agenda, which is entitled, “Reports of the Committee on Administration, Finance and Legal Matters”. The Chair wishes to invite the Rapporteur of the committee, Dr. A. Chawkat Chatty, to present the third report.

Dr. Chatty (Syria), Rapporteur, read the third report of the Committee on Administration, Finance and Legal Matters. 23

The President: The third report of the Committee on Administration, Finance and Legal Matters, contained in document A5/68, is now before the Assembly for its consideration. For convenience, it might be appropriate, unless the Assembly thinks otherwise, for paragraphs 1, 2, 3, 4, 5 and 6, corresponding to resolutions 1, 2, 3, 4, 5 and 6, to be acted upon as a whole by the Assembly. Is that procedure agreeable to the Assembly? If so we will act then on these six resolutions simultaneously. Any comments? Any objections to the six resolutions? The Chair, finding that there are no comments and no objections, assumes that the six resolutions meet with the approval of the Assembly.

We now proceed to resolution No. 7—Agreement with the Government of the Philippines. According to our Rules of Procedure this resolution, confirming the agreement, has to be approved by a two-thirds majority of the Members present and voting. Any comments? Any objections to the six resolutions? The Chair, finding that there are no comments and no objections, assumes that the six resolutions meet with the approval of the Assembly.

We now proceed to resolution No. 8—Agreement with the Government of the Philippines. According to our Rules of Procedure this resolution, confirming the agreement, has to be approved by a two-thirds majority of the Members present and voting. Any comments? Any objections to the six resolutions? The Chair, finding that there are no comments and no objections, assumes that the six resolutions meet with the approval of the Assembly.

We now turn to items 8 and 9, concerning resolutions 8 and 9.

23 See p. 343.
With reference to these resolutions, numbered 8 and 9, document A5/68, the Chair would like to make the following statement: The consequences of the admission by the Health Assembly of Morocco as an Associate Member of the World Health Organization concern only that part of Morocco for which France is responsible for the conduct of international relations, according to the Treaty of 30 March 1912. The International Zone of Tangier, on the one hand, and on the other the territory placed under Spanish protectorate by the Treaty of 27 November 1912, are not affected by this decision of the Health Assembly. Any document established by the World Health Organization referring to this decision will duly take into account the present statement.

Before we open the discussion and consideration of these two items, I should like to invite the attention of the Assembly to the amendment that is being introduced by the delegation of France on resolution No. 9. The amendment is contained in document A5/72, which the Secretariat has distributed to the various delegations. The amendment in particular refers to item 9—Assignment to Regions. In connexion with this amendment, the Chair would like to inquire from the delegate of France if he wishes to take the floor.

The Chair recognizes the delegate of France.

Dr. Boïdè (France) (translation from the French): In the first place, the French delegation wishes to make a statement with regard to item 8, that is to say, concerning the rights and obligations of Associate Members. The French delegation is entirely in agreement with the declaration just made by the President. The French Government, in proposing the admission of Morocco as an Associate Member of the World Health Organization—thus meeting the wish expressed by His Majesty the Sultan—was acting within the terms of the treaties of 30 March 1912 between France and Morocco, and of 27 November 1912 between France and Spain, and it had no intention of assuming any responsibility for the application of this decision beyond the limits of the French zone in Morocco.

I should now like to state the views of the French delegation with regard to item 9, that is, assignment to regions. I wish to explain the reasons why the French delegation has drawn up the amendment which has been circulated to you. A few days ago, two countries were unanimously admitted as Associate Members to your Organization. Both, through their authorized representatives, expressed to you their desire to be assigned to a particular region of their choice. During examination of this request for assignment by the Committee on Administration, Finance and Legal Matters, two opposing arguments immediately emerged: that favouring assignment to the Regional Office for the Eastern Mediterranean, and that favouring assignment to the Regional Office for Europe. After a long discussion in which a considerable amount of confusion was apparent the committee, by a small majority, refused to accede to the requests of the countries concerned and to follow the proposal of the Executive Board, and adopted the resolution which is the subject of my remarks. The voting showed that the committee was very divided on these questions and during the meeting of the Committee on Administration, Finance and Legal Matters a number of delegates formulated reservations in respect to this resolution.

It is not my intention to reopen the discussion on the reasons for or against assignment of one territory or another to a particular region. The arguments in favour of both theses were thoroughly developed and there is no need to re-state them. The French delegation wishes to draw attention to the un-constitutional character of this resolution and in particular paragraph 4, which I will re-read:

4. AUTHORIZES the Director-General, in the meantime, to take the necessary steps to provide services to territories not yet assigned to regions through the headquarters of the Organization under the title “Region undesignated.”

What would be the consequences of this resolution? The requests of these two countries with regard to assignment not having been taken into consideration, the Committee on Administration, Finance and Legal Matters, by this resolution, deprives them of part of their rights as Associate Members. Although it is evident that these two countries will continue to benefit from the services of the World Health Organization provided through the headquarters of the Organization, it is also clear that, not being included in a region, they will be unable to participate in the life of the Regional Organization and, in particular, in the work of the Regional Committee, which is a deliberative Assembly whose functions are defined in Article 50 of the Constitution. Article 50 in fact stipulates: “The functions of the regional committee shall be: (a) to formulate policies governing matters of an exclusively regional character; (b) to supervise the activities of the regional office”; there are four or five other paragraphs. In other words, this resolution would have the effect of preventing these two countries from participating in the preparation of the health policy of the region of their choice, and would therefore withhold certain prerogatives con-
ferred upon them by their admission to our Organization, and it is here that I consider the resolution to be unconstitutional.

I ask you to imagine what may well be the state of mind of a country which, having been welcomed by our Assembly and having made known its desire to be assigned to a certain region, finds that its request is rejected, and this in spite of the fact that another country admitted only 48 hours beforehand has had its request concerning assignment satisfied by the Committee on Administration, Finance and Legal Matters—which, I would add, seems to us completely natural. There is here, therefore, an inequality of treatment which is both displeasing and incomprehensible.

If the resolution submitted to you by the Committee on Administration, Finance and Legal Matters were adopted, the inevitable result, in certain delegations, would be a bitterness which would be harmful to the spirit of international collaboration which is indispensable for the proper functioning of the World Health Organization. In order to arrive at a solution in conformity with the Constitution it would be desirable for the Assembly to adopt the resolution of the Executive Board which was put aside by the Committee on Administration, Finance and Legal Matters. But, aware that this solution might give rise to considerable difficulties, the French delegation, in a desire for conciliation, proposes to the Assembly the adoption of the draft amendment to the resolution, which was circulated this morning.

The President: The Chair recognizes the delegate of the United Kingdom.

Dr. Rae (United Kingdom of Great Britain and Northern Ireland): Mr. President, this resolution proposed under item 9 was originally accepted in the committee without the committee having seen it in print. Though I was against it at that time, I was much more against it when I saw it in print. This organization very wisely decided to regionalize itself, because by so doing it could more satisfactorily and efficiently carry on its work throughout the world. That has been done. In the regions, staff have been collected so that regional programmes can be adequately undertaken. Now this resolution tries to throw back on to the Director-General in his headquarters the onus of looking after large parts of the world. That can only create extreme difficulties and, I should think, muddled planning. But it is rather worse because, if you will read again paragraph 3, the proposal is that this matter will be considered at a future Assembly. It is not a question of postponing this thing for one year; it is a completely indefinite postponement—at "a future Assembly".

One other matter, Mr. President, if I may take up the time. This was considered under item 7.11 of the agenda—Assignments to Geographical Areas: Morocco; Tunisia; French Departments of Algeria; Greenland; Somalia. There were a certain number of papers dealing with this, including one, A5/27, which was a request by the United Kingdom Government, made at the request of the Government of British Somaliland, for its transfer from one area to another. At no time was that paper referred to. It is a peculiar thing that, when a request is received from a government, the delegate of that government should not even be asked to explain his reasons for his request.

The President: The Chair is pleased to recognize the delegate of Lebanon.

Dr. Hayek (Lebanon) (translation from the French): Document A5/72 was distributed to us in our hotels this morning. I frankly admit, Mr. President, that we have not had sufficient time to examine it thoroughly. I would ask you to take into consideration the importance and implications of this amendment for our delegations, and, in accordance with the second paragraph of Rule 45 [50] of the Assembly's Rules of Procedure, to decide to adjourn the study and discussion of this proposed amendment to the next plenary meeting. In fact, this second paragraph reads: "Resolutions, amendments and substantive motions shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. As a general rule, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations not later than the day preceding the meeting..."

I appeal to your sense of equity and justice and to your discretionary powers, Mr. President, and ask you to accord us the requested adjournment.

The President: The Chair wishes to make the following statement: The report of the Committee on Administration, Finance and Legal Matters, embodied in document A5/68, was approved by that committee only yesterday afternoon. It is obvious, therefore, that amendments to the report could not be made earlier, and for this reason the amendment from the French delegation was circulated only this morning.

However, the delegate of Lebanon has appealed to one of our Rules of Procedure, which I think requires priority action by the Assembly. The
delegate of Lebanon has proposed that we adjourn the discussion of the amendment from the French delegation. May I be informed by the delegate of Lebanon if I have interpreted his proposal correctly?

I am informed by the delegate of Lebanon that I have interpreted faithfully his proposal. It is necessary, therefore, for the Assembly to act on this proposal in compliance with Rule 51 [56]. However, according to the same rule the Chair may recognize not more than two speakers who would like to indicate their disagreement with the proposal, should there be any two such speakers.

The delegate of Lebanon.

M. Geeraerts (Belgium) (translation from the French): When reading a text, and especially a constitutional text, it is advisable to take the trouble to read it to the end. I would, therefore, complete for you the reading of Rule 45 [50] of the Assembly’s Rules of Procedure. This Rule terminates with the following sentence: “The President may, however, permit the discussion and consideration of such resolutions, amendments, or substantive motions even though they have not been circulated or have only been circulated the same day.”

I have already for some time had the honour and pleasure of meeting together with you, gentlemen, and I know you sufficiently well to be certain that you do not require two or three hours to consider the implications of the French amendment. It is perfectly clear. Our discussions have continued for hours. Each knows the opinion of the other and I really see no reason to adjourn this discussion.

The President: It is precisely in accordance with Rule 45 [50] that the Chair has permitted discussion of this amendment, but in Rule 49 [54] we have the following statement:

During the discussion of any matter, a delegate or representative of an Associate Member may move the suspension or the adjournment of the debate. Such motions shall not be debated, but shall immediately be put to a vote.

The Chair, therefore, transfers the interpretation of the proceedings from Rule 51 [56] to Rule 49 [54], and a vote of the Assembly, on the proposal of the delegate of Lebanon, is declared in order. The proposal is that we adjourn the debate on the amendment presented by the French delegation. Delegations who are in favour of the proposal to adjourn the debate on the amendment from the French delegation will kindly indicate their approval by raising their cards.

The Chair recognizes the delegate of Belgium on a point of order.

M. Geeraerts (Belgium) (translation from the French): The honourable delegate of Lebanon has referred to Rule 45 [50], which mentions resolutions, amendments and substantive motions. You mention Rule 49 [54] but, in my opinion, Rule 49 [54] covers an entirely different case. It states: “During the discussion of any matter, a delegate or representative of an Associate Member may move the suspension or the adjournment of the debate...”. But, Mr. President, we have not had any discussion; we have before us an amendment which is being presented. It has not been discussed. I do not see how suspension of the discussion can be requested.

The President: The Chair is appreciative of the views of the delegate of Belgium, but at the same time the Chair is aware that Rule 45 [50] permits the President of the Assembly to allow discussion and consideration of such resolutions. It is precisely the resolution that is under discussion (which discussion has been permitted by Rule 45 [50], which is being cited by the delegate of Belgium) and precisely in that manner the Chair has recognized the delegates of France, the United Kingdom and Lebanon. The Chair holds that recognition of these three delegations and admission of their remarks into the records constitutes a discussion, and therefore the Chair rules that there has been a discussion and that Rule 49 [54] of the Rules of Procedure prevails.

We come back to the action of the Assembly on the proposal from the delegate of Lebanon. For purposes of clarification may we again request the Assembly to indicate their approval of the proposal to adjourn the debate by raising their cards?

Dr. van den Berg (Netherlands): On a point of order, Mr. President.

The President: Just a minute, maybe there is no need to raise a point of order; perhaps the Chair has not correctly stated the proposal, if you would allow me. The Chair is now requesting the Assembly to take action on the proposal by the delegate of Lebanon to adjourn the debate on the French amendment. Delegations who are in favour of the proposal will please raise their cards.

The Chair recognizes the delegate of the Netherlands.
Dr. van den Berg: Mr. President, fellow delegates, I have a feeling that there is a little bit of confusion. Sometimes we are asked to vote on a proposal for the closure of the debate, in accordance with Rule 51 [56] of our Rules of Procedure. At other times we are asked to vote on a proposal for the suspension or the adjournment of the debate. Well, if I understand quite correctly the last statement of the President, then we are voting now on the suspension and not on closure of the debate. If so, Mr. President—if we are voting on an adjournment—then we should know when we should resume our debate, if it is an adjournment until the afternoon or until tomorrow or perhaps until Friday.

The President: The Chair would like the benefit of the textual presentation, or rather, if you please, of the complete presentation of the proposal from the delegate of Lebanon. The Chair has interpreted his proposal only as a suspension or adjournment of the debate on the French amendment, but the Chair is not sure if the delegate of Lebanon has indicated till when he would like the debate suspended or whether he leaves that privilege to the Chair.

The Chair recognizes the delegate of Lebanon.

Dr. Hayek (Lebanon) (translation from the French): I requested the adjournment of the discussion of the proposed amendment submitted by the French delegation, and I appealed to your discretionary power which is mentioned in the second paragraph of Rule 45 [50], which I read previously.

The President: At the present moment the Chair cannot take any decision on when this amendment will be taken up again by the Health Assembly; the best we can say is, at the next plenary meeting. The next plenary meeting will be—depending on how we progress this morning—either this afternoon or tomorrow morning. The proposal will therefore read that the Assembly adjourns the debate on the amendment from the delegation of France until the next meeting of the plenary session of this Assembly, which should be either this afternoon or tomorrow morning.

The Chair will now again request the Assembly to indicate its action. Those in favour of the proposal by the delegate of Lebanon to adjourn the debate on the amendment from the French delegation until the next meeting of the plenary session of this Assembly will please so indicate by raising their cards.

Delegations who wish to abstain will kindly indicate by raising their cards.

Delegations who wish to abstain will kindly indicate by raising their cards.

The Chair announces the result of the action of the Assembly: delegations in favour of the proposal, 12; delegations opposed, 26; delegations abstaining, 18. The proposal is therefore lost and the debate may continue.

The Chair recognizes the delegate of Egypt.

Dr. Nazif Bey (Egypt): Mr. President, fellow delegates, I am afraid that it is the intention of some members of this Assembly to open once more the discussion on this very delicate matter by submitting an amendment to our resolution, and I am also afraid that such a problem may cause, on the last day of this session of the Assembly, some undesirable sensation amongst some other members. It has always been the tradition in this organization that all its meetings are held in an atmosphere of friendship and a feeling of co-operation amongst the members, but I am afraid, Mr. President and fellow delegates, that during the present Assembly we have been faced by some delicate problems which, had they been examined and discussed in the same traditional friendly atmosphere of this organization, would have been easily and smoothly solved. But I regret to say that such delicate problems have been tackled and discussed in a fashion and in an atmosphere quite new to the members of this Assembly. We have been feeling, these last few days, that some of the problems submitted to us for discussion were not discussed on technical or social bases, which in my view should be the only bases for discussion at this Assembly. We have been feeling these last few days that there are other bases, far away from the object of this specialized agency, dominating the field of discussions in the committees. The problem submitted to us in this Assembly as regards the assignment of the Associate Members to certain regions has been discussed deliberately in one of the main committees of this Assembly. Long and hot discussions took place in the abnormal atmosphere that I have just described, and we clearly indicated our view that some criteria should be established for the assignment of Members or Associate Members. I declared my view clearly that in the case of Tunisia and Morocco some consideration should be given to the language, religion, habits, prevalent diseases, etc., when trying to assign these new Associate Members to any region; while the delegate of France takes into consideration only the transport and movement of passengers between these States and France. We
said that the areas have been delineated on a geographical basis and that Europe was considered as a geographical area, and a region was established in that area. The people in Europe are more or less similar in all the considerations that we have just mentioned. Thus, when they sit in their regional committee they can homogeneously discuss their problems with interest. Their problems are nearly the same, and their social conditions are nearly the same. What will the Tunisian and Moroccan delegates do in such an atmosphere? How can we compare this situation with that proposed by us, where they would sit in one regional committee with fellow members who talk the same language, who live under the same social and hygienic conditions, and who have the same programmes of work?

We declared these views in the Committee on Administration, Finance and Legal Matters, but we felt that the discussions were not running on an equal basis on both sides. That is why, Mr. President, my delegation, full of good will and with the feelings of medical people when discussing technical problems, submitted the resolution under consideration, feeling only that this problem should be fully discussed to establish the criteria on which the assignment of Members or Associate Members to the regions should be based. We also took into consideration the importance of not depriving the unassigned Members or Associate Members of all the services or rights they are entitled to under the Constitution.

This resolution was discussed fully in the Committee on Administration, Finance and Legal Matters, as all members here know. There were over 40 members attending the committee, and the resolution was voted upon and accepted and not one of the members indicated that he had any reservations. Not even the French delegate raised any objection. Not even the Secretariat or the representatives of the Director-General attending the meeting ever raised the objection of the unconstitutionality of the resolution at that time. No one said that the acceptance of such a resolution would demolish your Constitution. Then, after two or three days, and while the draft report of the committee is being read at a later meeting, one member of the committee asks to have reservations to the resolution recorded and says that he is going to vote against it, and one by one other members put in the same view until 15 delegates in all are numbered as having the same view. Where were these members before? Some even started re-discussing the resolution, and had it not been for the learned Chairman of the committee the scene would have really been ridiculous.

Allow me, Mr. President, to state here that I have been surprised by this sudden change of views and by the unanimity of the objections and reservations. What danger is there in accepting such a resolution as we have submitted, whose main object is to study the problem fully and have more information about the criteria that should be considered? Is it because Tunisia and Morocco will not be able to sit in the one meeting of the Regional Committee for Europe that this reservation is made? Or in plainer words, is it because there are other reasons at the back of all this? I assure you, fellow delegates, that is the truth of the whole problem. Here we are in this specialized organization, with some of the Members taking an attitude of people who lived in past centuries when this world was divided into two parts, sovereign and slaves. But I should like to say that such opinions should completely disappear. Now the world is divided into two divisions, countries already well-developed, and countries undeveloped that rely upon the well-developed countries to help them. Let the people of these undeveloped countries tell you their stories, their poverty, their health conditions, their need for your guidance, and you, as highly cultured Members, listen to them and help them. Let no other dangerous views affect us as medical people who have dedicated themselves to alleviating the sufferings of human beings.

Believe me, fellow delegates, the resolution submitted to you here on our behalf is one that conserves the benefits of both sides. No one would lose if we approved this resolution unamended; but on the contrary, if we refuse it, or amend it, I assure you that the majority of the countries in our region will have to reconsider their situation as regards this organization, when their delegates go back home and tell all that they have seen and felt in this session of the Assembly. We have sacrificed our previous health organization in our region to be integrated into the present WHO. We have been loyal and sincere and helpful and grateful to this organization, when their delegates go back home and tell all that they have seen and felt in this session of the Assembly. We have sacrificed our previous health organization in our region to be integrated into the present WHO. We have been loyal and sincere and helpful and grateful to this organization since it first started, and we should like to continue like that. The burdens put on the shoulders of this organization are increasing year by year, while the Organization is continuously and progressively ascending the hill and is in need of the true collaboration of all the Members here to reach its goal; but if we start putting obstacles in the way of the Organization at this stage, I am afraid the future will not be so bright as we hope it will be.

Thus, Mr. President and fellow delegates, I would ask you in a spirit of good will to accept our resolution unamended.
The President: The Chair recognizes the delegate of Pakistan.

Dr. Jafar (Pakistan): Mr. President and fellow delegates, before I start saying something on this question, I would like to assure my friends that I will not go into the field of emotions at all. My attitude on this question throughout has been that it is a question of procedure and of following our own decisions, which we have taken at the previous meetings of the World Health Assembly.

Now, a reference has been made in proposing this amendment to certain sections of the Constitution, and it has also been pointed out first of all that any country can join the region of its choice. Considering the Constitution of this organization and the decisions which have so far been recorded, I consider it a myth: there is nothing like it. Any country which wishes to choose a region has to choose within the framework of the geographical areas which have been delimited by the World Health Assembly, and I will come to that first.

The World Health Assembly, as mentioned in Official Records No. 13, on page 331, said:

RESOLVES that the Executive Board be instructed

(1) to establish regional organizations in the areas indicated in the second report of the Committee on Headquarters and Regional Organization

—and for the benefit of my colleagues I would like to underline this—

as soon as the consent of a majority of Members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available; (2) as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; (3) as regards Europe, to establish a temporary special administrative office as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

Now, gentlemen, this is the basis on which you start regionalization and the allocation of your countries. A reference in this resolution has been made to the second report of the committee which describes or delimits these areas: it describes the Eastern Mediterranean Region as comprising the countries given in the list. When we come to the European Area, it comprises the whole of Europe.

I would put it to you that there are two cases on the basis of which this Assembly at present has the right to allocate a country, and nothing else. The Constitution to which we have so often referred simply says this: "The Health Assembly shall from time to time define the geographical areas"—and I would like to underline these words "geographical areas"—"in which it is desirable to establish a regional organization. The Health Assembly may, with the consent of a majority of the Members situated within each area so defined"—and I would again invite your attention to the words "situated within each area so defined"—"establish a regional organization to meet the special needs of such area. There shall be not more than one regional organization in each area."

Now, members of this Assembly, all I want to stress is this: that you have framed your Constitution, you have taken decisions at the previous sessions of this World Health Assembly, you have defined the geographical areas; your committee indicated to you the regions that should be created in these geographical areas, you have done so. Now today we hear that a country from outside a geographical area might suddenly be allocated to a region, for reasons which we are not aware of. In my opinion, Mr. President and members of this House, it is absolutely essential that in the first instance we should change the delimitation of these geographical areas, and once we have changed them, any country which falls within the new delimitation would certainly be entitled to ask for its allocation to the area that it comes in.

At present, the European Area has been defined as comprising the whole of Europe. Now I ask you, unless you have changed the definition of this European Area in which this regional organization exists, is it legal, is it permissible that you allocate to it a country from Africa, for whatever reasons there may be? I am therefore of the definite opinion that the amendment put forward by the French delegation at this stage means only this—that these areas which belong to North Africa, and which are not included in the geographical area as defined by a previous decision of this World Health Assembly, are to be allocated to an area to which they do not belong. Therefore this request is not in order and, if agreed to, will go and contravene all the decisions of the World Health Assembly which have hitherto been taken and its Constitution.
The President: The Chair wishes to recognize the delegate of New Zealand.

Mr. Mason (New Zealand): I take the floor today, Mr. President, not to join in the general debate on this question, which has already been fully discussed in the Committee on Administration, Finance and Legal Matters, but merely to point out an inaccuracy in the statement made by the chief delegate of Egypt so far as it concerns my delegation. I am sure, Mr. President, that the inaccuracy was not intentional but merely results from overlooking some of the facts of the situation. The matter before us today was very fully discussed, as I have already said, in the Committee on Administration, Finance and Legal Matters on the basis of several documents submitted by, or on behalf of, various territories which have not yet been assigned to regions. The resolution in the form before us today was introduced into the debate not long before the close of the discussion; it was not printed nor circulated to members beforehand for their consideration. At that time I suggested on behalf of my delegation that it was difficult to take a decision on a proposed resolution of that length and some complexity unless the proposed resolution was printed and before the committee beforehand. The ruling given was that the proposed resolution should be voted on at that meeting.

At that meeting, Mr. President, my delegation abstained from voting. On further consideration, after having seen the printed document and further considered it, it was the view of my delegation that they were not in accord with the deferment of a decision on the allocation of these countries to regions—a deferment which, as the delegate of the United Kingdom pointed out today, may be of indefinite duration. At yesterday’s meeting the Chairman allowed various delegations to state their reservations to the proposal. Accordingly, my delegation stated its reservation, namely, that it did not agree with the deferment of a decision on this matter and therefore would be compelled to vote against the resolution in plenary session.

The President: The Chair has listened carefully to the various views expressed here by the different delegates and I am sure the Assembly has benefited by the debates we have had.

The Chair, taking into consideration the personal welfare of the delegates and knowing that many of the delegates have an appointment which cannot be postponed in about 20 minutes, proposes that we adjourn this meeting until 4 o'clock this afternoon, and from then on we shall continue our discussions and debates.

The meeting rose at 12.25 p.m.

56. Adoption of Fifth Report of the Committee on Programme and Budget (continuation)

The President: The Chair, noting that there is a quorum, wishes to announce that the plenary meeting of the Fifth World Health Assembly is resumed.

The Assembly will recollect that during consideration of the fifth report of the Committee on Programme and Budget this morning, there was an observation made by the delegate of Norway that item 10 of the report as presented to the Assembly was not in conformity with the resolution as amended.

I have been given to understand that the Secretariat has distributed to the Assembly document A5/66 Corr.1. If that is the case, I would like to request the Rapporteur of the Committee on Programme and Budget kindly to present to the Assembly this correction.

Dr. Nazif Bey (Egypt), Rapporteur of the Committee on Programme and Budget: Corrigendum to the fifth report of the Committee on Programme and Budget. Substitute the following resolution for the resolution given under item 10—Publicity given to “wonder” or “miracle” drugs:

The Fifth World Health Assembly,

Having noted the hasty publication, in the lay press, of articles about new drugs, often presented as “wonder” or “miracle” drugs;
Aware that many of these drugs are still under trial;

Cognizant of the harmful effects of inadequate treatment, the masking of symptoms, and the creation of resistance to future measures or to basic factors of disease control, as a result of the use of these drugs at their present state;

Desirous of protecting the health of all peoples,

INSTRUCTS the Director-General to draw the attention of Member Governments to the desirability of adopting appropriate measures, preferably through their national health administrations, for ensuring that such publicity may not jeopardize the health of their peoples who may be misled to believe in a speedy, not yet existing, cure.

The PRESIDENT: Corrigendum No. 1 to the fifth report of the Committee on Programme and Budget is now under consideration. Any comments, remarks? Any objections? There being none, this part of the fifth report of the Committee on Programme and Budget, as corrected, is approved by the Assembly.

57. Adoption of Third Report of the Committee on Administration, Finance and Legal Matters (continuation)

The PRESIDENT: We now go back to the subject which we were discussing before the adjournment this noon. For purposes of chronology, I would like to invite the attention of the Assembly to item 8 of the third report of the Committee on Administration, Finance and Legal Matters, document A5/68—item 8 and the corresponding resolution. Are there any comments on this resolution? Any objections? The resolution is approved by the Assembly.

We now go to item 9, which has been discussed; but before we take further action may I make the following remarks from the Chair.

It seems desirable at this point to make an effort to summarize some of the relative factors of the problem which the Assembly is now considering. The item of the agenda now before us is called "Assignment to Regions", and the individual components to be considered under this item include two new Associate Members, namely Tunisia and Morocco,24 plus Greenland, Somalia and British Somaliland.

The report of the Committee on Administration, Finance and Legal Matters contains a resolution recommended to the plenary meeting which, in essence, provides for the whole question of further delineation of geographical areas to be determined by the Health Assembly—in accordance with Article 44(a) of the Constitution which reads: "The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization"—and to be studied by the Executive Board and the Director-General with a view to recommending rules and criteria which the Assembly might take into account in carrying out its responsibilities. It further provides that, pending this study, the particular points included under this item of the agenda should be deferred.

The delegation of France has submitted a proposed addition to the resolution, to provide that Member States, Associate Members, and territories or groups of territories for which a request for assignment to a region has been presented, will be provisionally assigned to the regional organization of their choice, pending the result of the study mentioned above.

The delegate of Pakistan in his statement this morning raised a possible legal point which, if I understand him correctly, relates the making of this decision to the earlier decisions of the Health Assembly which established the delineation of geographical areas. He referred specifically to the resolution of the First World Health Assembly which included the delineation of the European Area as comprising the whole of Europe. His thesis seemed to be that, before the Assembly could take steps to include a territory as part of the European Area, it would first be necessary to amend the delineation of the European Area.

During the recess the Chair has had an opportunity to make a considered review of some of the previous decisions of the Health Assembly, and finds that at previous Health Assemblies decisions were taken—or, at least, one decision was taken—to reassign a Member State from one geographical area to another without separate specific action being taken to amend specifically and categorically, or alter, the decision taken by the First World Health Assembly. The Chair would respectfully refer the plenary meeting to resolution WHA3.118 of the Third World Health Assembly, which is included in the Handbook of Resolutions and Decisions on page 154. This decision is as follows:

The Third World Health Assembly,

Having considered the request of the Government of the Republic of the United States of

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24 See footnote to resolution WHA5.16.
Indonesia for inclusion of Indonesia in ... [the South-East Asia Region],

RESOLVES that the Republic of the United States of Indonesia shall from now on form part of [the South-East Asia Regional Organization], which already comprises the following countries... and the countries are stated.

In the First World Health Assembly resolution [WHA1.72], paragraph 2, Indonesia was included in the Western Pacific Area.

It appears therefore to the Chair that it is the prerogative of this Health Assembly to interpret the requirements which stem from the Constitution of the World Health Organization in whatever way it wishes to exercise its decision.

The Assembly may, if such be its decision, provide for a new assignment or reassignment to a region which at the same time might have the effect of altering the delineation of geographical areas previously established.

The Chair recognizes the delegate of Liberia.

Dr. TOGBA (Liberia): Mr. President, fellow delegates, I regret to have to take the floor on this matter as I had thought that our decision at the committee which considered the item in question, and which went into full discussion involving several days—I thought that our decision was final. It was certainly surprising to me this morning to receive an amendment which is somewhat contradictory to the proposal before us, as found in document A5/68.

If I may first dwell upon an error which was called to our attention, in sub-paragraph 3 of item 9, in the second line : instead of having the report read " should make a report to a future Assembly ", I think those of us who had to deal with this particular question had in mind " to the Sixth Assembly ". But as we all know, in drafting there is in many instances a slip of the pen, or maybe a slip of the typist. As a result we have " to a future Assembly " instead of " to the Sixth Assembly ". So, if this is regarded as an error, I would like it to be corrected to read " to the Sixth Assembly ".

And further, Mr. President, some people argue that this particular resolution is unconstitutional. I personally fail to see the unconstitutionality of the proposal, because we are dealing with a region undesignated. We are not taking away the privileges or the services that are being granted to the particular areas under consideration; they are still to receive their services from headquarters as has been recommended.

Perhaps if we go back to the days when we were organizing the various regions, back in 1948—as I can recall clearly, we first wanted to start with just two regions, then some said : What about this region? and that region? and so on. And finally, of course, it was agreed to add the African Region, after a long plea from your humble servant.

When we designated the various regions and outlined their boundaries, etc., questions were raised, as I recall, about the fact that this area involved the north-western part of Africa. Those countries which were responsible for the international relationship of these particular areas simply said words to the effect of : Well, let's not consider that now, it will come up later; they can go ahead and receive help from headquarters.

The President has called our attention to the fact that at one of our Assemblies we reassigned Indonesia. But Indonesia, as I may recall, is an independent and sovereign State. Of course, I do not know the standing of Tunisia, Morocco and the others, but as far as I recall, they have applied for associate membership and they are not full Members. In fact, Indonesia is located on the border-line and may be thrown either one way or the other. Its people are related to the people of the Western Pacific as well as those of South-East Asia, and their disease problems are practically the same as those of both those regions.

I personally fail to see the relationship between Europe and Northern Africa—leaving out politics and speaking strictly from a medical and public-health point of view. I fail to see any connexion whatsoever. It is true that the countries in question may be represented by France, Spain and so on, but their health problems pertain to an entirely different region from that of Europe. They have for instance, as one of their major problems, malaria, and then of course trachoma, brucellosis, typhoid and so on. These problems are rare in Europe, but the particular diseases are common to other regions besides Europe.

It is true that we may have assigned an area to another region, but at the same time those of us who did it bore in mind the relationship, so far as diseases were concerned, to the particular region to which Indonesia, for example, was assigned. I fail to see, however, how Tunisia and Morocco can be placed in this category.
It is regrettable that Somaliland, Greenland, etc., fell under the same ruling. We were considering the problems at the same time, and we could not, so to speak, segregate one area from the other. Therefore the Chair, if I recall correctly, ruled that we consider all of these entities under the one particular title that was before us. As a result, of course, Somaliland, Greenland and so on, came into the same category, to be studied and considered at the next Assembly—not at a future Assembly but at the Sixth Assembly. With that correction, Mr. President, I thank you.

The President: The Chair interprets the views of the delegate of Liberia as an amendment to the resolution in item 9, paragraph 3. Is this interpretation correct?

Dr. Togba (Liberia): Quite correct.

The President: Any other remarks or observations from the floor? Any comments?

The Chair recognizes the delegate of France.

Dr. Boidé (France) (translation from the French): I apologize for speaking again on a subject which has already engaged your attention for too long. I would like to reply briefly to the observations of a certain number of our colleagues.

This morning the delegate of Egypt declared that one country had dealt with the question with which we are concerned on a basis which has already engaged your attention for too long. I would like to reply briefly to the observations of a certain number of our colleagues.

This morning the delegate of Egypt declared that one country had dealt with the question with which we are concerned on a basis which was neither technical nor social. Obviously, you will have had no difficulty in recognizing the country referred to as France. May I be permitted to protest against this assertion since I consider that nothing in the attitude of the French delegation justifies such a statement, and I must leave full responsibility for it with its author.

Furthermore, during his speech he mentioned that four questions in particular—on account of the very considerable difficulties raised by them—had occupied the attention of the Committee on Administration, Finance and Legal Matters. I leave it to you, gentlemen, to discover for yourselves in which region these questions presented themselves.

I would also like to reply to Dr. Jafar’s remarks. Dr. Jafar advanced arguments of a juridical nature against the amendment which we had submitted, and he maintained that the Organization’s regions as already planned had been, or would be, called in question. May I remind you that several countries or territories were not mentioned when those regions were planned and that, therefore, there were a certain number of gaps in the regional organization. Since then, decisions have been taken for the filling in of some of these gaps and a recent decision has just bridged another. As we saw it, the main purpose of our argument was to fill two of these gaps. Dr. Jafar has alluded to the delimitation of regions and assignment to regions, referring to the *Handbook of Resolutions and Decisions* of the World Health Assembly, and I would go back to resolution [WHA1.72]. Dr. Jafar has very rightly pointed out that the European Region was defined as including the whole of the European continent. I would, however, remind him that the following countries were cited as constituting the Eastern Mediterranean Region: Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Palestine, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus. Consequently, there were gaps which were not mentioned and these gaps concern North Africa in particular.

Dr. Togba will also allow me to reply very briefly to his remarks. He mentioned that it was difficult to see any technical reasons in favour of assigning North Africa to the European Region, and he told us that among the predominant pathological disorders of North Africa there were a number of diseases not found in Europe. He spoke of malaria, of brucellosis and of typhoid fever. It is true that there is a great deal less malaria, and our Italian friends are in a position to tell us why, for all epidemiologists are aware of the work of land reclamation carried out in that country—on both a large and a small scale—and which has eliminated malaria. This is one of the reasons why that disease is less frequent in the countries of Europe. Nevertheless it exists. As to typhoid fever, I must admit with some shame that we have still too many cases in France; and as far as concerns brucellosis—a disease declared by Charles Nicole to be a disease of the future—we know that it exists in every country and that a quite considerable number of cases are found in northern parts. I feel, therefore, that the arguments advanced by Dr. Togba are not very conclusive.

In conclusion, I would just like to point out that the amendment we have presented is certainly not of an explosive nature. As I stated this morning, it is merely with the aim of reaching a conciliatory solution that we have advocated provisional assignment to the region of choice while awaiting com-
munication of the findings of the experts to the Assembly. Consequently, I see in this nothing revolutionary, nothing to provoke the ire of our colleagues.

**The President:** The Chair recognizes the delegate of Pakistan.

**Dr. Jafar (Pakistan):** Mr. President, I am sorry I have to come back to explain my position once again. At the same time I must say that it has given me satisfaction to know that the point which I had made has been admitted. All that has been said against it is that we have already slipped once. Now, I have come to question that slip: I do not consider that it was a slip. For instance, we all know that when the area that was mentioned—Indonesia—was allocated to a region at the First World Health Assembly, the allocation was a provisional one. At the same time, the country had just attained independent status, and as soon as they knew where they were, they changed their allocation, which happened to be on the border-line. The case, as has been pointed out by my colleague Dr. Togba, has no parallel at all with the case of North Africa and Europe.

A point was made this morning regarding the question of Libya. Libya was already indicated in the definition, so there is no question and therefore no parallel.

When we come to the question of the delimitation of the Eastern Mediterranean Area, to which reference has been made by my friend from France, that area was defined and the countries mentioned. The case of Greece has been mentioned, but that is just a case of overlapping. On the one hand, we all know that Greece is a part of Europe; it is a European country and, therefore, when the European Area is defined as comprising the whole of Europe, it includes Greece. On the other hand, it has been put in the Eastern Mediterranean Region. In this case of overlapping, the country can easily go one way or the other without its being called a mistake or a contravention of the earlier decisions of the Assembly. I therefore still feel that it is up to this Assembly to protect its earlier decisions and, if for any reason there has been a slip, let us not keep slipping for ever. Rather than do so let us change our Constitution or change our earlier decisions.

**Dr. Nazif Bey (Egypt):** Mr. President, fellow delegates, I am sorry to come back to the floor, but my intention is not to prolong the discussion again; I just want to answer what was said just now by the honourable delegate of France.

In my speech today I never meant to direct any interpretation of the present situation to any particular member of this Assembly; I said that I regretted the presence of circumstances, and I am sure that I was describing the feelings of most of the members here, not only as regards the item we are discussing now, but as regards other items that have been discussed, but that have been dealt with at a later stage in a careful way. I have been trying to come to a compromise on our resolution and towards that end I agree with the delegate of Liberia on the correction made. As I said this morning, we hope to come to a happy solution that will make everybody in this Assembly go back home with happy memories of this Assembly.

**The President:** Are there any other delegates who would like to express their views? Is the Assembly prepared to vote on the amendment furthest removed from the proposal? If so, the Assembly may now take action. In accordance with Rule 54 [59], the Chair rules that the amendment proposed by the delegation of France indicated in document A5/72 is furthest removed from the proposal and therefore submits this amendment to the action of the Assembly. Delegations who are in favour of the amendment proposed by the delegation of France, indicated in document A5/72, will kindly indicate their approval of this amendment by raising their cards. Delegations who are opposed to the amendment proposed by the delegation of France may likewise indicate their opposition by raising their cards. Delegations who wish to abstain from voting on the amendment proposed by the delegation of France will kindly indicate their abstention by raising their cards. The result of the action of the Assembly on the amendment proposed by the delegation of France is as follows: those in favour, 23; opposed, 16; abstentions, 11. The amendment is therefore approved by the Assembly.

We now come to the amendment proposed by the delegate of Liberia and the Chair respectfully invites the attention of the Assembly to document A5/68, resolution 9—Assignment to Regions—paragraph 3. The amended paragraph would read as follows:

3. **Declares** that the Executive Board, after having considered the information collected in this way, should make a report to the Sixth World Health Assembly;
This amendment is now before the Assembly for its action. Those in favour of the amendment will kindly indicate by raising their cards. Those opposed to the amendment will likewise do so by raising their cards. Abstentions?

I have been informed that the result of the action of the Assembly on the amendment proposed by the delegate of Liberia is as follows: in favour, 36; opposed, none; abstentions, 14. The amendment is therefore approved.

The Chair assumes that the Assembly is now prepared to consider resolution 9 with amendments. Those delegations who are in favour of resolution 9 as amended will please indicate their approval by raising their cards. Delegations who are not in favour of resolution 9 as amended will indicate their opposition by raising their cards. Abstentions?

The result of the action of the Assembly on resolution 9 of this report, as amended, is as follows: in favour, 28 votes; against, 12; abstentions, 11. The resolution is therefore approved.

We now proceed to item 10 of the third report of the Committee on Administration, Finance and Legal Matters. We would like to invite the attention of the Assembly to the fact that this resolution would require a two-thirds majority for approval. Before we invite the action of the Assembly, the Chair is prepared to consider the views of delegates. Any remarks? The Chair believes that the Assembly is prepared to vote on resolution 10. Delegations who are in favour of resolution 10 will kindly indicate their approval by raising their cards. Delegations who are opposed to resolution 10 will indicate their opposition by raising their cards. Delegations who wish to abstain will kindly raise their cards. There are 49 votes in favour of the resolution, none against, no abstentions. It is therefore approved by the Assembly as it has passed the two-thirds majority required.

The next item on our agenda is item 11—Exceptional Contribution from the Kingdom of Laos. Any remarks? Comments? Observations? The Chair assumes that the Assembly is prepared to act on this resolution. Delegations who are in favour of resolution 11 will kindly indicate their approval by raising their cards. Delegations who are opposed to resolution 11 will kindly indicate their opposition by raising their cards. Abstentions?

The Chair is pleased to announce that there are 45 votes in favour, none against, no abstentions, with reference to resolution 11—Exceptional Contribution from the Kingdom of Laos. (Applause)

On behalf of the Assembly, the Chair would like to extend to the delegation of Laos, and to its Government through the delegation, the gratitude of this Assembly for its exceptional contribution, and this gratitude has been manifested, as the delegation of Laos has witnessed, by the applause.

M. SOUVANNAVONG (Laos) (translation from the French): Confronted with such a manifestation of sympathy, we would be failing in our duty if we did not come to this rostrum to thank you. May we say also that we note with satisfaction that the Assembly has unanimously taken note of the gesture of the Royal Government of Laos, and that all of you here have approved and appreciated it. We hope we may see in your gesture a sincere desire not to let us remain alone on the list, and we thank you for the spirit of solidarity you have shown towards us.

The President: We now pass to item 12 of this report—Place of Sixth World Health Assembly. Any objections on the part of the Assembly? There are none. The item is approved.

Item 13—Place of future Health Assemblies. Any comments? Objections? There being no comments nor objections, this item is likewise approved.

58. Adoption of Fourth Report of the Committee on Administration, Finance and Legal Matters

The President: The Chair has the pleasure of requesting Dr. Chatty, Rapporteur of the Committee on Administration, Finance and Legal Matters, to present to the Assembly the fourth report of his committee.

Dr. Chatty (Syria), Rapporteur, read the fourth report of the Committee on Administration, Finance and Legal Matters.25

The President: The fourth report of the Committee on Administration, Finance and Legal Matters is before the Assembly. Action may be taken on the report in toto, or on individual resolutions. Is there any objection to the Assembly's taking action on the report in toto? If there is none the Assembly is now requested to consider this report in toto. Any comments? Remarks? Objections? If there are none, the fourth report of the Committee on Administration, Finance and Legal Matters is approved.

25 See p. 345.
59. Adoption of Fifth Report of the Committee on Administration, Finance and Legal Matters

The President: The Chair wishes to request Dr. Chatty to present the fifth report of his committee. Dr. Chatty.

Dr. Chatty (Syria), Rapporteur, read the fifth report of the Committee on Administration, Finance and Legal Matters.26

The President: Dr. Chatty, the Assembly and the Chair wish to thank you for the presentation of these reports.

On behalf of the Assembly, the Chair would also wish to express its thanks and appreciation to the Chairman of the committee on the presentation of this report.

Since the two resolutions here are not closely related, it may be appropriate at this point for the Chair to request the Assembly to indicate its action on the first resolution, entitled "Renewal of the Contract of the Director-General". This resolution is therefore before you for your consideration. Any comments? It also may be appropriate at this point for the Chair to request the members of the Assembly to indicate their action by raising their cards. Delegations who are in favour of resolution 1 in the fifth report of the Committee on Administration, Finance and Legal Matters on the subject "Renewal of the Contract of the Director-General" will kindly indicate their approval by raising their cards. Delegations who are not in favour of resolution 1 in the fifth report will kindly indicate their opposition by raising their cards. Absentees? The resolution is unanimously approved. (Applause)

By your unanimous approval of the resolution governing the renewal of the contract of the Director-General, and by your applause, the Chair interprets that it is appropriate at this point to request the Director-General, Dr. Brock Chisholm, if he so desires, to please address the Assembly.

The Director-General: Mr. President, your Director-General takes this resolution as an indication, on the part of the delegates to the Assembly, of their general satisfaction with the work of the whole Secretariat, and for that evidence of confidence I would thank the members most sincerely, and particularly for the kindly terms in which it is couched. I shall consider most seriously and, as requested in paragraph 5, will communicate with the President before the end of this year in regard to this matter.

The President: Thank you, Dr. Chisholm. We now come to resolution 2 of the fifth report. It is now open for consideration by the Assembly. Any comments? Remarks? Objections? There being none, resolution 2 is approved.

60. Report of the General Committee

The President: The next item on our agenda is "Report of the General Committee". The report of the General Committee has been distributed quite late to the Assembly because the General Committee met only this morning from 9.30 to 1 o'clock to finalize its report.

The report is contained in document A5/67. It is now open for consideration by the Assembly. Any comments? If none, the Chair wishes to state that the Assembly takes note of the report of the General Committee.27

61. Announcements

The President: There are a few announcements the Chair would like to make. First, the delegates will receive the resolutions adopted in today's meeting, brought out in the resolution series, in their hotels tomorrow morning.

The second announcement: in order that delegates may avoid the necessity of transporting back with them a collection of bulky documents, the Secretariat is arranging to collect documents from all hotels. The documents should be tied in a bundle and should show clearly the name of the delegate and the address to which he wishes the documents to be sent, and should be handed in to the office of the hotel. Alternatively, delegates may leave their documents, similarly addressed, at the Assembly inquiries desk. This batch of documents will be mailed by surface mail as soon as possible after the close of the Assembly.

The third announcement is that delegates are hereby informed that mail addressed to members of delegations will be held for them at the Assembly inquiries desk until 6 p.m. tomorrow. Thereafter, unless delegates notify to the contrary, all such mail will be readdressed to the forwarding address supplied by each delegate at the commencement of the session on his personal data form.

The fourth announcement we wish to make is that, pursuant to the agreement in the General Committee at its last meeting this morning, the closing plenary meeting of the Fifth World Health Assembly will be held tomorrow morning at 10 o'clock.

26 See p. 348.

27 See p. 331.
62. Other Business

The President: Is there any other business delegates would like to take up? The delegate of Spain.

Mr. de Erice (Spain) (translation from the Spanish): Mr. President, fellow delegates, the Spanish delegation wishes to express special thanks to the President for the statement he made this morning clearly defining the position with regard to the Spanish Protectorate Zone of Morocco in relation to the documents presented on the question of Morocco.

Nevertheless, there is one document which has not been examined during this session: document A5/14 Add.1, which deals with the assignment of the Spanish Protectorate Zone of Morocco to the African Region. The understanding of the Spanish delegation is that the amendment presented by France signifies that, for the period during which the Executive Board is studying the matter, Associate Members, as well as territories or groups of territories, will be provisionally assigned to the regional organization of their choice. Since the annex to document A5/14 Add.1 gives a letter from the Spanish Government to the Director-General of the Organization, requesting that the Spanish Protectorate Zone of Morocco be attached to the African Region, the Spanish delegation assumes that, pending the result of the above-mentioned study, to which the French delegation’s amendment refers, the Spanish Protectorate Zone of Morocco will remain provisionally assigned to the African Region. Thank you, Mr. President.

The President: The Chair notes the views expressed by the delegate of Spain.

The Chair wishes to recognize the delegate of Belgium.

M. Geeraerts (Belgium) (translation from the French): My delegation has requested permission to speak under the agenda item of “Other business”. Would you like me to speak at this meeting, Mr. President, or would you prefer that I postpone it until tomorrow’s meeting? Thank you, Mr. President.

When I tell you that I wish to address you again on the question of the relations between WHO and international non-governmental organizations, some of you will perhaps think that I am being obstinate. It is not obstinacy, but perseverance. Heaven was kind enough to endow me with sufficient sense to know that I am not always right and I do not persist—for that would be obstinacy—in a mistake I may have made when I am shown in a way that satisfies my reason that it was, in fact, a mistake. Up to the present, my reason tells me that no arguments before which one must give way have been presented to prove that I interpret wrongly the provisions of the United Nations Charter with regard to international co-operation and non-discrimination. So this is why I persevere, repeating with William the Silent that hope is not essential for endeavour, nor success for perseverance.

I want to make it quite clear that if I take a stand on this matter it is not on account of the ideological principles of any particular international organization but in the interests of general principles valid for all international organizations whose status and activities justify their admittance to official relations with the United Nations or its specialized agencies.

By its resolution EB9.R42, the Executive Board decided to reconsider completely the problem of official relations with non-governmental organizations and, to this end, requested the Director-General to submit a study on this question as soon as possible in order that the Board might be able to present its proposals to the Assembly. In the meantime, the Board decided to suspend consideration of all applications. I will not enlarge upon the harm which such a decision—a somewhat surprising one—does to organizations which have for years been awaiting the result of their application, and which fulfill all the requisite conditions, while other organizations fulfilling the same conditions have been and still remain admitted to relations with WHO. Moreover, seeing that the questions concerning the relations of WHO with non-governmental organizations have been fully examined and discussed in the past, I would like to know the reasons which led the Executive Board to request this new study on the part of the Director-General and which aspects of the problem are to be covered by the study. My delegation wishes to have a clear and definite reply to this question.

I would especially call the attention of the Executive Board to the fact that it appears from the exchange of views which took place during the Fourth World Health Assembly in connexion with the Belgian note, document A4/15,28 relating to the admission of nongovernmental organizations to official relations with WHO, that there is in some minds a certain amount of confusion as to the real significance of the principles of international co-operation and non-discrimination as set forth in paragraph 3 of Article 1 of the United Nations Character. The principle of non-discrimi-

nation in particular was not established for the purpose of justifying the exclusion of international groups on the grounds of philosophical considerations, professional conceptions or subjective, personal judgments. On the contrary, this principle sanctions the application of non-discrimination to every aspect of international life and implies a general co-operation founded on respect for human rights and on fundamental freedoms for all without distinction as to race, sex, language or religion. It is a fallacious interpretation of the principle of non-discrimination to apply it to the actual structure of a particular international group for the purpose of proving that such a group, not being universal and neutral from all points of view, practises a certain discrimination and therefore should not be associated in effective international co-operation within the framework of the United Nations. In the world of ideas, a body which was really universal and neutral would find itself reduced to silence. Being obliged to admit and to respect all opinions, all tendencies, it would be unable to have an opinion of its own; in the field of ideas its collaboration would be nil. Yet we are told that ideas lead the world. What is really the intention of the United Nations Charter when it lays down this principle of international co-operation and non-discrimination? It invites us to envisage international co-operation as an undertaking in which it is desirable to unite all the organic and spiritual forces of the human community for the achievement of the aims which the United Nations have set themselves.

In order to be convinced that such is the spirit of the Charter it suffices to consult the list of non-governmental organizations in official relations with the Economic and Social Council. This is a very definite guide to the interpretation given to the principles in question. One sees that the Economic and Social Council, on which depend the specialized agencies, recognizes without discrimination, without distinction, religious, political, economic, social and racial groups, even of a regional character, without regard, moreover, to the fact that their activities may cover the same field. UNESCO and the ILO follow the same course as the Economic and Social Council. The records of the 506th meeting of the Economic and Social Council held in Geneva on 17 August 1951, show, as regards the WHO report, that, according to the declarations made on the policy of our Organization in the matter of relations with non-governmental organizations, this policy consists in endeavouring to have not more than one representative body for each technical group, while ensuring that, thanks to good co-ordination, this representative expresses the opinions of the technical group as a whole. Presented thus, the idea may seem attractive but if, in the absence of agreement on principles and methods, there exist several groups, of such importance that it is impossible for them to be ignored on the international level, how can there be between these groups such co-ordination as will make it possible for a single representative to voice a general opinion? If we take the strictly technical aspects of an activity as the sole criterion, without reference to the sociological and ideological aspects, if we choose to ignore the diversity of human thought, all possibility of effective international collaboration is deliberately put aside. Seeing that the problems which may arise, whether in the field of health or in other fields, can all be approached from different viewpoints, how can they be dealt with in a spirit of real international co-operation if from the outset we refuse to give a hearing to the different shades of public opinion?

We must not be forced into a policy which would deviate from the policy of the United Nations and which would also imply a misunderstanding of certain provisions of the Declaration of Human Rights. These provisions merely confirm one of the consequences of the adoption of the principle laid down in Article 1, paragraph 3, of the United Nations Charter regarding respect for fundamental freedoms for all. How is it possible to reconcile the rights conferred by these provisions with the obligation of universal and neutral grouping, to which all those who cover the same field in their professional activities are to be subject? The policy to which we are being asked to subscribe cannot satisfy those who, rising above their own personal preoccupations, believe that the great currents of thought on which human civilization is raised must find their place and expression within the institutions created by men to promote international collaboration and understanding.

What is the real question? The question is whether or not we are ready within our Organization to practise international co-operation as conceived by the United Nations Charter by loyally and impartially permitting the great international organizations who are interested in our activities to take part in the discussion of our problems. It is for the Assembly in the last resort to give an unequivocal reply to this question. WHO’s external relations policy comes within the framework of the general policy of the Organization and it is for the Assembly to fix that general policy.

My country fervently hopes to see WHO rise to those heights where a real international spirit reigns—a spirit not limited to the international aspects
of a science or technique, but embracing all the aspects of human life.

The President: The Chair notes and appreciates the view raised by the delegate of Belgium on a subject which has already been acted on by this Assembly. In order to reopen discussion on this item, a two-thirds vote of the Assembly would be necessary in accordance with Rule 57[62], but perhaps at this point in our deliberations it might possibly be sufficient to hope strongly that the views expressed by the delegate of Belgium will be carefully noted and considered by the Executive Board and taken up in its meetings, and necessary action reported to the Sixth World Health Assembly.

Is there any other business which you would like to take up? If there is none, the Chair adjourns this meeting and reminds you of the closing plenary tomorrow at 10 o’clock in the morning. Thank you, gentlemen.

The meeting rose at 6 p.m.

63. Announcement

The President: The Chair, noting that there is a quorum of the Fifth World Health Assembly, is pleased to call this meeting to order.

Before we begin the closing meeting of the plenary session of the Fifth World Health Assembly, the Chair would like to make the following announcement. The Canadian reception this afternoon at 6 o’clock will be held in the restaurant of the Palais des Nations instead of at the Villa La Pelouse.

In conformity with the Rules of Procedure, and if the Health Assembly concurs, I would like to have the privilege of inviting the observer for Colombia to address the Assembly. The observer for Colombia.

64. Statement by the Observer for Colombia

M. Cajiao-Pérez (Colombia) (translation from the Spanish): In my capacity as observer for the national Government of Colombia I have the honour of addressing this Assembly in order to express my admiration for the work accomplished by the World Health Organization.

The echoes of the timely action taken by WHO, inspired by two conceptions which are the Alpha and Omega of the eternal principles which must guide the destinies of mankind—health and justice—resound even in those parts of the world most distant from the Organization’s headquarters.

Millions of men longing for a better future are now satisfying their thirst for health and justice thanks to this beneficent undertaking.

My report to the Government of Colombia on this noble enterprise will be made with enthusiasm and great pleasure.

The President: Would any other delegates like to take the floor?

65. Closing Addresses

The President: Fellow delegates, members of the Secretariat, colleagues and friends, it has become customary for the President of the World Health Assembly each year to take the floor briefly at the close of the session in order to summarize the outstanding features of the work accomplished by the Assembly. It is with real pleasure that I follow the established tradition. In the first place it offers a most welcome opportunity for me to thank you once again for the great honour which you bestowed on my country and on my humble self in asking me to preside over your deliberations. I deeply appreciate the meaning of your gesture. I know that it was an expression of your generous understanding of the problems of my country and of the region to which it belongs. I believe that this gesture was also a token of your confidence in the contribution which we, in the Western Pacific Region, are prepared to make to the cause of world health.

The proceedings drawing to a close today have been a source of great inspiration to me, as I am sure they have been to all of you. It seems to me almost miraculous that we were able to get through so much
work in such a short time. In trying to find the reasons for this astonishing success, it occurs to me that perhaps the outstanding feature of our work does not lie in any particular project which we have established for 1953, but rather in the spirit which has characterized our discussions. It was certainly in an atmosphere of exemplary friendliness and mutual trust that, from the first day, all questions—even the most controversial ones—were taken up, and settled.

To any observer of international affairs familiar with the depressing way in which political considerations and regard for mere prestige very often modify the most honest intentions in intergovernmental gatherings, the general picture of our meetings must have been refreshing and comforting. This, of course, does not mean that the relationship among the delegates to the Fifth World Health Assembly was purely a relationship of individuals free of governmental instructions. Naturally, all the delegates represented countries and as such they had to take into consideration their obligations to their respective governments. But as I followed the discussions in the main committees, working parties and other groups, I had the impression that in most cases there was a very definite willingness on the part of all of you to make concessions in order to safeguard the interests of the world community as a whole, even if this might mean temporarily deferring the wishes of one or more individual Member States. Truly difficult questions, such as the assignment of countries to regions, or the demographic problem, or the proposed constitutional amendments on biennial Assemblies, were dealt with in a spirit which showed a desire to take the long-term view and to guarantee adequate time for studying crucial issues thoroughly. Probably because we have learned to know each other better, probably also because the ideals we set up in 1948 have taken firmer root by 1952, we have succeeded this year in dealing with each other in a more efficient and in a more mature way than has been the case in the past. Thanks to a growing feeling of "world consciousness" we have made real progress towards the attainment of the goals which are defined by our Constitution.

A comprehensive review of the work accomplished by the Fifth World Health Assembly would give a wealth of tangible evidence of this gratifying spirit of co-operation. However, since I do not want to take too much of your time, I shall limit myself to a few examples. There is, for instance, the resolution adopted in connexion with the International Sanitary Regulations, marking another important step towards the setting up of a new "health code" for international trade and traffic. The fact that, of the 89 governments which could have done so, only 25 submitted reservations and amendments, shows that patient efforts motivated by respect for others and by enlightened self-interest can lead to agreements even in a field where differences in technical development, geography and climate, play such an important role.

At this point I would like to convey the thanks of the Assembly to Dr. Morgan for his devotion to the cause of international health.

I am particularly grateful for the fact that, despite the difficult economic conditions under which we all live today, the Assembly has had the courage and wisdom to provide the Organization with adequate funds for the implementation of its 1953 programme, representing a moderate increase over the current year. As our highly esteemed Director-General pointed out at the beginning of our session, it is a fundamental purpose of WHO's regular programme to give to Member States the type of help they need for the continuous, balanced and orderly development of their public-health services. I am convinced that this task of WHO will be greatly advanced through the work planned by the Central Technical Services for 1953 in epidemiology, health statistics, standardization of drugs, co-ordination of research and publications. The programmes which we have approved for the advisory activities of WHO, including control of communicable diseases, organization of public-health services and professional education and training, will bring to us many forms of direct assistance which can be rendered most effectively, and often only, through international channels.

At this point I would like to express my personal satisfaction at the action the Assembly has decided on against leprosy, making use of recent progress in its treatment and control. The initial work to be done in this field by the WHO expert committee on leprosy is symbolical of the services that the expert committees will render to our organization in advising it about all aspects of its work.

The long-term programmes for the promotion of the health of children and the plans for the rehabilitation of the physically handicapped are among the many projects which WHO will carry out in the closest co-operation with UNICEF, the United Nations and with other specialized agencies.

The widening pattern of inter-agency activities initiated or supported by WHO is based on our conviction that health work can be successful only
if integrated with the more general frame of social and economic development. I referred briefly to this principle in the presidential address.

Viewed in the light of this concept, WHO’s technical assistance operations in 1953, as approved by the Fifth World Health Assembly, must be considered as one of the most important parts of the machinery which the United Nations have devised in order to help in creating a prosperous and peaceful world. We are all grateful to Professor Winslow and Professor Myrdal for lifting us out of the routine atmosphere of our work and for reminding us of both the limitation and the potentialities of our activities.

"The public health programme", said Professor Winslow, "cannot be intelligently planned in a vacuum but only as a vital part of a broader programme of social reconstruction". "A successful work of health reforms", Professor Myrdal declared, "is bound to increase progressively the need for more productive techniques and for capital influx from abroad, if the results of higher health standards are not to be a spur to continual and perhaps aggravated poverty".

The penetrating analyses of these two great men, setting an inspirational keynote for the various group sessions, were to a great extent responsible for the keen interest shown in the Technical Discussions. Organized under the general chairmanship of Professor Ferreira, they were devoted especially to the definition of local areas and problems relating to the establishment of effective health units at that level. Dealing with the serious lack of trained staff, suggestions were put forward for building up cadres of locally-trained assistants to perform much of the detailed work under expert supervision from larger health centres. The group discussions were lively and great stress was laid on the value of citizen-participation in all public-health work, especially at the local level—another point I dwelt on in the opening address. A report of the main findings of these group discussions will be prepared for publication.

I am sure that I speak for all of you in urging that the expert technical examination of problems relating to our work should become a permanent feature of the Assembly. It would indeed be a pity not to take advantage of the presence of so many eminent medical men, coming from many countries, as an excellent opportunity to explore technical issues of common interest to all of us and of basic importance in our fight to improve health standards through the world.

The greater the number of countries that join in this fight, the better our prospects of success will be.

We are happy and proud to count amongst our number the United Kingdom of Libya, a State built under the auspices of the United Nations and fully meriting the help of all the specialized agencies. We are equally glad that the number of our Associate Members has been increased by the admission of Morocco and Tunisia, and I am certain that they, too, are eagerly looking forward to their participation in the great tasks which we, together, are trying to fulfil.

In a few days our Executive Board will meet to proceed with the more detailed examination of the questions which we have agreed upon during the Assembly. We may be sure that the advice and experience of the five experts who are to be designated by Brazil, Canada, Denmark, Iran and New Zealand for service on the Board will contribute most effectively to the work which the Board faces for the coming months.

Two of the reasons why this Assembly has been able to deal with a crowded agenda with such dispatch and efficiency are the excellent work done by the two main committees, and the wise and thoughtful manner in which Dr. Romero has guided the deliberations of the Committee on Programme and Budget, and Sir Arcot Mudaliar has presided over the Committee on Administration, Finance and Legal Matters. I am happy to congratulate them on the work done, as well as the Vice-Chairmen and Rapporteurs, whose able assistance has been invaluable. We also wish to express our sincere appreciation of the co-operation we have obtained from the Legal Sub-Committee.

As always, the Assembly has been greatly aided by Dr. Brock Chisholm, the Director-General, and Dr. Pierre Dorolle, the Deputy Director-General. Other members of the Secretariat have worked hard and shown outstanding efficiency in the handling of documents, in obtaining required information at short notice, and in other ways smoothing the way of our work. I wish to thank them for their excellent co-operation and assistance, and particularly the interpreters and translators, whose special skill enables us to bridge the gap of language and function almost as if we had already achieved the ideal of world citizenship in one of its practical aspects.

It was a pleasure once again to meet in the hospitable city of Geneva, whose graceful order provides a perfect setting for the deliberations of international bodies. We are all grateful to the City and Canton of Geneva, and are looking forward to meeting here again in 1953. Our thanks are equally due to the representatives of the international and Swiss Press, who have given our Fifth World Health
Assembly ample coverage, and provided an invaluable link between the work we are trying to do to improve the health of humanity, and the public, whose goodwill is indispensable to us.

To those who are leaving Geneva, bon voyage, and to all of you, thank you and au revoir. (Applause)

The Chair wishes to know if there is any other business which the Fifth World Health Assembly would like to take up.

The Chair recognizes the delegate of India.

Sir Arcot Mudaliar (India): Mr. President, fellow delegates, at this time of day, when after a somewhat exhausting session delegates are anxious to prepare for their return home, it is not my intention to detain them more than a few minutes; but I feel, Mr. President, that we shall be remiss in the performance of our duty if we do not avail ourselves of this opportunity to say a few words and to express our gratitude to you, who have presided with such distinction over the proceedings of the Fifth World Health Assembly.

As one of the delegates, noted for his frankness perhaps, stated on another occasion, when you, Sir, were elected President of this Assembly, there were not wanting some of us who had some little hesitation as to the manner in which you would be able to perform this task, and to all of us it has been a matter of great gratification and pride that in the discharge of your duties you have conducted yourself with such dignity, with such tolerance, with such affectionate regard for all of us, that you have made us your debtors in many respects and enabled us to remember this session under your presidency as one of the most remarkable sessions that any of us have attended.

Mr. President, it has been my privilege to attend every session, including this, and I can say, despite what has happened now and again—which perhaps has been a little ripple on the water—that this Assembly will certainly go down as one of the most remarkable Assemblies for its positive achievements. We have been able, in a very short space of time, to cover a variety of subjects of great importance to the future of world health, and, as you have rightly remarked, Mr. President, some of these achievements will certainly go far to enable the health of the world to be promoted in every possible direction.

I should like in particular to refer to the procedure that has been adopted in this Assembly at the suggestion of the Executive Board, and to say that many of us feel that that procedure has worked so admirably that it is our hope that the procedure will be continued in future Assemblies. The division into two main committees, the examination of the programme and budget at one session, and the manner in which the subjects have been allocated to these two main committees, have considerably helped in the performance of our duties. If I venture to make one suggestion, Mr. President, I hope I shall not be misunderstood. As one who has had to take some little responsibility in the conduct of the proceedings of the Committee on Administration, Finance and Legal Matters, may I venture to express the hope that in future, in the constitution of the Legal Sub-Committee, we shall make every effort to see that only persons versed in law are appointed to that committee? And it will be desirable, Mr. President, for the Director-General to suggest to Member States that in case they want representation on the Legal Sub-Committee it would be well for them to add a legal representative to the delegations that are sent out to these committees.

The other suggestion that I should like to make, which perhaps the committee will have to consider in due course, is that when any matter is referred to the Legal Sub-Committee the limitation of the reference shall be clearly indicated, so that only the legal issues will be considered by the Legal Sub-Committee and brought up before the main committee concerned.

These are minor observations, Mr. President. We realize that on certain important subjects there has been considerable room for differences of opinion, and here and there a delegate has remarked that perhaps there has been more than the usual amount of discussion in certain matters, which revealed that not altogether the same opinion could be arrived at. I do not feel disheartened, Mr. President, by these differences of opinion, and I believe that such little differences of opinion, which finally end in such a happy state of affairs, are proof positive of the healthy growth of an organization. If every one of the delegations coming from all these 80 countries were to have the same mind and follow the same routine and reach the same conclusion, I would not feel that there was enough healthy vitality in the Organization. So long as these differences of opinion do not result in any fundamental difference in regard to the working of this organization, so long as these differences do not in any material respect interfere with the growth and success of this organization, I do not feel that we need be unduly pessimistic about a little rift in the lute now
and again. The end has conclusively proved that we are all passionately attached to this organization, and it is in that hope and with that fervent feeling that we shall all go back to our countries.

Once more let me express my great pleasure that the Fifth World Health Assembly has been such an outstanding success under your presidency. Let me again thank you, Sir, on behalf of all the delegates, and more particularly of the delegation with which I am associated, for the great and grand manner in which you have conducted these proceedings.

(Applause)

The PRESIDENT: Would any other delegate like to take the floor?

Is there any other business that you would like to take up with the Assembly? If there is none, the Chair declares that the final meeting of the plenary session of the Fifth World Health Assembly is adjourned.

The session adjourned at 10.50 a.m.
MINUTES OF THE GENERAL COMMITTEE AND MAIN COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Tuesday, 6 May 1952, at 9.30 a.m.

Chairman: Dr. J. Salcedo (Philippines), President of the Health Assembly

1. Programme of Work of the Health Assembly and its Committees

After consideration, at the request of Dr. Evang (Norway), of the possibility of advancing the dates of the technical discussions, it was agreed not to make any change in the arrangements for the present Assembly but to reconsider the matter later for the benefit of future Health Assemblies.

Consideration was also given, at the request of Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland), to the possibility of arranging that the meetings of the special working party to consider reservations to the International Sanitary Regulations should be held at times when there were no meetings of the main committees, in order that the small delegations might be able to be represented. It was agreed to postpone further consideration until after the first two meetings of the special working party, which were scheduled to take place on Tuesday afternoon, 6 May, and Wednesday morning, 7 May. It might then be possible to ascertain how many delegations wished to be represented and which delegations had brought special experts.

2. Procedure for Technical Discussions

The General Committee approved the proposed programme for technical discussions which had been circulated to States Members as an annex to circular letter C.L.8.1952.

3. Procedure for Consideration of Reservations to the International Sanitary Regulations (WHO Regulations No. 2)

After discussion of the procedure for consideration of this item (No. 6.4.3 of its agenda) by the Health Assembly, the General Committee agreed to amend a working paper which had been submitted to it on the question, so as to present a document for consideration at a plenary meeting.

That document suggested placing the question of reservations on the agenda of the plenary Assembly, referring it to a special body established by the Health Assembly itself and open to all delegations wishing to attend. Terms of reference for that special body and possible dates of meeting were also suggested.

4. Election of Members entitled to designate a Person to serve on the Executive Board

Following the announcement made at the first plenary meeting concerning the closing date for nominations for election, it was agreed that those nominations would be considered by the General Committee in time to allow of the election taking place at the plenary meeting on 15 May.
5. Application for Membership by the United Kingdom of Libya

At the request of Dr. Togba (Liberia), it was agreed that the Health Assembly should be asked to place the application of Libya for membership of the Organization on the agenda for the fourth plenary meeting, to be held that afternoon. Dr. Togba expressed the hope that the Health Assembly would accept the membership of Libya by acclamation in order that that country might take part in the session from the start.

The meeting rose at 10.55 a.m.

SECOND MEETING

Wednesday, 7 May 1952, at 12.40 p.m.

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

The General Committee noted that there would be a short plenary meeting in the afternoon in order to complete the general discussion on the reports of the Director-General and the Executive Board. The two main committees would meet immediately after the close of the plenary meeting. The Working Party on Reservations to the International Sanitary Regulations would meet from 2 p.m., as previously arranged, until the end of the plenary meeting.

After hearing a progress report by Dr. Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on Reservations to the International Sanitary Regulations, the General Committee fixed the times of the meetings of the working party and the main committees to be held on the following day.

The meeting rose at 12.55 p.m.

THIRD MEETING

Thursday, 8 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

After hearing a progress report by Dr. Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on Reservations to the International Sanitary Regulations, the General Committee agreed that the working party should hold two meetings on Friday 9 May at 9 a.m. and 5 p.m., when it hoped to be able to complete its work. The Committee on Programme and Budget and the Legal Sub-Committee would meet from 10 a.m. to 12 noon and from 2.30 to 5 p.m.

The meeting rose at 12.15 p.m.
FOURTH MEETING

Friday, 9 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

After hearing a progress report by Dr. Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on Reservations to the International Sanitary Regulations, who thought that its work could be finished in one more meeting after that scheduled for the afternoon, the committee decided that the working party should also meet at 2 p.m. on Saturday, 10 May.

Dr. Romero (Chile), reporting, as its Chairman, on the progress of the Committee on Programme and Budget, thought that it should be possible to decide that afternoon on the budget ceiling. It was agreed that if that proved impossible it might be necessary for the Committee on Programme and Budget to meet at 10 o'clock the following morning; in which case the meeting of the Committee on Administration, Finance and Legal Matters scheduled for that time would have to be postponed and the Legal Sub-Committee would meet.

2. Committee Reports submitted to the Health Assembly

First report of the Committee on Administration, Finance and Legal Matters
The report was approved for transmission to the next plenary meeting of the Health Assembly.

3. Election of Members entitled to designate a Person to serve on the Executive Board

In reply to a question by the Chairman, the Director-General said that documentation giving information on the nominations that had been made could be provided for the following day's meeting of the General Committee. In reply to a further question from Dr. Evang (Norway), he said that information on the countries that had been entitled in the past to designate persons to serve on the Interim Commission or the Board, and the periods for which they had been so entitled, would also be included.

It was therefore agreed that the committee should begin to consider the procedure for elections to the Board at its next meeting.

The meeting rose at 12.25 p.m.

FIFTH MEETING

Saturday, 10 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

On the Chairman's suggestion, it was agreed that there should be meetings of the Committee on Programme and Budget and of the Legal Sub-Committee on the morning of Monday, 12 May, after the plenary meeting scheduled for 10 a.m., should the latter finish early enough. The same committees would also meet at 3 p.m. as scheduled.

2. Committee Reports submitted to the Health Assembly

First Report of the Committee on Programme and Budget
The report was approved for transmission to the plenary meeting of the Health Assembly to be held on Monday, 12 May.
3. Supplementary Agenda : Approval and Allocation of Items

The General Committee decided to recommend to the Health Assembly the adoption of the supplementary agenda with the allocation of the items contained therein. That supplementary agenda would be transmitted to the plenary meeting on Monday, 12 May.

4. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)

The Director-General recalled that the procedure for the election of Members entitled to designate a person to serve on the Executive Board had been revised a number of times since the First World Health Assembly and that there was general agreement that the present procedure was the best. He drew particular attention to Rule 88 of the Rules of Procedure of the Health Assembly, according to which the General Committee was to draw up a list of nine Members to be transmitted to the Health Assembly for the election by it of six Members to be entitled to designate a person to serve on the Executive Board. Furthermore, the General Committee was to recommend in such a list the six Members that would provide a "balanced distribution of the Board as a whole".

The Chairman, speaking as delegate of the Philippines, stated that the Philippine delegation was grateful for the nomination it had received to the Board but considered that it was not in a position to stand for election. He had also been authorized to say the same on behalf of the Indonesian delegation.

Dr. Brady (United States of America) stated that the United States of America did not wish to stand for re-election.

Dr. Evang (Norway) stated that his Government had always very strongly favoured the principle of rotation for membership of the Executive Board, but wished to make it clear that he did not feel that States which had served during the period of the Interim Commission should not be considered for membership of the Board.

1 In consequence of amendments and additions approved by the Fifth World Health Assembly, the Rules of Procedure have been renumbered. In these minutes individual rules are referred to by the new numbers under which they are reproduced in the Handbook of Basic Documents, fifth edition.

Dr. Vollenweider (Switzerland) considered that groups of countries in a specified region should not be given a seat on the Executive Board by rotation, as if by an acquired right.

Dr. Togba (Liberia) considered that, now that the Organization was successfully operating on a regional basis, the procedure for the nomination of Members to the Executive Board could be made smoother by the regional committees coming to an understanding as to which Member or Members they wished to nominate to designate a person to serve on the Board.

The Director-General replied that it was taken for granted that delegates to the Health Assemblies represented the health needs of the world as a whole, and he considered that any procedure which might tend to break down representation into regional blocks would be detrimental to the Organization and might produce friction and competition between regions. Members of the Executive Board sat as individual persons and were responsible only to the Health Assembly and not to their own countries or regions. The process of election to the Board should therefore be purely an Assembly matter.

If, however, there were suggestions to be made regarding the procedure, they should more properly be submitted to the Committee on Administration, Finance and Legal Matters.

Dr. Togba (Liberia) did not feel that the procedure he had suggested would result in any division of the Organization.

Sir Arcot Mudaliar (India) could not agree with Dr. Togba. There should be no deviation from the principle that election to the Executive Board was a matter for the Health Assembly through the General Committee; their functions should in no way be delegated to the regional committees. There would, for instance, certainly be considerable friction if a nomination unanimously accepted by a regional committee proved unacceptable to the Health Assembly.

After discussion on its method of work, the General Committee agreed to resume consideration of the question at its next meeting, to be held at noon on Monday, 12 May.

The meeting rose at 1 p.m.
SIXTH MEETING

Monday, 12 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

Dr. Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on Reservations to the International Sanitary Regulations, reported that the working party had concluded its deliberations and that its draft report would be distributed to delegations towards the end of the following afternoon. The General Committee agreed that the two main committee meetings scheduled for the afternoon of Wednesday, 14 May, should begin at 2.30 p.m. and end at 4.30 p.m. in order to enable the working party to meet at 4.30 p.m. to consider and adopt its report. That report would be put before the General Committee on Thursday, 15 May, to be transmitted to the Health Assembly at its plenary meeting in the afternoon of the same day.

2. Suspension of Rule 14 of the Rules of Procedure of the Health Assembly

The committee agreed that the Health Assembly should be asked at its plenary meeting on Thursday, 15 May, to suspend Rule 14 of its Rules of Procedure.

3. Election of Members entitled to designate a Person to serve on the Executive Board (continuation)

Dr. Evang (Norway), putting forward certain suggestions for the election which would, in his opinion, provide a balanced distribution of the Board as a whole, stressed that it was important to bear in mind that WHO had been most fortunate hitherto in being able to establish and preserve the non-political character of the Board.

Dr. Boide (France) felt that it was perhaps unnecessary to put forward suggestions for the election at the present stage, since each individual member of the General Committee had ample information concerning the six seats on the Board to be filled. He further referred to the desirability of preserving the principle of the freedom of choice of the electors.

The Director-General suggested that, in putting forward its nominations, the General Committee might wish to consider the responsibilities devolving on the members of the Board and their governments. The members of the Board must be prepared to give about two months of their time each year to meetings in Geneva and governments must be prepared to bear the cost of travelling and living expenses of any alternates or advisers the person designated by them might bring with him, even though they in no way represented that government during the meetings of the Board.

It was decided to hold a preliminary secret ballot to provide a list of countries from which the General Committee would make its selection for nominations. The vote resulted in a list of 13 countries.

Sir Arcot Mudaliar (India) requested that the name of India should be withdrawn from the list before voting began.

A secret ballot was then taken to decide on the six countries to be recommended to the Health Assembly to be entitled to designate a person to serve on the Board according to Rule 88 of the Rules of Procedure of the Health Assembly. The following five countries received the required number of votes for nomination: Canada, Denmark, New Zealand, Brazil, Iran. Votes were also cast for the United Kingdom of Great Britain and Northern Ireland, Israel, Laos, Switzerland, Ireland and Panama, in that order of preference.

A second secret ballot was taken to determine whether, in accordance with Rule 70 of the Rules of Procedure, the United Kingdom or Israel should be the sixth on the list. The result was that the United Kingdom was chosen.

In accordance with Rule 88 of the Rules of Procedure, requiring a list of nine Members for transmission to the Health Assembly, a vote was taken to determine the three remaining Members among those countries in favour of which votes had been cast in the previous ballots. After three successive secret ballots, Switzerland, Laos and Israel were chosen, in that order of preference, to complete the list.
The Chairman then read the draft of the General Committee’s report on the election of Members entitled to designate a person to serve on the Executive Board, which would be submitted to the committee at the following meeting.

4. Social Functions during the Health Assembly

A discussion took place on the question of social functions, raised by Dr. Evang (Norway). The committee felt that while they afforded an excellent opportunity from the point of view of States as well as of individual delegates for the promotion of good feeling and understanding, no delegation should feel under the obligation to entertain and, in view of the heavy burden of work on delegates and members of the Secretariat alike, their absence from such functions should not be considered as a sign of discourtesy. It was agreed that an announcement to that effect should be made at the beginning of future Health Assemblies.

The General Committee passed a vote of thanks to the Staff Association of WHO for the very enjoyable ball given to delegates on Saturday, 10 May.

*The meeting rose at 1.50 p.m.*
Professor Canaperia (Italy) supported the request of the delegate of Belgium because he felt that the technical discussions, being unofficial and informal, were quite outside the deliberations of the Health Assembly committees, whose members represented their governments.

Dr. Evang (Norway), while agreeing that the technical discussions were in a different category from the deliberations of the main committees of the Health Assembly, felt that all delegations attached a great deal of importance to them and would be prepared to admit that facts brought forward during those technical discussions might, to some extent, influence the views they expressed during the Health Assembly.

Dr. Togba (Liberia) suggested that the Chairmen, when they had to leave the main committees to attend the General Committee, might request the respective Vice-Chairmen to take the chair, that procedure having been found satisfactory at previous Health Assemblies.

It was decided that the Chairmen of the two main committees could, if they considered it desirable, prolong the meetings beyond 12 noon. In that case the Chairman of the Committee on Administration, Finance and Legal Matters should, if possible, inform the Secretariat 24 hours in advance so that arrangements could be made for the General Committee to meet in another room.

The meeting rose at 12.30 p.m.

EIGHTH MEETING

Wednesday, 14 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees

The Chairman asked for progress reports from the Chairman of the two main committees and of the Working Party on Reservations to the International Sanitary Regulations.

Dr. Romero (Chile) said that the Committee on Programme and Budget would probably complete its agenda in one or two more meetings.

Sir Arcot Mudaliar (India) said that the Committee on Administration, Finance and Legal Matters had agreed on the text of the draft Appropriation Resolution and would need to meet the following day to confirm it.

Dr. Morgan (United Kingdom of Great Britain and Northern Ireland) said that the working party had adopted its report and that no more meetings would be necessary.

The decision taken at the previous meeting, that the two main committees should meet at 2.30 that afternoon and at 10 a.m. the following day, was therefore confirmed, and it was noted that, since there would be no meeting of the working party, the afternoon meetings could continue as long as desired. To leave Room VII free until 1 p.m. for the following day’s meeting of the Committee on Administration, Finance and Legal Matters, the General Committee would meet at the usual time but in Room XI.

2. Committee Reports submitted to the Health Assembly

Second and Third Reports of the Committee on Programme and Budget and Second Report of the Committee on Administration, Finance and Legal Matters

The second and third reports of the Committee on Programme and Budget and the second report of the Committee on Administration, Finance and Legal Matters were approved for transmission to the next plenary meeting of the Health Assembly.
Report of the Working Party on Reservations to the International Sanitary Regulations

It was agreed that the report of the Working Party on Reservations to the International Sanitary Regulations should be considered at the next meeting of the General Committee, by which time it would have been circulated.

3. Consideration in Plenary Session of the Appropriation Resolution

The CHAIRMAN took note of a request by Dr. Brady (United States of America) that a vote by show of hands be taken when the draft Appropriation Resolution was considered in plenary session.

The meeting rose at 12.25 p.m.

NINTH MEETING

Thursday, 15 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees and Date of Closure of the Health Assembly

The CHAIRMAN asked the Chairmen of the main committees to indicate how far it was possible at that stage to decide on the date of closure of the Fifth World Health Assembly.

Dr. Romero (Chile) said that at the last meeting he had perhaps been over-optimistic about the progress of the Committee on Programme and Budget. The question that had been under discussion that morning was far from being decided, and he did not think the committee could complete its business before the afternoon of Monday, 19 May.

Sir Arcot Mudaliar (India) thought that, unless other matters were referred to it, the Committee on Administration, Finance and Legal Matters would require two more meetings to complete its business and a third short one to confirm its decisions.

Dr. Evang (Norway) wondered whether an extra meeting of the Committee on Programme and Budget could not be arranged during the technical discussions; in the evening of Friday, 16 May, for example.

Professor Canaperia (Italy) pointed out that many delegates who were not participating in the technical discussions might not be in Geneva at the time.

The DIRECTOR-GENERAL added that discussion groups might well be meeting in the evenings. In any case, the tentative timetable provided for six more meetings of the Committee on Programme and Budget, which ought to be enough.

It was therefore agreed that the main committees should adhere to the original timetable and that consideration of the date of closure of the Health Assembly should be deferred.

At the suggestion of the DIRECTOR-GENERAL, it was decided that the plenary meeting scheduled for Tuesday, 20 May, should be postponed to the following day, the exact hour to be decided later, to allow time for the Committee on Programme and Budget to adopt its report and for the General Committee to approve it for transmission to the Health Assembly. Finally it was agreed, after a short discussion, that the General Committee should hold its next meeting on Monday, 19 May, at 12 noon, in Room XI.

2. Committee Reports submitted to the Health Assembly

Report of the Working Party on Reservations to the International Sanitary Regulations

The report of the working party and the draft resolution accompanying it were approved for transmission to the Health Assembly.

3. First and Second Reports of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

The reports were approved for transmission to the Committee on Programme and Budget.

The meeting rose at 12.25 p.m.
TENTH MEETING

Monday, 19 May 1952, at 12 noon

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly and its Committees and Date of Closure of the Health Assembly

The CHAIRMAN invited progress reports from the Chairmen of the main committees.

Dr. Romero (Chile) said that, in view of the satisfactory conclusion of the discussion that had taken place that morning, the Committee on Programme and Budget should be able to complete its business by the following day.

Sir Arcot Mudaliar (India) said that the Committee on Administration, Finance and Legal Matters was not making such good progress as he had hoped; three more meetings would probably be needed. He suggested that the meeting scheduled for that afternoon continue till 6 o'clock and that two more meetings be held on the two following days.

The CHAIRMAN observed that the plenary meeting originally scheduled for the following afternoon (Tuesday, 20 May) had been postponed to Wednesday, 21 May. The Committee on Administration, Finance and Legal Matters could therefore meet on Tuesday afternoon and Wednesday morning.

Dr. Evang (Norway) thought the plenary meeting should be held on Wednesday morning as Professor Mackintosh was leaving Geneva in the afternoon.

Dr. Dorolle, Secretary, pointed out that if the plenary meeting was to be held on Wednesday morning the General Committee would have to meet between Tuesday evening and Wednesday at 10 a.m. to approve and transmit the reports of the main committees.

Dr. Brady (United States of America) hoped that a quarter of an hour could be made available for a showing of the film *The Ancient Curse*, which all delegates should have an opportunity to see and review before its general distribution.

The CHAIRMAN suggested that the technical discussion scheduled for the following day begin at 9.30 a.m. and the film be shown at 11.30 a.m.

The SECRETARY thought that if the General Committee was to meet early on Wednesday morning it need not meet on Tuesday at noon, which would leave ample time for the film-showing.

It was therefore agreed that the Committee on Programme and Budget should meet on Tuesday afternoon, and if necessary Wednesday afternoon; that the Committee on Administration, Finance and Legal Matters should continue its afternoon meeting until 6 o'clock, and should then meet on Tuesday afternoon, and if necessary Wednesday afternoon; and that the General Committee should next meet at 9.30 a.m. on Wednesday to consider the reports of the main committees for transmission to the plenary meeting, to begin at 10 a.m. Finally, it was agreed that, as the business of the main committees would presumably be over by Wednesday afternoon, the closing plenary meeting could be provisionally scheduled for the afternoon of Thursday, 22 May.

2. Draft Resolution on Technical Discussions

A draft resolution on the technical discussions submitted by the delegations of Brazil, India and Norway was approved for transmission to the next plenary meeting. It was agreed that certain views expressed in the General Committee by the delegates of Ceylon and New Zealand would best be presented at the plenary meeting.

3. Draft Resolution on the Extension of the Contract of the Director-General

The CHAIRMAN read a letter from the chief delegate of India asking for the suspension of Rule 10 of the Rules of Procedure in order that consideration of a draft resolution, signed by a number of delegations, on the extension of the contract of the Director-General might be added to the agenda. He asked if
there was any objection to transmitting the draft resolution to the next plenary meeting.

Professor Canaperia (Italy), while fully agreeing with the spirit of the resolution, wondered whether it might not be in conflict with Article 31 of the Constitution. It would be advisable to submit it first to the Legal Sub-Committee.

The Secretary observed that to transmit the draft resolution directly to the Legal Sub-Committee was an irregular procedure. However, in view of the shortage of time it would be admissible if the Chairman of the Committee on Administration, Finance and Legal Matters had no objection.

In reply to a question by Dr. Boïdé (France), he said that a French translation of the draft resolution would be available for consideration by the Legal Sub-Committee.

It was therefore agreed that the Committee on Administration, Finance and Legal Matters should instruct the Legal Sub-Committee to meet the following morning to consider the draft resolution.

The meeting rose at 12.45 p.m.

ELEVENTH MEETING

Wednesday, 21 May 1952, at 9.30 a.m.

Chairman: Dr. J. Salcedo (Philippines)

1. Programme of Work of the Health Assembly

The General Committee decided that the closing plenary meeting should be held at 10 a.m. on Thursday, 22 May.

2. Adoption of Draft Report of the General Committee

The General Committee adopted its draft report without discussion.

3. Committee Reports submitted to the Health Assembly

Fourth and Fifth Reports of the Committee on Programme and Budget

The General Committee accepted the fourth and fifth reports of the Committee on Programme and Budget without discussion, and decided to transmit them to a plenary meeting of the Health Assembly.

Third, Fourth and Fifth Reports of the Committee on Administration, Finance and Legal Matters

The General Committee accepted the third, fourth and fifth reports of the Committee on Administration, Finance and Legal Matters without discussion, and decided to transmit them to a plenary meeting of the Health Assembly.

4. Opening Meeting of the Tenth Session of the Executive Board

The Director-General, replying to a question by Dr. Togba (Liberia), stated that it would not be possible to hold the first meeting of the tenth session of the Executive Board before the scheduled date of 29 May since invitations to attend on that date had already been sent to all concerned.

5. Conduct of Business in Plenary Meetings

Dr. Evang (Norway) asked whether the President of the Health Assembly would have the committee reports read out in full to the plenary meetings or whether they would merely be introduced. He asked that question since different procedures had been followed at previous Health Assemblies.

Dr. Togba (Liberia) wondered whether it would not be sufficient merely to read out the headings and sub-headings of the reports.

The Chairman answered that unless he received contrary directions from the General Committee he would ask that the reports be read out in full. That was a more formal manner of proceeding and would avoid offending the sensibilities of any delegations. Moreover, observers and the public attending the plenary meetings did not always have the texts of committee reports before them and would wish to know what was decided. If, however, a resolution were adopted in the plenary meetings to the effect that committee reports should not be read out in full, such a procedure would, of course, be acceptable.

The committee rose at 10 a.m.
1. **Election of Vice-Chairman and Rapporteur**

   The proposals of the Committee on Nominations for the positions of Vice-Chairman and Rapporteur—Dr. J. D. MacCormack (Ireland) and Dr. M. Nazif Bey (Egypt) respectively—were adopted unanimously.

2. **Introductory Statements by the Representatives of the Director-General and the Executive Board**

   The CHAIRMAN called on the representative of the Director-General to make a general introductory statement.

   Dr. Gear (Assistant Director-General, Department of Central Technical Services), Secretary, called the committee's attention to its terms of reference as established by the Fifth World Health Assembly in resolution WHA5.1.

   He himself, as Secretary to the committee, would be assisted by Dr. Sutter and Dr. Kaul, and he wished to emphasize that they were all three available to members of the committee for any assistance or information both formally in meetings and informally.

   Dr. Karunaratne would be sitting as representative of the Executive Board, which had requested him to attend the committee's meetings and to explain the Board's decisions and views.

   After briefly indicating which documents would be of the greatest value to the committee, he drew attention to the provisional timetable: namely, that the Director-General's Report on the Work of WHO in 1951 (Official Records No. 38) should be examined on 8 May, the question of the budget ceiling on 9 May, and Part II of the 1953 budget proposals on 12 and 13 May. It was proposed that the committee should hold in all 19 meetings.

   The CHAIRMAN then invited a general statement from the representative of the Executive Board.

   Dr. Karunaratne, representative of the Executive Board, observed that the Secretary had already mentioned the terms of reference of the committee, the reason for the establishment of which was well known: namely, that the Executive Board, after lengthy discussion, had considered it necessary for the programme and budget to be examined jointly.

   He drew attention to the "Guide to the Provisional Agenda", where would be found the major headings under which the Executive Board considered that the Annual Report of the Director-General might be discussed. The Board had also thought it advisable for the committee to consider the programme for 1953 and review the general programme of work covering a specific period, as that would give the committee an opportunity of reviewing the total programme of WHO, including the part the Organization played in the United Nations Expanded Programme of Technical Assistance for Economic Development, and the assistance provided by bilateral agencies. On page 51 of Official Records No. 40 would be found an explanation of the procedure recommended by the Executive Board for examining the programme and budget estimates for 1953. As the Board had discussed that point at length, the committee would no doubt wish to give due consideration to its views.

   The SECRETARY noted that, as the representative of the Executive Board had indicated, item 6.2 of the agenda, Review of work during 1951, was ar-
ranged, on the instructions of the ninth session of the Executive Board, under specific headings; those indicated in the proposed agenda were:

(a) Organization of public-health services;
(b) Professional and technical education;
(c) Epidemiological and statistical services;
(d) Communicable and other diseases;
(e) Drugs, therapeutic substances and standards.

The CHAIRMAN invited speakers on the first point, "organization of public-health services".

Dr. MACKENZIE (United Kingdom of Great Britain and Northern Ireland) observed, on a point of order, that he had understood that the first meeting would be devoted to organizing the work of the committee and that matters of substance would not be discussed until the next meeting.

Professor CANAPERIA (Italy) said that he too had understood that the decision of the General Committee was to that effect.

The CHAIRMAN agreed, but suggested that if members were ready to initiate the general debate, they should be allowed to do so.

There being no further speakers, he proposed that the meeting be adjourned.

It was so agreed.

The meeting rose at 4.40 p.m.

SECOND MEETING

Thursday, 8 May 1952, at 10 a.m.

Chairman: Dr. N. ROMERO (Chile)

1. Review of Work during 1951

Agenda, 6.2

Dr. GEAR, Secretary, recalled the terms of reference of the committee as expressed in resolution WHA5.1, adopted at the second plenary meeting. In its review of work during 1951, the committee might wish to follow the method proposed in the "Guide to the Provisional Agenda", and make a general review, followed by a detailed review under the major headings to which he had drawn attention at the first meeting.

Dr. DOROLLE, Deputy Director-General, said that he had little to add to the statement made by the Director-General at the plenary meeting. From the point of view of practical organization of work, the committee could follow the method explained by Dr. Gear, which was that recommended by the Executive Board.

In the same document, the "Guide to the Provisional Agenda", would be found an enumeration of six points by reference to which the committee could approach the subjects of each of the major headings in a different manner according to whether it wished to consider the activities of the Organization as the directing and co-ordinating authority on international health work, its activities in strengthening national health services, the work at headquarters, the work of expert committees and conferences or, finally, the work in the regions considered either as a whole or region by region. Personally, he thought that this second method would make the discussion rather repetitious.

Decision: It was agreed to follow the procedure suggested by the Executive Board.

General Review

Dr. BURGER (Netherlands) expressed appreciation of the Organization's work in 1951 as reflected in the Director-General's Report (Official Records No. 38). WHO appeared to be fulfilling its task with success and the Report gave a good general picture of its work. In future reports, however, he would like to see more quantitative information on the results achieved by expert and demonstration teams, and their influence on the national public-health services. He would also press for some account of the difficulties encountered, the problems it had not been possible to solve, and the mistakes made. Valuable lessons could be learned from those.
Dr. EVANG (Norway) recalled that there had already been a general discussion of the Director-General’s Report in plenary session. The committee meeting, however, was an opportunity for hearing the opinions of the countries that were receiving services. In particular the difficulties, failures and misfits could better be voiced in committee than given in a printed report.

Referring to Dr. Burger’s request for an evaluation of projects, he pointed out the danger of WHO’s claiming credit for the results of any particular demonstration. It was for the receiving country to make such a claim on WHO’s behalf.

It would, however, be interesting to hear the opinion of countries on the extent to which the views of the individual experts sent to them coincided with the reports of the corresponding expert committees. Confusion had sometimes arisen because WHO consultants were not in agreement with the conclusions reached by expert committees and, while there was no suggestion of interfering with their scientific freedom, the Organization might wish to ensure that they were acquainted with the reports.

Dr. MACKENZIE (United Kingdom of Great Britain and Northern Ireland) thought it essential to study not what was being done—since the Director-General received his instructions from the Health Assembly and the Executive Board—but how it was being done. The United Kingdom delegation had given a general appreciation of the Report in plenary session, and he would only comment on points of detail.

The introduction to the Report was of great value in that it gave the Director-General’s views on future activities. He drew particular attention to three passages: page 1, second paragraph, where mention was made of “the promotion of health as essential to industrial, agricultural and general social and economic advancement” ; page 2, fourth paragraph, where it was explained that temporary work, although sometimes necessary, was not on the whole advisable for the Organization ; and page 3, fourth paragraph, in which the moderation of the statement on the reduction in tuberculosis mortality was praiseworthy.

Dr. McGAVRAN (United States of America) expressed his delegation’s view that the commendation the Director-General’s Report had received from all speakers was well deserved. The diversity and extent of the Report made it difficult to comment upon it as a whole. Rather than generalize, he preferred to single out for emphasis those parts of the Report which dealt with evaluation of programmes: evaluation of their results (rather than statements of the amount of service given), evaluation on the basis of adequate documentation, evaluation in relation to costs, and evaluation of quality rather than quantity ; in short, the concept of the whole patient, in which diagnosis (or evaluation) preceded treatment and was a continuing part of the prescription.

The Report also gave evidence of the trend towards decentralization and regionalization, a sound administrative trend, since decentralization was an indication of maturity. But it must not be forgotten that the strength of WHO lay in its world-wide approach and responsibility. Decentralization was not an end in itself ; it was of value only in so far as it allowed of better and more economical programmes.

If his delegation had a criticism, it was that the Report was too much of an “ activity ” report for the purposes of the Health Assembly and the Committee on Programme and Budget ; the latter required a more analytical and comparative study.

The United States delegation was gratified to see the increased emphasis being placed upon environmental sanitation, and the priority being given to programmes for areas where environmental sanitation was the basic need ; the increasing co-ordination between the activities of WHO and the bilateral health programmes, which showed that the Organization’s role as the co-ordinating agency for health was being recognized throughout the world ; the progress in the usefulness of expert committees, whose reports showed an improvement from meeting to meeting and whose individual research was highly commendable ; and finally, the increasing co-operation between WHO and other United Nations bodies, in particular FAO, ILO, UNESCO and UNICEF.

The DEPUTY DIRECTOR-GENERAL assured the committee that the Secretariat was very grateful for the comments made on the Director-General’s Report, and was particularly glad that the attempt to evaluate results by quality rather than by quantity had been singled out. Dr. Evang, however, had been right in saying that it was for the countries themselves to give an appreciation of the Organization’s influence, and that it would be unwise to consider that an improvement in health immediately following work by an international organization was necessarily a result of that work.
The statement made by the United States delegation would serve as a guide in future Reports. The Secretariat was far from considering the Director-General's Report perfect, but was glad to think that delegates felt there had been some progress. He hoped that it would be possible to make the following year's Report still more useful to its readers, who were, it should be remembered, governments and health administrations.

The Chairman confirmed that many countries would like an evaluation of WHO's work. The Pan American Sanitary Organization had encountered the same problem, but the attempt to solve it by means of a survey had proved expensive. It might be possible, however, for such a survey to be carried out by the countries interested and to be communicated to WHO through the regional offices; from such partial and regional data, general conclusions might perhaps be drawn.

No more delegates wishing to speak on the general review, he invited the committee to pass to the first of the five major headings.

Organization of Public-Health Services

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) asked for clarification of three points in the chapter on public-health services:

1. On page 17, in the sixth paragraph, reference was made to a project for moving physicians from highly-developed to under-developed countries; in view of the difficulty that had been experienced elsewhere in such work, he would like to hear what was proposed and what results were expected.

2. On page 18, in the second paragraph, what was meant by “the control of chronic diseases”? And what was the cancer programme referred to? He did not remember such a programme having been discussed in the Executive Board.

3. Page 19, second paragraph. The control of endemic goitre was, he considered, an example of dispersal of effort on the part of WHO, and the research undertaken in connexion with the iodization of salt was not in accordance with the Organization's policy of encouraging national rather than international research.

The Chairman said he understood that the Secretariat would prefer to answer all questions together at the end of the meeting. He invited the observer for the World Federation for Mental Health to address the committee.

Dr. Rees, World Federation for Mental Health, said that the several voluntary scientific societies which he represented were deeply impressed by the Organization's work in mental health. Particularly valuable were the two monographs which had been published: *Psychiatric Aspects of Juvenile Delinquency*, by the late Dr. Bovet, and *Maternal Care and Mental Health*, by Dr. Bowlby. The second had been more widely reviewed than any other WHO publication and its press notices were all favourable. Moreover, paediatricians and others were already beginning to take action on it. The World Federation for Mental Health was grateful to WHO for the vision that had made the publication of such a study possible.

The Federation felt a special link with WHO, whose consultants gave constant help to the voluntary associations, and without whose assistance the recent international conference on mental health in Latin America could hardly have been organized. It wished to give the Organization every possible help in return.

Dr. Evang (Norway), while acknowledging the undoubted importance of appraising the effectiveness of public-health work, said it was a field in which WHO must tread delicately. The public-health services of any country were part of the social, economic and political structure. Not only could no general pattern be laid down for such services, but historical and other reasons made it difficult to change a pattern already existing. It was, however, encouraging to note that the Executive Board had authorized the publication of the report of the Expert Committee on Public-Health Administration.

He had perhaps not understood Dr. Mackenzie's point with regard to endemic goitre, but his own opinion was that WHO could hardly refuse assistance in the matter if it was requested.

As for the chronic diseases, certain countries were now able to turn their attention from environmental sanitation, communicable diseases, etc., and direct it towards such problems as cancer, rheumatism and diseases of the circulatory system. Those countries would welcome WHO's help, both from the scientific and from the administrative point of view.

Professor Grassiet (Switzerland) recalled that the question of iodization of salt had been of great importance to Switzerland. That problem was now solved, but a question of equal interest was the fluoridation of water in an attempt to prevent dental
It was a subject that had been closely studied in the United States of America, and Switzerland intended to ask the help of WHO in obtaining information from that country on the methods it used.

Dr. Wickremesinghe (Ceylon) said that in his country goitre had been observed to be most prevalent in certain areas with a very heavy rainfall. That fact had been reported to the regional committee and WHO had sent a consultant, who had gathered much valuable data. Such participation in solving national problems was well within the scope of WHO’s activities.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) said he would like to reply to the points made on the questions he had raised. Regarding “control of chronic diseases” he thought that that was not the wording ordinarily used. “In relation to”, or something similar, would probably be better. “Control of” was misleading, especially when the request was in connexion with cancer. What he was interested in was to know exactly what this cancer programme was intended to do; he did not remember its coming before the Executive Board.

Regarding endemic goitre, he fully realized the importance of that disease, but there seemed to be some misunderstanding. WHO, of course, accepted requests from governments as far as possible, but its action was limited by two things, the amount of its budget and the suitability of the work for WHO as an international organization. One point stressed from WHO’s inception was that research work could best be done nationally and not internationally—the same principle that had been adopted by the Health Section of the League of Nations before the war. Here was a piece of research work being done by WHO which should be done nationally with a subsidy from WHO—an example of “dispersal of effort”.

Dr. Burger (Netherlands) referred to the section of the Report on social and occupational health (Official Records No. 38, page 17) and expressed great satisfaction at the increasing interest taken by WHO in this sector of public health and especially at the co-operation established between ILO and WHO.

The third paragraph of that section indicated that the main interest in rehabilitation was directed towards the physically handicapped, but experience showed that, in industry, the rehabilitation of patients with mental disease, tuberculosis and cardiac diseases, and of other such chronic patients, was a greater problem in many countries, and presented great difficulties to industrial medical officers. He would like to see a more special study made of this difficult question.

Dr. McGavran (United States of America) said he did not want to labour the issue of evaluation, but in the case of public-health administration (Official Records No. 38, page 12), for example, it would be useful to hear from Ceylon, Egypt and El Salvador about the result of the programme: whether it had strengthened the public-health administration and what had been accomplished so far.

Dr. Evang (Norway) asked leave to intervene on the extremely important question of whether research should be undertaken nationally or internationally. He agreed with Dr. Mackenzie in interpreting the former WHO decisions to mean that in principle research was most advantageously undertaken on a national basis, and therefore WHO had not so far established international research institutions as had at one time been suggested. On the other hand, if a country asked for services, the WHO experts who went out must have the opportunity to look carefully into the conditions of that country, and it was difficult to say where research started and review ended. They must feel free to work with the national government in the best possible way and should not have to ask themselves whether they were, in fact, doing research.

Professor Grasset (Switzerland) said that although there might be discussion as to whether WHO should itself conduct research, the Organization’s function in co-ordinating research was beyond question. That could be seen in the expert committees, where consideration was given to the practical application of recent discoveries. In the case of antibiotics and other therapeutic substances, for example, it was obviously necessary, before encouraging their use, to decide whether they answered the particular needs.

Dr. Noach (Israel) stressed the importance of expert advice in local health administration. Experts from abroad were sometimes better able than local health experts to detect faults in local health administration, as had been found when Dr. Evang had visited his country. No service could function well without a good administration, and more stress should be laid on that point.
Dr. Wickremesinghe (Ceylon) wished only to answer the question raised by the delegate of the United States of America. Actually the reply was given in the Report of the Director-General on page 12. There were three stages of operation in the public-health demonstration projects, and Ceylon was still in the first stage. The area had been selected, a preliminary survey had been carried out by Dr. Roemer, and the director to be in charge of the project had been decided upon. Beyond that, the work to be undertaken jointly with WHO had not yet been started, though work by the national government was being carried out in that area.

Dr. Aguilar (El Salvador) said that a health demonstration project had been started in El Salvador in May 1951; its programme was extensive, although the area covered was not large. Some studies had been made, but others remained to be carried out and some time must elapse before it was possible to evaluate results.

During the first year the following had been accomplished:

(a) Personnel comprising three doctors, one dentist, six public-health nurses, 12 auxiliary nurses, 12 health educators and 12 sanitary inspectors had been trained;
(b) Temporary accommodation had been provided for the health centres, the out-patient clinic, the training centre for nurses and sanitary inspectors, and the administrative offices;
(c) DDT had been used for malaria-control operations over the whole area, and antimalarial drugs had been distributed free.

In July 1952 four health centres were to begin working, as well as out-patient clinics in the more populated towns. In one of those towns a preventive and curative dental service was to be started.

The Ministries of Education, Agriculture, Economy and Labour were co-operating in carrying out the programme, in which the Government offices, the medical profession and the people in general had shown great interest.

Professor Ferreira (Brazil) thought that WHO was on the right track in entering into the field of the organization of public health. One could see attempts to work in the field of health from all aspects, from combating hunger to fighting psychoneurosis. At first, local organizations approached problems of health for various reasons, political, charitable and so on. Once it could be demonstrated to governments that public health was not a subject for charity but a good investment of capital, interest in it could be transferred from local organizations to governments.

In his country different aspects of public health which arose, such as goitre, sanitation, tuberculosis, were not considered as special problems but always as public-health problems, and the best help that could be given to countries was to stimulate government action, first to give attention to some specific problem and then to absorb that problem into the general field of public-health. WHO's best opportunities lay in this work, treating public health as a whole and avoiding separate campaigns which by their nature were temporary. That was not a criticism of several WHO activities which were perfectly justifiable; he merely wished to draw attention to the point that helping countries in the organization of their total public-health services was the most valuable contribution WHO could make to the health of the world; and it was hoped that that would be the policy to be followed during the coming year.

Dr. Sidky (Egypt) considered it rather premature to speak of evaluating WHO activities at such an early stage, when some had been in operation for only one or two years. Generally speaking the results were promising, for instance in the BCG campaign. The training centre in vital and health statistics established in Egypt at the end of 1951 had been a great success, but enough time should be given before its activities were judged.

Dr. Belliere (Haiti) observed that in an international gathering like the World Health Assembly it was obvious that the interests represented and the problems in the various areas were widely different. During the seventh session of the Executive Board the delegation of Haiti had presented a draft resolution asking for research on tropical ulcer, which affected a great part of the population of Haiti. He believed that the populations of the West Indies, and probably of Africa also, would be glad if WHO could study this problem and try to find a solution, which from the point of view of public health would be a great step forward.

The Chairman proposed that the Deputy Director-General and members of the Secretariat should reply to the questions which had been put. Discussion could be resumed afterwards.

The Deputy Director-General said that answers to most of the questions had already emerged from the remarks of various delegates. For instance,
Dr. Mackenzie's request for clarification with respect to endemic goitre had been answered by several delegates, and those replies had shown that the question was rather one of general policy. On the other points he would, with the Chairman’s permission, ask members of the Secretariat to speak who were specially qualified to deal with those questions.

Dr. Roemer, Chief, Social and Occupational Health Section, replying to the question regarding the possible movement of physicians from one nation to another, said that this represented a project of ILO, in which WHO had given assistance. Through its Migration Section ILO had proposed that, in order to provide more adequate medical services for the rural population of Peru, the surplus of physicians available in Austria might contribute a small number of practitioners. ILO had invited WHO to co-operate in the determination of professional qualifications and in medical questions relating to licensing, facilities, etc. WHO had given advice on those matters and, through its field staffs in the Regional Offices for Europe and the Americas, had maintained relations with the Ministries of Health of the two countries concerned. After considerable discussion, WHO had been informed early in 1952 that the request from Peru had been postponed, and therefore no action was contemplated at the moment.

Referring to “cancer control”, Dr. Roemer explained that that was the term used by the country submitting the request, namely Japan. The request was for advisory service on the epidemiology of cancer, collection of statistics which might lead to establishment of a service for the early detection of cancer, pathological services, etc. One or two fellowships were also contemplated in the request.

Another request in this field was for advice to a province of the Federal Republic of Germany to assist in the development of legislation on the registration of cancer cases and in cancer detection, cancer education, etc.

The question raised by the delegate of the Netherlands on rehabilitation related principally to the technical working group on the rehabilitation of the physically handicapped, established by the Administrative Committee on Co-ordination. The directive given by that committee to the working group was solely in the field of physical handicap and, because the problem was so enormous, activities in the first year had been confined to the problem of the orthopaedically handicapped and the blind. Rehabilitation of the tubercular was a phase of the activity of the tuberculosis programme of WHO. Nothing had as yet been done regarding rehabilitation of cardiac patients. In the case of the mentally handicapped, activities had been carried on as a part of the mental-health programme, including a survey on the rehabilitation of psychiatric cases and educational effort on the subject of neuroses in industry.

Dr. Burgess, Chief, Nutrition Section, said that endemic goitre remained a major public-health problem. In many of the under-developed countries solar-evaporated salt was still used and must go on being used. The method of iodizing solar-evaporated salt had not been properly developed. In association with the Institute of Nutrition of Central America and Panama a number of small field trials had been carried out and this preliminary work might show the way to a solution of that problem.

The Deputy Director-General thought the views expressed had demonstrated that WHO, no longer tied by a rigid system of priority, could not refuse to tackle certain problems which were essential for certain governments. The previous day the Director-General had used a phrase which expressed very well the role of WHO: to assist each country to take the next appropriate step in its own development.1 Obviously, a problem which might appear as a limited or separate problem to some countries might be of primary importance in another. There must be a certain flexibility in programmes, but at the same time, too broad a dispersal of effort must be avoided, and no attempt should be made to deal with problems which could be better solved elsewhere. But when a programme was being carried out in a demonstration area it would be impossible to begin the health education of the people of that area without attacking precisely the problems that were most important to them. For instance, if goitre were prevalent, it would be absurd to embark upon health education without speaking of goitre. From the opinions which had been expressed in the present discussion, that would appear to be the view of the majority.

The meeting rose at 11.45 a.m.

1 See p. 74.
THIRD MEETING

Thursday, 8 May 1952, at 2.30 p.m.

Chairman: Dr. N. Romero (Chile)

1. Review of Work during 1951 (continuation)

Agenda, 6.2

The Chairman wondered whether, in view of the committee's heavy agenda, item 6.2 could not be completed more quickly if the five main headings listed by the Executive Board were taken together.

Decision: It was agreed to take all five subjects together.

Dr. Regala (Philippines) drew attention to the section of the Director-General's Report that concerned nutrition (Official Records No. 38, page 18). The interest of WHO in that problem was very welcome and would be of benefit to the peoples of the world, in particular to those in the rice-eating countries of the Far East. The approaches which WHO had already made, either alone or in association with FAO, were both significant and desirable, and he hoped that the subject would be of continuing interest to WHO, as the study of malnutrition, especially its subclinical forms, would help the peoples of the world to improve their living conditions.

Dr. Aujaleu (France) expressed the satisfaction of his Government with the fellowships programme. The experience gained over recent years had convinced his Government of the greater utility of group fellowships over individual fellowships. In his opinion the most remarkable achievements in that field were the nurses' working conference held in the Netherlands in 1950 and the symposium on alcoholism held in Copenhagen in 1951. Meetings of that type had many advantages both for the Fellows themselves and for the public-health administrations that sent them. Moreover, group fellowships were more economical; and they compelled Fellows to observe a certain discipline with regard to the date of their fellowships, which was a convenience for the government receiving them. He felt that this procedure should be the normal one and that individual fellowships should be given in exceptional cases only.

He expressed his satisfaction with the work of the group of experts on public-health administration that had travelled in three European countries in 1951, and his appreciation of the excellent arrangements made for its reception in the countries it visited, namely, Belgium, Sweden and Scotland. The other remarks he had to make concerned tuberculosis. He wondered whether he should make them at a later stage.

Dr. MacGavran (United States of America) suggested that it would make for better discussion if the topics listed under item 6.2 of the agenda were taken separately.

Decision: It was agreed to take the five subjects separately and to pass to the second.

Professional and Technical Education

Dr. Höjer (Sweden) drew attention to the need for more personnel in public-health work, and recommended that WHO should help governments to establish schools of public health where personnel could be trained. The national authorities in the Scandinavian area had already taken steps to establish such a school at Göteborg and in that connexion he wished to express his appreciation of the help given by WHO. He pointed out that the statement on page 23 of Official Records No. 38, that during the year WHO, in co-operation with representatives of the Scandinavian countries, had helped to plan and establish a school of public health in the Scandinavian area, needed to be modified, since owing to economic difficulties the school was still in the planning stage.

Dr. Bellerive (Haiti), referring to the remarks of the delegate of France on the greater utility of group fellowships, observed that while that might hold good for countries which had large numbers of experts capable of discussing specific subjects, it was not so in small countries or countries where no schools of public health existed. In such cases individual fellowships were to be preferred.
Dr. McMillan (Canada) stated that he was pleased to note that public-health administration had received due attention in 1951. However, he was perturbed by the distribution of fellowships as set out in Official Records No. 38, Annex 14, where the tables showed that more than 55 per cent of the fellowships provided had been granted to European countries. Group fellowships, which in the main consisted of specialized training courses, were no great financial burden on the participating countries. In his opinion, when such courses were organized, WHO should bear the personnel and administrative costs only, the remainder being borne by the participating countries. Savings effected in that way should be devoted to providing fellowships for nationals of other regions.

Dr. Turbott (New Zealand) observed that Annex 14, to which the Canadian delegate had referred, also showed that fellowships had been granted freely to advanced countries such as the United Kingdom of Great Britain and Northern Ireland and the United States of America. He considered that the system of granting fellowships to advanced countries should be re-examined, since the under-developed countries could derive greater benefit from such fellowships as were available.

Dr. Wickremesinghe (Ceylon) felt that all were agreed that the development of teaching and training was one of the most important ways of advancing public-health work. However, the methods adopted in his own country, namely the grant of fellowships and the use of consultants, had not been particularly gratifying. His Government already granted fellowships to ten per cent of the medical cadre of his country. As for consultants, it was not advice on problems which was required but rather help in applying the solutions. In his opinion there should be no uniform procedure for improving teaching and training; each country should be allowed to choose the method it considered most likely to be of benefit. He felt that if highly qualified public-health personnel could be made available to work together with national personnel engaged in public-health work, such contact would be of inestimable value. Further, where governments had taken the initiative in establishing medical teaching institutes, WHO could help by providing staff and supplies, perhaps in the ratio of one to four.

Dr. Dorolle, Deputy Director-General, said that, while the Director of the Division of Education and Training Services would answer the technical points raised, he would himself like to draw attention to a slight misunderstanding that seemed to have arisen. The delegate of France had stressed the usefulness of group fellowships, while the delegate of Haiti had said that his own country was more interested in individual fellowships. Others had wondered why so many fellowships were granted to highly developed countries. The apparent confusion arose from the fact that the word "fellowship" could be used to apply to a doctor who attended a year's course of advanced study to obtain a diploma in public health, as well as to a professor who attended a seminar of a few days' duration. He therefore asked members of the committee to bear in mind, when discussing fellowship problems, that the word was used with different connotations.

Dr. de la Garza Brito (Mexico) noted that on page 25 of the Director-General's Report it was stated that some Fellows did not wish to return to their countries of origin or went outside the course for which the fellowship was provided. So far he had found no indication of the criteria used in selecting Fellows, and he wondered if they ought not to be more severe. At the bottom of the same page it was stated that the fellowships were administered by the regional offices, but there was no regional office near to many of the countries of Latin America. In 15 years as a professor at the University of Mexico City he had found that 75 per cent of the students were not "health-conscious" and had been selected for political or similar reasons. Many lacked the elementary knowledge needed to benefit from a fellowship.

Furthermore, there was no mention in the Report of the subjects that the Organization considered essential in order to prepare the Fellows for their work, and very little was said about the important question of how courses should be organized. It would be useful to give some indication on those matters to schools of public health. Finally, there was no reference to the time considered necessary for the teaching of subjects in the public-health field.

Dr. Karabuda (Turkey) was of the opinion that the distribution of fellowships should be based on the need of the country concerned. He also wished to draw attention to the effectiveness of short-term fellowships for trained personnel.

Dr. Burger (Netherlands) reminded the committee that in the course of the Fourth World Health Assembly, the Netherlands delegation had expressed
interest in the reports submitted by Fellows, and had suggested that the titles, subjects and authors of all reports should be regularly published by WHO. Such data should also be published in national medical periodicals and copies of the reports supplied by national authorities on request.²

He wondered what action had been taken on that suggestion and what results had been obtained.

Dr. McGavran (United States of America) associated himself with the remarks of the Deputy Director-General. He did not agree with the remarks of the delegate of Canada concerning the number of fellowships allotted to advanced European countries, for teaching and training could be furthered only if there was a free exchange of experience. It should be realized that there were many types of training in the field of health and all those types were under-developed. In particular, he drew attention to the need for training ancillary personnel and for the provision of training facilities on a local basis. WHO had already taken steps in that direction which his delegation wholeheartedly supported. The relative failure of training in public health in his own country could be measured by the growing list of unfilled positions, and he would be interested to know what the position was in other countries. He thought that more attention should be paid to the kind of public-health personnel required. For example, were too many physicians being trained and not enough compounders? Was not the medical aspect of public health being overstressed? The training of public-health personnel could be considered the crux of the problem of world health, and he would emphasize that the training of auxiliary and ancillary personnel must not be considered subordinate.

Dr. Daengsvang (Thailand) referred to that section of the Director-General’s Report concerned with assistance to educational institutions (Official Records No. 38, page 27) and endorsed the view therein expressed that the fact that some countries were unable to support highly trained personnel in many of their areas had brought out the need for establishing a larger number of training programmes for auxiliary workers. Such a situation existed in his own country, where there was a great need of auxiliary personnel in the rural areas, and he was grateful for the aid his country had received from WHO in training such personnel. He would also like to know what further steps, if any, WHO was taking in that direction.

The Chairman, referring to the remarks made earlier by the delegate of Mexico, reminded him that the Pan American Sanitary Bureau functioned as the Regional Office of WHO for the Americas.

Dr. de la Garza Brito (Mexico) said that he was well aware of the work of the Pan American Sanitary Bureau, but did not see how the Washington office could decide how to select a Fellow from Colombia or Panama. He felt that there should be truly regional offices, one in the north of the South American continent, one in the centre, and one in the south. In that way it would be possible to select candidates who would be sure not to waste their own time and the Organization’s money.

The Chairman observed that in Chile there was a national committee which received recommendations from medical and professional bodies and, after screening and checking them, forwarded them to the Pan American Sanitary Bureau.

Dr. Calvo Sucre (Panama) pointed out that the Pan American Sanitary Bureau followed the same policy of decentralization as WHO, in that the region was divided into a number of zones, in each of which was a branch office.

He would, however, like to stress the loss of time that resulted from sending Fellows to United States universities, since in many cases they had to learn English before they could start their professional studies. There were already some excellent schools in Latin America, notably in Mexico, Chile and Brazil, to which Spanish- and Portuguese-speaking students could be sent. In that way it would be possible to train a certain number of sanitary inspectors, of whom there was a great lack in Latin America.

Dr. de la Garza Brito (Mexico) said that he did not wish to labour the point he had made but he was concerned with the fact that 40 per cent of the students sent to Mexico did not come up to expectations.

He agreed that to send all Spanish- and Portuguese-speaking students to the schools in Mexico, Chile and Brazil would avoid the loss of time mentioned by the delegate of Panama. He also felt that if WHO were to recommend an interchange of pro-

² Off. Rec. World Hlth Org. 35, 213
fessors among those three countries it would be of great benefit to public-health teaching and training in Latin America.

Dr. GRZEZORZEWSKI, Director, Division of Education and Training Services, stated that the educational policy of the Organization had been formed by the opinions, recommendations and decisions of the Health Assembly and the Executive Board. The present discussion would likewise be of great help to the Director-General in making changes with a view to furthering the educational programme. Some of the points raised showed the wide variety of approaches needed in different countries and regions. It had been because of similar opinions expressed at previous Health Assemblies that there had been introduced into the programme a certain flexibility, which had become still more evident after the regionalization of the Organization had been completed.

The basis for the distribution of fellowships was not the number, but the sum allocated to each region in the budget. Each region could decide what type of fellowship its allocation was to be spent on. In the case of Europe, plans had been made as early as 1950 for giving special attention to group fellowships. The organization of such fellowships was a complicated matter and in that respect the experience gained in Europe was now available to other regions. Group fellowships were of short duration and that was why the number of Fellows was greater. If governments so desired, the regional offices could work out methods of establishing similar programmes in their regions. However, the discussions had already shown that some countries preferred individual fellowships and therefore countries were left to decide the question for themselves.

As for the selection of Fellows, the decision was mainly in the hands of governments. They were encouraged to establish national committees to that end and were free to decide on the composition of such committees, although the aid which professional and scientific bodies could provide had been pointed out. If necessary, representation of the Organization on such committees could be secured.

Experience had shown, regarding the subjects for study, that some indication from WHO was of assistance to countries when taking decisions. For example, when the five main priorities were established by the Interim Commission, most fellowships had been requested in those branches. Since then the Health Assembly had indicated, as had the Technical Assistance Board, that the subjects of study should no longer be considered as separate but should be related to programmes and activities which governments were undertaking, and an increasing number of fellowships were being granted in subjects that would be of assistance in specific governmental projects.

There was no set method of furthering training programmes, although the Health Assembly had stressed the need for developing training establishments, and in that connexion he gave the example of the Anaesthesiology Centre in Copenhagen, which had received some assistance from WHO in staffing and the provision of supplies. One of the great difficulties the Organization had encountered was that of finding personnel of sufficiently high quality for long-term appointments, and he would like to appeal to delegates to help the Organization to solve that problem.

The delegate of the United States of America had raised the problem of the team concept, which was of great benefit both in the organization of work and in training, as had been emphasized by the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel. That subject was receiving attention within the limits of the programme.

Some progress had been registered in the training of auxiliary personnel such as nurses, first-aid workers and assistant midwives in some areas, e.g., Malaya, Borneo and Sarawak. At headquarters, a register of the types of auxiliary personnel employed in different countries had been compiled and would shortly be made available. Further help in training such personnel was decided upon by the regional committees according to the funds and staff available.

With regard to the services of Fellows upon completion of their studies, governments signed a statement to the effect that candidates would serve for at least a certain period in their speciality. On completion of their studies, Fellows made reports which indicated the use they had made of the knowledge and experience they had gained, and some of those reports had already been published in the Chronicle of the World Health Organization. Although he doubted whether WHO could publish all such reports, perhaps action could be taken by the regional organizations to meet the point raised by the delegate of the Netherlands.

Dr. BURGER (Netherlands) explained that his suggestion was that the names of all Fellows and the titles of their reports should be published, and copies circulated to those desiring them. He did not think that that would entail a great expenditure.
Epidemiological and Statistical Services

Mr. Stowman (United States of America), referring to resolution EB9.R86, noted that the Executive Board had called the attention of States Members of WHO to its recommendations on health statistics as being of particular importance. He understood that a conference of national committees on health statistics was to be held in 1953, not in Geneva but elsewhere, and that the per diem and attendance costs would be borne by the participating countries. However, WHO had made a budgetary provision of only $260 for that conference, and he doubted whether that sum would suffice. The work of national committees on health statistics was particularly important, and should be encouraged. He called attention also to the great importance of the recommendation made by the expert committee, relating to the procedure for subsequent decennial revisions of the International Statistical Classification of Diseases, Injuries and Causes of Death.3

Turning to the subject of epidemiological services, he stressed that the new International Sanitary Regulations would entail new problems which would have to be very carefully dealt with at an early date. It would, for instance, be necessary to define anew the yellow-fever endemic zones; the existing maps indicating the presence of Aedes aegypti were not sufficient for the purpose.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) noted that on page 43 of the Director-General’s Report it was stated that 170 graphs on epidemiological information had been prepared in the course of 1951. He wondered whether the expense that those graphs must have entailed would be justified by their utility, and pointed out that in his own country it was considered sufficient as a routine measure to tabulate information in the form of figures. He wondered also why it had been necessary to prepare a new epidemiological cable code, which must have been a very expensive work. He also noted that WHO had prepared a geographical index and a map supplement to that code to facilitate the location of areas referred to in cables. He wondered why that work had been undertaken, when the previous system was really quite satisfactory. Infected local areas might differ very greatly in size, and from the international point of view it was surely unnecessary to pinpoint with extreme accuracy the places where cases had occurred.

Dr. Wickremesinghe (Ceylon) asked whether national governments might correspond direct with the new international health statistics centre that had been set up in England.

Dr. Pascua, Director, Division of Health Statistics, assured the United States delegate that the Director-General considered the holding of an international conference of national committees on health statistics to be of crucial importance, and that it was thought possible to hold it at relatively little additional expense to the Organization, since the cost of most of the preparatory work could be charged to the regular budgets of some other units of the Organization, and since participating countries would be paying the expenses of their representatives.

The United States delegate had also emphasized the importance of changing the years in which the decennial revisions of the International Statistical Classification of Diseases, Injuries and Causes of Death were made. The Expert Committee on Health Statistics had been strongly in favour of avoiding such revisions at a time when regular national censuses were being carried out by most nations, and had suggested that the revision conference be held in or around the years ending in the figure 5 in order to ease the burden on national census administrations later on. He felt that the expert committee’s recommendation was basically sound and very useful, but of course any observations, as well as any objections presented by national administrations, would be taken into proper account.

In answer to the question by the delegate of Ceylon, he pointed out that the WHO centre at Southport, England, to deal with problems arising from the application of the new International Statistical Classification of Diseases, Injuries and Causes of Death, was adequately prepared to study and answer any queries in that field from national administrations. The Director-General had, indeed, already sent out a circular letter addressed to the Member States urging them to submit any problems direct to that centre.

Dr. Biraud, Director, Division of Epidemiological Services, said that the point raised by the United States delegate on the reporting of the presence of the yellow-fever vector, Aedes aegypti, would be discussed by the Expert Committee on Yellow Fever at its next session, which would be held either at the end of the year, if the preparation of the delineation of the African yellow-fever zones was completed by then, or at the beginning of 1953.

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To the United Kingdom delegate's allusion to the number of graphs prepared in the Epidemic Watch Unit, he would say that that work had been done as part of the routine in following the evolution of communicable diseases, and that it had been found both simpler and more economical for that purpose to plot their trend on graphs than constantly to examine complicated tables of figures.

The same delegate had inquired about the new epidemiological cable code which was being prepared. That work had begun on instructions from the Interim Commission and later from the Health Assemblies, since it had been realized that if the new International Sanitary Regulations were effectively to reduce quarantine restrictions it would be necessary to apply such restrictions only to travellers or goods coming from infected areas and not to all those coming from a country in which such areas existed. In order that the new Regulations might be applied to very precise and limited areas, it had been considered advisable to draw up a list of districts in each country so that communicable diseases therein could be notified by the countries concerned and other countries be thereby aware of the exact location of the outbreak. The idea behind the preparation of a geographical index and a map supplement to the cable code was to make it easier to give precise information. The idea of a telegraphic code was to allow countries to notify the infection of areas rapidly and economically to WHO, and for WHO in turn to send out that information to all other countries in as short a form as possible.

Communicable and other Diseases

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) noted that on page 37 of the Director-General's Report (Official Records No. 38) it was stated that a trachoma specialist had been sent to test the relative value of certain sulfonamides and antibiotics which were being used in the work among Palestine refugees, that the trial had covered 3,000 children and that it had been made possible by the free supply of antibiotics by UNICEF and by private United States and Italian manufacturers. He questioned whether that was really suitable work for WHO, since it was research work, it was a trial carried out on refugees, and it seemed to have been done on behalf of the manufacturers.

He stated also that he would submit at the next meeting a draft resolution referring to the entire question of WHO's attitude to research work.

Dr. Aujaleu (France) wished to call particular attention to the Introduction to the Director-General’s Report, which was a notable piece of work and which would be read by many people who did not go on to read the entire volume. Everything contained in it therefore was of the greatest importance. He did not wish that certain statements regarding tuberculosis should be used as a pretext for administrations that were not health administrations to take any measures which the Organization might regret. He was referring particularly to a passage on page 3, in which it was stated that deaths from tuberculosis had been considerably less, but that the incidence of morbidity had perhaps increased, and, finally, that the general improvement in standards of living since the end of the Second World War might be the chief cause of the recent diminution in tuberculosis death rates. The reason for that reduction in tuberculosis mortality was surely far more complicated. Preventive and therapeutic measures had both greatly improved, with the consequence that the length of the life of tubercular patients had considerably increased. To say, however, that that was due to higher standards of living was very debatable.

There was, of course, no doubt that to improve standards of living would help to reduce tuberculosis mortality, but in the meantime BCG vaccination was far cheaper and should not be abandoned.

Dr. Calvo Sucre (Panama) wished to draw attention to an error appearing on page 29 of the Director-General’s Report, where it was stated that the national malaria-control programmes of nine countries in Central America had been modified to include the control of other insect-borne diseases. It would be correct to say six countries.

Dr. Gregorić (Yugoslavia) stated that tuberculosis was one of the most important diseases in Yugoslavia, where a very high morbidity rate prevailed. A campaign against tuberculosis had been started in 1950 by UNICEF and WHO, and by 1952, 75 per cent of the children had been vaccinated. Some difficulties had been encountered in providing adequate transport facilities and as a result of the opposition of a certain number of doctors. A home centre, started in 1927 in Belgrade, had since been modernized and could now meet all requirements. There was, however, still a difficulty in hospitalizing infectious tubercular patients in the early stages, since there was a lack of hospital beds; however, the number of beds had risen from 2,500 in 1945 to 13,000 in 1951. The number of streptomycin centres had also increased from 29 in 1950 to 33 in 1951, and they had treated some 6,000 children by the end of that year.
Dr. Biraud agreed with the United Kingdom delegate that, had a subject been sought for therapeutic trial, the Palestine refugees, living as they did in the most precarious conditions, would certainly not have been selected. The work on trachoma had, however, been made necessary by the fact that the disease had been widespread in the refugee camps for the medical care of which the United Nations was responsible. WHO had been called upon to send an expert, who had assisted the appropriate authorities in setting up ophthalmological services for the refugees. That had taken place at a time when a number of drugs, both sulfonamides and antibiotics, had come upon the market, and the opportunity had been seized to try them out in different combinations on different groups. The antibiotics had been provided both by UNICEF and by pharmaceutical firms; but he wished to emphasize that no report had been submitted to those firms and that the work had not been carried out on their behalf in any way but, on the contrary, for the benefit of the refugees. The health authorities would later be informed of the results obtained through the Expert Committee on Trachoma. The WHO expert sent to Palestine had submitted a technical report to that expert committee and that document, with others, helped the committee to formulate technical recommendations on trachoma treatment.

Dr. McLaughlin, Chief, Tuberculosis Section, fully agreed with the delegate of France regarding the remarks on tuberculosis made in the Introduction to the Director-General's Report. The reasons for the decrease in tuberculosis mortality were many and varied and no single factor could be said to have brought about that reduction in any country; the various factors were inseparable. He stated that the Director-General supported the French delegate's remarks and emphasized that they had been fully justified.

Drugs, Therapeutic Substances and Standards

The Chairman noted that there were no speakers on the subject of Drugs, Therapeutic Substances and Standards, and consequently declared that part of the Director-General's Report approved and discussion of item 6.2 of the agenda closed.

2. Other Business

The Chairman considered that item 6.6.1 of the agenda, the International Committee on Military Medicine and Pharmacy, was not properly within the province of the Committee on Programme and Budget and therefore proposed that it be referred to the Committee on Administration, Finance and Legal Matters.

It was so agreed.

The meeting rose at 4.50 p.m.
Organization to exercise its function under the Constitution of acting as the directing and co-ordinating authority on international health work. Projects had been planned in close co-operation with the countries concerned, and the programmes of individual countries had been planned to a much greater extent than before as an integral part of the economic and social development of those countries.

With regard to staff, some 35 additional posts had been proposed, most of them for field activities. Although headquarters staff had managed so far to carry on the additional responsibilities assigned by the Board and the Assembly without an appreciable increase in numbers, they could not continue to do so indefinitely and it was likely that by 1954 some increase in headquarters staff would be necessary. Most of the proposed staff increases provided for an expansion of field activities, continued emphasis being placed on education and training services, which accounted for more than half of the total increase requested for 1953.

The Board wished to draw attention to two passages from Official Records No. 40:

Page 42, paragraph 9: "Although primarily preoccupied with the examination of the 1953 programme, the Board directs the attention of the Health Assembly to the fact that if no more than $6,000,000 were to be made available to finance the 1952 technical assistance programme, a considerable delay in starting new projects, over and above the delay already foreseen by the Director-General, or even a postponement of a number of projects to succeeding years, would undoubtedly result".

Page 42, paragraph 10: "In examining the relationships between the parts of the total 1953 programme and budget devoted to administrative services and to the operating and technical services, the Board noted that, as the total expenditure increased, a greater proportion of the budget was being directed to the services provided to governments. The expenditure on administrative services is 9.4 per cent of the estimated total expenditure for 1951, 5.9 per cent for 1952 and 5.7 per cent for 1953".

It would thus be seen that a definite percentage decrease had been obtained.

Dr. Bravo then drew attention to Official Records No. 40, pages 42 and 43, paragraphs 11, 12 and 13, where comments were made with regard to travel expenses, purchase of library books and hospitality. Explanations which had been given on those matters were satisfactory to the Board.

In paragraph 19, page 44 of the same document, explanations were given for the increase in the allocation for the Department of Central Technical Services; the matter would moreover be examined in detail when the committee discussed the estimates for Central Technical Services (see seventh meeting, page 197).

A new division, the Division of Environmental Sanitation, had been established within the Department of Advisory Services. Further comments on Advisory Services would also be made at a later stage (see seventh meeting, page 199).

Careful consideration had been given to the regional activities, and each Regional Director had stated before the Board the general approach of his programme, which in every case followed the guiding principles of WHO. It was regretted that until now a wider expansion of activities had not been possible for the African Region.

Finally, Dr. Bravo drew attention to Official Records No. 40, pages 41-3, paragraphs 6-13 of the report of the Executive Board to the Health Assembly. It was there stated that the proposed regular programme and effective working budget estimates for 1953 totalled US $8,489,895, as proposed by the Director-General, representing an increase of US $812,113 on the 1952 budget (comparison shown in Official Records No. 39, page 78). The Executive Board was satisfied with the explanations given regarding the unusually high amount of casual income available in cash, estimated at US $837,554. Owing to this fact, and to assessments against new Members, contributions of most countries had not been increased, an exception being the bigger contributors, to whom the per capita provision applied (Official Records No. 39, page 79). The Executive Board was satisfied with the explanations given concerning the unusually high amount of casual income available in cash, estimated at US $837,554.

In general the Board agreed that the proposed budget was technically sound and adequate to meet the responsibilities arising from the annual programme of work under the regular budget and from field activities under technical assistance funds.

Furthermore, it was stressed that the expanded programme of technical assistance represented the sum of individual programmes requested by the individual countries and co-ordinated by the regional
offices. The Board considered further that the programme conformed with the guiding principles applicable to the expanded programme of technical assistance as established by the Economic and Social Council and the General Assembly of the United Nations.

Therefore, the Board recommended to the Assembly for its approval the effective working budget of US $8,489,895, which seemed to be adequate to continue and consolidate the work and further development of the World Health Organization, without charging unduly the national budgets of Member States.

The Board was ready to furnish any other information delegates might require.

The Chairman drew the attention of the committee to resolution WHA5.1 and declared the subject open for general discussion.

General Discussion

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) said he assumed that the committee was now reviewing in general terms the programme for 1953. In doing so it must constantly bear in mind that WHO was an intergovernmental organization, and in that really lay its strength. It existed to help governments and not to supersede them or to overlap with any of their existing activities. Moreover it was essential for governments to feel that the Organization was using efficiently and economically the resources available; consequently overlapping must be strenuously avoided.

In the light of those principles he would raise three points regarding the 1953 proposals: (1) on the work of the expert committees, (2) on the work of seminars, and (3) on the representation of WHO at governmental and non-governmental international organizations.

With regard to the first point, with the large increase in the number of expert committees WHO had entered a number of purely technical fields, already adequately covered by non-governmental international organizations of high standing, which included leading authorities in the special field concerned and produced proceedings of great importance. There was a great contrast between the work of such organizations and that of four or five experts coming to Geneva for a week or ten days and producing a short report. While some expert committees were essential from a constitutional point of view, a great many overlapped with non-governmental organizations which had far greater resources available in their particular subjects. The United Kingdom delegation, therefore, would urge that WHO, in fulfilment of its proper role in that respect, should act much more as a co-ordinating agent, seeking its technical advice from high-level non-governmental organizations and other suitable sources, thus obtaining a recognized authoritative view on the subject and at the same time saving considerable sums of money for other work.

Dr. Mackenzie drew attention to the list of expert committees for 1953 given on pages 170 and 171 of Official Records No. 39. Some he considered necessary and useful, but he felt anxiety about others, for instance those on cholera, filariasis, poliomyelitis and rabies. All that an expert committee could do in such subjects was to bring together information already available and published; it could not produce any new work. In the case of health education of the public, again there were many non-governmental organizations working in that field and it was difficult to see how a committee of experts working for a few days could produce anything of real value to the world, because conditions were so entirely different as between countries, and certainly as between continents. Similar comments applied to the expert committees for rheumatism, the blind and the deaf.

He therefore urged that careful consideration be given to the possibility of eliminating some of those expert committees in the future. They were supposed to advise the Board, but in actual practice when a piece of work was to be done in a country an expert or experts went out and did it, and it was doubtful whether reference was made to the report of the expert committee on the subject.

On the second point, seminars, again there were instances in which they were essential, e.g., subjects not already covered by any national organization; but they did cover some things already dealt with suitably in schools of public health, institutes of hygiene, and so on. They were very expensive, not lasting long enough to give a real knowledge of the subject, and the money would be better spent in sending individuals for a proper course in the subject. Taking Europe alone, on page 405 of Official Records No. 39 was mentioned a symposium on syphilis: all the information on that subject was published and taught regularly in the different national schools of
hygiene. Page 407 showed a symposium on relations between paediatricians and psychiatrists: again all the information was available in published form and it was difficult to see why WHO should spend over $10,000 on such a symposium. On page 408 there was shown a conference on the teaching of preventive medicine. The World Medical Association was holding a big conference in July 1952, in which WHO was assisting, so again a special WHO conference seemed unnecessary. As would be seen from pages 410 and 411, there was to be a conference on health education of the public, requiring short-term consultants and so forth, and a conference on environmental sanitation. If just those few items mentioned were dropped it would represent a saving of about 10 per cent of the budget for the European Region, and no doubt similar economies could be found in other regions, effecting a saving of perhaps five per cent.

Dr. Mackenzie's third point was the cost of senior members of WHO staff attending so many meetings of outside organizations. In 1951 the Organization had been represented at 67 non-governmental organizations and 104 which were sponsored by the United Nations and the specialized agencies. It was difficult to see what practical purpose was achieved by this representation in the case of many organizations of which the proceedings or minutes were always published. The lists given on pages 164-9 of Official Records No. 38 showed the need for careful consideration of all such representation: for instance, there was the Students' International Clinical Congress, the Institute of Law Studies of Nice and the European Association against Poliomyelitis (Special Drafting Committee). A large amount of money was involved not only in travelling expenses but also, in many cases, in the cost of keeping a member of staff at that work.

The United Kingdom delegation would like those three points very carefully considered in preparing the budget, and put them forward as a matter of general principle at the present stage.

Dr. van den Berg (Netherlands) took up the point of the expert committees. His delegation also felt that some were not necessary and that their work could be covered by compiling the existing information on their particular subjects. Furthermore, in several fields it was not very useful to have a worldwide expert committee, because the circumstances in various regions were so different, and in such cases it was better to have regional expert committees. The Netherlands delegation would ask the Director-General to study this problem and to see if the work actually done by some expert committees could not be transferred to regional committees in those regions where there was a real need for such expert advice.

On the question of seminars, he could not agree with Dr. Mackenzie. In the Netherlands three seminars had been held in recent years and had proved extremely valuable to the national health work. Seminars could not necessarily be compared with a congress or special course, the results they produced being often quite different. Naturally, all the proposed seminars were not equally important or useful, and regional committees should consider whether the seminars planned were really necessary for the various regions, but, from experience in the Netherlands, Dr. van den Berg had a very high opinion of the value of at least many of them and considered the organization of seminars one of the most important activities of WHO.

Dr. Höjer (Sweden) supported the views of the delegate of the Netherlands regarding seminars. He was in disagreement with what the delegate of the United Kingdom had said on that subject and also with his remarks on the importance of the health education of the public and on expert committees in general. If the Health Assembly eliminated expert committees it would be depriving health workers all over the world of the flower of expert technical opinion on health matters. Moreover, while it was true that scientific work could not be done at such short meetings, they afforded an opportunity for free discussion and provided a synopsis of the opinions of the best experts available in the different fields, which was a basic necessity for the work of the Executive Board. While, therefore, he was ready to discuss the relative importance of each expert committee, he hoped that the United Kingdom proposal would not be adopted as a general principle. It would be going too far to suppress the Expert Committee on Poliomyelitis and at the same time to abstain from sending a representative to the non-governmental organization on that disease. The Director-General had been placed in the difficult position in the past of having to advise against the acceptance of many of the requests by the Assembly for the creation of expert committees or the holding of seminars. If
he was now prepared to agree, his opinion should be accepted and the experiment tried.

Dr. Leroux (Canada) said his delegation felt that, in view of the good and constantly improving record of WHO, it would be unwise to reduce its activities; in fact in normal economic and political conditions it would be more than desirable that they should be expanded. In the present circumstances, however, international organizations which were dependent upon the financial support of national governments should operate within a budget which provided maximum services, while at the same time not supporting any programme which could be considered inappropriate. The Canadian delegation viewed with some alarm the increase of $812,115 in the proposed budget for 1953 as compared with that of 1952 and felt that all projects of a low priority should be curtailed, and every effort made to secure superior administrative practices. In the opinion of his delegation, the overall expenditures of the Organization should be at about the level for 1952. While that did not mean that new and important work which was fully justified should not be undertaken, it did mean that a close scrutiny must be made of all proposed expenditures in 1953 in order to eliminate any of a non-essential nature.

He assumed that his delegation would have an opportunity later in the session to submit proposals for reductions which they considered could be made without seriously jeopardizing the work of the Organization.

Dr. Turbott (New Zealand) referring to the Swedish delegate's desire to be informed where there was duplication between the work of non-governmental organizations and WHO expert committees, drew attention to the proposed expert committee on filariasis (Official Records No. 39, page 107). He had just returned from a conference in Tahiti, sponsored by the French Government, which had mapped out a ten-year programme, collected all the available literature in the world on the subject and issued a report on the experimental work being carried out. That field had therefore been very adequately covered up to October 1951 and it would seem unnecessary for WHO to convene an expert committee as soon as 1953.

Dr. Aualeu (France) recalled that the object of the present discussion was to fix the budget ceiling. There was no doubt that all expert committees were useful, as had been demonstrated by the appreciation with which their reports published by WHO had been received in the past. Since, however, the Health Assembly must observe certain limits and could not allow the budget to increase year by year, it would perhaps be advisable to examine which expert committees were less useful than others. He agreed with the delegate of the United Kingdom to the extent that, when there were competent non-governmental organizations working in a certain field, problems in that field should be left to them. But there were other fields—particularly the application of new scientific discoveries in the medical world—which were not appropriately dealt with by any organism. While, for instance, it would not be useful to set up an expert committee to consider the results of research into the etiology and pathogeny of poliomyelitis, it would be extremely useful to have an expert committee to advise WHO, and through WHO the different countries, on the best practical measures for the prevention of that disease and for the readaptation of persons who had been cured of poliomyelitis.

He had already expressed the view at the previous Health Assembly that seminars were very useful, precisely because they did not deal with scientific problems but with the application of recent discoveries by public-health services. He entirely agreed with what previous speakers had said as to the benefits that could be drawn from seminars. The same was true of the conference on the teaching of preventive medicine. Attention had often been drawn during Health Assemblies to the extent to which universities and departments of education neglected that aspect of teaching. Because WHO was interested in the highest degree in the development of preventive medicine and acceptance of its principles by all doctors, it should encourage teaching of the subject and should not give up the seminars in the European Region. He added that the projects presented in the report of the Director of the Regional Office for Europe had been agreed upon unanimously by the Regional Committee.

Dr. Evang (Norway) suggested that in evaluating the programme for 1953 the committee should consider whether there had been any trend in the programmes since the beginning of the Organization in 1948, and if so decide whether a change in that trend was desirable. At the beginning WHO had made the same mistake as all health administrations and individuals who tried to fight disease. It had decided to combat the diseases individually and had drawn up a somewhat rigid list of priorities, beginning with tuberculosis, malaria and venereal disease. Fortunately the Organization had quickly discovered that it was necessary in the first place to face the
basic problems such as shortage of personnel, weakness of public-health administrations, poor environmental sanitation etc. He welcomed the trend in that direction which had developed in the past years and which was reflected in the 1953 programme.

Because of the profusion of items, resulting partly from that trend, it was somewhat difficult to obtain a clear picture of their relative importance. Expert committees cost only 0.8 per cent of the total budget and it would be difficult to find another field in which an investment could be more profitable. The purpose of expert committees was to advise national governments, the World Health Organization and the experts working throughout the world in the particular field of the expert committee. He strongly disagreed with those speakers who had said that the same fields could be covered by non-governmental organizations. No government would take as much account of the advice of such a body as of a group of experts called together by WHO. The delegate of the United Kingdom had no doubt been thinking of conditions in his own country, but there were very few countries in the world which had the advantages of the United Kingdom in being able to call upon first class experts in practically all hygiene and medical fields. The reports of WHO's expert committees were highly valued in Norway.

He agreed with the views expressed by the delegates of Sweden, France and the Netherlands concerning seminars. WHO had devised a very profitable method of bringing people concerned with different branches of health work together, thus assisting in the process of integration which was being carried out in many countries and which was long overdue.

Finally, drawing attention to the table showing estimated total expenditure by major functions (Official Records No. 39, pages 64 and 65), he declared his satisfaction that the direct individual services to governments represented a much larger percentage of expenditure than in 1951. The figures given in that table, however, represented the total budget, including funds received in addition to the regular budget. The percentage expenditure figures considered in relation to the total regular budget were not so encouraging and could be taken as a guide in deciding whether the sums proposed in the Director-General’s estimated budget supported by the Executive Board should be reduced.

Dr. Wickremesinghe (Ceylon), putting forward the views of an under-developed country, said that the programme might be considered under three heads. First, there were those activities which were of a truly international nature and had a very far-reaching effect. He believed that such activities as those in connexion with the International Sanitary Regulations, the Pharmacopoeia Internationalis and the International Statistical Classification of Diseases, Injuries and Causes of Death should receive the highest priority. Secondly came activities which were not so far-reaching but important from a long-term point of view, such as education and training, expert committees and international centres. In his address to the plenary meeting he had made a plea for expert committees and international centres. While it was true, as the delegate of the United Kingdom had said, that information was already available, the literature was so voluminous that public-health authorities and health workers had neither the time nor the possibility of digesting it. The reports of expert committees, on the other hand, giving in summary form the views of the best experts, had proved of the highest value. Indeed he had asked that when a WHO expert came to a country he should familiarize himself with those reports so that he would "talk the same language" as the national health officials. Thirdly, he would refer to activities in relation to specific problems in particular areas. The Health Assembly had rightly done away with priorities. A certain disease, such as, for instance, filariasis, might no longer constitute a problem in one country, whereas it might be of increasing urgency in another, so that the Board should give the greatest consideration to requests from individual countries for action in a particular field.

Dr. Savonen (Finland), supporting the views of the delegates who had spoken in favour of seminars and symposia, said that it had been the unanimous view in Finland that the international symposium on syphilis held there in 1950 had been most useful.

Sir Arcot Mudaliar (India) said he had witnessed at successive Health Assemblies the very welcome change of attitude of the Organization to the whole question of the programme and its implementation. It was now recognized that it was not the function of WHO to take over the work of national governments but to act as a sort of catalytic agent to stimulate the work of the national health-administrations so that they would be ready in the shortest possible time to take over full responsibilities. The best stimulus would be the creation of the necessary personnel, trained and imbued with the spirit of WHO. He had therefore been gratified to note the
recent activities of WHO in the promotion of technical training, fellowships and particularly assistance to public-health institutions. In that connexion he had been glad to hear the delegate of Norway say that WHO should interest itself not only in basic education but also in postgraduate education. It should encourage training, not only of doctors, but of nurses, dentists, etc. and of all technical personnel. He stressed that it was too often forgotten that where there was a lack of trained personnel, doctors were used in a manner that was not congenial to them and not in the best interests of economy.

While realizing that demands made by countries might make it difficult for the Board and the Secretariat to abstain from giving assistance, he asked the delegates to bear in mind that the tendency since the First Health Assembly to spread its activities over a wide area of subjects might lower the effectiveness of the Organization.

Turning to specific aspects of the work of the Organization he thought it should be made quite clear that neither at the Secretariat level nor in expert committee meetings was any research work expected. That would be impossible. But the co-ordination of the work that had been carried out in different fields of public health was a matter which concerned the Organization. He could well understand the sentiments of the United Kingdom delegate with regard to certain of the expert committees. It was fortunate for the United Kingdom that it had opportunities, through its own experts working in different parts of the world on many different diseases, to obtain information, and India had often been glad to draw on that information. But he agreed with the delegate of Ceylon that it was very important for public-health authorities in most countries to have in a consolidated form the comments of the members of expert committees. A still more important function of expert committees was the support their reports gave to public-health directors in applying for funds from their national finance departments for the implementation of projects.

He agreed that it might be desirable to provide for a certain lapse of time between meetings of expert committees, so that their reports could be studied, implemented wherever possible and the results observed. That was a matter which should receive the consideration of the Board and the Director-General.

Turning to the question of seminars, he said he had been informed by persons who had attended them that they were very useful. Their object was twofold: first, to give incentive and enthusiasm to the persons attending them, and secondly, to promote international amity, which was one of the functions of WHO as an international organization.

The question of representation of WHO at governmental and non-governmental conferences required consideration by the Board and the Director-General. He felt that it was not in the interests of the Organization that its officials should be taken away from their other duties to attend such meetings unless there was some specific object in view.

Finally, WHO had a far greater responsibility now than in 1948 for co-ordination and co-operation with the Technical Assistance Board and other organizations. That might well mean that extra expenditure must be envisaged, not only in connexion with the technical assistance programme but also in the ordinary budget. A cut made for the sake of economy might not only result in the cancellation of some essential project but would weaken that link in the chain of the machinery of technical assistance, which should be the strongest as far as public health was concerned.

Dr. Sidky (Egypt) said that his delegation held the view that the WHO expert committees were fully justified and should be increased to cover all possible fields of health. In addition to the technical value of their reports, their moral and psychological effects should not be under-estimated. Their reports were widely distributed and highly appreciated by everyone concerned. He therefore supported the proposal of the delegate of the Netherlands that the Director-General be requested to consider the desirability of setting up regional expert committees.

The meeting rose at 11.50 a.m.
FIFTH MEETING

Friday, 9 May 1952, at 2.30 p.m.

Chairman: Dr. N. ROMERO (Chile)

1. Approval of Programme for 1953

Agenda, 6.3

General Discussion (continuation)

Dr. BRAGA (Brazil) stated that the Brazilian Government fully understood that it was impossible for a growing organization such as WHO to develop its programme without its budget estimates growing at the same time. There was no need for him to go over the various points of the programme for 1953, which had been adequately covered at the previous meeting, particularly by the delegate of Norway, whose remarks he fully endorsed. He would merely say that he felt that the general programme of work was adequate and the trend in the right direction.

The delegate of Canada had urged that the budget for 1953 be maintained at the 1952 level. If that suggestion were approved he feared that the inevitable result would be to reduce the programme, since salaries and general costs had risen. The budget estimates proposed by the Director-General, which included the contributions to be made by the new Member States, seemed eminently reasonable.

Professor CANAPERIA (Italy) recalled that the work of the Organization had been begun by concentrating on certain problems which all Members had agreed to be the most important. Certain priorities had been established at the first World Health Assembly, particularly with regard to tuberculosis, malaria, venereal disease and maternal and child health, to which had later been added environmental sanitation and nutrition. Those priorities, however, had been gradually departed from, and there had been a tendency, in later programmes of work, to enlarge the scope of the Organization's activities. That change might have been due to the establishment of the regional offices and to the manner in which they drew up their programmes. He recalled that the Italian delegation had always favoured the principle of regionalization since it felt that it was at that level that the needs of regions could best be appreciated and dealt with. However, the programmes drawn up by the regional offices should be co-ordinated within the wider framework of international health work. The chief aim of WHO was to strengthen national health services, but that did not mean that WHO should indiscriminately give technical and financial assistance to meet each request put forward by a Member State, for that would lead to a dispersal of effort and frequently would produce no very definite results. He urged the committee to bear those considerations in mind in considering the proposed programme and budget.

He also wished to stress that WHO should strive to follow the recommendation of the United Nations to stabilize its budget. That did not necessarily mean a reduction in the Organization's activities. As the delegate of India had said at the previous meeting, the work of WHO should be, as it were, catalytic, and should lead to the development of national health-services. If that was in fact the case, the work performed by WHO in various countries could not go on indefinitely; after a few years assisted countries should be able to continue the work by themselves and WHO funds could thereby be put at the disposal of other States. In that way, even with a budget stabilized at a certain ceiling, there would be a constant renewal rather than a diminution of WHO's health activities.

In conclusion, he agreed with the delegate of India on the primordial importance of the part WHO had to play in medical education. It was extremely necessary to train medical and auxiliary personnel in order to assist governments and strengthen their health services; the Italian delegation attached the greatest importance to that work and considered that it should be given a high priority.

Dr. SIGURJONSSON (Iceland) associated himself with the remarks made by the United Kingdom delegation at the previous meeting with respect to the number and the work of expert committees and to the representation of WHO at meetings of non-governmental organizations (see pages 179-80).
While he would not go into details of those questions at that time, he thought it would be wise to bear the remarks of the United Kingdom delegate in mind in considering the budget proposed by the Director-General.

Mr. Brady (Ireland) recalled that the Irish delegation at previous Health Assemblies had always felt that, in view of the valuable work to be done in international health, a steady expansion of WHO’s programme must take place; it had, however, always opposed any undue expansion or budgetary increase. In the case of the proposed programme and budget estimates for 1953, his delegation felt that no unreasonable expansion was contemplated. He noted with pleasure that a budgetary increase was proposed for education and training and a decrease in administrative expenses. It was also to the good that some States would probably be enabled to pay at any rate a part of their contributions in sterling. In that connexion he wished to pay tribute to the Director-General and to the United Kingdom authorities who, despite considerable difficulties, had made that possible.

His Government had also noted that the costs of the regional offices continued to increase. If that trend continued regional committees should, at an early date, consider the appropriation of extra funds on a regional basis for carrying out a portion of their activities, as was provided for in Article 50(f) of the Constitution.

As to the budgetary ceiling, his delegation was prepared to accept in general the estimate proposed by the Director-General and approved by the Executive Board; the details would be reviewed at a later stage.

Dr. Sidky (Egypt) asked whether the possibility of relaxing the financial commitments and obligations of governments in connexion with services provided in their territories by WHO had been taken into account in drawing up the budget estimates. He drew particular attention to resolution EB9.R20, a resolution which, if endorsed by the Health Assembly, would result either in additional expense to the Organization or in the reduction of expenditure on other activities.

Dr. Scheele (United States of America) stated that, in considering the budget for 1953, his Government had constantly borne in mind how much of the programme could effectively and efficiently be executed, and had found that a number of considerations were relevant: (1) There were considerable increases in the total reserve available to WHO in 1952, as compared with 1951. (2) There would be fairly large unobligated cash balances made up of miscellaneous income from past years, as well as anticipated unused cash reserves from 1952 to be applied to the 1953 programme. There were also indications from the Director-General that surpluses of almost equal size would probably be available for use in the 1954 programme. (3) The size of available technical assistance funds, both accumulated and anticipated, made a continued expansion of the programme possible without any increase in the assessment against Members. (4) Many governments, including that of the United States of America, were experiencing increasing difficulties in meeting world-wide financial obligations of a long-term humanitarian nature, in view of their total obligations. (5) Many countries were also experiencing increasing difficulty in providing for the local costs of expanding regular WHO and technical assistance programmes. (6) There was a general critical shortage of available trained and experienced public-health personnel and it appeared that, at any rate for the moment, demands might have exceeded the ability of WHO to staff its expanding programmes. (7) It would be dangerous if, because large casual surpluses were available, the 1953 and 1954 programmes were materially expanded at no increased cost to most Members, as in future years it might be necessary either to increase assessments against Members sharply in order to maintain an established programme and secretariat, or to reduce both in proportion to the decrease in that casual income. He considered it unwise for WHO to commit itself at the moment to the future necessity of either alternative. (8) Finally, it appeared that if the assessment for 1953 were held at the 1952 level, there could still be a considerable expansion of the regular programme in 1953 by making prudent use of resources available. The large technical assistance funds also available provided an opportunity for great expansion of the programme.

In view of those and other factors the United States Government had come to the conclusion that the best interests of the Organization and of its Members would be served by adopting a budget calling for a total assessment of $8,600,000, or the same as in 1952. He would consequently vote against any larger assessment. In taking that position, his Government would support a 1953 gross budget at approximately the same level as that for 1952, namely, $9,100,000. That would be accomplished by adding $500,000 of the casual income available to the assessment of $8,600,000. He felt it would be
wise to retain the remaining sum of approximately $300,000 from casual income for future budgets in order to ensure a moderate expansion of the programme over the next few years. If, however, the committee could not agree to his suggestions regarding the casual income, he was prepared to support the utilization of all available casual income in 1953, thus making a gross budget of $9,400,000.

Dr. Bravo, representative of the Executive Board, replying to the remarks of the United Kingdom delegate at the preceding meeting, stated that the Executive Board had very carefully considered and analysed the reports of 15 or 16 expert committees, since it was increasingly coming to realize that some of the most effective work of WHO as the co-ordinating authority in international health was done through the expert committees. It did, however, recognize that some improvements could be made in the procedure of those committees, in order to economize.

As to the same delegate’s remarks regarding the representation of WHO at the meetings of non-governmental organizations, he pointed out that the matter would be brought to the Health Assembly’s attention, since the Executive Board felt that it was necessary to review the whole question.

To the delegate of Egypt he would answer that the recommendations of the Executive Board concerning the participation of Member States in certain costs incurred by WHO would be put before the Health Assembly in an effort to obtain some relaxation in the charges made against governments.

To the United States delegate, who had urged that the budget should be kept to the 1952 level, he would say that the Director-General’s proposals represented the sum of many government requests which had received previous co-ordination by the countries concerned in the regional committees. It would seem particularly inadvisable to reduce the provision relating to certain of the bigger items of the budget at the present stage of work, and especially to reduce the budget for education and training. Both the present and previous Health Assemblies had considered that education and training represented one of the most important aspects of the work that could be done by WHO; and if it was necessary to reduce the budget proposed for those services, it was very probable that many countries which had availed themselves or were expecting to avail themselves of the services offered would be placed in a very difficult situation.

He would point out also that almost all the observations on the budget that had been made in the Committee on Programme and Budget had been previously voiced at meetings of the Executive Board and its Standing Committee on Administration and Finance. After exhaustive discussions the Executive Board had adopted the programme and budget estimates proposed by the Director-General in the conviction that they were technically sound and that it was impossible to reduce expenditure on any item without a definite decrease in the amount of assistance the Organization could give, particularly to the under-developed areas of the world. It might be that some cuts could be accepted when the committee came to examine in detail the main items of the budget, but he doubted that it could be brought to the level of 1952. He therefore wished, on behalf of the Executive Board, to emphasize the necessity of adopting the working budget proposed by the Director-General and confirmed by the Executive Board.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) recalled that more than two years had elapsed since the General Assembly of the United Nations had adopted a resolution urging the specialized agencies to make every effort to stabilize their budgets. The response of the Fourth World Health Assembly had been to increase the budget for 1952 by 17 per cent over that for 1951, and it had therefore been with some anxiety that many countries had awaited the Director-General’s proposals for 1953. In his introduction to those proposals, the Director-General had given encouragement to many governments by drawing attention to two important factors that seemed to foreshadow a cessation in the increase in expenditure. Those factors were the shortage of trained personnel and the limited capacity of countries to absorb outside aid. However, the Director-General’s conclusions did not bear out those expectations, since he had proposed an increase of 10 per cent over the 1952 level. Thus, if his proposals were adopted, the World Health Organization would answer the plea for stabilization by raising its budget by approximately 30 per cent in the course of two years.

He felt it was of the utmost importance to discriminate between those services which were essential and those which were merely highly desirable and which might be supported in better times. But the United Kingdom delegation believed that an increase in the level of expenditure could be avoided without detriment to the services that were being rendered to Member States. To the indications already given by his delegation as to how certain of the Organization’s activities might be modified to advan
the question of the budget ceiling was a “hardy annual” which appeared at every Health Assembly, where there were generally the Director-General’s proposals, the proposals of the Executive Board, and the proposals of governments. It was a significant fact that the Director-General’s proposals for 1953 had been approved and confirmed by the Executive Board. The Health Assembly should surely be guided in its policy by its expert body, the Executive Board, which had given the closest attention to the question. It was obvious that the slight budgetary increase proposed for 1953 was due to a number of factors, including the necessary increase in salaries and the fact that membership of the Organization had grown to 80 and that it was necessary to cater for the needs of the new Members.

Generally speaking, the scales of assessment against Member States had decreased, and the few increases ranged from $679 for the United Kingdom to $10,899 for Japan and the substantial increase of $133,333 for the United States of America. Apart from that, considerable stress had been laid on the fact that the financial obligations of the different countries were so great that they found it exceedingly difficult to pay their contributions to WHO. However, it was a fact of considerable importance that during the previous two years the arrears of contributions had decreased; that in fact was a matter on which he wished to congratulate the Director-General. If the Western Pacific Region would take a slightly more active interest in its payments, approximately 99.4 per cent of the total contributions would have been made, a record which few national budgets could excel.

It had been suggested that the 1952 budget ceiling should be maintained in 1953, but that figure had been arrived at without the contributions of the Members admitted to the Organization at the Fourth World Health Assembly being taken into account. Those States were now contributing and would add some $400,000 to the total. When that fact was considered it would become apparent that the proposed increase was not so great as might have been assumed.

Turning to the United Nations recommendation that specialized agencies stabilize their budgets, he felt that it should be construed as meaning that no activities should be pursued without there being reasonable hope of fulfilling them within the budget estimates.

In conclusion he strongly urged the adoption of the Director-General’s proposed programme and budget estimates for 1953.

Mr. BOUCHER (United Kingdom of Great Britain and Northern Ireland) stated, in answer to the Chairman’s question, that his delegation would support an effective working budget of $7,677,782 and a gross assessments figure of $8,600,000. He understood that that gross assessments figure would produce an actual revenue of $7,308,711; therefore, in order to bring that figure to the figure for the

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4 General Assembly resolution 411 (V)
effective working budget, it would be necessary to add $369,071 from the casual income. The gross budget would therefore be $8,969,071.

The CHAIRMAN then briefly summed up the three budget proposals before the committee: those of the Director-General and the Executive Board, of the United States delegation, and of the United Kingdom delegation.

Professor CANAPERIA (Italy) proposed that the meeting should be suspended for a short time and that the three proposals before the committee should be distributed.

It was so agreed.

The meeting was suspended at 3.50 p.m., and resumed at 4.15 p.m.

The CHAIRMAN called upon the delegate of the United States of America to explain the proposals for the budget ceiling for 1953 which had been circulated during the recess.

Dr. SCHEELE (United States of America) stated that, while he was very willing to explain the United States proposal, he thought it preferable that a member of the Secretariat explain and comment upon the implications of the figures which had been proposed.

The CHAIRMAN asked Mr. Siegel, Assistant Director-General, Department of Administration and Finance, to explain the various proposals.

Mr. SIEGEL, Assistant Director-General, Department of Administration and Finance, drew the attention of the committee to two draft resolutions that the committee might wish to recommend to the Fifth World Health Assembly. They were identical in form with those adopted by the Fourth World Health Assembly.

The draft resolutions read:

**Budget Level for 1953**

The Fifth World Health Assembly resolves that the budget level for 1953 should be $ \ldots \ldots (a) to be financed by:

(1) casual income available for 1953 of $ \ldots \ldots (b)

(2) assessments against all Members of $ \ldots \ldots (c)

Mr. Siegel said that the amounts to be inserted in the spaces left blank would depend upon the decisions of the committee. He next referred to the document which had been distributed during the recess and which contained the figures proposed for the effective working budget for 1953 by the Director-General and approved by the Executive Board, those proposed by the United Kingdom, and those proposed by the United States of America. He reminded the committee that, owing to recommendations made earlier by the Committee on Administration, Finance and Legal Matters, the figures proposed by the Director-General needed to be slightly modified. The recommendations he referred to were: first, to discontinue the publication of the Russian edition of the Chronicle of the World Health Organization (which would effect a reduction of $4,800); and secondly, to utilize $15,000 casual income which was available in addition to the amount listed as item (b).

Dr. SCHEELE (United States of America) reminded the committee that when reference was made to reducing the regular budget it did not necessarily mean reducing the programme, because the committee was considering the regular budget only, and he drew attention to the fact that in 1953, in addition to current funds, the technical assistance funds allocated to WHO would amount to some $8,000,000, which would in fact mean that the total programme of WHO could be expanded even if the regular budget was reduced. He proposed that, when a vote was taken on the 1953 budget ceiling, separate votes should be taken on "gross

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7 These were:

<table>
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<tr>
<th>Figures proposed by:</th>
<th>Director-General and Executive Board</th>
<th>United States</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Budget level</td>
<td>9,837,554</td>
<td>9,100,000</td>
<td>8,969,071</td>
</tr>
<tr>
<td>(b) Casual income available for 1953</td>
<td>837,554</td>
<td>500,000</td>
<td>369,071</td>
</tr>
<tr>
<td>(c) Assessments, all Members</td>
<td>9,000,000</td>
<td>8,600,000</td>
<td>8,600,000</td>
</tr>
<tr>
<td>(d) Effective working budget</td>
<td>8,489,895</td>
<td>7,808,711</td>
<td>7,677,782</td>
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assessments” and on “casual income”, as those two variables affected different countries in different ways. He further pointed out that the amounts of the total budget and the effective working budget were made up of those two variables and that, were they voted on separately, it would make for clarity.

Dr. Vollenweider (Switzerland) stated that his delegation was well aware how much the moral and material support which WHO could give was needed in the world today. To carry out its task WHO needed funds, and the amounts proposed by the Director-General and approved by the Executive Board deserved very close attention. Nevertheless, owing to the difficult financial position in which many countries found themselves, he saw no reason why the budget of WHO should not be reduced as were the budgets of all national governments. He therefore supported the proposal of the United Kingdom.

Dr. Evang (Norway), on a point of order, stated that while he had no objection to separate votes being taken on items (b) and (c), it was his opinion that item (d), the effective working budget, should be voted on first as it was the basic figure.

Dr. Neubauer (Yugoslavia) observed that the United States proposal would mean reducing the proposed budget by some $680,000; and the proposal of the United Kingdom would mean a reduction of some $800,000. Yet no one had mentioned that any activities should be curtailed. On the contrary, they had suggested that WHO activities should be increased in view of the admittance of new Members to the Organization and the increased responsibilities that resulted. He wholeheartedly supported the view so eloquently and clearly put forward by the delegate of India. While he was prepared to accept realignment of the funds allocated to specific items within the budget, he could not support any reduction in the figures proposed by the Director-General.

Dr. Bellerive (Haiti) stated that, while it appeared that all were agreed that the activities of WHO should be intensified, nevertheless the fact that the assessments of seven Members had been increased while those of 60 other Members had been reduced could not be overlooked. He suggested that, if some countries wished to maintain their assessments at the 1952 level while the majority appeared to favour the budget as proposed by the Director-General, the difficulty could be overcome by sharing the difference among those countries whose assessments had been reduced.

Dr. Braga (Brazil) agreed with the delegate of Haiti that it was a little unfair for the assessments of several Members to be increased while those of others were reduced, and pointed out that if the assessments were maintained at the 1952 level, which could give a total of $7,206,118, the sum arrived at by adding the 1952 assessments against Germany and Spain would give a figure only about $60,000 less than that proposed by the Director-General.

Dr. Scheele (United States of America) stated that he fully appreciated the goodwill shown by those Members who had spoken of the unfairness of increasing the assessments against some Members. Nevertheless his Government was quite prepared to accept the present position, namely that the United States of America should bear $331/3, per cent of the budget.

Mr. Siegel, replying to a question put to him by the delegate of Lebanon, stated that the suggestion made by the delegate of Haiti concerned the scale of assessments, which was on the agenda of the Committee on Administration, Finance and Legal Matters.

Dr. Yamaguchi (Japan) stated that his Government was prepared to be assessed at 214 units for 1953.

Dr. Karabuda (Turkey) observed that, according to a document prepared at the request of the United States delegation, showing the assessments for 1953 which would result from the acceptance of the United States proposal, the difference in assessment as far as his own country was concerned was very small. His Government was therefore very willing to accept the figure proposed by the Director-General and approved by the Executive Board.

Dr. Höjer (Sweden) expressed his support for the proposal made by the delegate of Norway and proposed that the committee proceed to a vote.

Professor Canaperia (Italy) supported the proposal made by the representative of Sweden and proposed that a vote be first taken on item (c)—assessments against all Members.

Dr. Downes (Australia) supported the United States proposal to vote separately on items (b) and (c) before voting on item (d)—effective working budget—and proposed that the vote be taken by roll-call.
The Chairman reminded the committee that it was now confronted with four different proposals; first, that of the United States of America that items (b) and (c) be voted on first; secondly, that of Australia that the votes on items (b) and (c) be taken by roll-call; thirdly, that of Norway that a vote be first taken on item (d); and finally that of Italy that a vote be taken first on item (e).

After a short discussion in which Dr. Evang (Norway), Dr. Downes (Australia), Dr. Scheele (United States of America), Dr. Van den Berg (Netherlands) and the Chairman took part, it was agreed that a vote should first be taken by roll-call on the joint United Kingdom and United States proposal, and the proposal of the Director-General, for the figure listed as item (e)—assessments against all Members.

The result of the vote was as follows:

In favour of the Director-General’s proposal: Afghanistan, Brazil, Burma, Cambodia, Ceylon, Chile, Costa Rica, Egypt, Ethiopia, Finland, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Hashemite Kingdom of the Jordan, Korea, Laos, Nicaragua, Norway, Panama, Philippines, El Salvador, Sweden, Thailand, Turkey, Venezuela, Viet Nam, Yugoslavia.

In favour of the United Kingdom/United States proposal: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Guatemala, Italy, Japan, Luxembourg, Netherlands, New Zealand, Pakistan, Portugal, Switzerland, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstentions: Haiti, Lebanon, Saudi Arabia.

Decision: The figure proposed by the Director-General was adopted by 32 votes to 19, with 3 abstentions.

The Chairman proposed that the committee now vote on item (d)—effective working budget—for which there were three proposals, that of the United Kingdom, that of the United States of America and that of the Director-General.

Dr. Höjer (Sweden) asked whether, in view of the result of the vote just taken, the United Kingdom and United States representatives were willing to withdraw their proposals so that the committee could vote immediately on items (a), (b) and (d) as proposed by the Director-General.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) explained that, as the three amounts proposed for item (b)—casual income—were all different, a vote would be necessary. He, in fact, would be forced to vote against his own proposal, since he had already made it clear that he could not accept a figure for the effective working budget—item (d)—which was higher than that for 1952.

The Chairman stated that, in view of the remarks of the United Kingdom delegate, he would now proceed to take votes on item (b) as proposed by the United Kingdom, the United States of America and the Director-General.

Decisions:

1. The United Kingdom proposal was rejected by 34 votes to 10, with 2 abstentions.
2. The United States proposal was rejected by 35 votes to 12, with 1 abstention.
3. The Director-General’s proposal was adopted by 32 votes to 14, with 2 abstentions.

The Chairman stated that in view of those votes, the Director-General’s proposal for item (d) was adopted.

The Chairman, referring to the statement made by Mr. Siegel concerning the draft resolutions (reproduced on page 188), stated that the blanks would be filled in as follows: (a) $9,832,754; (b) $852,554; (c) $8,980,200; (d) $8,485,095.

Decision: The draft resolutions were adopted (see first report, sections 2 and 3).

2. Adoption of Draft First Report of the Committee

The Chairman called on Dr. Gear, Secretary, to read the draft first report.

Decision: The draft first report was adopted (for text see page 332).

The meeting rose at 5.30 p.m.
SIXTH MEETING

Saturday, 10 May 1952, at 10 a.m.

Chairman: Dr. J. D. MacCormack (Ireland)

On the invitation of Dr. Romero (Chile), Chairman of the committee, Dr. MacCormack (Ireland), Vice-Chairman, took the Chair.

1. Timetable for Discussions of the Committee

At the request of the CHAIRMAN, Dr. Gear, Secretary, explained the timetable laid down by the Health Assembly for the committee. Item 6.7 would be discussed at the present meeting. On Monday 12 May and Tuesday 13 May, when there would be no meeting of the Committee on Administration, Finance and Legal Matters, the Committee on Programme and Budget would return to consideration of Part II of the Programme and Budget (Official Records No. 39, page 105), and it should be ready to consider on Thursday morning, 15 May, its proposals to the Health Assembly on the Appropriation Resolution for the financial year 1953.

2. Review of General Programme of Work covering a Specific Period

The CHAIRMAN called upon the representative of the Executive Board to introduce the subject.

Dr. Karunaratne, representative of the Executive Board, explaining briefly the background of the question, said that the Second World Health Assembly had drawn the attention of the Board to Article 28(g) of the Constitution, requiring it to submit a general programme of work covering a specific period. In response to the resolution (WHA2.62) of that Assembly the Board had considered the matter at its fourth session and adopted a resolution limiting the period to be covered by such a programme to a maximum of five years. By resolution WHA3.1 the Third World Health Assembly had approved the proposed general programme of work covering the specific period 1952-55 drawn up by the Board and contained in Official Records No. 25, annex 5. At its seventh session the Board had further considered the programme in great detail and its observations thereon were given in Official Records No. 32, Annex 10. It had carefully observed the general principles, set out in section I of that annex, which it had laid down at its fifth session.

Turning to the form and content of the programme, he stated that the Board had felt that such a long-term programme should be flexible and open to periodic review—especially in view of the rapid evolution of medical science at the present time—and that the review should be made annually rather than at the end of the period covered by the programme.

He drew attention to the criteria given in annex 10 of Official Records No. 32 for the selection of fields of action to be included in the programme of work (paragraphs 5.1 to 5.8) and to the major headings of the programme of work (paragraphs 6.1 to 6.5).

He next referred delegates to resolution EB9.R21, in which the Board at its ninth session had emphasized that certain other principles should be observed in considering the long-term programme, and especially that in planning aid to governments, regardless of the source of funds, the main purpose of such aid must always be kept in mind; that governments should be assisted to ascertain the type of aid needed, and that consideration should be given to their ability to absorb the assistance given by WHO. In paragraph 5 of that resolution the Board had requested the Director-General and the regional committees to be guided by certain considerations in planning and co-ordinating health programmes.

Resolution EB9.R35 expressed the feeling of the Board that the long-term programme of work met the requirement of the Economic and Social Council that special attention should be given to certain important aspects of health work.

Finally he stated that a full discussion of the long-term programme by the committee would be of assistance to the Board in its further consideration of that programme.

8 Off. Rec. World Hlth Org. 22, 1, sect. 1.1
The Chairman thanked the representative of the Board for his helpful statement and called upon the delegate of the United States of America to start the discussion.

Dr. Brady (United States of America) observed that, as mentioned at an earlier meeting by the delegates of Norway and India (see fourth meeting, pages 181 and 182), the Organization was now recognizing a single, new priority, namely the strengthening of national public-health administrations. The United States delegation felt that the elimination of priorities as such must make it difficult for some of the regional committees to decide which programmes should be approved and transmitted to the Director-General for inclusion in the annual budget, and would like to hear the views of other delegations as to how that decision could best be made. Once a regional committee had transmitted those programmes to headquarters, it was difficult for the Director-General to exercise any control as to whether they were really essential to the strengthening of the public-health administrations of the countries concerned.

Miss Janzon (Sweden), referring to Official Records No. 32, Annex 10, observed that delegates of different countries had several times stressed the fact that training programmes for medical personnel could not be alike for all countries but must vary according to the needs and conditions of the different countries. There were, however, certain fundamental principles in all education which must not be neglected and she considered that it was one of the most important tasks of the experts sent by WHO to a country to integrate sound educational principles in a programme built up to meet national needs. Hospital authorities who provided teaching facilities had been too much concerned in the past with their own staffing problems and not sufficiently alive to the needs of the public-health service of the country as a whole. WHO should therefore endeavour to bring about co-ordination of the groups concerned with medical education and to co-ordinate medical with other branches of teaching in educational institutions, such as universities for the higher levels and vocational schools for the lower levels. That would expedite the adoption in medical education, including nursing, of new methods and principles of teaching. Moreover such a system, combined with possibilities for postgraduate education and promotion at all levels, would be the best means of stimulating recruitment of good candidates and would therefore be more advantageous in the long run than the present method of apprenticeship.

There being no more speakers, the Chairman assumed that the committee endorsed the manner in which the Board’s views on the general programme of work covering a specific period had been presented, and requested the Rapporteur to prepare a draft resolution to that effect (see second report, section 1).

3. Health Statistics : Recommendations to Member Governments

Agenda, 6.4.1

The Chairman called on the representative of the Executive Board to introduce the subject.

Dr. Karunaratne, representative of the Executive Board, observing that the members of the committee would be aware of the importance of having good health statistics, said that the matter had been considered by an expert committee whose report had been studied at length by the Board at its ninth session. The Board had come to certain conclusions which were embodied in resolution EB9.R86, which he commended to the consideration of the committee.

Dr. Pascua, Director, Division of Health Statistics, speaking at the request of the Chairman, stated that the Expert Committee on Health Statistics at its third session had devoted its attention to the study of two main sectors of health statistics. In the first place it had conferred for five days with special experts on morbidity statistics on the problems connected with that branch of statistics and the action which WHO might take on them from the international point of view. The second part of the session had been devoted to a review of other branches of health statistics whose development it was desirable that WHO should promote.

He suggested that two basic points deserved the special attention of the committee. First, the very important recommendations on morbidity statistics which the expert committee had requested should be sent to the national committees on vital and health statistics, and to which reference was made in resolution EB9.R86; and secondly, the equally important series of proposals relating to changes of the dates for the decennial revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. The aim of the proposals was to arrange for the international conference for the study of that classification to be held in the middle, rather than at the end, of each decennium, in order to avoid the difficulties that would arise when national
administrations had to handle in the same year two such vast and complex pieces of work as the introduction of a revised classification and the national census of population.

In view of the fact that the new classification had only been introduced in 1951, the next revision must necessarily be confined to simple rectifications and clarification of doubtful points. The next extensive revision would therefore be in 1965.

Dr. Wickremesinghe (Ceylon) said that health statistics were of the utmost importance to governments for national work and even more so in international relationships. At that moment a working party of the Health Assembly was considering the International Sanitary Regulations and its work would be considerably eased if it had some guarantee that the health statistics of various countries were arrived at in a uniform and satisfactory manner.

A system of evaluation (similar to that applied to the States of the United States of America with regard to the registration of births and deaths) by which countries would be graded annually according to the reliability and detail of their health statistics would be of great value. If countries had been recognized as being grade A, B or C for health statistics, a means would have existed for assessing the complications which might arise in the administration of the International Sanitary Regulations which were under consideration at the moment.

Dr. Pascua had referred to morbidity statistics. Many countries, particularly the under-developed countries, were far from considering morbidity statistics yet; they had first to consider the registration of births and deaths, because in the majority of such countries those two fundamental requirements were not yet carried out effectively. In a country where death registration was inaccurate there would be a great danger with regard to the quarantinable diseases about which WHO was so anxious.

Dr. Wickremesinghe therefore suggested that, if at all possible, some method of assessment of the accuracy of vital and health statistics should be undertaken by WHO, not when an emergency arose but progressively, in order to ascertain how countries were progressing in the compilation of their health statistics. That might be done on the basis of the degree to which the International Statistical Classification was accepted in the country; the recommendations of the health centre which had been established in England; and even the report which Member countries were expected to submit to the World Health Assembly.

Professor Grasset (Switzerland) said his delegation realized, as did everyone concerned, the importance of health statistics, but it had to be admitted that they were not always accurate. To ensure maximum accuracy it was not enough to have specialists in health statistics; there should be an orientation of the whole medical profession. Medical students, the future doctors of the world, should be directed in their training towards an understanding of statistics and an appreciation of their value and necessity, both national and international. In Switzerland that was already being attempted. Countries which had already developed a good system of statistics, such as the United States of America, might be asked to produce a summary of their methods and experience, which could be adapted within the framework of WHO programmes to serve as a guide for other countries in planning their statistical studies with a view to ensuring the establishment and interpretation of statistics in a national and international context.

Dr. Knutson (Sweden) endorsed the remarks of the delegate of Switzerland. Naturally statistics had to be as accurate as possible. Hitherto in many countries it had been very difficult for the medical profession to know just exactly how the material had been dealt with and what material was wanted. The new Regulations on Nomenclature (WHO Regulations No. 1) would be of great aid to the medical profession. It was extremely important that the medical profession should have some education in the matter.

He drew attention to the last part of paragraph 2 of the resolution under consideration (EB9.R86). When extensive registration and detailed statistics were required there were naturally certain difficulties in preserving the necessary medical secrecy. As well as the authorities for whom the material was being collected, one had to remember that there were other groups interested. There was the doctor and the patient, and it was most important that the patient's confidence in the privacy of what he told the doctor or what the doctor discovered should be maintained. That was particularly important at the present time, when psychosomatic medicine was gaining ground and when the social-psychological mental content formed an ever-increasing part of the relationship between doctor and patient.

A third interested group was the daily Press, an institution with an unlimited curiosity and not always conscious of the fact that, from a humanitarian point of view, some things should not be
published. Here it was more than ever important that some means should be found of preserving medical secrecy.

The safeguarding of medical secrecy as far as possible, without endangering the value of medical statistics, was an essential which should constantly be kept in mind if the work of the medical profession was not to be made more difficult than it was already.

Mr. BLAIKLEY (United Kingdom of Great Britain and Northern Ireland) drew the attention of the committee to two basic problems in health statistics with which WHO should be concerned at the present time. The first related particularly to countries which already had well-developed organizations for collecting vital and health statistics, and was the problem of ensuring that, in developing new sources of statistics or new methods of collecting them, especially morbidity statistics, those countries did not proceed on lines so divergent that they could not be reconciled when the time came to compare the experience of one country with another.

The second problem related particularly to those countries which had not yet been able to develop organizations adequate for collecting fully reliable vital and health statistics; there it was better that resources should be concentrated in the first place on producing good statistics in a limited field, rather than what might be doubtful statistics over a wide field. The main role of WHO in relation to that problem seemed to be to make itself aware of the standard of validity of the statistics available from different countries, as suggested by the delegate of Ceylon, and also to assist in imparting the "know-how" to those responsible for organizing statistical services in the countries concerned.

The specific recommendations contained in the report of the expert committee seemed to be more directed to the first of those two basic problems than to the second, although the latter was not ignored. Attention was mainly concentrated on morbidity statistics, the collection of which was, even in those countries with the greatest experience, still in the experimental stage. It was no doubt for that reason that most of the recommendations were for further study and report by those countries best able to undertake work in that field. In the United Kingdom many of those studies were already in progress and any advice derived from them would be made available to WHO.

One recommendation of great importance was that relating to definitions of terms used in morbidity statistics; that would help to prevent development by different countries on irreconcilable lines. Another recommendation which was welcomed for the same reason was that concerning the listing of diseases for use in different types of morbidity statistics. That recommendation was one of several not covered by the draft resolution at present before the committee.

Most important among those was the recommendation relating to the procedure for revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. Presumably Member States would be asked for their views on that recommendation before any action was taken to implement the proposals of the expert committee. The attitude of the United Kingdom Government to those proposals was still being considered and it must at present reserve its position, particularly regarding the time and date of introduction of any new revision.

The United Kingdom delegation was fully aware of the need for the full co-operation and understanding of the medical profession in regard to health statistics, and supported both parts of the draft resolution of the Executive Board.

In reply to a question from the Chair, Mr. Blaikley added that he did not think it necessary to introduce any resolution incorporating the views of the United Kingdom.

Professor CANAPERIA (Italy) associated himself with what previous speakers had said on the importance of health statistics in the work of WHO, and added that in Italy remarkable progress had been made in that field. The National Commission for Health Statistics had done very good work, particularly in morbidity and hospital statistics, and recently the Italian Parliament had approved a bill to include the teaching of health statistics in the curricula of medical schools. It was believed that that measure would not only contribute to the improvement of health statistics but would ensure the co-operation of the medical profession in notifying illnesses and causes of death.

He therefore warmly congratulated the Expert Committee on Health Statistics on its excellent report and the Secretariat for the work it had accomplished in that field, and proposed that the present committee approve the recommendation submitted by the Executive Board.

DR. AUJALEU (France) said it was obvious that everyone appreciated the great importance of health statistics, but in a certain number of countries—among them highly developed countries—those statistics were not always quite accurate; and of
what use was a perfectly organized statistical service if the information it received was inexact or insufficient? To speak frankly, the trouble in some countries was that the doctors were not very helpful. True, there were certain difficulties caused by the nature of some diseases; there was also the tradition of medical secrecy, which was more often a pretext than a real reason for lack of co-operation. The resolution now proposed would be extremely useful in that it would encourage governments to include in the curricula of their medical students some instruction concerning statistics, instruction on the use to which health statistics could be put rather than on the procedure for their compilation, which was a matter for specialists. Probably greater success would be obtained, however, if an approach were made to the entire practising medical profession. WHO, which had already allocated some funds to the World Medical Association for one of its conferences, might make a very firm request to WMA to urge its members, who were the practising doctors of the whole world, to co-operate to a greater extent with WHO in the establishment of good health statistics.

The CHAIRMAN thanked the speakers and assured them that their suggestions were noted and would be incorporated by the Rapporteur in his report (see second report, section 2).

4. Publications

Agenda, 6.4.2

Dr. Karunaratne, representative of the Executive Board, in presenting the recommendation of the Executive Board reminded the committee that the Board had been specially requested to consider the subject of publications and he directed the attention of the committee to Chapter IV of the Report of the Executive Board (Official Records No. 40, pages 54-8). The Board had considered at length a document submitted in that connexion by the Director-General, given in Annex 9 of the same volume. After consideration of the information available to the Board it had come to the conclusions embodied in resolution EB9.R68, now under discussion.

Dr. Howard-Jones, Director, Division of Editorial and Reference Services, drew attention to the fact that the Executive Board had passed a number of resolutions as a result of its study and had proposed to the Health Assembly the adoption of three separate resolutions on publications. The first was EB9.R68, a general resolution on the publications programme, in addition calling on the Director-General and the Executive Board to make a further study of sales and distribution. The other two resolutions, EB9.R69 and EB9.R72, recommended respectively the suspension of the Russian edition of the Chronicle, and that a certain part of the Publications Revolving Fund should be used for the purpose of promoting sales. The two latter resolutions had been placed on the agenda of the Committee on Administration, Finance and Legal Matters and that committee had recommended to the Assembly that they be adopted.

Dr. van den Berg (Netherlands) expressed the satisfaction of his delegation with the improvement of the publications in general, but wished to discuss one in particular, the WHO Newsletter. That was a very attractive document which, in many aspects, could compete with Time, Life and similar publications; but it should not try to compete with such publications in every respect, and he felt some anxiety lest its scientific and medical reliability and usefulness might be, to some degree, sacrificed to attractive presentation. It had a wide distribution and for many people, including professional workers in the field of science, medicine and health, was one of the few sources, and sometimes the most important source, of information about WHO; and if it contained statements which were not quite correct scientifically, that might give rise to adverse criticism of the WHO experts, which would be quite undeserved by them.

An example could be found in the April 1952 issue, in which there appeared a very useful article by Dr. Begg entitled, "Europe: What WHO is doing". The content of that article was perfectly correct, but the illustrations and headlines were misleading. In the first place, contrary to the impression given, the Rotterdam health centre was in fact dealing with venereal disease to the extent of about 90 per cent, but amongst seamen and not amongst boatmen; secondly, the pictures implied that venereal disease on the Rhine was a major problem, whereas in fact it was now, thanks to WHO and the governments themselves, a disappearing problem. Thirdly, a number of the photographs should not have been made available to WHO at all.

While expressing the gratitude of his delegation for the important work done by the Newsletter, Dr. van den Berg urged that in making the publication attractive it must not be forgotten that in every aspect it should be quite accurate and nothing in it should give a wrong impression.
Dr. Noach (Israel) asked that the purpose of WHO publications be considered; he was doubtful whether it was necessary to add one more scientific journal to the number already existing. What was needed was a monthly journal which discussed world health problems from a specific angle and which would educate the medical world to see the problem of health in a global aspect. Such a journal should have a wide distribution amongst medical, and particularly public-health, personnel, so as to create a certain uniformity of approach to the problem of health. The Chronicle could be such an organ and could be improved: he agreed with the Executive Board's suggestion that fewer photographs should be included.

Publicity was of the greatest importance; on the other hand, WHO had three epidemiological bulletins and some unification might be useful. Urgent information was received by Member countries by radio and other information could be given in weekly or bi-weekly bulletins.

Dr. Clark (Union of South Africa) expressed the support of his delegation for resolution EB9.R68 and its deep appreciation of the very high standard of the publications which had always been maintained. It was thought, however, that the matter required further study along certain lines, and he would ask the Rapporteur to record his delegation's suggestion, which was that the Director-General should prepare for examination and study by the Executive Board and by the Sixth World Health Assembly a detailed statement showing:

(a) the numbers of each publication issued during 1952;
(b) the actual costs of printing and distribution of each publication during the year;
(c) the numbers of copies issued free of charge in each case to Member States, to the United Nations and the specialized agencies, depository libraries and other groups of recipients who would be specified in detail;
(d) the extent, nature and value of publications received from such recipients in exchange;
(e) the numbers of each publication sold and the actual gross and net receipts from such sales.

The delegation of the Union of South Africa was concerned about the continued rise in costs of paper and printing, which must be offset as far as possible by effecting economies in respect of distribution, as well as by the promotion of sales as contemplated in resolution EB9.R72.

Dr. Leroux (Canada) found the general programme of publications satisfactory, but considered that methods of achieving economies in WHO publications without lessening their effectiveness must be explored. Therefore his delegation endorsed the suggestion by the Executive Board that fewer photographs be included in the Chronicle, and also its recommendation regarding the minimal free distribution, and the charging of reduced prices in certain cases instead of distributing entirely free of charge.

Dr. Aujaleu (France) said that the French delegation had already made known its opinion regarding publications in a note which the Secretariat had been good enough to insert as an annex to Official Records No. 40.

He would, however, make some comment on the World Health Organization: Monograph Series. The monographs published in that series were extremely interesting, and had been selected because of their importance; but precisely because of their importance, and in order to facilitate their diffusion, they must be printed both in French and in English. The role of WHO was to make known as widely as possible works which it considered of interest, and circulation of the monographs in several languages could be an excellent means of arriving at that result.

Another point concerned the publication of articles both in the Bulletin and as monographs. When the Organization received an article which it thought of such importance that it should appear in monograph form, it should be published only in the Monograph Series. The Secretariat had explained that to print such an article in the Bulletin and as a monograph did not entail much extra cost because the type was already set up. Actually, if it were decided to give full distribution to the Monograph Series, it would be necessary for the monographs to be published in several languages and, consequently, the argument of economy put forward would no longer have much weight. The French delegation therefore maintained that this duplication of work should be avoided.

Dr. Moore (Australia) on behalf of his delegation thanked the representatives of the Executive Board and the Secretariat for their explanations on the subject of publications, and supported the proposed resolution. At the same time his delegation desired to draw attention to the necessity of keeping the free distribution of publications to a minimum and associated itself with previous speakers in that connexion. It also supported the recommendation
regarding sale at a reduced price rather than free
distribution as worthy of serious consideration by
the Director-General.

Dr. Howard-Jones, at the request of the Chair-
man, replied to certain specific points.
The complete figures regarding the total number
of copies of publications issued, sold and distributed
free, were given in the original report to the Executive
Board: they were not reproduced in Official Records
No. 40 because they would have been out of date
by the time of the present Assembly. However, it
was anticipated that such figures would again be
provided in the further study which the Director-
General and the Executive Board were called upon
to make in resolution EB9.R68.

Regarding gross receipts from publications, those
figures were already available in the Financial
Report for 1951 (Official Records No. 41, page 32)
which showed the state of the Publications Revolving
Fund, into which all receipts were paid.

Regarding the monographs, it had been the policy
of the Director-General to publish them in two
languages whenever possible and subject only to
limitations of funds and staff services.

The Chairman thanked the committee for their
co-operation and declared the meeting adjourned.

The meeting rose at 11.50 a.m.
There would be a reduction in 1953 as against 1952, of $5,560 which had been required in 1952 for the overlap before the appointment of the new Assistant Director-General.

Dr. Brady (United States of America) suggested that, assuming that the decision of the committee would show that it felt that the budget proposed by the Director-General was reasonable, such a decision should be tentative since another item on the committee's agenda assumed that there would be money available from Part II of the budget for certain purposes.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) was concerned as to whether or not the studies on the various subjects listed in Official Records No. 39, pages 170-1, could best be made by expert committees. He suggested that a working party should be established to examine whether or not the creation of certain expert committees was the best way of spending money. Further, he had visited the Division of Epidemiological Services and although he was very impressed by the very high standard of the work which was being carried out there, he wondered whether the scope covered was not unnecessarily large. He proposed that the following resolution be put to the Fifth World Health Assembly, as coming from the Committee on Programme and Budget:

The Fifth World Health Assembly

invites the Executive Board to examine the value, from a practical point of view, of the work at present being done at the headquarters of the Organization in connexion with the recording and transmission to governments of information regarding the prevalence of communicable diseases, with particular reference to the nature and extent of the technical work involved.

Mr. Stowman (United States of America) stated that his delegation had already expressed appreciation of the work of the Division of Epidemiological Services and of the progress which had been made under the new International Sanitary Regulations. The question which the delegate of the United Kingdom had raised was very important since the idea behind the International Sanitary Regulations was that much more complete epidemiological information would be available than under the former Sanitary Conventions. He suggested that the question should be examined by the Committee on International Quarantine, which was scheduled to meet in 1953. He pointed out that regular weekly reports from the major ports were required, as well as more extensive services from other areas than had previously been available, and that the Committee on International Quarantine would decide what other services, if any, were required. The discussions in the Working Party on Reservations to the International Sanitary Regulations had brought out that the reservations which were coming in from outlying areas might necessitate establishing an ad hoc committee to prepare the subject for the Sixth World Health Assembly. He asked whether that point had been kept in mind when the proposed budget estimates were drawn up.

Dr. Braud, Director, Division of Epidemiological Services, stated that the Secretariat would be very pleased if a study was made on the problem of epidemiological information, i.e., the collection and transmission of information concerning the movement of epidemics. He intended to submit that question to the next session of the Committee on International Quarantine so that the present epidemiological information services might be better adapted to the new exigencies of the International Sanitary Regulations and also so that a technical committee, composed of quarantine experts, epidemiologists and statisticians, should have the opportunity of making practical suggestions and offering constructive criticism regarding the present machinery, which had developed progressively but empirically since 1923. He therefore had no objection to the United Kingdom proposal, provided that the problem were studied in the light of the actual needs of international quarantine.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland), replying to the observations of the delegate of the United States, said that he had not had in mind the diseases covered by the Sanitary Conventions, but rather those such as whooping-cough and poliomyelitis, which were already being adequately recorded.

Dr. Wickremesinghe (Ceylon) endorsed the remarks of the United States delegate. He referred to the remarks he had made on the need for a study of vital statistics in general (see sixth meeting, page 193). He asked whether such a review as he had in mind would necessitate an increase in the allocation for Health Statistics and, if so, he hoped that funds would be made available.

Dr. Bravo, representative of the Executive Board, suggested that it might be better if discussion of the first suggestion made by the United Kingdom
delegate, namely, that a working party should examine the necessity for the various expert committees, be deferred until the table on pages 170-1 of Official Records No. 39 was discussed. Otherwise the discussion would be repeated when that item was reached.

*It was so agreed.*

Mr. Stowman (United States of America) thanked the United Kingdom delegate for his explanation, which made the proposal more acceptable to his delegation; however, he suggested that the draft resolution could be improved if it were so worded as to show that the conventional diseases were excluded.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) thought that the point raised by the United States delegate could be met if his resolution was amended by inserting the words "not coming under WHO Regulations No. 2", after the words "the prevalence of communicable diseases".

The Chairman put to the vote the United Kingdom proposal, as amended.

*Decision:* The United Kingdom proposal, as amended, was adopted (see third report, section 2).

M. Foessel (France) asked whether the original allocations for Publications and Other Editorial Services, which had been made before 1 January 1952, ought not to be reduced in view of the fact that since that date world prices of paper had fallen by from 30 to 40 per cent.

Mr. Stowman (United States of America) drew the attention of the committee to the importance of the proposed international conference of national committees on health statistics (see Official Records No. 39, page 122). He hoped that sufficient funds would be made available for that conference to ensure that it would be successful.

Dr. Miller (United States of America) stated that in the section on antibiotics and insecticides (Official Records No. 39, page 109) mention was made of new staff to meet the needs arising from UNICEF/WHO commitments on several projects and of scientific personnel for work of a more specialized type. In the projects referred to, he hoped that special attention would be paid to the rapid progress being made in the field of antibiotics and that stress would be laid on the need for what he would call the universality of antibiotics production units, i.e., that a production unit should be capable of producing not only penicillin, but other antibiotics which were rapidly coming into use. In his opinion, WHO should confine itself to giving technical advice and, in view of the great investments involved, the responsibility for planning the plant should be handed over completely to the United Nations Technical Assistance Administration. There was at present a world surplus of penicillin and therefore a danger that the quality and potency of penicillin might be reduced. He was therefore very glad to see that the Expert Committee on the International Pharmacopoeia had decided to include standards of quality for penicillin in the forthcoming Volume II of the *Pharmacopoeia Internationalis*.

Dr. Bravo, representative of the Executive Board, in reply to the question put by the delegate of France, stated that the information put before the Executive Board regarding the cost of printing and of paper was contrary to the statement made by the delegate of France. Further, the Board had been informed that prices were likely to increase in ensuing months. As for the view expressed by the United States delegate concerning antibiotics, he could say that it accorded with that held by the Executive Board, but asked that discussion be deferred until the committee came to item 6.4.5 of its agenda.

Dr. Leroux (Canada) asked whether some explanation could be given of the relationship of WHO to the Tuberculosis Research Office, Copenhagen. In particular, how many of the total staff employed there were paid by WHO?

Dr. Gear, Secretary, stated that the Tuberculosis Research Office, Copenhagen, was an integral part of the World Health Organization and that, with the exception of the Director, all the 52 members of the staff were paid from WHO funds.

The Chairman proposed that the committee approve the programme and budget for Central Technical Services.

*It was so agreed.*

**Advisory Services**

The Chairman called upon Dr. Bravo for comments.
Dr. Bravo, representative of the Executive Board, stated that the proposed budget estimates for 1953 in regard to Advisory Services (Official Records No. 39, pages 136-67) showed an increase of 10.58 per cent. He drew attention to the increase of 12 per cent in the budgetary allocation for headquarters, and explained that that was mainly due to home-leave travel. There would also be increases under Organization of Public-Health Services, owing to an increase in field activities and related duty travel in connexion with the mental-health programme. There would be increases under Maternal and Child Health for the same reason, as well as for the employment of a short-term consultant for four months. Under Education and Training there would likewise be an increase in duty travel in order to permit the staff of the regional offices to discuss and advise on educational problems. Other increases would arise from the establishment of a Division of Environmental Sanitation, from dental-health activities as requested by the Fourth World Health Assembly (resolution WHA4.5), and from commitments towards other international organizations. He drew the attention of the committee to the increase of $529,606 for field work, which was the largest increase in the budget and which was in line with the wishes expressed by previous Health Assemblies.

Dr. Bernard (France) wished to comment on the venereal-disease programme referred to in Official Records No. 39, page 137. The details given seemed to apply to central technical services rather than to truly advisory services. He would like the Secretariat to explain what advisory services were to be given in 1953 in connexion with venereal diseases.

The Secretary answered that the Organization’s functions could not always be neatly pigeonholed under one or another heading. In the case of venereal diseases it had seemed better to include the services mentioned by the delegate of France under the heading of Advisory Services rather than that of Central Technical Services.

Dr. Clark (Union of South Africa) noted that there were large increases for certain activities, particularly those on mental health and nutrition, and he wondered why that was so.

Dr. Hargreaves, Acting Director, Division of Organization of Public-Health Services, answered that the programmes for mental health and nutrition had been started at a late stage in the Organization’s life and that provision had originally been made for a headquarters staff which it had finally proved impossible to provide. Both sections, therefore, operated with a staff of one person. In order to develop the work it was intended to make use rather of short-term consultants working on specific assignments than of permanent staff members. The work to be done entailed collaboration with other specialized agencies. In the case of nutrition, for instance, a study on kwashiorkor (subsequently published) had been undertaken in collaboration with the Food and Agriculture Organization. The Mental Health Section had undertaken collaborative studies for the Social Commission of the United Nations which had resulted in a technical monograph on maternal care and mental health.

Thus, it had been decided that it was desirable to develop that particular type of programme, which could be carried out by individual short-term consultants working at headquarters on specific assignments which were of interest both to the World Health Organization and to other international organizations.

Dr. Tran-Van-Don (Viet Nam) considered that too much emphasis was perhaps being placed by the Organization on preventive medicine and not enough on therapeutics and medical care. Sufferers from malaria, dysentery, beri-beri and vitamin deficiency, for example, required immediate attention. For that reason, every endeavour should be made to increase supplies of the most urgently needed drugs, such as quinine, and vitamins, particularly vitamins B and B₃₁.

Dr. van den Berg (Netherlands) drew attention to section 5.2.3, Social and Occupational Health, on page 139 of Official Records No. 39, and to the estimated expenditure for that item on page 158 of the same volume. He noticed that a great variety of problems was included under the heading but that there were only two persons, a chief of section and a secretary, to deal with them. It would consequently seem that the Organization was somewhat under-staffed on that particular item; in view of its great importance in the modern world, he wondered whether anything could be done to increase the Organization's activities in social and occupational health.

Dr. Sicault (Morocco) noticed that under the heading of Maternal and Child Health there

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11 Bowlby, J. (1952) Maternal care and mental health, Geneva (World Health Organization: Monograph Series No. 2)
were proposals for expert groups to work on problems concerning particularly children of highly developed countries, and he wondered whether a meeting could not be convened of experts on child health in the less-developed countries. Child health was a problem of some magnitude for a large part of the population of the world and it would seem that paediatric methods applicable in the more developed countries were not easily adaptable to the less-developed. It might therefore be advisable to group all the information available on the subject in order to draw up at least general lines of policy for the less-developed countries.

Dr. Bernard (France) agreed with the delegate of the Netherlands on the great importance of social and occupational health work. It was stated in section 5.2.3 that great attention would be given, among other things, to the proper co-ordination of preventive and therapeutic health activities; it seemed to him that that was precisely what the Viet Nam delegate had had in mind.

The same section mentioned that rehabilitation of the physically handicapped was gaining in importance and that WHO would co-operate with the United Nations and the specialized agencies in expert committees on the blind, the deaf and other physically handicapped persons. He considered that that was a field of work in which much good could be done by all the specialized agencies working together.

Dr. Turbott (New Zealand) recalled that at the third meeting (see page 172) he had spoken on the question of fellowships, stating that what his delegation considered to be an undesirably large number of fellowships had been accepted by the more highly developed countries. He felt that in WHO’s programme there should be a priority for those countries in the greatest need. The governments of the more highly developed countries could generally themselves afford to send experts abroad to train. He would therefore propose the following draft of a resolution for transmission to the Health Assembly:

The fellowships programme of the World Health Organization should, for the next three years at least, give priority to under-developed countries in the matter of awarding fellowships for individual study abroad, either within or beyond their own regions.

Dr. Hörer (Sweden) wished to point out to the delegate of New Zealand that fellowships granted to persons from the more developed countries might be of use to the under-developed countries, since they resulted in better-trained instructors who might be used either in under-developed or in more developed areas. He thought that it might be possible for WHO to arrange that such persons should be trained in a manner which would make them more suitable as international instructors, but the question was one which should be taken up by the Executive Board; he felt the proposal of the delegate of New Zealand to be neither necessary nor suitable at the present stage.

Dr. Togba (Liberia) strongly supported the New Zealand proposal. The purpose of WHO was to improve the health standards of all countries, and particularly of the under-developed ones; it was therefore obvious that the greatest attention should be paid to those countries most in need of assistance.

Dr. van den Berg (Netherlands) agreed with the point of view expressed by the delegate of Sweden. The Netherlands had both received Fellows from under-developed countries and had been granted some fellowships in other countries. For instance, Fellows had come to the Netherlands to study the practice there in tuberculosis and in maternal and child health, while at the same time Netherlands Fellows had gone abroad to study the practice elsewhere in those same fields.

He would add, as a warning, that if it became no longer possible for the more developed countries to receive fellowships, it might also prove impossible for the less-developed to send Fellows for study in other lands.

Dr. de la Garza Brito (Mexico) supported the New Zealand proposal and the remarks of the delegate of Liberia. Under-developed countries particularly needed to have trained national experts since they frequently knew the problems but did not know how to solve them. Moreover, a person who had received good training abroad could also undertake the study of more important questions which were not perhaps of immediate urgency.

Dr. Jafar (Pakistan) agreed that the under-developed countries should have a certain priority in the granting of fellowships since it was particularly those countries that most required teachers and instructors. He would point out also that the delegate of New Zealand had in no way suggested that the more highly developed countries should no longer be given any fellowships but merely that priority should be given to the under-developed countries.
There was also the question of placements to be considered. If the developed and the under-developed countries competed equally for places it was quite obvious that the chances of the under-developed countries would be far smaller than those of the better developed.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) hoped that the committee would not come to too hasty a decision on such an important question. WHO was, after all, a world organization from which all should derive benefit. In 1951 the United Kingdom had received a sum of $2,000 for fellowships, and it had done so as a gesture of solidarity in order that the Organization should not be divided into those who received and those who gave.

He had also heard previous speakers refer to the more highly developed countries. He would point out that not all of those countries were equally highly developed in every part of the world where they had responsibilities.

He agreed with the delegate of Sweden that it would be better to discuss the question in the Executive Board, and he wondered whether the New Zealand delegate would be willing to accept that suggestion.

Dr. Togba (Liberia) said that while Fellows from under-developed countries received knowledge, the money with which they paid for that knowledge went to the more developed.

Dr. Tran-Van-Don (Viet Nam) considered that under-developed countries particularly needed technicians and that WHO fellowships should be provided for their further training. They, in turn, should be required to train others; the work of the Organization would thereby be extended. He thought that governments should be invited to make their own choice of candidates for fellowships who, once they had completed their study abroad, should undertake to serve their own country or WHO and should not seek only to work in their own personal interest.

Dr. Ziga (Philippines) considered that how the health services of a country might be best strengthened was a matter which should be left to the country itself to decide, whether it was a developed or an under-developed one, since it surely knew its own needs best. In any case, governments would be able to express their desires in the programme planning at the regional committees.

Professor Ferreira (Brazil) considered that the Swedish proposal to refer the question of fellowships to the Executive Board was the best, in view of the complexity of the problem. In questions of health one could not talk of priorities as one could in other fields of assistance. There were undoubtedly different problems in the developed and the under-developed countries, but surely no one could say that he was entirely satisfied with the state of health anywhere in the world. Experts were needed to deal with the problems that might arise in any country. The question of fellowships was one that had to be arranged between the country requiring skilled personnel and WHO. Thus it was not for the Committee on Programme and Budget but rather for the Executive Board to decide on the matter.

Dr. Sidky (Egypt) agreed with the previous speaker.

Dr. MacCormack (Ireland) disagreed with the delegate of Brazil. He would liken the world, in matters of health, to a city. In the fairer quarter lived the more highly developed countries, while in the slum areas existed the under-developed. If WHO, as the city corporation, wished to build a beautiful city, it should not do so by adding grand buildings in the fairer quarter but by clearing the slums and raising the standards of living of their dwellers.

He agreed with the Pakistan delegate that there was no question of excluding the more developed countries from the right to receive fellowships, but that, on account of their greater need, the under-developed areas should receive what might appear to be an undue proportion of fellowships. The Director-General, in his Annual Report for 1951, had asked the more highly developed countries to make some sacrifices on behalf of the less developed. In large measure that plea had been answered. The New Zealand proposal before the committee was in a sense a confirmation and reiteration of it.

Dr. Togba (Liberia) saw no reason for referring the question to the Executive Board. If that were done, the Executive Board would in all likelihood merely refer the matter to the Sixth World Health Assembly.

Dr. Brady (United States of America) stated that his delegation would abstain if the matter were put to the vote but wished to make a few general comments. The United States of America had accepted some 15 fellowships during 1951, but he would point out that a number of the Fellows had come from Alaska, Puerto Rico and other areas which ordinarily did not have the training facilities which existed in other parts of the country. Those
fellowships had been granted after a careful review by a board on which sat a representative of the WHO Regional Office for the Americas, and their granting was based on a number of rigid principles. In the first place, no government employee was eligible; secondly, fellowships had to be granted to persons requiring a specific type of training that was not available in the United States of America; thirdly, they were granted to people who would later make a contribution to international health; fourthly, they were only granted if no other sources of support were available. The names of the candidates were then forwarded to the Regional Office, and his Government had assumed that that office was in a position to decide on the priorities to be granted among the applicants from the Americas.

Dr. Bernard (France) stated that, while surely no one felt that the under-developed countries should not get the maximum benefit from the fellowships programme, the fact was that fellowships had so far been granted equally, or perhaps more than equally, to the better-developed countries. One of the causes of that was that candidates eligible for the type of further training provided by WHO were more numerous in the more developed countries. However, as WHO's programmes in under-developed countries gradually extended, there would be more and more trained people becoming eligible. He wished also to protest against the artificial division of countries into the compartments of the more and the less developed. Any country was more developed in some aspect than another.

The French delegation was opposed to restricting in any way the benefits deriving from any of WHO's activities, and particularly from fellowships. He therefore felt that the committee should take note of the important discussion that had taken place but decide to take no action upon the matter until some later time.

Dr. Bellerive (Haiti) felt that although it might be difficult in theory to place countries into the category of developed or under-developed, it was relatively easy to do so in practice by examining their health administrations and services. The under-developed countries felt that they could only solve their problems with their own technicians, but those technicians must first be trained. He would therefore ask that the New Zealand proposal be voted upon.

After some further discussion, the Chairman suggested that a vote be taken at the next meeting in order to give delegates time to consider the matter carefully.

Dr. Togba (Liberia) felt that the committee could equally well decide immediately and proposed that a vote be taken at the current meeting.

Dr. Bellerive (Haiti) seconded Dr. Togba's proposal.

Dr. Hayek (Lebanon) asked that the New Zealand proposal be circulated in writing before being voted upon.

Dr. Rae (United Kingdom of Great Britain and Northern Ireland) asked for some clarification before a vote was taken. It was not immediately apparent which countries were to be classed as under-developed and which as more highly developed. In that connexion, he felt the analogy of the delegate of Ireland to be unsound, since even towns in highly developed countries had their slums.

Dr. Bernard (France) recalled that the fellowships programme was financed in part by WHO's ordinary budget and in part by technical assistance funds. It was obvious that the latter were intended particularly for the under-developed countries; but the debate in the committee had been on general policy and he wondered whether it had referred to all sums allocated for fellowships or merely to those provided under the ordinary WHO budget.

He would also point out that many delegates had apparently been referring to fellowships granted for more or less basic training; fellowships, however, were granted for many purposes, including further training at the highest levels.

Dr. Togba (Liberia) noted that no action had been taken on the proposal, which had been seconded, to have the New Zealand draft resolution put to the vote, and therefore formally moved the closure of the debate in order that a vote might be taken immediately thereafter.

The Chairman put the motion of the delegate of Liberia to the vote.

Decision: The motion for closure of the debate was carried.

The Chairman then put to the vote the proposal of the delegate of New Zealand.

Decision: The proposal of the delegate of New Zealand was adopted. (See third report, section 1.)

The meeting rose at 5.30 p.m.
EIGHTH MEETING

Tuesday, 13 May 1952, at 10 a.m.

Chairman: Dr. N. Romero (Chile)

1. Adoption of Draft Second Report of the Committee

The Chairman called on Dr. Nazif Bey, Rapporteur, to read the draft second report.

Decision: The draft second report was adopted (for text see page 333).

2. Approval of Programme for 1953

Consideration of Part II: Operating Programme

Advisory Services (continuation)

Dr. Bravo, representative of the Executive Board, asked whether delegates desired further information from him on the programme and budget estimates for Advisory Services.

Decision: The programme and budget estimates for Advisory Services were approved without further discussion.

Regional Offices

Dr. Bravo, representative of the Executive Board, drew attention to section 6—Regional Offices: Summary (Official Records No. 39, pages 168-9), and to that part of the appendix to Annex 5 of Official Records No. 40 which dealt with regional offices. The total increase for regional offices amounted to $75,731, or 9.33 per cent of the total increase in the budget. That increase had been explained at length before the Executive Board by each of the regional directors and the explanations had been accepted as satisfactory, because the programmes and budgets presented were technically in accord with the general aims and trends of the Organization. The total increase was not great. It was regretted that it had not been found possible to increase by a larger amount the budget for Africa, but it was hoped that the 1953 provision for that region might be greater on account of the tremendous health problems existing there.

Decision: The programme and budget for the regional offices was approved without discussion.

Expert Committees and Conferences

Dr. Bravo, representative of the Executive Board, referred the committee to section 7—Expert Committees and Conferences: Summary of Estimates (Official Records No. 39, pages 170-1) and to the item of the appendix to annex 5 of Official Records No. 40 which related to expert committees and conferences. The proposed meetings had been carefully studied by the Board and it was thought necessary that they should be held, since most of them represented commitments to other international agencies or were absolutely necessary in order to accomplish the constitutional duty of WHO of acting as the co-ordinating authority in international health work. The reports on sessions recently held by expert committees had also been carefully studied, and most of them had been authorized for publication, but in certain cases the Executive Board had asked that the committees amend some parts of their reports.

The report of the Consultant Group on Medical Aspects of Social Security was one which had been made specifically for communication to ILO, and had been transmitted with a special comment that the opinions expressed should not be taken as an expression of policy by WHO (resolution EB9.R12).

There was no great difference between the amounts estimated for expenditure on each of the proposed committees, and all provided for allowances for experts coming to Geneva or to whatever meeting place was decided upon. The total expenditure proposed for the expert committees in Central Technical Services was $79,364 and in Advisory Services $65,939.

Dr. Evang (Norway) thought it important that an expert committee on health aspects of the population problem should be included in the 1953 programme. He reminded the committee of the remarks on the subject made by the representative of FAO

12 Published by ILO as an appendix to Report V(b), Objectives and Advanced Standards of Social Security, to the thirty-fifth session of the International Labour Conference
and the delegate of India at the plenary meetings of the present Assembly (see pages 61 and 90); it seemed that the time had now come for a further step to be taken. In 1948 the World Health Assembly had agreed that collaboration with the United Nations on population questions should be continued and developed and at its fifth session the Executive Board had resolved to request the Director-General of WHO to co-operate on a wide basis with the United Nations and with the other specialized agencies on questions concerned with population problems. In 1950 the Third World Health Assembly had endorsed (resolution WHA3.7) that resolution of the Executive Board. Again, at its eighth session, the Executive Board had dealt with the problem and, by resolution EB8.R56, requested the Director-General; to study the subject along with the Population Commission of the United Nations, in order to define the duties of the two organizations; within the limits of budgetary resources, to carry out studies on the health aspects of the problem; and to place this subject early on the agenda of the ninth session of the Executive Board.

At the ninth session of the Board two resolutions, EB9.R82 and EB9.R87, had been passed. Dr. Evang read those two resolutions and said that, while he was in favour of them, he thought the time had come to add a third. Resolution EB9.R87 envisaged the participation of WHO in a World Population Conference to be held not earlier than 1954. It seemed to him that WHO ought to be able to contribute to that conference in a positive way and he therefore proposed that the committee should recommend to the Fifth World Health Assembly the adoption of the following resolution:

The Fifth World Health Assembly,
Realizing the fundamental importance of the population problem under present world conditions,
REQUESTS the Director-General to establish an expert committee to examine and report on the health aspects of the problem.

Dr. McMillan (Canada) said his delegation had read with interest the report of the Consultant Group on Medical Aspects of Social Security but could not approve of a great part of it. Without going into detail, he would refer to the paragraph concerning the “fee for service” system, which was an example of the kind of statement with which his delegation could not agree. In its view, the report was not one with which WHO should in any way be associated.

Dr. Van den Berg (Netherlands) said that, while the present meeting did not seem a fitting time for a full debate on the population problem, the creation of an expert committee on that question might appropriately be discussed.

As Dr. Evang had explained, a World Population Conference, organized by the United Nations in collaboration with other specialized agencies, was to be held, and one might argue from two points of view: one might say that first the conference should be held, which would establish the special task of WHO in that field, and then an expert committee should be set up; on the other hand, one might first establish the expert committee, and have its report debated in the Health Assembly, before taking part in the World Population Conference. The question of time was a consideration. Dr. van den Berg understood that the World Population Conference was to be held in 1953 (not in 1954), which, if correct, would make the second procedure impossible. Secondly, if an expert committee were established it should have certain terms of reference, arrived at after a full debate on the population problem.

Dr. Hargreaves, Acting Director, Division of Organization of Public-Health Services, replying to the delegate of Canada, said that the report on Medical Aspects of Social Security was not that of an expert committee. In 1951 WHO had been approached by ILO with a request for co-operation and technical comments on ILO’s proposed new conventions on social security. That was not a new activity of ILO, its first convention on the subject having been adopted in 1927. The Director-General had referred the matter to the eighth session of the Executive Board, which had authorized him to convene a small group of experts to comment on the ILO draft (resolution EB8.R35). The report quoted by the delegate of Canada was the document produced by that group of experts containing their comments on the proposed ILO convention. On the authority of the ninth session of the Executive Board the report had been transmitted to ILO (resolution EB9.R12) as an expression of the views of those experts.

Dr. Hayek (Lebanon) said that, while he realized that the population problem was not on the agenda of the present meeting, nevertheless a draft resolution for the establishment of an expert committee had been submitted and he would like the terms of

13 Off. Rec. World Hlth Org. 13, 322
14 Off. Rec. World Hlth Org. 25, 9
reference of that committee precisely defined in the resolution, pending a full discussion, which should be placed on the agenda of a subsequent meeting.

Dr. Höjer (Sweden), while endorsing Dr. Evang's statement that the population problem had been under discussion by the Executive Board for some years, said that there had always been good reason for postponing work on it. As to the question of time, when one thought of all the millions being born every year time was certainly a consideration, and WHO should now take the next step so that it would be the better able to answer questions from FAO and other organizations on the medical side of the problem.

He did not think it necessary that an expert committee should be given detailed instructions. The issue was quite clear: WHO needed to be able to present its conclusions on the matter to the other specialized agencies. The question had gone on and no real step had been taken by WHO, for reasons which all knew and very seldom talked about officially. The time had now come to have an expert committee and he strongly supported the proposal of the delegate of Norway.

Dr. de la Garza Brito (Mexico) referred to the allocation of $5,232 for the work of an expert committee on filariasis (Official Records No. 39, page 170). In Central and West Africa, in Guatemala and Mexico, and possibly in other regions of the American continent, the important and acute problem of onchocerciasis had yet to be solved. Very good research work had been done in Africa and in Guatemala; in Mexico the problem was being studied and attacked but his country would like to know more about the bionomics of the vector, the etiology and other factors still unknown.

The delegation of Mexico thought it would be very useful if the whole or at least a part of the amount set aside for the expert committee on filariasis could be expended on the organization of a conference of experts on onchocerciasis, or at least on the establishment of a committee which might prepare a programme and fix a place and date for such a conference. He asked the committee to recommend to the Executive Board the allocation of an amount for the purpose.

Mr. Stowman (United States of America) said his delegation felt that in entering upon discussion of the population problem the committee was on rather dangerous ground. It had been suggested that an expert committee should be appointed on the health aspects of the problem. Would it not be wise first to find out what that population problem was? There were many population problems of the world and they were certainly not the same in different countries. It would therefore be advisable first to have the World Population Conference and then, if that conference referred certain questions to WHO for expert advice, that would be the time to establish the expert committee.

The problem was a burning and controversial one, one which made headlines. Any report of an expert committee, although it might state in small print that it did not express any formal opinion of WHO, would be reported in the Press as a statement by WHO, which would be regrettable. There were many people in the world who were not enthusiastic about international work, which made it difficult to raise enough funds for the work of WHO and other international organizations, and any untimely statement of that kind would give weapons to such people.

He would urge delegates to think the matter over very seriously, and he believed that when they had done so they would reject the proposal of the delegate of Norway.

Dr. Wickremesinghe (Ceylon) said that Ceylon had a special interest in the population question because the rate of growth of Ceylon's population was the highest in the world, while the country produced not more than one-third of the food it required. At the Third World Health Assembly the chief delegate of Ceylon had moved a resolution similar to that now proposed by Norway, and on pages 233 and 234 of Official Records No. 28 would be found that resolution and the decision of the Assembly 'rejecting it by 30 votes to one, with five abstentions. Dr. Wickremesinghe was glad to note some change of heart. He agreed that the problem was different in different regions, but he thought it was accepted that by the "population problem" in the present connexion was meant the overgrowth of populations; and a judicious approach to that problem would be very welcome to his delegation. It was doubtful, however, whether such an expert committee should approach its work in quite the same way as other expert committees dealing with problems which were more or less the same throughout the world, because the overpopulation problem was specific to certain groups of countries. While endorsing the proposal of the delegate of Norway, therefore, he thought that such an expert committee would have to function in a different manner, studying the problem in specific
areas in the light of the conditions prevailing in those areas.

The Chairman reminded delegates that the subject under discussion was the programme and budget estimates for expert committees and conferences, and suggested that it might be better to continue discussion on the question of population at a subsequent meeting.

Sir Arcot Mudaliar (India) was willing to yield to the Chairman's ruling, but he had thought that, the question having been discussed so far, the discussion might be continued and finished; and it was to that end he had asked to speak. The recent census operations in his country had emphasized the demographic problems of the world and had shown clearly that they merited attention, and the United Nations and subsidiary organizations, FAO, UNESCO, etc., had shown great interest. When speaking of demographic problems, one thought not only of overpopulation but also of the reverse. The objective of WHO should be to make a scientific study of all aspects of the question. He would state categorically, particularly with reference to the observations of the delegate of the United States of America, that it was not the role of WHO to take into consideration only those aspects which had received undue emphasis.

Most gynaecologists knew that about half their patients presented problems of over-fertility and the other half of non-fertility, and it was necessary to understand the reasons why different countries, and even different regions within those countries, had in some cases a tendency to over-fertility and in some to non-fertility. All aspects of the question must be taken into consideration: nutrition, environmental sanitation, economic and social factors, etc. It must not be assumed that the attitude of WHO to the problem was on the same lines as that taken by popular journals.

Non-governmental organizations and non-official bodies were also considering the problem. In December 1952 a world conference of social workers would be held in Madras and the demographic problem was one item on its agenda. As its Chairman, Sir Arcot hoped to draw inspiration on the subject from the discussions at the present Assembly.

He thought the delegate of Norway had done real service in proposing that an expert committee be set up. The Director-General should have some guidance in proceeding with the necessary plans for participation in the World Population Conference. Undoubtedly it would be necessary for an expert committee to meet after that conference, but the way for WHO to make its views effective would be to obtain the advice of an expert committee before proceeding to such an important conference, those studies being, if necessary, augmented by the remarks of the Executive Board. Unless that was done, there would be a good deal of criticism of the activities of WHO. He therefore supported the setting-up of an expert committee prior to the World Population Conference.

Professor Cattabeni (Italy) said that his delegation attached particular importance to world population problems and would consequently support the Lebanese proposal that they should be discussed as a separate item on the agenda at a later stage, particularly in view of the fact that the extent to which the World Health Organization could participate in the study of the problem, taking into account its various political, economic, social and moral aspects, would have to be carefully considered.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) supported the Chairman's proposal that consideration of the question be postponed, suggesting that the committee reserve the possibility of introducing the proposal of the delegate of Norway at a later date.

Dr. Evang (Norway) supported the United Kingdom delegate's suggestion. Delegations would thus have an opportunity to consider the matter further. Moreover, it might be profitable to wait until the technical discussion on the economic value of preventive medicine had taken place.

The Chairman put to the vote the United Kingdom proposal to adjourn discussion of the world population problem to a later meeting.

Decision: The United Kingdom proposal to take up consideration of the world population problem as a separate item on the agenda at a later stage was adopted unanimously (see twelfth meeting, section 1).

Dr. Turbott (New Zealand), referring to the point raised by the delegate of Mexico in connexion with the expert committee on filariasis, recalled that a conference on filariasis, with the participation of representatives of the World Health Organization, had been held as recently as August 1951, following which a report on the meeting had been published and circulated throughout the world. That report

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15 South Pacific Commission, Report on the conference of experts on filariasis and elephantiasis, held in Tahiti, 21 August 1 September 1951
provided a thorough documentation on the subject and it appeared to him that it would be superfluous to hold an expert committee on filariasis in 1953. In view of the fact that a considerable measure of co-ordination of international research on the subject must undoubtedly have been achieved by the conference held in 1951, he would propose the deletion of the item of expenditure relating to the expert committee on filariasis.

Dr. BIRAUD, Director, Division of Epidemiological Services, recalled that the Executive Board had postponed action for the establishment of an expert committee on filariasis in past years but had eventually proposed that such an expert committee should meet in 1953, and should study particularly the question of onchocerciasis, which had been raised on several occasions by representatives of Central American countries.

Although a conference on filariasis had been held in Tahiti since the proposal for the expert committee meeting had been made, it would be excessive to say that co-ordination of research on the subject had been fully covered. The conference had made recommendations for research on a large number of subjects without indicating priorities. Consequently the proposed expert committee on filariasis might take advantage of the information available as a result of the Tahiti conference to co-ordinate research in the subjects considered most likely to lead to practical, reliable solutions to the problem of filariasis in general, and in particular of onchocerciasis in Central America.

Dr. MACKENZIE (United Kingdom of Great Britain and Northern Ireland) recalled that his delegation had, on previous occasions, questioned the desirability of holding meetings of certain expert committees, proposing that the savings effected by discontinuing any committees should be transferred to other heads of expenditure in the budget, where they might serve a more useful purpose. He therefore suggested that a small working party be set up to consider whether provision for certain expert committees might not be deleted. In his view, the expert committees on filariasis, poliomyelitis, rabies, environmental sanitation, health education of the public, and rheumatism might be postponed.

Dr. TURBOTT (New Zealand) withdrew his proposal in favour of that of the delegate of the United Kingdom.

Dr. RODHAIN (Belgium) supported the proposal made by the delegate of Mexico, because onchocerciasis was the most important of the filarial diseases, not only in Central America, but also in tropical Africa, where it constituted a veritable scourge. He had raised the question of filariasis at the Second World Health Assembly. Now at last it was being discussed, and it would be a pity if nothing further were done.

Dr. de la Garza Brito (Mexico) wished to clarify his proposal. A conference on the question should be an international conference which would include all regions of the world where that disease was prevalent, including Africa.

Dr. Pandit (India) and Dr. Burger (Netherlands) supported the United Kingdom proposal.

Professor Ferreira (Brazil) called attention to the fact that expenditure on each expert committee averaged some $5,000, all expenditure for expert committees totalling only .08 per cent of the total budget. As the delegate of Norway had remarked, expert committees constituted a sound method of discussing subjects of international importance, and he therefore questioned the advisability of abolishing some of those committees, since the savings thus effected might not make any appreciable difference to any other part of the budget.

The Chairman noted that there was general support for the United Kingdom proposal to establish a working party to consider the desirability of maintaining or establishing certain expert committees. He proposed that the following Members should be represented on the working party: Belgium, Brazil, Ceylon, Egypt, India, Mexico, New Zealand, Norway, Philippines, and United Kingdom.

Dr. Evang (Norway) wished to withdraw from the working party in favour of the delegate of Sweden. It was so agreed.

Decision: It was agreed that the working party, thus constituted, should meet later that day to consider the question of expert committees. (See tenth meeting, section 2.)

First World Conference on Medical Education

Dr. Bravo, representative of the Executive Board, drew attention to the resolution adopted by the Executive Board in connexion with the First World Conference on Medical Education (resolution EB9.R17), which recommended an appropriation of $5,000 to cover the expenses of the participation of the World Health Organization in that conference,

16 Off. Rec. World Hlth Org. 21, 181
and to paragraph 26 of the Executive Board's report on the proposed programme and budget estimates for 1953 (Official Records No. 40, page 46).

Dr. Routley (Canada) expressed his approval of the participation of the World Health Organization in the First World Conference on Medical Education.

Speaking as Chairman of the conference's organizing committee, he recalled that the World Medical Association had been founded at the same time as the World Health Organization. It was a federation of 43 voluntary medical associations and pursued objectives similar to those of the Organization. Its constitution referred to co-operation with the World Health Organization in matters of mutual interest and concern and he consequently considered it important that the World Health Organization should be acquainted with the purposes of the conference.

Unanimity existed as to the fundamental importance of medical education and the conference, to be held in London during the week beginning 24 August 1953, would be the first conference to consider the problem of medical education throughout the world. The organizing committee was particularly gratified to have the services of two members appointed by the World Health Organization.

The World Medical Association had considered a budget of $50,000 to $75,000 necessary for the conference, the three main items of expenditure being the publication of a booklet in three languages before the conference itself, subsidies towards the expenses of the 80 speakers who would address the conference, and the records of the proceedings, which would be very widely distributed since they should prove most valuable to medical-education programmes throughout the world. He noted the proposed contribution of $5,000 by the World Health Organization. The World Medical Association was most grateful for any contribution by the World Health Organization but, on behalf of his delegation, he requested the committee to examine that grant and to decide whether it considered it sufficient.

Dr. Frandsen (Denmark) was pleased to hear of the World Health Organization's co-operation with the World Medical Association. Discussion at the previous Health Assembly had shown the great interest felt in medical education. His delegation would therefore recommend an increase in the expenditure by the Organization for that conference.

Dr. Hayek (Lebanon) recalled that it was not without some difficulty that the decision had been reached, at the ninth session of the Executive Board, to set aside $5,000 as the World Health Organization's contribution to the conference. Furthermore, at the same time the Board had decided to recommend a grant of $29,000 towards the budget of the Council for the Co-ordination of International Congresses of Medical Sciences, (Official Records No. 40, page 45). He commended the valuable work being done by the World Medical Association in the dissemination of medical science and he considered it most desirable that the World Health Organization should continue to support that association, but he believed that the funds set aside for the World Conference on Medical Education by the Organization were sufficient for the time being in view of the Organization's existing budgetary difficulties.

Dr. Togba (Liberia) expressed his support of the Executive Board's recommendation. However, he hoped that the representatives of the World Health Organization at the World Conference on Medical Education would call attention to the fact that the Organization was offering fellowships to many under-developed countries where medical schools provided insufficient training. It was essential that action be taken to enable such schools to reach a standard which would make it possible for students from those countries to acquire sufficient knowledge in all branches of medical science to meet the requirements for fellowships. At the present time, students from many of those countries were severely handicapped by the inadequacy of certain medical schools.

Dr. Larson (United States of America), speaking as a member of the Board of Trustees of the American Medical Association, said that he was sure the Board of Trustees would wish to endorse the statement made by the delegate of Canada.

The American Medical Association was most keenly interested in the World Medical Association and had always given it considerable support. The Executive Board was to be commended on the action it had taken in its resolution EB9.R17 in respect of the proposals by the World Medical Association. The Board had thereby indicated its willingness to co-operate with the World Medical Association in the interests of medical education throughout the world. The standards of medical education would no doubt be raised as a result of the conference and it was moreover to be hoped that such co-operation would serve as a stimulus for future collaboration among governmental and voluntary agencies towards the improvement of health conditions of all peoples.

He consequently proposed that, if the necessary funds could be found in the budget, the contribution of the World Health Organization should be increased from $5,000 to $10,000.
The CHAIRMAN noted that the committee had approved the Executive Board’s action with regard to the First World Conference on Medical Education.

3. Relations with the Council for the Co-ordination of International Congresses of Medical Sciences

Agenda, 6.6.3

Dr. BRAVO, representative of the Executive Board, called attention to paragraph 22 of the Executive Board’s report on the proposed programme and budget estimates for 1953 (Official Records No. 40, page 44) and to the Director-General’s “Review of Relationships between the CCICMS and WHO”.17

The CHAIRMAN suggested that consideration of the item be deferred until the following meeting.

It was so agreed.

The meeting rose at 12 noon.

NINTH MEETING

Tuesday, 13 May 1952, at 3 p.m.

Chairman: Dr. J. D. MacCORMACK (Ireland)

1. Relations with the Council for the Co-ordination of International Congresses of Medical Sciences

Agenda, 6.6.3

The CHAIRMAN recalled that the representative of the Executive Board had introduced the subject at the previous meeting. He would now call upon the representative of the United Nations Educational, Scientific and Cultural Organization (UNESCO).

Dr. Irina ZHUKOVA (United Nations Educational, Scientific and Cultural Organization) recalled that the Council for the Co-ordination of International Congresses of Medical Sciences (CCICMS) had come into being as a joint undertaking of UNESCO and WHO, as both those organizations had felt the need for a co-ordinating body in the many aspects of medical science. During the preparatory stage and in the first three years of the existence of CCICMS the two sponsoring organizations had closely collaborated in supporting it.

The Director-General of UNESCO, in his speech at the opening meeting of the Fifth World Health Assembly, had expressed his organization’s satisfaction with the activities to date of CCICMS (see page 59), and UNESCO noted with pleasure the recognition, in the Director-General’s “Review of Relationships between the CCICMS and WHO”,17 of the value of the work done by CCICMS, as expressed in the speech of the Deputy Director-General of WHO to the Second General Assembly of CCICMS.

It would be seen from the same document that UNESCO had requested the CCICMS to take over the activities of the Co-ordinating Committee on Abstracting and Indexing in the Medical and Biological Sciences. The request had been made as the result of a resolution passed at a meeting of that committee in October 1951 in Paris. Until the present time, that committee had been largely made up of the producers and editors of abstracting journals. CCICMS represented the users of those services by acting as a council of 46 non-governmental organizations. It was hoped that that close co-operation between users and producers would make the work more effective. WHO had collaborated with UNESCO on that committee, and the WHO representative had taken part in the meeting of October 1951; the Director-General of UNESCO had kept the Director-General of WHO fully informed about the decision taken there.

Following upon the request, UNESCO had proposed for 1953 and 1954 a budgetary allocation for those expanded activities of CCICMS, and it hoped that WHO would continue to collaborate with it in support of them.

17 Unpublished working document
Dr. MAISIN (Council for the Co-ordination of International Congresses of Medical Sciences) pointed out that CCICMS was a non-governmental organization of rather a special character. It had been created by UNESCO and WHO jointly in order to act as a link between basic medical sciences, as represented at UNESCO, and clinical and social medical sciences represented by WHO. CCICMS has been requested by UNESCO to undertake the co-ordination of medical abstracts and indexes and to standardize medical terminology. It had also organized symposia. When it had been created, it had grouped together 33 international organizations, whereas at the present moment it included 46, covering all the medical sciences. It had had to widen its scope as a result of the large number of requests from the scientific world whose activities it was to co-ordinate. Its first task was to coordinate the times and places of medical congresses. Since most were held at intervals of three or five years it was necessary to plan some time in advance. Furthermore, the work had to be very carefully thought out if it was to be accepted by the medical world.

An even more arduous task was the co-ordination of subject matter. Learned societies were jealous of their prerogatives and did not easily accept that another body should intervene in their programmes of activity. It was, however, obvious that there was frequently duplication of work in neighbouring branches of science, and consequently reduced efficiency. If really useful and effective co-ordination was to be carried out, it was necessary to bring together the most highly qualified representatives of branches of science concerned with the same subjects. It was with that in mind that small symposia had been organized to discuss specific scientific questions.

That was, in brief, the development of the activity of CCICMS, a development which, moreover, had been closely followed by a WHO representative, whose advice had been most valuable.

He hoped that, bearing those remarks in mind, the committee would note the proposed change of name (to Council for International Organizations of Medical Sciences), which had been unanimously adopted by all the members present at the General Assembly of the Council in April 1952, and the slight changes of detail which had been made in its statutes in order to make the title and procedure of the body agree more accurately with the duties for which it was responsible. Those slight changes would allow the CCICMS to collaborate more actively in the WHO and UNESCO programmes. In addition, the new title had the practical advantage of being simpler than the old.

The CCICMS, or the CIOMS as it would be known in future, was, as a non-governmental organization, fully aware of its privileged financial position. However, it should not be forgotten that it was of rather a special character and that it had been created for a specific purpose. During its first three years of existence, the amount of grants it had received had not varied. For 1953, however, a slight reduction was being made, and it would be regrettable if that reduction should result in the Council's activities being curtailed at a moment when it had barely begun to work. The Council itself desired to maintain or even increase the level of its activities, and to that end it would try to increase its own revenue by asking its members for a slightly higher membership fee. However, a number of those members were very poor organizations indeed, and it was difficult to ask them for large sums which they could not pay, under the pretext of helping them. The duties for which the CCICMS was responsible were of the greatest importance to the development of world medical science, and no effort would be spared to ensure that the funds available to it were wisely used for carrying out the programmes of UNESCO and WHO. It was in that spirit that he would ask the Members of the World Health Organization to adopt the report of the Director-General of WHO to which reference had been made, and particularly the letter of 21 April 1952 from the Vice-Chairman of the Executive Committee of CCICMS to the Director-General of WHO. That letter read:

Four main themes ran through the discussions. In the first place it was unanimously agreed that the Council's main task remained co-ordination, but that this should be real functional co-ordination of congresses and not merely a juxtaposition of international congresses in time and place, although that was an essential primary requirement. This functional co-ordination was found essential not only for practical reasons but also because it might prove to be an effective check to the increasing fragmentation of medicine.

Second, the improvement of congress technique was extensively discussed and the policy of ensuring the participation of active young workers at congresses was fully endorsed as was the provision of postgraduate courses on the occasion of certain of the more important international meetings.

Third, it was agreed that in view of the essentially scientific membership one of the Council's most urgent tasks was to promote closer contacts between the sciences fundamental to medicine and the clinical branches. This could best be achieved by the organization of symposia run either by the Council itself or by member organizations on the occasion of congresses or independently, in exceptional cases. These small meetings could occasionally

18 At the Second General Assembly of CCICMS, held in Geneva on 8 and 9 April 1952.
be organized in countries more remote and less favoured for large international congresses, to the mutual benefit of visiting scientists and their local colleagues.

Lastly, it was agreed that the Council should explore the need for international action in fields of joint interest or concern to the international non-governmental medical bodies which constitute its membership, such as the indexing and abstracting of medical literature.

As a result of these considerations, the statutes and the name of the Council were slightly modified so as to reflect more adequately its task. It was unanimously agreed that the Council should henceforth be known as the "Council for International Organizations of Medical Sciences" (CIOMS). The number of seats on the Executive Committee was increased from 9 to 12 of which three were reserved for representatives of the fundamental sciences. The scale of affiliation fees was changed so as to increase the Council's revenue from member organizations.

In conclusion, I think it is fair to say that this second General Assembly has convinced all who attended of the vitality of the Council and of the need for a body of this kind. This is instanced by the increase in its membership which passed from 34 to 46 organizations and by the whole-hearted support for a programme which represents not a new venture but the natural outcome of the policy laid down at the Brussels General Constituent Assembly three years ago, following the preparatory work carried out jointly under the auspices of the WHO and UNESCO.

Dr. TOGBA (Liberia) asked why WHO's share in the CCICMS budget for 1952 had been reduced.

Dr. BRAVO, representative of the Executive Board, stated that the Executive Board had noted that the CCICMS would be achieving some measure of financial independence by its making certain charges on members. Under the terms of resolution WHA2.5 it had been decided that "arrangements for collaboration be reviewed every year and set up in accordance with the policy and budgetary appropriations of WHO, with a view to the Council eventually becoming financially independent". In view of those two points, the Executive Board had considered that to reduce its grant to the CCICMS budget from $35,200 to $29,000 would not mean that that body's activities would have to be curtailed; it had therefore taken the decision to which the delegate of Liberia had referred.

Mr. MELLS (United Kingdom of Great Britain and Northern Ireland) stated that assistance had originally been granted to the CCICMS for the purpose of co-ordinating international medical congresses as to time, place and subject matter. The Council, however, was now proposing to undertake new responsibilities, and the question arose whether those new tasks were matters for which WHO was already responsible or should become responsible. Since the income the CCICMS would derive from membership fees amounted only to $5,160, or approximately eight per cent of its total expenditure, it would seem unwise to add to its responsibilities until its financial stability was more certain.

The CHAIRMAN, after noting that no more delegates wished to speak on the subject, asked the representative of the CCICMS to take note of the remarks of the delegate of Liberia about the place of meetings and proposed that the Executive Board's recommendation be approved and the change in the title of the Council noted.

It was so agreed (see third report, section 4).

2. Approval of Programme for 1953

Agenda, 6.3

Consideration of Part II: Operating Programme

(continuation)

Technical Assistance

Dr. KAUL, Chief, New York Liaison Office, introducing the subject, called attention to the Director-General's "Report on the Part played by WHO in the United Nations Expanded Pro-
The activities under the technical assistance programme had passed from the planning stage, and considerable progress was being made. In order to illustrate that progress he cited certain figures pertaining to the first financial period, ending 31 December 1951: during that time WHO had received 275 requests from 58 countries; 106 project agreements had been signed, and 14 projects had been completed, while 64 were in operation in 37 countries; 155 experts had been recruited from 37 countries, and 84 fellowships had been awarded to the nationals of 21 countries for study in 18 countries on 19 health subjects. During the first quarter of 1952, 43 requests had been received and 27 project agreements signed; 75 experts had been recruited and 81 fellowships awarded.

He would call particular attention to the section of the report dealing with the provision of equipment and supplies. At its seventeenth session the Technical Assistance Board had taken a new decision and adopted new criteria rendering more liberal its former interpretation of the terms governing the provision of supplies and equipment authorized under resolution 222 (IX) of the Economic and Social Council.19

The new criteria read:

(a) a project or programme involving a request for equipment and supplies must have a tangible connexion with economic development and the equipment or supplies must, in the view of the participating organization concerned, promote substantially the carrying out of the project or programme, and be clearly related to the other forms of technical assistance provided;

(b) no request for equipment and supplies as such shall be entertained; 21

(c) before equipment or supplies are provided 22 by the participating organizations all other sources should have been carefully considered;

(d) equipment or supplies produced within the country should not normally be supplied by the participating organizations;

(e) the provision of equipment and supplies primarily will be for pilot, demonstration or training projects;

(f) the participating organization shall retain ownership and control of the equipment and supplies unless or until, by specific agreement with the government, appropriate arrangements are made to ensure satisfactory conditions of utilization in accordance with the objectives of resolution 222 (IX) of the Council.

The Technical Assistance Board appended to these criteria the following statement:

The Board reaffirmed the principle that the Expanded Programme for Technical Assistance was not a supply programme and that, therefore, equipment and supplies must continue to be furnished in a reasonable proportion to the overall technical assistance rendered.

Within this general framework it was agreed that each request which included the provision of equipment and supplies should be judged on its individual merits, taking into consideration the fact that a long-term project might call for the expenditure of more than 25% of the project cost on equipment and supplies in its initial stage and less in succeeding years. When an organization felt it necessary to incur more than 25% of the expenditure of a project on equipment and supplies in a financial period, it might proceed to implement the request. At the same time it would inform the Executive Secretary of its decision and the reasons for it. The Executive Secretary would report the matter to the Board.

Dr. Kaul indicated finally that the proposed programme for 1953 had been prepared on the same general lines as had been approved by previous World Health Assemblies, emphasis being placed on the strengthening of public-health services, campaigns against communicable diseases, and the education and teaching of technical, nursing and auxiliary personnel.

[Footnote to original text]

19 Unpublished working document

20 Reproduced in the Handbook of Basic Documents, fifth edition

21 This would not preclude the possibility of a participating organization supplying specific technical information or material to a government.

22 Provision of equipment could include the renting, leasing or chartering of equipment as well as outright purchase.
The Chairman, noting that there were no other speakers on the subject before the committee, asked if any members wished to speak on other aspects of the programme before he called for discussion of any other item of the agenda.

Various Proposals

Dr. Savonen (Finland) said that there were many countries in the world where dental caries was the most widespread disease; that was, for instance, the situation in the northern countries of Europe, where the incidence among school children was in many places 100 per cent.

During the first half of the last century dental caries in those countries had been practically unknown, and during that period sugar had been a pharmaceutical product, not a foodstuff or a delicacy. In the sugar and sweets industry was to be found a main factor in the origin of tooth decay.

If a concentrated solution of sugar remained in the mouth for a long period, as happened when sweets were sucked, acids were formed by the bacteria in the mouth which slowly corroded the hard enamel of the tooth, thus beginning the decay. Teeth so damaged could never be restored to their original state, but dentists might slow the spread of the disease. That dental caries originated in that manner could be demonstrated by experiment. If good extracted teeth were placed in a sugar solution containing bacteria of the mouth, caries could be produced which was histologically identical with real caries.

During the First World War a rapid decline in the incidence of caries had been observed; it had reappeared in the Second World War in the countries where sugar was available on a much smaller scale than usual. In Finland, for instance, from 1939 to 1944 there had been a great shortage of sugar and dental caries had decreased in an astonishing way. During the last three or four years, however, the sweets industry had again begun to flourish and dental caries had accordingly increased.

He had very recently sent an inquiry to 660 Finnish dentists asking them their personal opinion as to the possible significance of sugar and sweets in the origin of dental caries and asking at the same time for an account of their experience as to the decrease of caries in wartime. There had been a surprising unanimity of opinion in the 325 replies he had received that sweets had a rapid deleterious effect on teeth.

As the role that sick teeth probably played in the origin of joint, heart and other diseases was well known, and since the aim of WHO was to promote the health of the whole of mankind, he suggested that the Organization should include in its programme the battle against dental caries and that in future work due attention should be paid to the role of sweets in producing caries.

Dr. Rowlett (International Dental Federation) said that action was being taken on the vitally important subject of dental health, and drew particular attention to resolutions WHA4.5 and EB8.110, and also to Official Records No. 39, annex 1, item 5.2.1, by which budgetary provision was made for the implementation of those resolutions. The International Dental Federation, dealing with the dramatic results of fluoridation of communal water supplies for the control of dental caries, strongly urged all nations to focus their attention and resources on the prevention of dental caries through effective programmes of dental hygiene rather than on a programme of unending terminal treatment for persons already dentally disabled by neglect and disease.

The deleterious effect of refined sugar upon the teeth was unquestioned, but it was only one factor; again fluoridation was no more the complete answer to dental caries than radium was to cancer. The International Dental Federation held that dental caries should be regarded in the same light as any other disease of the body: the factors governing it were partly local, but fundamentally it was to be considered as a local manifestation of a constitutional disorder which was best prevented by a proper dietary and environmental sanitation in its broadest sense.

Dr. Hemmes (Netherlands) stated that the Netherlands delegation wished to withdraw a proposal it had made regarding venereal-disease control in port cities, since the Secretariat had transmitted to it precise information on fellowships for technical training courses which would be organized in Rotterdam, and particularly on WHO's intention of also granting fellowships to candidates from countries outside Europe.

However, his delegation considered it advisable that fellowships for training those who would be responsible for venereal-disease-control campaigns in ports should preferably be granted to candidates who would work in towns where the risk of the infection passing to seafarers was particularly great.

The Chairman noted that the committee had concluded discussion of item 6.3 of its agenda with the exception of two points. First, there was a proposal by the Norwegian delegation regarding the establishment of an expert committee on the
health aspects of population problems (see eighth meeting, page 204), which the committee would deal with later. Secondly, there was the matter of maintaining certain expert committees; that was being studied by a working party (see eighth meeting, page 208) whose report should be available at the next meeting. He therefore asked the Rapporteur to prepare the appropriate resolutions on the items discussed, for inclusion in the committee’s report to the Health Assembly.

3. Assistance to Governments in the Manufacture of Antibiotics and Insecticides

Agenda, 6.4.5

The CHAIRMAN called upon Dr. Karunaratne, representative of the Executive Board, to introduce the item.

Dr. Karunaratne, representative of the Executive Board, drew the attention of the committee to the report of the Joint Committee on Health Policy, UNICEF/WHO, on its fourth session 23 in accordance with which the Organization had approved of UNICEF’s contributing funds to encourage the production of insecticides and antibiotics. UNICEF had received a number of requests for assistance and, in keeping with its arrangements with that organization, WHO had carried out some initial surveys. The United Nations Technical Assistance Administration had suggested that the manufacture of antibiotics and insecticides was essentially an industrial activity. Thus, when the Executive Board had examined the question at its ninth session, it had had to decide whether the establishment of such plants came within the province of WHO or within that of another United Nations agency. The conclusion of the Executive Board was that WHO should transfer its responsibility in that field to the United Nations Technical Assistance Administration, without prejudice to whatever arrangements UNICEF might make, and, further, that WHO should continue to provide scientific advice on such questions as the feasibility of erecting plants in different countries. The Board therefore recommended that the Health Assembly adopt the resolution contained in its own resolution EB9.R100.

Dr. Pandit (India) regretted that his delegation was unable to support that resolution. His Government had an agreement with WHO for the establishment of penicillin and DDT-production plants, and it was hoped that production would soon start. The Indian Government, as the result of its agreement with WHO, had made arrangements with certain State governments concerning the siting of plants, and any changes in those arrangements would lead to delay. As his Government was not in the position to judge the implications which the transfer of responsibilities from WHO to the Technical Assistance Administration would involve, it requested that the existing arrangements should continue and proposed amendment of the resolution put forward by the Executive Board on the following lines:

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Approves in principle the taking over by the United Nations Technical Assistance Administration of activities connected with the manufacture of antibiotics and insecticides in future, and such activities hitherto undertaken by the World Health Organization, provided that the governments concerned are agreeable to such a procedure, it being understood that in both cases the World Health Organization must still maintain its functions of providing scientific advice in specific fields of responsibility as opposed to undertaking industrial activities.

Dr. Timmerman, Director, Division of Therapeutic Substances, stated that he could give the delegate of India full assurance that the commitments which WHO had undertaken towards his country would be met.

The CHAIRMAN asked the delegate of India whether he was prepared to withdraw his proposal in view of the explanations given by Dr. Timmerman.

Dr. Evang (Norway) thought that the delegate of India had raised a point of great importance, and that while the reply given by Dr. Timmerman applied to the particular situation concerning India, it did not appear to apply to the principle involved.

Dr. Timmerman replied that, although he could give no answer as regards the principle involved, he could say that the commitments made to India and to other countries would be met.

Dr. Pandit (India) stated that he wished his proposal to be put to the vote.

The CHAIRMAN put to the vote the draft resolution of the Executive Board, as amended by the delegate of India.

Decision: The resolution, as amended, was adopted by 41 votes to none, with 6 abstentions. (For continuation of discussion, see tenth meeting, section 1.)
4. World Position on the Supply and Requirements of Insecticides

The CHAIRMAN called upon Dr. Karunaratne to introduce the item.

Dr. KARUNARATNE, representative of the Executive Board, drew the attention of the committee to resolution WHA4.30, which the Fourth World Health Assembly had adopted after considering the critical situation of the world supply of chlorine-based insecticides, and in particular to paragraph 5 of that resolution, which requested the United Nations, through its economic commissions, to arrange for the establishment of a working party representing governments concerned both with the production and the import of chlorine-based insecticides. That resolution had been transmitted to the thirteenth session of the Economic and Social Council.

At the time of the Executive Board's ninth session, the working party referred to had not met, but the Executive Board had considered the question on the basis of the information available and its conclusions were embodied in resolution EB9.R33. The working party had met in Geneva in February 1952 and its report 24 had been issued by the United Nations on 10 March 1952 and transmitted to all Member Governments of the United Nations.

Dr. RAE (United Kingdom of Great Britain and Northern Ireland) welcomed the report of the working party. He was, however, concerned about the suggestion contained therein that consideration should be given to convening a second meeting of the working party early in 1953 with wider terms of reference, especially as a working party was then examining the distribution of essential medical supplies in the Far East, where insecticides were indispensable. It would seem that the Organization, with the United Nations Fiscal Division, should be able to keep the situation under review.

Mr. WILSON, Chief, Office of Conference and General Services, stated that the working party had felt that its meeting had been extremely beneficial as problems of mutual interest had been discussed. However, in view of the rapidly changing situation concerning insecticides, the working party had not been able to make long-term forecasts, and it had been considered that a further meeting would be very useful.

Dr. MILLER (United States of America) thought that the committee should support the proposed meeting. As the insect population was developing resistance to insecticides, new and more potent insecticides were needed, and a further meeting of the working party would permit discussion of, and an exchange of information on, the recent progress which had been made.

Dr. NOACH (Israel) observed that the question of the supply of insecticides had a financial aspect—the availability of hard currencies with which to purchase them—and suggested that the Executive Board should examine that aspect. He did not believe that it would mean an increase in the commitments of WHO or of the United Nations. He had in mind an examination of methods of obtaining long-term loans or credits with which insecticides could be purchased.

The CHAIRMAN put to the committee a draft resolution on the following lines:

The Fifth World Health Assembly
1. Expresses its appreciation of the action taken by the Economic and Social Council at its thirteenth session to establish a working party to examine the world position regarding the supply and requirements of DDT and BHC;
2. Notes with interest the findings and recommendations of the working party and, in particular, the value placed on the statistics relating to public-health requirements collected by the World Health Organization and the suggestion of the possibility of convening at a later date a second meeting of the working party;
3. Requests the Director-General to continue to follow the general situation in regard to insecticides for public-health purposes, and, if necessary, to report further on the matter to the Sixth World Health Assembly.

Dr. MILLER (United States of America) observed that the resolution as drafted referred only to DDT and BHC, and thought it would be more appropriate if its terms were broadened to include some of the new insecticides which had proved effective where DDT and BHC had not.

The CHAIRMAN stated that he had no objection to the proposal of the delegate of the United States of America and asked whether the committee would agree to his redrafting the resolution as suggested.

It was so agreed.
The CHAIRMAN put to the vote the draft resolution as amended.

Decision: The resolution was adopted, subject to the inclusion of the proposed amendment and minor drafting changes (see third report, section 5).

5. Leprosy: Proposal submitted by the Delegation of India

Agenda, 6.4.8

The CHAIRMAN called upon the delegate of India to introduce the item.

Dr. PANDIT (India) said that the reason for his delegation’s proposal was that it wished the World Health Organization to take a more positive interest in leprosy, so that the disease should not be allowed to increase unchecked. The note submitted by his delegation drew attention to recent work in India and elsewhere and to the questions—to which an early answer had to be found—which had been suggested by observations made in the course of that work. He was very glad to note that an expert committee on leprosy would meet shortly. He drew special attention to the problem of the rehabilitation of lepers—a problem similar to that of the rehabilitation of cripples, in which WHO had long interested itself—and submitted a draft resolution to the committee.

Dr. ELICAÑO (Philippines) fully supported the resolution submitted by the delegation of India. The problem of leprosy had not only a humanitarian aspect but also a financial one, for, in view of the public attitude to lepers, compulsory segregation had been introduced in some countries, among them his own, where one-third of the national-health appropriation was devoted to the treatment and segregation of lepers. If WHO could take more interest in the problem and help to solve it, more funds would be available for other health work.

Dr. DAENGSVANG (Thailand) stated that the information contained in the note submitted by the delegation of India would be of great help to his country, in which there were over 10,000 lepers. He warmly supported the resolution submitted by the Indian delegation.

Decision: The draft resolution proposed by the delegation of India was unanimously adopted (for text, see third report, section 3).

6. Lay Publications of the so-called “Wonder” or “Miracle” Drugs: Proposal submitted by the Delegation of the Philippines

Agenda, 6.8

The CHAIRMAN called upon the delegate of the Philippines to introduce the item.

Dr. REGALA (Philippines) said that the words “wonder” or “miracle” drugs were commonly employed by the lay Press, and he was concerned lest the use of such terms should lead people to use such drugs with results harmful to their health. Although in fairness to the lay Press he would add that reference was made to the harm which might follow from the use of such drugs, such reference was negligible compared with the stress laid on their so-called miraculous effects. In view of the interest of WHO in protecting the health of the peoples of the world, he wished to submit a draft resolution on the subject.

Dr. HÖJER (Sweden) was prepared to support the Philippines proposal, subject to slight drafting changes.

Dr. LARSON (United States of America), while in complete agreement with the principle of the draft resolution, thought it impossible in the free world to adopt appropriate measures if such measures would restrict the freedom of the Press. He thought that the prevention of premature publicity could only be overcome by means of an educational campaign among doctors, pharmacists and pharmaceutical companies, as well as among editors, feature-writers and reporters.

Dr. EVANG (Norway) was also prepared to support the proposal if certain drafting changes were made. While he was in full agreement with the delegate of the United States of America as to the value of educating the Press, the excellent results obtained by the three countries which regulated medical advertising through legislative measures could not be overlooked.

The CHAIRMAN said that, as the delegations of Norway and Sweden had agreed to support the proposal made by the delegation of the Philippines, subject to minor drafting changes, he would ask those three delegations to work out an agreed draft for submission to the next meeting. (For continuation of discussion, see tenth meeting, section 3.)

The meeting rose at 5 p.m.
1. Adoption of Draft Third Report of the Committee

At the request of the CHAIRMAN, Dr. NAZIF Bey (Egypt), Rapporteur, read the committee's draft third report.

Dr. Aujaleu (France) referred to the draft resolution in section 6, which read:

The Fifth World Health Assembly approves in principle the taking over by the United Nations Technical Assistance Administration of activities connected with the manufacture of antibiotics and insecticides in future, and such activities hitherto undertaken by the World Health Organization, provided the governments concerned are agreeable to such a procedure, it being understood in both cases that the World Health Organization must still maintain its function of providing scientific advice in specific fields of responsibility as opposed to undertaking industrial activities.

Dr. Aujaleu said that the resolution, as drafted, did not seem to correspond exactly with what had been agreed at the previous meeting. He was under the impression that the consent of governments would not be necessary in respect of activities to be undertaken by the United Nations Technical Assistance Administration in the future.

Dr. Gear, Secretary, said that the delegate of France had indeed interpreted the situation correctly. In order to make the resolution quite clear, he suggested that the words “in the latter case” be inserted following the words “provided the governments concerned are agreeable to such a procedure”.

Dr. Aujaleu (France) expressed his satisfaction with that amendment.

Decision: There being no objection, the draft third report of the Committee on Programme and Budget was adopted as thus amended (for text, see page 334).

2. Approval of Programme for 1953

Consideration of Part II: Operating Programme

Expert Committees and Conferences (continuation from eighth meeting, page 204).

At the request of the CHAIRMAN, Dr. REGALA (Philippines), Rapporteur of the Working Party on Expert Committee Meetings, read the working party's report (see appendix to minutes of this meeting, page 222).

The CHAIRMAN invited the committee to discuss the conclusions of the working party.

Dr. Downes (Australia) believed that, in spite of the findings of the working party, it would be advisable to delete the item of expenditure relating to the meeting of an expert committee on health education of the public, since health education could more properly be studied by national committees. The sum set aside for that purpose by the Organization could be used more profitably in other ways.

Dr. Van de Calseyde (Belgium) supported the proposal of the delegate of Australia.

Dr. Vollenweider (Switzerland) opposed the working party's recommendation to postpone the meeting of an expert committee on poliomyelitis since, in his view, such a meeting was most urgently needed in view of the prevalence of the disease, particularly in Europe and the United States of America. There was scope for considerable coordination of effort in the European Region, for instance, in the rehabilitation of the paralysed. His delegation therefore strongly supported the inclusion in the budget of provision for a meeting of an expert committee on poliomyelitis.

Mr. Stowman (United States of America) supported the proposal of the delegate of Switzerland. He believed that the world was on the threshold of new and important developments in the campaign against poliomyelitis, and an expert committee on
the matter would be most useful at the present time, particularly in investigating such aspects as the evolution of outbreaks of the disease since the war in countries where it had not previously been present in epidemic form.

His delegation considered that the sum set aside for a conference of national committees on health statistics was insufficient to ensure the success of such a conference, even taking into account the services to be provided by the Secretariat of the Organization.

Dr. HöJER (Sweden) was in favour of the maintenance of a provision for a meeting of an expert committee on health education of the public, in accordance with the recommendation of the working party, since it appeared to him that discussion by an expert committee would be valuable to all countries.

Dr. AUJALEU (France) agreed with the delegate of Sweden that it was important for provision for the meeting of an expert committee on health education of the public to be retained. He was surprised that the working party had not recommended the deletion of the item relating to the meeting of an expert committee on mental health of students, since the problem was clearly a relatively minor one.

Dr. BRAGA (Brazil) recalled that his delegation had consistently opposed the deletion of any expenditure on expert committees. He would therefore support the views expressed by the delegates of Switzerland and Sweden.

Dr. EVANG (Norway) also agreed with the statements made by the delegates of Switzerland and Sweden.

Dr. WICKREMESINGHE (Ceylon) said that his delegation had always been in favour of retaining provision for all expert committees recommended by the Executive Board. However, although he would at the present stage continue to support the retention in the budget of estimates for all those expert committees, he considered it desirable that the committee should adopt a resolution inviting the Executive Board to exercise great care in the selection of topics for study by expert committees in future years, since some duplication of work would seem to have occurred.

Dr. BURGER (Netherlands) said that, although the importance of health education of the public could not be denied, he thought the matter could more profitably be studied on a national basis. He would therefore agree to postponing the meeting of the relevant expert committee, as well as the meeting of an expert committee on mental health of students, since, in his view, that subject did not merit special study by an expert committee.

Dr. BURTON (Central Council for Health Education) appreciated the opportunity of addressing the committee as the representative of a non-governmental organization in official relationship with the World Health Organization.

The Central Council for Health Education derived great encouragement from the inclusion in the World Health Organization's proposed programme and budget estimates of provision for a conference and an expert committee on health education. The Council, in the twenty-fifth year of its existence, still had to contend with the fact that health education of the public was not generally recognized as being as necessary as other branches of social medicine. That was partly because of confusion as to aims and methods, and partly because the work was largely being carried out by amateurs. The situation was, however, changing rapidly, and the objection raised in the committee that the subject was not suitable for international action did not appear valid. Well-trained people were needed to stimulate health education of the public, and such people were rare. It was consequently desirable that there should be an opportunity to discuss all aspects of the subject, and particularly training and salaries. The Council would therefore welcome the advice of an expert committee and would be happy to provide any service and facilities it could.

The SECRETARY, replying to a point raised by Dr. MCGAVRAN (United States of America), stated that the recommendations of the working party on certain expert committee meetings did not in any way alter the status of the remaining expert committees and conferences referred to on pages 170-1 of the proposed programme and budget estimates (Official Records No. 39).

Dr. HARGREAVES, Acting Director, Division of Organization of Public-Health Services, wished to make it clear that it was not proposed to establish an expert committee on the mental health of students but to convene a single meeting of experts on the subject. The same was true of many of the expert committees of the advisory services.

Dr. AUJALEU (France) nevertheless maintained his proposal to delete the item of expenditure relating to an expert committee on mental health of students.
The CHAIRMAN put to the vote the proposal of the delegate of France.

Decision: The proposal of the delegate of France to delete provision for the expert committee on mental health of students was adopted.

The CHAIRMAN put to the vote the proposal of the delegate of Australia to delete the item of expenditure relating to the meeting of an expert committee on health education of the public.

Decision: The proposal of the delegate of Australia to delete provision for the meeting of an expert committee on health education of the public was rejected.

The CHAIRMAN put to the vote the proposal of the delegate of Switzerland to maintain the item of expenditure relating to an expert committee on poliomyelitis.

Decision: The proposal of the delegate of Switzerland to maintain the item of expenditure relating to an expert committee on poliomyelitis was adopted.

After a discussion on the procedure to be adopted for voting, the CHAIRMAN put to the vote the report of the working party, as amended.

Decision: The report of the working party, as amended, was approved.

The CHAIRMAN next put to the vote the recommendations of the Director-General on pages 170-1 of Official Records No. 39, as amended by the report of the working party.

Decision: The recommendations of the Director-General, thus amended, were approved (see fifth report, section 1).

3. Lay Publications of the so-called "Wonder" or "Miracle" Drugs: Proposal by the Delegation of the Philippines (continuation from ninth meeting, section 6)

Agenda, 6.8

Dr. Regala (Philippines) submitted the revised draft resolution prepared by the delegations of the Philippines, Norway and Sweden.

Dr. Auialeu (France) requested that discussion of the draft resolution be postponed until the revised document had been circulated in French and in English.

It was so agreed. (For continuation of discussion, see fourteenth meeting, section 11.)

4. Policy for carrying out Health Projects in Certain Under-Developed Countries: Proposal by the Hashemite Kingdom of the Jordan

Agenda, 6.9

The CHAIRMAN asked permission of the committee to remit the item to the Committee on Administration, Finance and Legal Matters.

It was so agreed. (See minutes of sixth meeting, section 1, of the Committee on Administration, Finance and Legal Matters.)

5. Suggestions for Future Organizational Studies by the Executive Board

Agenda, 6.4.7

Dr. Karunaratne, representative of the Executive Board, introducing the item, said that ever since its fifth session, in January 1950, the Executive Board had been studying some aspects of the organizational structure of WHO. At its fifth session it had not only made a comprehensive study of the organizational structure but also of the administrative efficiency, and its report was contained in pages 22-36 of Official Records No. 26. The Third World Health Assembly had considered that report in great detail and passed resolution WHA3.89, commending the Board on the thoroughness of its work and agreeing that the organizational structure was generally sound and efficient. It had further requested the Board to examine critically the organization of the Secretariat at headquarters and at the regional offices and had given detailed terms of reference. The Board had duly reported to the Fourth World Health Assembly.25 The Fourth World Health Assembly had required the Board to continue its organizational studies and to give particular attention to biennial Health Assemblies and publications (resolution WHA4.55). Studies of those two aspects of organizational structure had been made by the ninth session of the Executive Board, its report being contained in pages 52-8 of Official Records No. 40. The report on publications had already been considered by the present committee (see sixth meeting, page 195) and the other item was under consideration by the Committee on Administration, Finance and Legal Matters.

For the further studies on the organizational structure and administrative efficiency of WHO, the Executive Board recommended, in resolution EB9.R83, that particular attention be paid to (1) programme evaluation and analysis and (2) education and training programmes, including fellow-

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TENTH MEETING

ships, or, as an alternative to one of those subjects, regionalization. The Board considered that those subjects were very appropriate and suitable for special study at its eleventh session and it sought the views of the committee, which would greatly help it in making the studies.

Dr. van den Berg (Netherlands) suggested that the item was more suitable for discussion in the Committee on Administration, Finance and Legal Matters, where there might also be more time for it than in the already overcrowded programme of the present committee, and he therefore proposed that it be so transferred.

Dr. Clark (Union of South Africa) said that, in view of the fact that six regions had recently been established, his delegation considered that the study of regionalization was a matter of immediate importance and should be substituted for one of the other proposed subjects.

Dr. Turbott (New Zealand) agreed on the importance of a study of regionalization but suggested that it be made a third subject without eliminating either of the other two.

Dr. MacCormack (Ireland) supported the proposal to add regionalization as a third subject, and also proposed a fourth—Assembly procedure. That subject had already been studied by the Board and considerable improvement had been effected; now that many difficult policy and organization matters which had occupied the attention of early Assemblies had been disposed of, and simultaneous interpretation was available, it should be possible to reduce the period of the Assembly and it was desirable that the work of future Assemblies should be compressed within the minimum period necessary for the competent discharge of their business. Technical discussions could perhaps take place either before the opening or after the close of Assembly proceedings. Dr. MacCormack therefore proposed that examination of Assembly arrangements with a view to the completion of the work of the Assembly within a period of two weeks might be added as a fourth subject for study by the Executive Board.

Dr. Höjer (Sweden) pointed out that the proposal of the delegate of Ireland was closely connected with the subject of biennial assemblies, which would come up later in the session, and might be discussed then. The study of regionalization was certainly important, but if it were to be begun immediately it would be necessary to delete one of the other two subjects, because the studies allotted to the Board entailed very heavy work and it was not possible to carry out a really thorough examination of more than two, unless it was desired that the Board should considerably extend the period of its session.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) supported the view of Dr. Höjer. The committee must decide whether it wanted a relatively superficial study of the three items or a more complete study of the two. The Board had considered the possibility of studying three subjects, but had realized that, allowing for the amount of work involved in going into financial and programme aspects of the budget, it would not be possible in the time available.

The Secretary informed the committee that the Director-General would not be able to provide the necessary material and information for three such studies, if required in an ordinary session of the Executive Board.

Dr. Aujaleu (France) agreed that the Executive Board should not be asked to consider more than two subjects. The first subject proposed in resolution EB9.R83, programme evaluation and analysis, fell within the Board's terms of reference and it was difficult to see why it should be selected for a special study. One could eliminate that item without difficulty and replace it by, for example, regionalization—and he agreed with the delegate of the Union of South Africa regarding the desirability of an early study of that subject. The second subject might be that proposed to the Assembly.

Dr. van den Berg (Netherlands) supported the views expressed by Dr. Höjer and Dr. Mackenzie. As a member of the Executive Board he had participated in such studies in previous years and could assure the committee that it would be almost impossible to undertake three such studies even superficially. Studies should be confined to one or at most two subjects.

The Chairman proposed to adjourn the meeting and continue the discussion on the item at the afternoon meeting.

It was so agreed.

The meeting rose at 11.55 a.m.
Appendix

REPORT OF WORKING PARTY ON EXPERT COMMITTEE MEETINGS

The terms of reference of the working party were to consider the desirability of maintaining or convening certain expert committee meetings.

The working party met on 13 May 1952.

The following members were present:
- Belgium: Professor A. H. J. Rodhain
- Brazil: Dr. A. G. de Almeida e Castro
- Ceylon: Dr. W. G. Wickremesinghe
- Egypt: Dr. M. Nazif Bey
- India: Dr. C. G. Pandit
- Mexico: Dr. A. de la Garza Brito
- New Zealand: Dr. H. B. Turbott
- Philippines: Dr. A. Regala
- Sweden: Dr. J. A. Hojer
- United Kingdom of Great Britain and Northern Ireland: Dr. Melville Mackenzie

Professor A. H. J. Rodhain was elected Chairman, and Dr. A. Regala Rapporteur.

The working party recommends to the Committee on Programme and Budget the inclusion of the following in its proposed resolution to the Fifth World Health Assembly on the Operating Programme for 1953:

1. Expert Committee on Cholera
   The funds earmarked in the budget for 1953 should remain available but the meeting should take place only if the advancement of the research now in progress warrants it.

2. Expert Committee on Filariasis
   The committee should meet in 1953, not to deal with filariasis in general but with onchocerciasis. Funds made available by the suppression of any other committee meeting may be used to expand the intended expert committee meeting into a conference in which experts from countries in Africa and the Americas affected by onchocerciasis would be invited to participate.

3. Expert Committee on Poliomyelitis
   The meeting proposed for 1953 should be postponed.

4. Expert Committee on Rabies
   The funds earmarked in the budget for 1953 for this meeting should remain available, but the meeting should take place only if the advancement of the research now in progress warrants it.

5.1 Expert Committee on Environmental Sanitation
   This meeting should be held in 1953, since it is to discuss the specific problems of rural communities, with particular reference to under-developed countries.

5.2 Expert Committee on Hygiene and Sanitation of Airports
   This meeting is to be convened in collaboration with ICAO, and it was agreed to maintain the meeting for 1953.

6. Expert Committee on Health Education of the Public
   This meeting is of interest in connexion with the regular and the expanded technical assistance programmes of the Organization, and also with the provision of expert advice for health education programmes as part of the fundamental education programmes of UNESCO. The meeting of this expert committee should therefore be retained in the budget for 1953.

7. Expert Committee on Rheumatism
   It was decided to maintain the meeting of this expert committee in 1953 in view of the fact that expert advice was necessary on the therapeutic use of ACTH and cortisone in the treatment of rheumatism.

ELEVENTH MEETING

Wednesday, 14 May 1952, at 2.30 p.m.

Chairman: Dr. N. ROMERO (Chile)

1. Suggestions for Future Organizational Studies by the Executive Board (continuation)

The Chairman called on the representative of the Executive Board to reply to the points raised during the discussion at the morning meeting.

Dr. Karunaratne, representative of the Executive Board, stated that there appeared to have been some misunderstanding of the remarks he had made earlier regarding the subjects for study by the Executive Board. He wished to assure the committee that the programmes of WHO were studied by the Executive Board from all angles. However,
the first subject mentioned in resolution EB9.R83, namely, programme evaluation and analysis, had been suggested by the Executive Board so that it could examine the present system of carrying out programmes in all parts of the world. In order that such an examination should be comprehensive, information would be required both from the regional offices and from Member States, and that would take time. He wished to stress that an examination of more than two subjects at any one session of the Executive Board was not possible, if such an examination was to be comprehensive. He therefore did not think it advisable to increase the number of subjects which the Executive Board should study at its eleventh session. The Netherlands delegation had suggested that the item should be referred to the Committee on Administration, Finance and Legal Matters for examination, but as the Committee on Programme and Budget had been established precisely for the purpose of studying the programme and budget, he thought that the item had been correctly placed on that committee's agenda. As for the suggestion of the delegate of the Union of South Africa that the study of regionalization should be substituted for that of programme evaluation (see page 221), the Executive Board had no objection, since it had suggested that subject as an alternative. If the suggestion were accepted, it would be necessary for the committee to decide which of the two subjects listed in the resolution was to be deleted. The remarks he had made earlier concerning the desirability of not increasing the number of subjects to be studied by the Executive Board applied to the suggestion made by the delegate of Ireland that the length of Health Assemblies be examined (see page 221).

Dr. Clark (Union of South Africa) stated that in view of what had been said by those who were well acquainted with the machinery of the Executive Board, it was clear that only two subjects should be studied at its eleventh session. In his opinion, the first of the two subjects suggested, programme evaluation and analysis, was of such importance that it should be kept under constant review. However, as the countries in which programmes were carried out differed so greatly in respect of economic, social and geographic conditions, he doubted whether the study should be carried out entirely by the Executive Board, as its conclusions might be purely theoretical. To his mind, constant evaluation of programmes should be carried out by the regional offices, and he therefore did not think that the Executive Board should be asked to give special attention to the subject. It would be better if it were asked to study regionalization, which presented a problem requiring urgent attention.

Dr. Wickremesinghe (Ceylon) supported the suggestion made by the delegate of the Union of South Africa. Programme evaluation and analysis was, in fact, an appreciation of the results of work already carried out in different parts of the world. Therefore, the subject would in some measure be covered by a study of regionalization.

Professor Cmarossa (Italy) agreed with those who had stressed the need for limiting the number of questions submitted to the Executive Board. A choice would, therefore, have to be made from the many important problems awaiting satisfactory solution. In his opinion regionalization was the most important, and in particular the relationships between headquarters and the regional offices and the means by which regional activities were coordinated. He therefore supported the suggestion of the delegate of the Union of South Africa.

Dr. Brady (United States of America) supported the resolution proposed by the Executive Board. In January 1953, the result of the world survey of national health activities would be available and therefore the subjects suggested by the Executive Board appeared to him to be very appropriate. With regard to the second subject listed, "education and training programme, including fellowships", its importance could be judged by the fact that last year one-third of the budget had been devoted to education and training. As for regionalization and the length of Health Assemblies, he thought those were subjects which should be kept constantly under review but should not be made the subject of a special examination.

Dr. Daengsvang (Thailand) supported the proposal of the delegate of the Union of South Africa that one of the subjects of study should be regionalization, for now that the six regions had been fully organized, an examination of the experience of the older-established regions would be very useful to those recently created and would help them to avoid mistakes.

Mr. Brady (Ireland) referred to the proposal made by his delegation at the previous meeting (see page 221) that the Executive Board should give consideration to the length of Health Assemblies. His delegation was not suggesting that a detailed study of the efficiency of Assembly arrangements should
be made, but that there should be an attempt to ascertain how the Assembly timetable could be curtailed so as to permit the work to be carried out in a shorter period. If necessary, such a study could be carried out separately.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) stated that, although all appeared to be convinced of the importance of a study of programme evaluation and analysis, the committee had to decide which subjects were most suitable for examination by the Executive Board. In his opinion, the subject of programme evaluation and analysis could better be studied by the Secretariat. The education and training programme, including fellowships, he considered to be an appropriate subject for study by the Executive Board. He would support the suggestion made by the delegate of the Union of South Africa if a clause were added stressing the importance of programme evaluation and analysis and stating that the Secretariat should evaluate as far as possible projects it undertook.

Dr. Clark (Union of South Africa) said that he fully agreed with the remarks made by the United Kingdom delegate and would be very happy if a note in the sense suggested by that delegate were added.

The Chairman put to the vote the resolution proposed by the Executive Board (in resolution EB9.R83), as amended by the proposals of the delegates of the Union of South Africa and the United Kingdom.

**Decision:** The resolution, as amended, was adopted (see fourth report, section 1).

The Chairman drew the attention of the committee to the suggestion made by the delegate of Ireland that the Executive Board be asked to examine the length of Health Assemblies and asked the committee whether it wished to discuss that suggestion forthwith.

Dr. Elícano (Philippines) doubted whether the subject fell within the province of the committee and suggested that it should be referred to the Committee on Administration, Finance and Legal Matters.

Dr. Brady (United States of America) observed that as the suggestion of the delegation of Ireland had been merely that the Executive Board should consider the question, he thought the committee was competent to deal with the matter, and wished to support the proposal made.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) said that, while the view taken by the delegate of the Philippines was logical and correct, he thought that the committee should accept the proposal as it was only asked to refer it to the Executive Board. He hoped that the proposal would not change the procedure to be adopted for the Sixth World Health Assembly and suggested that, if reference was made to the work of the Assembly, rather than to Assembly arrangements, it would be clear that the Executive Board was being asked to examine whether or not the work of the Assembly could be completed in a shorter period. He was concerned lest reference to Assembly arrangements might occasion further changes in the present procedure, which had not yet been given a fair trial.

Mr. Brady (Ireland) stated that he would be very willing to meet the wishes of the United Kingdom delegate and put forward a draft resolution on the subject, which was put to the vote.

**Decision:** The resolution was adopted (for text, see fourth report, section 2).

2. Decisions on Co-ordination taken at the Thirteenth Session of the Economic and Social Council and the Sixth General Assembly

The Chairman called on Dr. Kaul, Chief, New York Liaison Office, to introduce the item.

Dr. Kaul, Chief, New York Liaison Office, referred the committee to the note by the Director-General on the decisions on co-ordination taken by the Sixth General Assembly of the United Nations and by the Economic and Social Council at its thirteenth session. He drew attention to the information, contained in the note, concerning those decisions which had required action by the Director-General:

(a) Efforts of the United Nations and Specialized Agencies in the Social Field

The General Assembly had passed resolution 535 (vi), by which it called upon the Economic and Social Council "to examine in detail... the social activities undertaken by the United Nations together with the pertinent activities of the specialized agencies...".

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26 Unpublished working document
drew the attention of the Council " to the report on the world social situation to be submitted to the Social Commission at its next session " and requested the Council " to draw up a programme of practical action for the United Nations in the social field to be implemented in co-operation with the specialized agencies, and to submit it to the General Assembly for consideration at its seventh session if possible ".

In Chapter IV — Social Questions — of its report 27 the Economic and Social Council referred to the decision of the Social Commission to include in its 1952-3 programme the extension of measures relating to maternity, infant and child care (paragraph 641). The same report (paragraph 644) contained the statement that " the Council might proceed as the Social Commission had done and recommend that the Secretary-General give favourable consideration to the Social Commission's suggestion (contained in paragraph 162 of its report)... ". Paragraph 162 of the Social Commission's report on its seventh session 28 read:

Several members of the Commission suggested that the Secretary-General would submit to the Commission at its next session information on the activities of specialized agencies in the field of social welfare and especially in the field of social security.

In pursuance of that request, the Director-General of WHO had submitted to the Secretary-General, for transmittal to the Social Commission, a statement on the relevant activities of WHO.

The Social Commission had also requested at its seventh session that the Secretary-General, in consultation with the specialized agencies, should prepare a world social survey, which the Commission would consider at its 1952 session. The chapter of the survey dealing with health had been prepared by WHO.

(b) Programmes developed through Technical Working Groups of the Administrative Committee on Co-ordination

Dr. Kaul said that there had been two working groups; as the subjects they had dealt with—rehabilitation of the physically handicapped and long-range activities for children—figured as separate items on the committee's agenda, he would not comment on them at the present stage.

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(c) Human Rights

In 1950 the General Assembly had decided by its resolution 421 (V), E, to include economic, social and cultural rights in the Covenant on Human Rights. The Sixth General Assembly had adopted resolution 543 (VI) on the preparation, by the Commission on Human Rights, of two draft international covenants on human rights, one of which was to contain economic, social and cultural rights. Specialized agencies directly concerned had been invited to participate in the work and the Director-General had accordingly taken part in the meetings of the working party appointed by the Commission on Human Rights to draft an article on the right to health. 29

(d) Trust and Non-Self-Governing Territories

The Sixth General Assembly had adopted resolution 561 (VI) in which it recommended that " the Trusteeship Council consider inviting the appropriate specialized agencies... to assist it in its study on the rural economic development of the Trust Territories " . In that connexion the Director-General had continued to co-operate with the United Nations Department of Trusteeship and Information from Non-Self-Governing Territories and had appointed a special consultant to work with the Committee on Information from Non-Self-Governing Territories, which was to meet in August 1952.

(e) Emergency Action to assist in the Maintenance of International Peace and Security

The co-operation of WHO with the United Nations' Agent-General for Korea and with the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East conformed with the intent of resolution 377 (V) of the General Assembly. Subsequent to the adoption of that resolution, WHO had not been called upon by the United Nations to furnish other emergency assistance.

(f) Annual Report of the Director-General

At its thirteenth session, in resolution 409 (XIII), the Economic and Social Council had noted with appreciation the Annual Report of the Director-General on the Work of WHO in 1951.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) stated that, in view of the amount of work which the Secretariat had done on co-ordination, he felt it appropriate that

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27 UN document A/1884
28 UN document E/1982
29 UN document E/1992
the committee should commend the way in which
the Secretariat had carried out its task.

Dr. FINDLAY (United Nations Korean Reconstriuction Agency) observed that the document to
which Dr. Kaul had referred had noted the active co-operation between WHO and UNKRA.
It was not hard to imagine how difficult it was to embark on wide-scale and long-term reconstruction
projects while hostilities were still taking place. Nevertheless, some efforts had been made to re-
establish civilian services in those parts of South
Korea which had remained under United Nations
control, and the success of those efforts was shown
by the relatively high standards of health which
existed despite adverse conditions such as the
placement of millions of the civilian population,
war damage to water supplies and many other
hazards to public health. In accordance with earlier
Security Council resolutions and Article A-14 of
General Assembly resolution 410 (V) which estab-
lisbed UNKRA, the Secretary-General of the United
Nations had asked WHO for assistance for the
Korean people. During 1950 and 1951, WHO had
met that request by providing medical teams for
relief and public-health activities under the direction
of the Civil Assistance Command. Under an agree-
ment reached between WHO and UNKRA, effective
1 January 1952, UNKRA had assumed responsibility
for the continued activity of WHO personnel wishing
to extend their service in Korea. Both before and
after the transfer date, additional health personnel
had been recruited by UNKRA working in the closest
co-operation with WHO. Plans for long-term re-
construction in the field of health would also be the
subject of constant co-operation whereby the
facilities and services of the permanent organization
(WHO) might be made available to the emergency
organization (UNKRA).

In conclusion, he wished to thank the World
Health Organization, on behalf of the Agent-General,
for the assistance it had extended and would continue
to extend to the agency. He also wished to thank
the committee for having given its time and attention
to the question.

Dr. YOUNG SOOK KOO (Korea) said that on
behalf of his Government he wished to thank
Dr. Findlay for the statement he had just made.
UNKRA was doing splendid work among the
refugees in his country, not only providing them with
food, clothing and shelter, but rehabilitating clinics
and hospitals and carrying out immunization and
vaccination campaigns. He also wished to express
his deep appreciation of the Scandinavian countries,
which had provided hospital ships, doctors and
medical units, which not only cared for combatants
but also for the civilian population. Members of his
Government who had received treatment from those
units were deeply grateful. On behalf of his Govern-
ment, he wished to thank the United Nations and
the World Health Organization for the humanitarian
work they were carrying out in his country.

The CHAIRMAN proposed that the Rapporteur
should record that the committee took note of the
document before it and incorporate in his report
a statement on the lines suggested by the United
Kingdom delegate.

It was so agreed (see fourth report, section 3).

3. Long-Range Activities for Children

Dr. KARUNARATNE, representative of the Exe-
cutive Board, stated that the Board at its ninth
session had considered the report of the technical
working group established by the Administrative
Committee on Co-ordination to deal with long-
range activities for children, and it had felt that
the development of a fully co-ordinated long-term
programme would be of great interest both to govern-
ments and to a large number of non-governmental
organizations. The report might seem a trifle
general and elementary, but that was due to the
fact that it was intended for circulation to a wide
variety of organizations.

He called particular attention to the section con-
taining specific recommendations for immediate
and future action.

After considering the report, the Executive Board
had adopted resolution EB9.R24 on the subject.

Dr. EVANG (Norway) hoped that the WHO
representatives on the technical working group would
not forget two facts of the greatest importance.
The first was that the child was only a part of the
family and of society, from which it could not be
separated. The second was that childhood was
only one part of life. One could not take any
measures for the health of children without at the
same time dealing with the various problems raised by
their surroundings and by the other age-groups. He
therefore felt that to deal with children as a par-
ticular group requiring special attention was perhaps
not the best approach.

30 UN document Coordination/R.112
Dr. MACKENZIE (United Kingdom of Great Britain and Northern Ireland) strongly supported the views expressed by the delegate of Norway. Nothing could be done in public health without its having an effect on the children; all age-groups were interdependent.

He referred in particular to paragraph 40 of the report, which read:

> It can be assumed that all governments recognize the development of adequate social services as a desirable end, but one which cannot be achieved immediately even by advanced countries. Each government is therefore obliged to choose the services on which its main effort will be concentrated. It is proper for the international agencies to advise that, in this choice, preference be given to the basic preventive services. Among the preventive services, it will usually be appropriate to give priority to those which affect children, because by this means preventive action can be most effective.

The wording of that paragraph seemed to him, therefore, to be perhaps a little misleading and might benefit by being generalized. It was, of course, true that children had a great emotional appeal, but better effects for the children themselves were achieved by the public-health services including adults. The health of children was dependent upon the good health, the full employment and the adequate financial status of all members of the community.

Dr. HöJER (Sweden) recalled that in his own country much work had been done on children as a separate group and that good progress had been made. However, the stage had been reached at which no further progress could be made unless the children were seen as part of the family. By that he did not wish to suggest that special services should not be undertaken for children, since there was a stage at which they were useful, but that beyond that stage they could well be integrated with the public-health services for the rest of the community.

Dr. WICKREMESINGHE (Ceylon) considered the recommendation contained in paragraph 40 to be exactly what was required. If public-health work was to progress it was necessary to approach the community in a way which it could understand and appreciate. If, for instance, a pregnant mother could be made to appreciate public-health work by being given a really healthy baby, a great barrier would have been broken down between the community and the public-health worker. That mother could then probably be successfully approached with a view to doing other things connected with public health; she might, for instance, be more amenable to suggestions regarding malaria control or environmental sanitation.

Dr. REGALA (Philippines) thought that the apprehensions of the delegates of Norway and the United Kingdom would be eased if they took note of two sentences in paragraph 39, where it was stated:

> These programmes are related directly to all the services which contribute to raise the standard of living. The development of a well-organized and well-balanced general social service is as vital as any service designed specially for children.

Dr. EVANG (Norway) felt that some members of the committee had misunderstood his position. He had in no way wished to suggest that children should not be cared for but had rather had in mind those countries where there was a distinct split between the public-health administration for children and that for the remainder of the population. WHO representatives should be asked to stress the fact that in the long run all public-health services must be integrated.

The CHAIRMAN, noting that there were no more speakers, proposed that the committee take note of the report.

_It was so agreed_ (see fourth report, section 4).

4. Rehabilitation of the Physically Handicapped

_Agenda, 6.5.4_

Dr. KARUNARATNE, representative of the Executive Board, recalled that the subject of the rehabilitation of the physically handicapped had originally been discussed by the Interim Commission of WHO,31 and also drew attention to Health Assembly resolution WHA3.34. In June 1950 the Economic and Social Council had requested the Secretary-General of the United Nations to prepare a co-ordinated

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31 Off. Rec. World Hlth Org. 10, 13
international programme and had asked the specialized agencies to give advice and assistance to
governments on request. A technical working party
had been established by the Administrative Com-
mittee on Co-ordination to prepare a co-ordinated
programme with the specialized agencies, and
resolution WHA4.18 was pertinent to that. That
co-ordinated programme had finally been prepared
and was before the committee.\footnote{UN document E/CN.5/259}

He drew attention to Chapter I of the programme,
"A New Approach to Disability ", and particularly
to the six principles underlying the evaluation of
physical disability.

Those principles were:

1. that the handicapped person is an individual
with full human rights, which he shares in com-
mon with the able-bodied, and that he is entitled
to receive from his country every possible measure
of protection, assistance and opportunity for
rehabilitation;

2. that by the very nature of his physical han-
dicap he is exposed to the danger of emotional
and psychological disturbance, resulting from a
deep sense of deprivation and frustration, and
that he therefore has a special claim on society
for sympathy and constructive help;

3. that he is capable of developing his residual
resources to an unexpected degree, if given the
right opportunities of so doing, and of becoming
in most instances an economic asset to the
country instead of being a burden on himself, on
his family, and on the State;

4. that handicapped persons have a respon-
sibility to the community to contribute their ser-
vice to the economic welfare of the nation in any
way that becomes possible after rehabilitation
and training;

5. that the chief longing of the physically
handicapped person is to achieve independence
within a normal community, instead of spending
the rest of his life in a segregated institution, or
within an environment of disability;

6. that the rehabilitation of the physically
handicapped can only be successfully accomplished
by a combination of medical, education, social
and vocational services, working together as a
team.

Chapter III gave the details of a complete re-
habilitation service and the main factors necessary
for its establishment.

Dr. Bernard (France) recalled that the French
delegation had already made several statements
during the current Assembly as to the interest it
had in the problem of the rehabilitation of the
physically handicapped. He wished to say what
a favourable impression his delegation had received
from the report of the ACC working party. It
was a remarkable piece of work and the Organization
was to be congratulated on the part it had played
in its establishment.

He approved strongly of the summary of the
rights, as it were, of the physically handicapped
constituted by the six principles underlying the
evaluation of physical disability. In carrying out
rehabilitation work it was in fact first necessary to
make people understand exactly the implications
of a physical handicap, which always had an effect
on the mental health of the patient. The six prin-
ciples mentioned, which stressed that new concep-
tion, should always be borne in mind by national
health administrations and by those carrying out
rehabilitation programmes. Moreover, that new
approach should progressively be brought to the
notice of the public, since any rehabilitation pro-
gramme depended for its complete success on
enlightened public opinion. In that connexion
Chapter II of the report, on the education of public
opinion, was of the greatest interest.

One of the difficulties in setting up a rehabilitation
service was to obtain the necessary highly qualified
personnel. That was a matter in which the work of
WHO assumed particular importance in view of the
role it played in training personnel. The French
delegation at the current Assembly had spoken on
several occasions on the subject of fellowships and
group training courses. He wished once again to
emphasize how important those were for the
technical medical personnel of so many countries.

Another very interesting chapter of the report
was that on the organization and financing of re-
habilitation services within governments. The ques-
tion constituted a fairly serious problem for all
national health administrations in view of the fact
that not only they but other administrations, such
as those responsible for education and labour, had
to share in the responsibility and financing of the
rehabilitation service. If WHO could give precise information on how that responsibility should be shared it would be rendering a very great service.

The French delegation also wished to know what immediate or long-term plans existed regarding conferences or group training courses dealing with rehabilitation.

Dr. HARGREAVES, Acting Director, Division of Organization of Public-Health Services, indicated that one of the aspects of the work particularly stressed in the document before the committee was that of preliminary surveys. WHO was participating in several such surveys which were being held under the leadership of the United Nations, but for whose medical aspects the Organization was responsible. In connexion with those surveys the Organization was generally represented by an expert consultant, but where the medical problems were not very great WHO was occasionally represented by persons from the regional offices. That, for instance, had been the case with the survey which had dealt with the establishment of a school for the blind in the Eastern Mediterranean area.

In connexion with group training courses, he recalled that WHO had collaborated in 1951 with UNICEF, under whose auspices the United Kingdom had run a group training course for workers training physically handicapped children. Each country represented on that course had been invited to send persons from every profession which had responsibilities in the matter. A similar course in Scandinavia was being held later in 1952, and there were also preparations under way for a demonstration centre in Yugoslavia.

The United Nations would be publishing a bibliography on the rehabilitation of the physically handicapped, and WHO was responsible for the medical part of it. In response to a request from the Administrative Committee on Co-ordination, the Organization had also agreed to deal with the whole question of international co-ordination of the production, fitting and use of prostheses.

Dr. MACKENZIE (United Kingdom of Great Britain and Northern Ireland) wished to express his delegation's appreciation of the excellent report before the committee. At the same time, he wished to reassure those countries which did not have complete rehabilitation services by emphasizing that the target set in the report was a trifle high. It represented all that could be done, and, as it were, an ideal to aim at, but he doubted whether any country yet had such a complete service as that envisaged.

The CHAIRMAN proposed that the committee take note of the document.

*It was so agreed* (see fourth report, section 5).

5. Medical Care in relation to Public Health

Dr. KARUNARATNE, representative of the Executive Board, introducing the subject, summarized the information contained in the document "Medical Care in relation to Public Health", prepared by the Director-General, emphasizing particularly the various factors which had led to WHO's interest in the health and medical aspects of social security. The International Labour Organisation had requested WHO to co-operate with it in the field of health and social insurance, and a consultant group had been convened in December 1951 by the Director-General to study the International Labour Organisation's proposed new Conventions on social security, with respect to the soundness of their medical aspects. The statement of the views of that group, entitled "Medical Aspects of Social Security", had been noted by the Executive Board at its ninth session (resolution EB9.R12) and approved for transmission to the International Labour Organisation, with the explanation that the opinions expressed therein were not necessarily those of members of the Board and should not be taken as an expression of WHO's policy.

Various administrative issues were reviewed by the group in that document, and close administrative relationships between public health and social security systems advocated. The Executive Board had, however, felt that the question required deeper investigation and had consequently adopted resolution EB9.R16. It was pointed out, however, that, according to Article 2(p) of the Constitution, WHO was authorized only to study and report on administrative and social techniques affecting public health; the Board had therefore recommended that joint studies be undertaken with other international agencies on the relationships between public health, medical care and social security, and that an expert committee be appointed to consider the problems in achieving sound organization of medical care.

33 Published by ILO as an appendix to Report V (b), Objectives and Advanced Standards of Social Security, to the thirty-fifth session of the International Labour Conference
Dr. Larson (United States of America) indicated that the report on medical aspects of social security contained a number of statements with which the medical profession in the United States of America did not agree. In view of that fact, and since it was very important that the medical profession should understand what WHO stood for, he hoped that the statement of the Executive Board disclaiming official approval by WHO of the views of the consultant group would be given the publicity due to it.

Resolution EB9.R16, in recommending the appointment of an expert committee to consider the problems in achieving sound organization of medical care, was, in fact, recommending a gigantic task if a really thorough study was to be made. He hoped that the expert committee would limit its work, bearing in mind Article 2(p) of the Constitution. He hoped also that it would include representatives of the practising medical profession so that its report would not lay too much emphasis on one side of the problem only, and that the committee would be financed within the limits of the budget.

Dr. Hargreaves pointed out that no provision had been made for the expert committee in the 1953 budget, and that it would therefore be necessary for the Director-General to include such provision in his proposals for 1954, which would be considered at the Sixth World Health Assembly.

The Chairman proposed that the committee take note of the document before it and adopt the recommendation of the Executive Board in resolution EB9.R16.

It was so agreed (see fourth report, section 6).

The meeting rose at 4.55 p.m.

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TWELFTH MEETING

Thursday, 15 May 1952, at 10 a.m.

Chairman: Dr. N. Romero (Chile)

1. Population Problems

The Chairman called on the delegate of Norway to introduce his proposal to establish an expert committee on health aspects of the population problem.

The proposal was as follows:

In view of the urgent need for clarification of the health aspects of the population problem, and considering the proposed World Population Conference, to be held under the auspices of the United Nations Department of Social Affairs, the Health Assembly is invited to consider the following resolution:

The Fifth World Health Assembly,

Realizing the fundamental importance of the population problem under present world conditions,

REQUESTS the Executive Board to establish an expert committee to examine and report on the health aspects of this problem.

Dr. Evang (Norway) was grateful for the opportunity which had been given members of the committee to consider the problem following the discussion which had taken place at the eighth meeting (see page 204).

His delegation had, for some time past, been of the opinion that the World Health Organization could contribute in a more active way towards finding a solution to the world population problem. However, the proposal made in that connexion by the delegation of Ceylon during the Third World Health Assembly 34 had met with little support at that time. The present Health Assembly had heard a frank statement by the representative of the Food and Agriculture Organization, who had said that if the increase in the birth-rate, combined with a decrease in mortality and with the prolongation of human life, continued, nature's course would be a desperate one (see first plenary meeting, page 62). Furthermore, the delegates of Ceylon, Thailand and

34 Off. Rec. World Hlth Org. 28, 233
Sweden, as well as certain other delegates, had expressed their interest in the matter.

Some delegations would no doubt request clarification regarding what was meant by the health aspects of the problem, and on the terms of reference of the proposed expert committee. He enumerated the several health and medical aspects of reproduction, amongst them congenital non-hereditary and hereditary diseases, sterility, hygiene of childbirth (including the relationship between infant mortality and the number of children in the family, health of the mother in relation to number of children, role of midwife, doctor, maternity home, etc.), hygiene of marriage, etc., to which medical students were introduced at the present time in modern medical schools.

There was a growing realization of the extreme importance of those problems both for the individual and for society. He was not suggesting that the proposed expert committee should deal with all those aspects. However, in view of the particular reference to the problem by the representative of FAO, the World Health Organization could not disregard the matter. He therefore suggested that the expert committee might undertake preparatory work consisting of listing and defining the health aspects of the population problem for the benefit of the World Population Conference, as well as suggesting ways in which the Organization might contribute to its solution. The expert committee could also attempt to study a particular aspect of the problem, namely, the relationship between the rapid growth of population and health, with reference, for instance, to infant mortality and the working capacity of the population, especially the mother. The United Nations would thus be able to give the World Health Organization more precise indications for action after the conference had been held.

He had been surprised to note that some members of the committee had shown some embarrassment in tackling a problem of that nature, particularly since all were in the medical profession and consequently aware that a large percentage of their patients presented them with problems falling in that category. If they were willing to help individuals, they should also be willing to tackle the problem on a broad scale. Naturally, every effort would be made to avoid offending certain susceptibilities and, in that connexion, the statement made by Sir Arcot Mudaliar to the Health Assembly had been most encouraging (see fifth plenary meeting, page 90). The Organization clearly had no authority to impose its views on governments, but there should be opportunities for governments to be able to approach the Organization for advice on the subject. Speaking from his own limited experience, he believed the general public in some countries to be further advanced than the authorities in their views on the matter, and it was therefore questionable whether the Organization had the right to withhold knowledge from them.

The United Nations and several of the specialized agencies were already dealing with the question from the aspects which concerned them. Hitherto, however, the World Health Organization had done very little to contribute to the clarification of the problem. The delegate of the United States of America had expressed some apprehension in the committee as to whether the Organization might not lose some goodwill by tackling the problem (see eighth meeting, page 206). That consideration did not appear valid, since there should be no criticism forthcoming if the Organization confined itself strictly to the medical and health aspects. He recalled that, in the past, the Organization had not shirked its task for fear of criticism in such matters as nutrition. He considered that, on the contrary, large sections of the population and the majority of governments would be relieved if an organization with the standing of the World Health Organization took the matter further.

Professor Canaperia (Italy) was grateful to the delegate of Norway for the explanations he had given in respect of the draft resolution. He had indeed wondered what the health aspects of the problem might be.

The delegate of Norway had made certain proposals regarding the terms of reference of the expert committee. Some of the items he had mentioned were not directly related to the population problem and were, in fact, covered by other expert committees.

The delegate of Norway had referred to the statement made by the representative of FAO in connexion with the dangers constituted by a continuing increase in the birth-rate. In reply, he would in turn call the committee's attention to a passage on page 80 of Professor Winslow's monograph, The Cost of Sickness and the Price of Health, giving the conclusions of FAO experts on the population problem—namely, that its fundamental solution lay in increasing the productivity of the individual by putting at his disposal modern scientific knowledge and the tools of modern technology. In that way, every individual could become a source of new

wealth to his country and to the world. His delegation shared the opinion expressed by the FAO experts.

The only new factor to be taken into consideration since a similar proposal by the delegation of Ceylon had been rejected at the Third World Health Assembly was the forthcoming World Population Conference. However, since the health aspects of the population problem were clearly subsidiary to its social and economic aspects, he considered that they might more profitably be studied by the Organization following the conference, by which time the medical problems involved would have been more precisely defined.

His delegation would therefore oppose the draft resolution submitted by Norway and would propose that consideration of it be postponed until after the World Population Conference.

Dr. Wickremesinghe (Ceylon) said he had little to add to the statement he had made during the general discussion of the problem at the eighth meeting of the committee (see page 206). However, with particular reference to the points raised by the remarks of the delegate of Norway, he wished to express his astonishment that certain members of the committee should have entertained doubts as to the exact nature of the health aspects of the problem, particularly in view of the statement made to the Health Assembly by Sir Arcot Mudaliar. It was an established fact that frequent birth was indeed a cause of 75 per cent of the difficult gynaecological cases.

Admittedly, the population problem was not in itself the direct concern of the World Health Organization. Nevertheless, if it was considered purely from the scientific and physiological point of view, the justification for the draft resolution before the committee became apparent. It was not possible to deprive people of the knowledge of modern techniques on the sole grounds that economic disaster might result. Frequent birth had disastrous consequences on the individual and on the family and he considered, therefore, that the education of the population not in birth control but in family planning by spacing births should not give grounds for moral or religious objections. Naturally individuals would be free to have as large families as they wished, but it was essential to ensure that that was done in a proper and safe manner.

His delegation to the Third World Health Assembly had indeed suggested the establishment of an expert committee on the subject. However, he disagreed with the delegate of Norway on the functions of such an expert committee at the present time, since many useful surveys drawn up both by the Organization and by the Rockefeller Foundation already existed. He consequently supported the establishment of an expert committee but suggested that it should carry out an experimental project in a practical, scientific and statistical manner, along similar lines to the project being carried out in India, so that an authentic study on the question could be transmitted to governments, which might thus be encouraged to take action in the matter.

Dr. Van de Calseyde (Belgium) said that he had listened with great interest to the statements made by the delegates of Norway and of Ceylon but that he could not fully agree with the points of view expressed.

The problem of over-population in several regions of the world was primarily of an economic and social character and only secondarily a medical problem. To check an increase in the birth-rate would not provide a remedy to the situation, since that, combined with the prolongation of the span of human life which would result as science progressed, would give rise to a situation where the world would be populated by an undue number of unproductive old people and would be deprived of the necessary element of youth to ensure the adequate development of the industrial, agricultural and commercial activities of national life. Consequently, to decrease the birth-rate would in fact serve to aggravate the problem.

Reports had often appeared in the Press of the destruction of surplus harvests in order to maintain prices on the world market. In his view FAO should direct its efforts towards the study of methods for increasing national production and towards the achievement of greater international economic co-operation in that field before concerning itself with the possible effects on world food supplies of a higher standard of public health. The problem of food shortages could be better solved by introducing economic and social reform than by contemplating action which would deprive the land of young workers who could till it and make it yield a harvest. His delegation had of course no intention of interfering in any way with national policies in that respect. However, it would be highly regrettable for an international organization to be associated even to a limited extent with such a policy.

His delegation considered the statement made by the delegate of the United States on the subject at the eighth meeting (see page 206) to be most sound, and believed that it would be unprofitable for the
World Health Organization to study a limited aspect of the problem. Consequently, it could not agree with the draft resolution submitted by the delegate of Norway but was of the opinion that the Organization should await the termination of the World Population Conference before taking any action. The most appropriate form of co-operation by the World Health Organization with the United Nations towards a solution of the problem would then become clear.

He then submitted the following draft resolution, which had been approved by the delegations of Italy and Lebanon:

The Fifth World Health Assembly,
Considering that the problems resulting from over-population in certain regions are dominated by preponderant economic and social factors;
Considering that the United Nations is preparing a World Population Conference which will examine population problems in general;
Being of the opinion that it would obviously be useful to know the results of the work of this conference, which will provide a comprehensive view and bring out the particular aspects of the problem,
RESOLVES that from the purely medical standpoint, population problems do not require any particular action on the part of WHO at the present time.

Dr. Höjer (Sweden) agreed with the delegate of Belgium that the population problem was mainly social and economic in character and therefore constituted principally the responsibility of the United Nations and of other specialized agencies. However, at the present stage, it was nevertheless essential for the World Health Organization to take the necessary measures to meet its responsibilities in respect of the medical aspect of the problem. He would therefore support the Norwegian draft resolution.

He recalled the discussions which had preceded the voting on the similar proposal submitted by Ceylon at the Third World Health Assembly, when certain delegates had shown a certain diffidence in coming to a vote on the subject, and he therefore proposed that a vote should be taken by secret ballot in accordance with Rule 68 of the Rules of Procedure.

Dr. Hayek (Lebanon) did not think it appropriate for the question to be studied in detail at the present time and invited the committee to adopt the proposal submitted by the Belgian delegation, which was in keeping with the statement made by the delegate of the United States of America at the eighth meeting. He urged members to support the suggestion to defer the establishment of the expert committee until the Sixth Health Assembly had been informed of the conclusions of the World Population Conference.

Speaking from his own experience as head of a gynaecological and obstetrical clinic, he considered that no sound reasons existed at the present time to justify, from a medical point of view, the establishment of an expert committee by the Organization.

The Chairman announced that, following the proposal made by the delegate of Sweden, he would put the Norwegian draft resolution to the vote by secret ballot in accordance with Rule 68 of the Rules of Procedure.

Professor Canaperia (Italy), on a point of order, said he would not oppose the Swedish proposal. The delegate of Sweden had referred to the embarrassment of certain delegates who had supported the proposal submitted by the delegation of Ceylon at the Third World Health Assembly. In that connexion he thought it would be well to point out that, according to the official record of the meeting in question, that proposal had been rejected by 30 votes to one, with five abstentions, the only vote in favour of the proposal being that of the Ceylon delegate. He would therefore like to know who were the delegates who were somewhat embarrassed by the fact of having voted for the proposal.

Dr. Höjer (Sweden) explained that he had been speaking from memory without having consulted the official record of the meeting. However, he recalled that certain delegates had in fact found themselves in an embarrassing position when a vote came to be taken and he would therefore maintain his proposal to vote by secret ballot.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) considered that in view of the fact that delegates present were representing their governments rather than expressing their personal views, it would not be desirable to take a vote by secret ballot. However, to agree to a secret vote would require a decision by the committee, and if that were suggested he would move...
that a roll-call vote be taken to ascertain which members wished to vote by secret ballot.

The CHAIRMAN asked whether the committee favoured the United Kingdom's motion and whether it wished to have a secret ballot.

Dr. PANDIT (India) did not feel that the committee's discussion had yet reached the stage where a secret ballot should be taken. He would, therefore, request the Chairman to allow delegates to continue with the discussion; something might well emerge from the debate which would make a secret ballot unnecessary.

Dr. HöJER (Sweden) agreed with the delegate of India and thought that the question should be reconsidered when the debate was properly ended.

The CHAIRMAN then directed that the general discussion be continued.

Dr. DE LA GARZA BRITO (Mexico) considered that the health aspects of the population problem should be approached in two ways. It was first necessary to consider the principles which should govern any general study of the problem, and secondly, each country had to take whatever measures it thought necessary to solve the problem according to its own customs and laws.

National susceptibilities might well be offended by discussion of such a matter, but the Mexican delegation considered that the problem involved was of such importance that it should be faced squarely and without prejudice. His delegation therefore approved the idea of setting up an expert committee such as had been proposed by the delegate of Norway.

Dr. PANDIT (India) wished to express the Indian delegation's gratitude to the delegate of Norway for having raised the important question under discussion and having given India an opportunity to express its point of view. For India, the problem was quite simply that of over-population. The representative of the Food and Agriculture Organization had in the first plenary meeting given a pointed warning of the disaster which might follow if serious attention was not paid to that problem. Much the same point of view had been expressed by an Indian expert, who had said that if nothing was done the problem would solve itself within the next 20 years by nature's own ways and in a disastrous manner. The question of over-population in India was indissolubly bound to that of malnutrition. The Indian Government was taking measures to increase food supplies, but if the population continued to multiply at its present rate the time might come when a mere increase of food would not be sufficient. Adding to the difficulties were the activities of WHO in India. Malaria-control projects, for instance, increased the health, and with the health the hunger, of the population. He certainly would not suggest that such projects should be stopped, but rather that their consequences be squarely faced.

The delegate of Norway had referred to a number of health aspects of the population problem but only in passing to the main problem, that of spacing children and of adopting control methods. Those were problems which had to be studied immediately because, before the effects of social and economic betterment and of an increased standard of living became felt, the population would have grown, and the problem might be completely out of control.

The Indian Government had not yet adopted a policy on the question, nor was it asking other countries to commit themselves to any direct action. But India lacked technical guidance, and it felt that the proposed expert committee might be able to provide that. It should be set up with the aim of acquiring knowledge, of taking stock of the existing situation, and of suggesting ways and means by which the problem could be tackled by countries that so desired. It could also well consider the very important point raised by the delegate of Belgium, that of changes in the population structure. He could not see where the health aspects of the problem could be discussed if not in an expert committee; for there was much to be done. There was, for instance, scope for much research in India, with its diversity of food habits, into the fundamental problems of human reproduction. A work recently published in his country had shown that an injection of an extract of one of the common Indian pulses would lead to prevention of conception. That factor was diametrically opposed to the vitamin E factor, a vitamin which was so richly found in the India diet.

In conclusion, he considered that the committee would be not only wrong but also failing in its duty if it did not support the Norwegian proposal.

Dr. MACCORMACK (Ireland) stated that the Irish delegation supported the Belgian proposal and appreciated the clear and restrained presentation of the delegate of Belgium. He would at the same time assure those countries who were beset with
been held. i.e., As he had remarked at the committee's eighth for its participation in that forthcoming conference.

It was quite true that underfed populations were more fertile than others, but it would be very pessimistic to deal with that problem justly criticized. With regard to composition, therefore, he would suggest that in establishing the expert committee account should be taken of the divergence of opinion which was based on differing ideologies. As to the committee's work, its terms of reference should clearly state that it should confine itself to the socio-medical aspects of the problem. He would therefore ask the delegate of Norway if he was ready to accept amendment of his draft resolution in the light of those remarks.

Dr. REGALA (Philippines) noted that certain delegates seemed to have some doubts as to whether there were in fact any health aspects to population problems and, if there were, as to whether WHO should interest itself in them. However, the delegate of Norway had enumerated a number of those aspects, and in view of the declaration of principles contained in WHO's Constitution, particularly that which stated that health was a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, he considered it clear that WHO should deal with those aspects, and that the Norwegian proposal should be carried.

He appreciated the expressions of sympathy voiced by some delegates, but hoped that they could go beyond giving sympathy and lend the assistance of their efforts.

Dr. CLAVERO (Spain) recalled that the population problem had already been discussed two years previously; at the current Health Assembly, however, the matter was somewhat more urgent, since a World Population Conference was to be convened. It was, however, for that conference to decide what the problems were and to indicate which were those to be dealt with by WHO; and it might appear that a number of them were not within the scope of WHO at all.

He believed that the aspects mentioned by the delegate of Norway were rather of a secondary nature, the main problem being that of limiting the population. It was quite true that underfed populations were more fertile than others, but it would be very pessimistic to deal with that problem by reducing the number of births. The monograph published by WHO entitled *The Cost of Sickness*
and the Price of Health, had clearly shown that sickness led to poverty, while poverty in turn engendered sickness; however, the question of poverty was one which had to be dealt with by economists and not by doctors. The delegate of Belgium had shown that birth-control methods in fact never resulted in a real decrease in the population, and furthermore, a number of specialists, particularly in the United States of America, considered that there was a population limit in each country which was never surpassed.

It could not, of course, be denied that over-population existed, but that was largely due to an uneven distribution of the food and the people of the world. It was therefore a problem which could be solved by a more even distribution; that again was not a matter for WHO.

Finally he stated that the Spanish delegation strongly supported the Belgian proposal opposing the establishment of an expert committee.

Dr. ENGLER (Panama) recalled that the matter before the committee was the establishment of an expert committee to consider the health aspects of the population problem. In previous discussions on the establishment of expert committees, the argument had been advanced that they should be set up only if the contribution to scientific knowledge warranted the expense. The same argument could be applied to the case under discussion. He very much doubted whether the results of the committee’s work would balance the emotional upheaval that would ensue.

Dr. VARGAS-MÉNDEZ (Costa Rica) recalled that the United States delegate had called attention to the complexity of the problem under discussion. The remarks of subsequent speakers had proved how right he had been. The population problem involved political, economic, social and moral factors. If the United Nations decided that a World Population Conference should be held, then it would be logical to wait until after that conference before deciding what action WHO should undertake. The purpose of WHO was to solve health problems for the benefit of humanity and to improve the well-being of man in every way. But it was not for the Organization to decide whether there was a surplus population, or whether it should be reduced. What would have happened if the United States of America had decided that its population was growing at an alarming rate, and had adopted control measures to avoid that? Would the underdeveloped countries of the world now be able to benefit by the assistance which the United States was able to give them as a result of having organized its population in such a way that it became a source of ever-greater production?

Finally, he would ask the committee to bear the human factor in mind and to remember that the right to life was above all ideologies. For that reason he would very strongly support the Belgian proposal.

Dr. AUJALEU (France) stated the French delegation fully understood the problems of countries suffering from over-population and felt that those problems should be faced. However, it did not understand why WHO should be asked to express an opinion on the principle involved. The problem was not basically one of health, although the methods which might be used to solve it would be based on physiological factors. In all other respects the problem was an economic, social, political and ideological one. Consequently, he considered that it was for the United Nations to adopt a definite position on the matter. If it thought that the problem could be solved, it should say how; and only then should WHO become involved. For those reasons the French delegation agreed with the delegates of Belgium and Italy.

In the meanwhile, countries suffering from over-population could take action on their own and could easily obtain for themselves the necessary information on methods which, to say the least, were of uncertain effectiveness.

Finally, he was strongly opposed to any secret vote, considering rather that each delegation should give its opinion frankly and openly.

The CHAIRMAN announced that the discussion on the subject would be continued at the next meeting of the committee.

2. Timetable of the Committee’s Work

Dr. GEAR, Secretary, recalled that the timetable adopted by the Health Assembly provided for discussion of the 1953 programme and budget to end with the committee’s twelfth meeting and for the Appropriation Resolution to be considered in the morning of Monday, 19 May. As it was clear that that timetable could not be met, the fact would be reported to the General Committee, which would provide a revised timetable.

The meeting rose at 11.55 a.m.
1. Population Problems (continuation)

The Chairman appealed to the members of the committee to conduct the business in the same spirit of friendliness and co-operation as had characterized the technical discussion groups.

Sir Arcot Mudaliar (India) said it was perhaps right that he, representing the country which had first raised the question of population, should express his views in order to avoid any misunderstanding. The Indian request to WHO in connexion with population control had been made from a purely scientific point of view and there had been no intention to touch on any of the aspects of such control which might cause offence to any religious conceptions. It had been made solely with the intention of throwing light upon the factors which determined the fertility rate in a region, a country, or areas of a country.

It had been said with truth that a man was known by a lawyer at his worst, by a clergyman at his best, but by a doctor as he was; and it was because the delegates of the Members of WHO, being in that last category, knew men as they truly were that it had been felt that the problems of population control could be studied to advantage by the Organization. It had been no part of the Indian delegation's intention to create any kind of rift within the Organization; on the contrary, it considered WHO's work to be so important that the highest degree of unity was indispensable. By that he meant, not that all parties should be agreed on minor points, but that there should be unity on the essential aspects of the Organization's work.

He had been pained to hear the suggestions made in previous discussions that some Members might be compelled to withdraw from the Organization if the Norwegian draft resolution was adopted. It was particularly important at the present time to strengthen the Organization, and it was essential that WHO's work should not be interrupted. He therefore hoped that no delegations would follow the example of those, who in the past, had felt their ideologies to be incompatible with those of the other Member States of WHO.

In conclusion, he submitted the following draft resolution for the committee's consideration, expressing the hope that it would not give rise to any feeling of acrimony:

The Fifth World Health Assembly

requests the Director-General and the regional committees to consider this question in the light of the discussions in this committee and to report on this question at a subsequent meeting of the World Health Assembly.

The Chairman asked whether the committee wished to vote immediately on the Indian draft resolution or to continue with the discussion.

In the absence of any comment, he proposed that the Indian draft resolution be voted upon.

Professor Canaperia (Italy), supported by Dr. Van de Calseyde (Belgium), considered that the two draft resolutions already before the committee (see pages 230 and 233), those submitted by Norway, and by Belgium, Italy and Lebanon jointly, should be voted upon first.

Miss Janzon (Sweden) stated that, as a woman, she had been greatly interested in the committee's discussion on population control, a discussion in which only men had participated. However, the family was composed of both the mother and the father, and while in most countries the father was responsible for the economy of the family, it was the mother who was first threatened in matters of health. It was therefore particularly regrettable that the voices of the women of the world should not be heard on the question. Consequently, she would urge the Director-General, if the Norwegian draft resolution were adopted, to provide for consultation with the appropriate women's organizations in an attempt to solve the burning problem under discussion.
Dr. Van de Calscyde (Belgium) felt that it would be unwise to complicate the problem further by adopting the procedure suggested by the delegate of Sweden.

Dr. Gregorić (Yugoslavia) stated that the Yugoslav delegation supported the Norwegian draft resolution since it felt that the question should be approached from the purely scientific point of view.

Dr. Evang (Norway) drew attention to the fact that the Norwegian draft resolution had been amended since the previous meeting in the light of the suggestions made by the Netherlands delegation. The scope of the suggested expert committee's work had been limited, and a sentence had been added urging that special care should be taken to include representation of a wide choice of schools of thought.

The amended draft read:

In view of the urgent need for clarification of the health aspects of the population problem, and considering the proposed World Population Conference to be discussed by the Economic and Social Council of the United Nations, the Health Assembly is invited to consider the following resolution:

The Fifth World Health Assembly,

Realizing the fundamental importance of the population problem under present world conditions;

Noting that a proposal to hold a World Population Conference will be before the Economic and Social Council of the United Nations at its session this summer,

REQUESTS the Executive Board to establish an expert committee to examine and report on medical and socio-medical aspects of this problem preparatory to the said conference. In composing the expert committee, special care should be taken to include representation of a wide choice of schools of thought.

He had been asked both within and without the committee whether he would consider withdrawing his draft resolution, and it had even been suggested to him that if he did so, that submitted by the delegations of Belgium, Italy and Lebanon might also be withdrawn. Nothing could be more alien to his desires than to do any harm to the Organization; indeed, many delegations knew him as an old friend of WHO. It was, however, precisely on that account that he could not withdraw his proposal. There could and should be compromises on questions to which a practical solution could be found, but it was impossible to compromise on principles; and it was an established principle that the Organization should deal only with technical questions. It was the duty of all delegations to oppose the introduction of any aspects, other than those of a purely technical medical nature. In addition, he would point out that no expert committee was a policy-making body; the Organization was entirely free to decide its own policy.

As to the suggestions that had been made that certain Members might have to withdraw from the Organization, he very much hoped that they had been slips of the tongue. In the first place, no provision was made in the Constitution for withdrawal. Secondly, the Organization should not be put into a position where it would have to take any decision under duress or under the threat of withdrawal; that was no basis for a technical discussion. Thirdly, the United Nations and other specialized agencies such as FAO and UNESCO had already approached the same problem from their points of view, and so far as he knew no mention had been made of withdrawing from any of those bodies. He believed, in short, that no responsible government would withdraw simply because WHO was fulfilling its duties as a technical specialized agency.

If the population problem had not been of the greatest urgency it might well have been possible to postpone discussion of it until some later date; but it was very urgent indeed. The growth of populations was closely linked with standards of living, productivity and other questions, and it strongly influenced world development — a development which all were following with anxiety and even fear as it might turn out to be a decisive factor underlying a third world war.

Dr. da Silva Travassos (Portugal) stated that the Portuguese delegation favoured the draft resolution submitted by Belgium, Italy and Lebanon. It agreed that the population problem was primarily an economic and social one and that WHO should therefore await the decisions of the proposed World Population Conference.

Professor Canaperia (Italy) noted that the medical aspects of the population problem had once again been stressed. He did not, however, see how they could be examined without a conclusion being reached at the same time as to the solution to be adopted.
If it were felt that such a solution was to be found in limiting the number of births, then certain medical aspects would of course have to be considered; if, however, it were considered that economic and social solutions should be applied (such as mass movement of population, etc.), the medical aspects would then be completely different. No one wished to impose a health policy on any particular country; but at the same time no delegation wished to see a health policy imposed on it. WHO was an intergovernmental organization to whose policy all governments were committed.

The Italian delegation wished to make it clear that the unconditional acceptance by an organization such as WHO of the highly debatable principle that a State was morally authorized from the legal and medical point of view to lend its services to limiting the number of births would give rise to formal reservations by the Italian Government, whose laws and constitution made provision for limiting the action of the public authorities and of private persons, on the grounds that respect for the individual was a fundamental and immutable principle.

The Chairman considered that the time had not come to reach a decision on the problems and asked whether the committee wished to continue its discussion or postpone it until some later time.

Dr. Khaum (Austria) considered that it was the sworn duty of members of the medical profession to save, not to prevent, human life. WHO should therefore not consider a problem whose only solution seemed to be birth control. The Austrian delegation would consequently support the joint Belgian, Italian and Lebanese draft resolution.

Dr. Yamaguchi (Japan) stated that Japan was still faced with a serious population problem, despite recent decreases, since with a population of 83 million it had a density of 228 persons per square kilometre. His Government however felt that the problem was one to be faced by the Government as a whole, the economic and social aspects being dealt with by the appropriate ministries. If the Ministry of Health and Welfare had recently taken steps to educate the people in contraceptive methods, it had done so not in order to check the growth of the population but in order to minimize the risks, very real in Japan, of artificial abortion.

His delegation would therefore also support the joint draft resolution.

Dr. Van de Calskyde (Belgium) felt that in the interest of the Organization it would be better not to continue with the discussion but to proceed to a vote on the joint draft resolution as submitted by his delegation and those of Italy and Lebanon. That draft resolution did not commit any government in respect to future action to be taken on the problem, merely stating that population problems did not require any particular attention on the part of WHO at the present time. He moved that the debate be closed and the joint draft resolution put to the vote.

Dr. Höjer (Sweden) recalled that at the previous meeting he had moved that votes on the draft resolutions be taken by secret ballot (see page 233). Another delegate had then asked for a roll-call vote on that motion. That seemed to him to be against the spirit of the Rules of Procedure. In the absence of a ruling from the Chair that a roll-call vote should not be taken on the motion to hold a secret ballot, the secret ballot would become useless, and he would withdraw his motion. He hoped that at the next Health Assembly an amendment would be proposed to the Rules of Procedure to the effect that roll-call votes could not be taken on motions for a secret ballot.

Professor Canaperia (Italy) stressed that delegates to the Health Assembly were the official representatives of their governments and did not express their personal opinions only. Hence he was opposed to voting by secret ballot.

Professor Ferreira (Brazil) considered that the real problem was to decide whether or not WHO should discuss the matter of population control. It seemed that if the problem were discussed it might be dangerous for WHO, and his delegation would therefore prefer that there be no discussion on it. Unfortunately, the only way in which that preference could be expressed was by abstaining from voting on the draft resolutions, a procedure which his delegation would follow when they were put to the vote.

Dr. Evang (Norway) was sure that no one wished to suggest that any representative would try to hide a conflict between his own views and those of his government by the use of a secret ballot. The idea behind the secret ballot was to allow Member States to vote secretly on elections and other matters of a difficult character, where the countries, in a spirit of continued co-operation, did not want their votes on record. He agreed with the delegate of
Sweden that the roll-call vote suggested by the United Kingdom delegate would nullify a secret ballot, and in the circumstances he suggested that a normal vote be taken.

In conclusion, he asked whether the delegations of Belgium, Italy and Lebanon would accept the replacement of the phrase "any particular action" in their joint draft resolution by the words "an expert committee".

The CHAIRMAN reminded members of the committee that the closure of the debate had been moved, and that the Rules of Procedure permitted two speakers only to speak against closure.

Dr. VAN DE CALSEYDE (Belgium) regretted that he could not accept the proposed amendment, since the Belgian delegation had nothing against the establishment of an expert committee as such. It objected rather to the principle of the investigations which would be carried out by that committee. His delegation remained unconvinced that the population problem was of great medical importance and continued to believe that studies would more properly be done in the economic and social fields, the medical aspect being very limited indeed.

The CHAIRMAN proposed to put the Indian draft resolution to the vote.

Professor CANAPERIA (Italy), supported by Dr. VAN DE CALSEYDE (Belgium), stated that under Rule 59 of the Rules of Procedure, if two or more proposals were moved, a vote should first be taken on that which the Chairman deemed furthest removed in substance from the original proposal. The first draft resolution to be voted on therefore should be that submitted jointly by Belgium, Italy and Lebanon, since it stated that no particular action was required on population problems while the other two did propose action of one kind or another.

Dr. EVANG (Norway) agreed with the interpretation of Rule 59 just given but at the same time said that, if the Indian proposal could be unanimously agreed to, he would be willing to withdraw his draft resolution, provided that the delegates of Belgium, Italy and Lebanon would withdraw theirs.

The CHAIRMAN stated that a proposal to vote on the Indian draft resolution had been made, and opened discussion on that proposal.

Dr. VAN DE CALSEYDE (Belgium) observed that the joint draft resolution of which his country was a sponsor had not been withdrawn; nor could they withdraw it, bearing in mind the interests of the Organization.

Mr. STOWMAN (United States of America) asked the delegate of India whether in the interests of harmony he was prepared to amend his suggestion in such a way as to permit regional organizations to take up the matter if they so wished, since as at present worded it seemed to require the regional organizations to discuss the matter.

Sir Arcot MUDALIAR (India) replied that he was quite willing to accept the United States suggestion.

Dr. VAN DE CALSEYDE (Belgium) doubted whether the procedure suggested by the United States delegate was correct as long as one of the draft resolutions already submitted was still before the committee.

The CHAIRMAN proposed that, in view of the number of proposals and suggestions now before it, the committee should adjourn for a few minutes to enable members to digest them.

It was so agreed.

The meeting adjourned at 11.20 a.m. and reassembled at 11.25 a.m.

The CHAIRMAN observed that, in accordance with Rule 59 of the Rules of Procedure, it was his responsibility to decide which of the resolutions and suggestions was furthest removed from the original proposal. His decision was that the joint draft resolution was the furthest removed and it was that proposal which he proposed to put to the vote first.

Dr. WICKREMESINGHE (Ceylon) believed that in view of the discussions which had taken place during the recess the proposers of all the motions before the committee were prepared to withdraw them, and he therefore suggested that no vote be taken, but that the official record should show that the views of all delegations were noted and that no decision was taken.

Professor CANAPERIA (Italy) observed that he did not understand the procedure which was being followed. The Chairman had already stated that discussion of the item was closed and the committee was to vote. However, it appeared that the discussion had been reopened. He proposed that the committee proceed forthwith to a vote.
Dr. Brady (United States of America) thought that it would be unfortunate if any of the proposals was voted upon, even if the vote was taken by secret ballot. He therefore warmly supported the suggestion of the delegate of Ceylon.

The Chairman agreed with the remarks made by the delegate of Italy but asked that in the interests of harmony and conciliation, and bearing in mind the nature of the problem before the committee, the discussion should not be too strictly governed by the letter of the Rules of Procedure.

Dr. Evang (Norway) said that, as the suggestion made by the delegate of Ceylon and seconded by the United States delegate was that no action be taken by the committee, it was the motion furthest removed from the original proposal and should therefore be taken first.

Professor Canaperia (Italy) said that the suggestion of the delegate of Ceylon could not at present be voted on as it assumed that the three resolutions put forward had been withdrawn. Up to the present that had not been done.

Dr. Evang (Norway) stated that he was prepared to withdraw his draft resolution and support the suggestion made by the delegate of Ceylon.

Dr. Van de Calseyde (Belgium) said that the joint draft resolution was, in fact, a formulation of the wish expressed by the United States delegation. If the Norwegian delegation agreed to withdraw its resolution—and it had just expressed such agreement—he was prepared to withdraw his sponsorship of the joint draft resolution with the reservation that, on the one hand, the Italian and Lebanese delegations, its other sponsors, and the other delegations which had supported it, were also prepared to withdraw it and, on the other hand, that no other draft resolution was introduced. Further, if that was agreed, it must be made clear that, with regard to the question of surplus population existing in certain regions of the world, the committee was agreed that WHO could not advocate as a solution to that problem, still less implement, certain economic and social theories which did not have universal support and approval.

The Chairman asked the delegate of India whether he was prepared to withdraw his proposal in view of the remarks made by the delegate of Belgium.

Sir Arcot Mudaliar (India) stated he was prepared to withdraw his proposal if the other draft resolutions were also withdrawn.

Professor Canaperia (Italy) expressed agreement with the remarks made by the delegate of Belgium in that those remarks were proof of the spirit of conciliation and of the desire to avoid issues which might jeopardize the existence of the Organization. He was convinced that the sentiments expressed in the committee and the official statements made by several delegations, as well as the objections and reservations formulated with regard to any direct action on the part of WHO in connexion with a problem which went beyond the scope of the aims laid down by its Constitution and envisaged economic and social objectives foreign to the biological requirements of individual or social health, would receive the attention of the Director-General and would be borne in mind by him in planning the Organization's future activities.

Dr. Hayek (Lebanon) stated that, as the other sponsor of the resolution referred to by the delegates of Belgium and Italy, he was in full agreement with the remarks made by those delegates and was prepared to agree to the withdrawal of the resolution.

The Chairman stated that, the resolutions put forward by the delegations of Norway and India and the joint resolution sponsored by the delegations of Belgium, Italy and Lebanon having been withdrawn, the committee had followed the suggestion of the delegate of Ceylon. He wished to thank the committee for the spirit of conciliation and co-operation which had prevailed throughout the discussion and which had led to such a harmonious result.

The meeting rose at 11.40 a.m.

Appendix

Statement by the Chief Delegate of Belgium

The following verbatim transcript of the statement made at the thirteenth meeting by the Chief Delegate of Belgium was circulated on 21 May 1952 at Dr. van de Calseyde's request. (See also ninth plenary meeting, page 131.)

Dr. Van de Calseyde (Belgium): Sir, before replying, may I ask the stenographic Records Service to take note of what I am about to say?

The draft resolution submitted by the Italian, Lebanese and Belgian delegations only gives concrete form to the wish so rightly and so sensibly formulated by the delegate of the United States of America.

If, as the Norwegian delegation has just indicated, it is willing to withdraw its draft resolution, I, for my part, am willing to respond to this gesture and to withdraw our
draft resolution in the interests of conciliation and concord, always provided, of course, that my Italian and Lebanese colleagues and the delegations which shared our view agree to that procedure and that no other draft resolution is put forward later.

I would add that if this discussion should end in this way, it must be made clear beyond any possibility of doubt that the outcome of the debate which has taken place is that we, in this committee, are agreed that although the problem of over-population in certain regions may call for WHO's advice and assistance for the protection of the health of these peoples—advice and assistance already being given—there can be no question of our organization, which is universal and neutral, becoming the advocate of, still less the means of implementing, certain economic and social theories which are far from receiving universal approval.

FOURTEENTH MEETING

Monday, 19 May 1952, at 3 p.m.

Chairman: Dr. J. D. MacCormack (Ireland)

later

Dr. N. Romero (Chile)

1. Approval of Programme for 1953 (continuation from tenth meeting, section 2)

   Agenda, 6.3

   Decision: The committee adopted the draft resolution approving the regular programme of the Organization for 1953 (for text see fifth report, section 1).

2. First Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

   The Chairman invited the Vice-Chairman of the Committee on Administration, Finance and Legal Matters to introduce the report.

   Mr. Shaw (Australia), Vice-Chairman of the Committee on Administration, Finance and Legal Matters, said that the purpose of the report was to assist the co-ordination of the work of the two main committees.

   The report read:

   (1) Programme and Budget: Part I

   The Committee on Administration, Finance and Legal Matters, having examined the adequacy of the estimates for holding the Sixth World Health Assembly, meetings of the Executive Board and meetings of regional committees in 1953, recommends that the estimates appearing in Official Records No. 39, pages 100-4, be included in the programme and budget for 1953.

   (2) Programme and Budget: Part III

   The Committee on Administration, Finance and Legal Matters, having examined the adequacy of the estimates for Administrative Services, recommends that the estimates in Official Records No. 39, pages 178-89, be included in the programme and budget for 1953.

   (3) Appropriation Resolution for 1953

   The Committee on Administration, Finance and Legal Matters recommends to the Committee on Programme and Budget the text of the Appropriation Resolution which appears in Official Records No. 39, pages 81 and 82, with the deletion of paragraph V on page 82.

   The attention of the Committee on Programme and Budget is called to the fact that, in accordance with the recommendations under paragraphs 1 and 2 above, the total amount to be shown in the Appropriation Resolution for Part I, Organizational Meetings, would be $266,830; the amount in Part III, Administrative Services, would be $1,132,709. The relevant appropriation sections under Part I will include the following amounts:

   Appropriation Section 1: World Health Assembly, $154,400
   Appropriation Section 2: Executive Board and its Committees, $77,680
   Appropriation Section 3: Regional Committees, $34,750.
In connexion with section 3, Mr. Shaw said that the committee had, in particular, discussed paragraph V of the proposed Appropriation Resolution (Official Records No. 39, page 82), and had agreed to recommend its deletion.

**Decision:** The committee approved the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget.

3. Approval of Programme for 1953 (continuation)

Agenda, 6.3

**Proposed Appropriation Resolution for 1953**

Mr. Shaw (Australia) said that Parts I and III of the proposed Appropriation Resolution had been dealt with by the Committee on Administration, Finance and Legal Matters, and Part II was the concern of the Committee on Programme and Budget.

Dr. Karunaratne, representative of the Executive Board, moving the adoption of the resolution, said that Parts I and III had already been approved by the Committee on Administration, Finance and Legal Matters and Part II had been discussed in detail by the Committee on Programme and Budget.

Dr. Brady (United States of America) said that, in accordance with the instructions of his Government, he must oppose the resolution since the budget ceiling was higher than that for 1952.

Similar statements were made by the delegates of Canada, the United Kingdom of Great Britain and Northern Ireland and the Union of South Africa.

On the proposal of the delegate of Sweden, seconded by the delegate of Brazil, the committee proceeded to a vote on the resolution by show of hands.

**Decision:** The Appropriation Resolution for 1953 was approved by 22 votes to 13, with 2 abstentions (for text see fifth report, section 2).

**Expert Committees and Conferences** (continuation from tenth meeting, section 2)

The Chairman called the attention of the committee to a draft resolution presented by the delegation of Ceylon.

The resolution read:

The Fifth World Health Assembly,

Considering that expert committees are an essential component of the work of the Organization;

Considering further that in the initial stages of the Organization a large number of expert committees were established;

Realizing that further meetings of expert committees, or their establishment, require a close review if overlapping and duplication are to be avoided,

REQUESTS the Executive Board to examine very carefully the necessity for further meetings of expert committees or the establishment of new committees, and to report to the Sixth World Health Assembly.

Dr. Wickremesinghe (Ceylon) said that the resolution proposed by his delegation was not intended to imply criticism of the work of expert committees; on the contrary, his delegation had great faith in the value of their work and wished solely to ensure that they were utilized to the best advantage.

Dr. Höjer (Sweden) said that he was not aware that there had been any overlapping or duplication in the work of expert committees and he therefore could not support the resolution proposed by the delegate of Ceylon. He believed that expert committees should be convened, as hitherto, whenever a meeting would seem to be appropriate or useful and not only, as suggested, when a meeting was necessary. He regretted very much the decision of the committee that an expert committee on the mental health of students should not be convened during 1953 (see tenth meeting, page 220), and hoped that the Director-General would re-submit this subject to the Executive Board for approval for a future year.

Dr. Wickremesinghe, answering the remarks of the delegate of Sweden, said that the working party appointed by the committee to consider the list of expert committees proposed for 1953 had concluded that there was overlapping between the work of an expert committee on environmental sanitation and that of an expert committee on the hygiene and sanitation of airports, although, in

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59 Off. Rec. World Hlth Org. 39, 170
deference to previous decisions of the Health Assembly and Executive Board, it had not proposed to delete provision for the latter committee. Moreover, since a meeting of an expert committee on mental health was planned for 1952, it had seemed inadvisable to plan an expert committee on the mental health of students before the report of the first committee was available, as it was possible that the subject would already have been adequately covered.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) said that the proposal of the delegate of Ceylon appeared to be most reasonable. It was obviously advisable that the Executive Board should be requested to study carefully the necessity for convening each expert committee. He believed that the danger of overlapping lay not so much between individual expert committees as between expert committees and non-governmental organizations dealing with the same subject.

Dr. Höjer (Sweden) said that the system of expert advisory panels had been instituted so that the Director-General might be able to call upon experts in particular sections of any one field; the proposal to convene an expert committee on the hygiene and sanitation of airports was, he believed, an example of the proper use of the expert advisory panel system.

Professor Grasset (Switzerland) recalled that it was customary for expert committees to make proposals regarding the work they should carry out at their next session. Some overlapping might occur in the proposals submitted by the various committees, but in such cases the necessary co-ordination could be effected by the Secretariat.

The draft resolution of the delegation of Ceylon was put to the vote.

Decision: The committee approved the draft resolution by 30 votes to 2, with 3 abstentions (see fifth report, section 3).

4. Adoption of Draft Fourth Report of the Committee

At the request of the Chairman, Dr. GEAR, Secretary, read the draft report in the absence of the Rapporteur.

Decision: The committee approved its draft fourth report (for text see page 335).

5. Reports of Administrative Committee on Co-ordination

Decision: The committee noted the report of the Administrative Committee on Co-ordination on its twelfth and thirteenth sessions, and its eleventh report, which were to be examined at the May-August 1952 session of the Economic and Social Council 40 (see fifth report, section 4).

6. Community Welfare Centres

The Chairman referred the committee to the section on community welfare centres contained in the note by the Director-General on the decisions on co-ordination taken by the Sixth General Assembly of the United Nations and by the Economic and Social Council at its thirteenth session. 41

Decision: The relevant section of the report was noted (see fifth report, section 5).

7. Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA PRNE)

The Chairman invited the representative of the United Nations Relief and Works Agency to make a statement.

Dr. Peterson (UNRWA PRNE) said that a survey of the health programmes for Palestine refugees which had been carried out under the direction of WHO would be found in Official Records No. 38, pages 150-2. The Sixth General Assembly of the United Nations had adopted resolution 513(VI) which urged the specialized agencies to continue co-operation with UNRWA PRNE. In view of the fact that the UNRWA PRNE programme would probably continue until the middle of 1954, it was hoped that the agreement between WHO and UNRWA PRNE 42 would be extended.

Dr. Beyhum (Lebanon) wished to express the gratitude of his country to the medical section of UNRWA PRNE and to WHO for the care provided for Palestine refugees and, in particular, for the 120,000 of those refugees in the Lebanon. He

40 UN documents E/2161 and E/2203
41 Unpublished working document. In the section referred to it was stated that, in pursuance of ECOSOC resolution 390 (XIII)D on the use of community welfare centres as effective instruments to promote economic and social progress throughout the world, the Secretary-General had invited the interested specialized agencies to take part in a field survey of community centres in the Caribbean area and in Central America during the second half of 1952, and in similar surveys to be made later in two other areas. The Director-General intended to co-operate in the work in 1952 as far as permitted by the approved programme and budget.
42 This agreement, signed on 29 September 1950, was subsequently extended until 30 June 1952. See Off. Rec. World Hlth Org. 35, 22, 376.
believed that a renewal of the agreement between WHO and UNRWAPRNE was most desirable.

Dr. IBRAHIM (Iraq) expressed the gratitude of his Government for the valuable work of UNRWAPRNE in providing relief to Arab refugees in various countries and expressed his agreement with the delegate of Lebanon.

Decision: The committee approved the Director-General's draft resolution providing for renewal of the agreement with UNRWAPRNE (see fifth report, section 6).

8. Report of the WHO Members of the Joint Committee on Health Policy, UNICEF/WHO

Agenda, 6.5.9

At the request of the CHAIRMAN, the SECRETARY read the text of a draft resolution, proposed by the delegation of Sweden, concerning the report of the WHO members of the Joint Committee on Health Policy, UNICEF/WHO (Annex 11) and future collaboration with UNICEF.

Dr. KNUTSON (Sweden) moved the adoption of the resolution.

Dr. BRADY (United States of America), supporting the resolution, said that it was advisable that the Executive Board should propose a procedure for the joint development of the health programmes of UNICEF and WHO, as requested in paragraph 4 of the draft resolution.

Decision: The committee approved the draft resolution submitted by the delegation of Sweden (for text see fifth report, section 7).

9. Methods to be used by the Executive Board in reviewing the Programme and Budget Estimates

Agenda, 6.4.6

The CHAIRMAN invited Dr. Karunaratne, representative of the Executive Board, to explain the background of the item.

Dr. KARUNARATNE, representative of the Executive Board, said that Article 55 of the Constitution required the Director-General to prepare and submit to the Board the annual budget estimates of the Organization. It also required the Board to consider and submit to the Health Assembly such budget estimates together with any recommendations it might consider advisable. The specific points to be considered by the Board in reviewing the annual budget were laid down by the Second World Health Assembly in resolution WHA2.62, paragraph 2. That resolution had further recommended that the position be reviewed not later than the Fifth World Health Assembly. In accordance with that resolution the Board had considered the best method of reviewing the budget and had come to the conclusion that there was no need to alter the present procedure. The main criteria recommended in its resolution EB9.R26 were the same as those laid down by the Second World Health Assembly. If, therefore, the committee had suggestions to make for a better method of procedure they would be of considerable value to the Board in reviewing the budget in future years.

Dr. DOWNES (Australia), while fully agreeing with the recommendations of the Board, suggested that its attention should be drawn to resolution WHA3.107 of the Third World Health Assembly, under which the Board might at its discretion make modifications in the form of presentation of the budget to the Health Assembly.

The CHAIRMAN asked the Secretary to take note of the suggestion.

Decision: The committee approved the recommendations contained in resolution EB9.R26, adopted by the Executive Board at its ninth session (see fifth report, section 8).

10. International Committee of Military Medicine and Pharmacy

Agenda, 6.6.1

The CHAIRMAN referred the committee to the text of the proposed agreement with the International Committee of Military Medicine and Pharmacy, and to the modifications to that text suggested by the Committee on Administration, Finance and Legal Matters. Those modifications formed the subject of the second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget. (For text of the agreement as amended, see Annex 13.)

Dr. VOLLENWEIDER (Switzerland) said the aim of the International Committee of Military Medicine and Pharmacy was to develop professional, technical and scientific collaboration between all those whose mission it was to care for the sick and wounded in the armed forces throughout the world. Its
aim, which was to save life, especially in wartime, necessitated considerable research and close international co-operation in peacetime. No other group possessed practical possibilities comparable with those of the medical services of the armed forces. Those services had achieved noteworthy results and the not infrequent discoveries made by military doctors were due to the type of organization peculiar to medical services of the armed forces. It was that organization that had made it possible to study on a large scale the use of prophylactic medicaments in the prevention of diseases. Among the items on the agenda of the International Congresses of Military Medicine and Pharmacy had figured mass vaccination, the control of tuberculosis and venereal diseases in the army, the development of physical training, the re-education of cripples and, in the pharmaceutical field, the chemical study of recipients for the conservation of medicaments, the manufacture of medicaments in tablet form, etc. Since its creation in 1921 the International Committee had shown great vitality, and even during the Second World War it had not completely suspended its activities. Compulsory military service in the different countries obliged almost all doctors to be both civil and military doctors.

Believing that such a contribution to the health of the world should not be neglected, the delegation of Switzerland proposed that the committee approve the recommendation of the Board in resolution EB9.R32.

Dr. Iversen (Norway) stated that his delegation considered it undesirable for WHO to enter into official relations with any military organization.

**Decision**: The committee approved by 29 votes to 2, with 9 abstentions, the recommendation of the Executive Board contained in resolution EB9.R32, and approved the draft agreement on relations between WHO and the International Committee of Military Medicine and Pharmacy, with the amendments suggested by the Committee on Administration, Finance and Legal Matters (see fifth report, section 9).

11. Lay Publications of the so-called “Wonder” or “Miracle” Drugs: Proposal of the Delegation of the Philippines (continuation from tenth meeting, section 3)

The revised draft resolution submitted by the delegations of the Philippines, Norway and Sweden read:

The Fifth World Health Assembly,

Having noted the hasty publication, in the lay press, of articles about new drugs, often presented as “wonder” or “miracle” drugs;

Aware that many of these drugs are still under experimental trial;

Cognizant of the harmful effects of inadequate treatment, the masking of symptoms and the creation of resistance to future measures or to basic factors of disease control, as a result of the use of these drugs at their present state;

Desirous of protecting the health of all peoples,

INSTRUCTS the Director-General to draw the attention of Member Governments to the desirability of adopting appropriate measures, preferably through their national health administrations, for ensuring that such publicity may not unduly jeopardize or endanger the health of their peoples who may be misled to believe in a speedy, not yet existing, cure.

Dr. Mackenzie (United Kingdom of Great Britain and Northern Ireland) suggested the following drafting changes, which were accepted by Dr. Regala (Philippines): deletion of the word “experimental” before “trial” in the third paragraph of the resolution and deletion of the word “unduly” and either “jeopardize” or “endanger” in the last paragraph.

**Decision**: The committee approved the draft resolution proposed by the delegations of the Philippines, Norway and Sweden as amended (see fifth report, section 10).

12. Utilization and Conservation of Water

**Agenda, 6.4.7**

The Chairman, observing that there were no documents and that no action was required by the committee, declared the subject open for discussion.

Professor Eliasen (United States of America) said the United States delegation noted with pleasure the important part which the newly created Division of Environmental Sanitation would be able to play in the co-ordination of activities in such fields as the utilization and conservation of water. The Director of the division and one of his chief assistants had considerable training and experience in the various engineering and public-health aspects of that particular subject, so that the new division should permit of closer co-operation between WHO, the various organs of the United Nations.
and the other specialized agencies in the public-health aspects of engineering work for flood control, water supplies and irrigation works in the reclamation of arid areas. Although many other public-health services must be included in the initial planning of programmes for arid lands, proper planning of sanitary engineering could avoid the creation of problems arising from malaria, bilharziasis, encephalitis and waterborne diseases, and assure the fullest degree of protection of the health of people settling in those newly developed areas.

*Dr. Romero (Chile) took the Chair.*

**13. Adoption of Draft Fifth Report of the Committee**

The Secretary said that the only item remaining for discussion by the committee was its fifth and final report to the Health Assembly.

On the proposal of Dr. Ramchandani (India), it was agreed that the resolutions adopted at the present meeting should form the fifth report of the committee so that a further meeting would be unnecessary.

The Chairman, on behalf of the committee, congratulated Dr. MacCormack, Vice-Chairman, on the able way in which he had conducted the meetings when occupying the Chair.

On the proposal of Dr. Ramchandani (India), seconded by Dr. MacCormack (Ireland), a hearty vote of thanks was given to the Chairman for the kindly and diplomatic way in which he had presided over the deliberations of the committee.

*The meeting rose at 4.45 p.m.*
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING

Wednesday, 7 May 1952, at 4 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Opening of the Meeting by the Chairman

The Chairman, in opening the meeting, reminded delegates that the business of the committee must be conducted in accordance with the Rules of Procedure of the World Health Assembly.

2. Election of Vice-Chairman and Rapporteur

Agenda, 7.1

The Chairman announced that the Committee on Nominations had put forward the nomination of Dr. T. C. Routley (Canada) as Vice-Chairman.

Dr. Leroux (Canada) said that his delegation had hoped that Dr. Routley would be available to give advice on all aspects of the work of the Assembly; his acceptance of nomination as Vice-Chairman of the present committee would place the delegation in a difficult position. It was therefore requested that the nomination should be withdrawn. He proposed the nomination of Mr. Shaw (Australia).

There being no further nominations, Mr. Shaw (Australia) was unanimously elected Vice-Chairman.

The Chairman said that the Committee on Nominations had put forward the nomination of Dr. Chatty (Syria) as Rapporteur.

There being no further nominations, Dr. Chatty (Syria) was unanimously elected Rapporteur.

3. Establishment of Legal Sub-Committee with Transmittal of Appropriate Items

The Chairman requested that delegations should submit in writing, at the close of the meeting, the names of the persons they wished to represent them on the Legal Sub-Committee.

He proposed that the following items of the agenda (see page 53) should be referred to the sub-committee: 7.8, 7.9, 7.10, 7.12 and 7.14.

Mr. El-Mehelmy (Egypt) suggested that items 7.11 and 7.13 should also be referred to the sub-committee.

The Chairman considered that those items should first be discussed in the main committee; it might be necessary to refer them subsequently to the sub-committee if legal or constitutional issues were involved.

It was so agreed. (For composition of sub-committee, see second meeting, section 1.)

4. Statement by the Assistant Director-General

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that the Director-General had requested him to report briefly to the committee on the administrative and financial status of the Organization. The membership of the Organization had increased during 1951 by four: the new Member States were Japan, Spain, Panama and the Federal Republic of Germany. One new Member had been admitted during the course of the present Health Assembly and two applications for associate membership were up for consideration.

The staff of the Organization had increased from 816 on 30 April 1951 to 1,026 at the end of March 1952; the increases were mainly in field staff and in the regional offices. The six regional organi-
izations designated by the First World Health Assembly had now been established, the Regional Organization for Africa and the Regional Organization for Europe having been formally established in 1951. The Executive Board, at its ninth session, had approved Brazzaville in French Equatorial Africa as the site of the Regional Office for Africa and Geneva as the temporary site of the Regional Office for Europe, appointing at the same time Dr. Daubenton as Regional Director for Africa and Dr. Begg as Regional Director for Europe.¹

The financial position of the Organization had continued to improve throughout 1951 as the result of payment of arrears of contributions by several governments and of arrears of advances to the Working Capital Fund. The cash deficit at 31 December 1951 was only $46,000 as compared with a deficit of $1,679,000 at the end of 1950. During 1951 cash deficits for previous years had also been substantially reduced.

As regards the Working Capital Fund, at 30 April 1952 only five active Members still owed all or part of their advances, amounting to a total of approximately $95,000 which represented 3.28 per cent of the total fund. He urged that all Member States should provide for continuity in payment of their annual contributions and should provide in their national budgets for payment in the year in which they were assessed.

The Assembly Suspense Account had proved of great value in ensuring a more realistic control of the Organization's financial position. It had been necessary during 1951 to make certain emergency allocations of funds by drawing on the Working Capital Fund; reimbursements to that fund had been provided, under the authority of the Fourth World Health Assembly, by withdrawal from the Assembly Suspense Account rather than by assessment of additional contributions on Member States. It was proposed that a sum of approximately $130,000 in the Assembly Suspense Account should be earmarked by the Fifth World Health Assembly to help finance the 1953 budget.²

The financial situation of the Building Fund was not satisfactory owing to the fact that the estimates had been made at a time of general economic stability, whereas the construction work had taken place during a period of world-wide shortages in materials, accompanied by rises in wages. It would seem certain that the funds so far provided would not be adequate. The Director-General would give a full report on the present situation, together with a request for further funds to meet those costs which could be clearly determined at present.

With regard to the Expanded Programme of Technical Assistance for Economic Development, the Organization had obligated $1,341,445 for work during 1951. It had at present $5,585,000 available for health programmes under the expanded programme during 1952.

5. **Report of the Director-General on Status of Assembly Suspense Account**

The Secretary drew attention to the financial statement of the Assembly Suspense Account in *Official Records* No. 41, page 37, and to the Notes concerning it on pages 38 and 39. As would be seen from paragraph 4.4 of the Notes, the net cash balance in the account would be reduced to approximately $15,000 if the proposed withdrawals were authorized; it was suggested that this balance should be made available to help finance the 1953 budget. If the committee wished to recommend that course of action, it should do so in sufficient time for the Committee on Programme and Budget to take the recommendation into consideration in determining the ceiling budget for 1953.

Mr. Mells (United Kingdom of Great Britain and Northern Ireland) drew attention to the provision in the resolution of the Third World Health Assembly (WHA3.105) which reserved for decision of the World Health Assembly the ultimate use of sums placed in the Assembly Suspense Account, and considered that the Health Assembly should be given time to determine the advisability of allocating $130,000 from that account to help finance the 1953 budget.

Dr. Togba (Liberia) proposed that the committee should note the financial statement of the Assembly Suspense Account and defer consideration of withdrawals from the account to a subsequent meeting.

Dr. Van den Berg (Netherlands) supported the proposal of the delegate of Liberia.

**Decision:** It was agreed that the question of withdrawals from the Assembly Suspense Account should be considered the following day. (For continuation of discussion, see third meeting, section 6.)

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² *Off. Rec. World Hltlz Org.* 40, 41, paragraph 7
6. Supplementary Budget Estimates for 1952 to replace the Amount of the Emergency Fund of the Executive Board used for Assistance to India

Agenda, 7.17

Dr. Bravo, representative of the Executive Board, said that the Board at its eighth session had adopted resolution EB8.R55; subsequently, at its ninth session, it had recommended that the Fifth Health Assembly adopt the resolution proposed in Official Records No. 40, EB9.R63.

Dr. Togba (Liberia) moved the adoption of the resolution proposed by the Executive Board.

Decision: The committee adopted unanimously the resolution proposed by the Executive Board in resolution EB9.R63. (See first report, section 1.)


Agenda, 7.18 and 7.19

The Chairman thought that the report of the Director-General was encouraging and that the Director-General and the Executive Board should be congratulated on the results which had been obtained. He proposed that the committee should note the document.

It was so agreed. (For resolution adopted, see first report, section 4.)

8. Amendments to the Staff Rules

Agenda, 7.15

Decision: The committee noted resolution EB9.R57 and Annex 17 to Official Records No. 40. (See first report, section 2.)

9. Revised Financial Rules

Agenda, 7.24

Decision: The committee noted resolution EB9.R66 and Annex 18 to Official Records No. 40. (See first report, section 3.)

The meeting rose at 4.45 p.m.

SECOND MEETING

Thursday, 8 May 1952, at 10 a.m.

Chairman: Sir Arcot Mudaliar (India)

1. Appointment of Members of the Legal Sub-Committee

The Chairman opened the meeting and read out the names of members who had been proposed for the Legal Sub-Committee, as follows: Austria — Dr. K. Strobl; Belgium — M. L. A. D. Geeraerts; Ceylon — Mr. A. J. Joseph; Denmark — Mr. B. Sørensen; Egypt — Mr. Y. K. El-Mehelmy; France — M. R. de Lacharrière; Federal Republic of Germany — Mr. F. K. von Plehwe; Greece — Mr. Hadji Vassiliou; India — Mr. N. Raghavan; Indonesia — Mrs. M. V. Biemond; Iran — Dr. A. H. Taba; Israel — Mr. M. Kahany; Italy — Mr. G. Silimbani; Netherlands — Dr. C. van den Berg; New Zealand — Mr. W. Wynne Mason; Pakistan — Dr. M. Jafar; Saudi Arabia — Mr. S. Khanachet; Sweden — Mr. A. Larsson; Switzerland — M. J. Ruedi; United Kingdom of Great Britain and Northern Ireland — Mr. W. H. Boucher; United States of America — Mr. H. B. Calderwood.

Decision: The list of members nominated for the Legal Sub-Committee was approved.

2. Adoption of Agenda

Decision: The proposed agenda was adopted.

4 See page 53; less items 7.19.1, 7.31, and 7.32, added later in the session.
3. Admission to Associate Membership: Tunisia and Morocco

The Chairman drew the attention of delegates to the fact that the document to be discussed was concerned only with the admission to associate membership of Tunisia and Morocco. When the proposal had been accepted by the Health Assembly, other questions, such as their assignment to specific geographical areas, would have to be taken up.

Decision: The proposal for admission to associate membership of Tunisia and Morocco, supported by the delegates of Egypt, Liberia and Pakistan, was unanimously adopted. (See first report, sections 6 and 7.)

Dr. Ghachem (Tunisia) thanked the committee for its decision, and gave a detailed statement on the health measures taken in Tunisia by the public-health services. Those measures were the result of many years of effort undertaken with the goodwill of all. After referring to the tasks still to be accomplished, he affirmed that Tunisia entered the World Health Organization in a spirit of collaboration, confidence and hope.

Dr. Sicault (Morocco) expressed his delegation’s thanks for the committee’s decision. He gave some details of the good results which had been obtained in Morocco by the public-health services, and an assurance of his country’s gratitude at being allowed to participate in the work of the World Health Organization.

4. Frequency of Health Assemblies

The Chairman drew the attention of the committee to a draft resolution on the subject put forward by the delegations of Denmark, Finland, Norway and Sweden (reproduced in Annex 3). He proposed, however, that a general discussion on the subject of amending the Constitution to provide for biennial meetings of the Health Assembly should take place before proceeding to a detailed examination of the Scandinavian draft resolution.

Dr. Bravo, representative of the Executive Board, gave in detail the history of the question. It had begun during the Third World Health Assembly with a proposal, submitted jointly by the Governments of Denmark, Norway and Sweden, to amend Articles 13, 14, 15, 16, 34 and 55 of the Constitution with a view to establishing regular biennial meetings of the Health Assembly. The draft amendments had been circulated to Member States within the time limit laid down by Article 73 of the Constitution.

The Third World Health Assembly had adopted resolution WHA3.96 (as recommended by the Committee on Administration, Finance and Legal Matters) approving the plan in principle and requesting the Director-General to study the arrangements necessary for implementing the decision and submit to the Fourth World Health Assembly a report on the necessary amendments and transitional arrangements.

The Executive Board, at its seventh session, had studied the report of its Standing Committee on Administration and Finance on the organizational structure and efficiency of the Health Assembly and had heard the Director-General express the view that, as in the case of the examination of Health Assembly procedures, additional time would be required for such a study. The Board had concurred in this view and had authorized the Director-General, in resolution EB7.R26, to continue to study the problem.

The Fourth World Health Assembly (in resolution WHA4.55) had asked the Executive Board to continue its studies on the organizational structure and administrative efficiency of the World Health Organization and to give particular attention to the subject of biennial Assemblies.

The Executive Board, at its ninth session, had studied the report of its Standing Committee on Administration and Finance, which was based on the study prepared by the Director-General. The Board’s report to the Health Assembly had included a chapter giving its conclusions on the matter. During the twelfth meeting of that session, some members of the Board had expressed their concern as to whether the principle adopted by the Third World Health Assembly could safely enter into force at the present stage of development of WHO. It was stated that the only advantage would be the expected economy, but even that argument would lose weight if unforeseen problems made it necessary to hold longer sessions of the Board or even extraordinary sessions of the Health Assembly.

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5 See footnote to resolution WHA5.16.

6 Off. Rec. World Hlth Org. 28, Annex 16


8 Off. Rec. World Hlth Org. 40, 52
After exhaustive discussion, the Board had adopted resolution EB9.R53 which outlined the necessary measures to be taken by the Fifth World Health Assembly if the principle of biennial Assemblies were confirmed. The Board wanted to make clear that it did not recommend either the adoption or the rejection of the principle. It only submitted to the Health Assembly the study made at the request of that body. Furthermore, it must be stated that the fewer modifications to the Constitution the better, since any further modification arising out of the Scandinavian proposal must be circulated to Members six months prior to consideration, as provided by Article 73 of the Constitution.

Dr. Höfer (Sweden) said that he would not repeat the arguments for and against the holding of biennial Assemblies, as they had been set out fully in the admirable report made by the Director-General. That study showed that, with relatively small changes, it would be possible to hold Assemblies biennially, with a consequent economy not only of money but of time. It also showed that considerable time would have to elapse before the system of biennial Assemblies could be put into effect: two years before all the ratifications were in, and a third year in order to arrange the formalities. Thus, if a decision to hold biennial Assemblies were taken in 1952, the first year during which an Assembly would not be held would be 1956.

The Scandinavian proposal had been approved in principle by the Third World Health Assembly, and the Executive Board at its seventh session had requested the Director-General to study the arrangements for the implementation of the principle; the action of the Executive Board had been endorsed by the Fourth World Health Assembly. If the principle were adopted, it would still be possible for the Health Assembly to meet in consecutive years for urgent reasons, or even for extraordinary sessions of the Health Assembly to be held. Other specialized agencies, such as FAO, UNESCO, ILO and others, had taken steps to space out their Assemblies, and he considered that WHO would do well to follow the practice.

Dr. van den Berg (Netherlands) said that he would raise no formal objection to the discussion of the Scandinavian amendments, in spite of the fact that, according to Article 73 of the Constitution, such proposals should be communicated to Members at least six months in advance of their consideration at the Health Assembly. He considered that changes in the Constitution should not be improvised. The Scandinavian amendments would involve changes in the composition of the Executive Board, which would lose its technical character and become a political body.

The advantage of biennial Health Assemblies was that considerable economies would result. There were, however, two grave disadvantages: first, the exchange of views on the health problems of the world would take place only every two years, and, secondly, great responsibility would be placed on the Secretariat.

According to Article 73, amendments to the Constitution came into force after a two-thirds vote in the Health Assembly and after acceptance by two-thirds of the Members. Many years would be required for acceptance by such a majority, since it had taken two years to obtain 26 ratifications. He thought that economies should not be made in a way that required from six to ten years for them to come into effect. It would be better to adopt a system of alternating full and restricted Assemblies: one year a full Assembly and the next a restricted Assembly. In that way urgent problems could be dealt with.

A result of the Scandinavian amendments would be that the Executive Board would be responsible for approving the programme and budget, and for other work now in the hands of the Health Assembly. The proposal, submitted at the Third World Health Assembly, to change the character of the Executive Board so that its members, instead of being independent individuals, should represent their respective countries, had been opposed by the Scandinavian countries. He wished to utter a warning against the serious dangers presented by the Scandinavian amendments, and to assure the committee that the anticipated economy was more apparent than real.

Dr. Neubauer (Yugoslavia) believed that the delegate of the Netherlands had given a sound appraisal of the situation, which was one of great importance.

It had become apparent in the general discussion that the establishment of personal contacts and the opportunities for exchange of opinions constituted the main advantages of annual Health Assemblies. His country fully appreciated the achievements of the World Health Organization; however, much work still remained to be done if the hopes of all countries, and particularly of the under-developed countries, were to be fulfilled. Consequently, his delegation supported the maintenance of annual sessions so that the work of the Organization might be developed to the greatest possible extent, par-
particularly in view of the fact that only limited savings would result from the holding of biennial sessions.

Colonel Nath (India) supported the views expressed by the Yugoslav delegate. Health conditions in the world today were not sufficiently stable to warrant any change in the frequency of sessions, and he considered that any economies which might be achieved would not be such as to offset the loss of valuable personal contacts between delegations and the staff of the Organization.

Dr. Tran-Van-Don (Viet Nam) believed that annual sessions were essential not only for maintaining contacts but also for finding speedy solutions to any health problems which might arise. Savings might be effected in other ways, such as by discontinuing the practice of reimbursing the travel expenses of delegations.

Mr. Mason (New Zealand) called attention to the procedure governing the consideration of the matter. The Netherlands delegate had referred to the provision that six months’ notice to Member States was required before amendments proposed to the Constitution could be considered. Although that time-limit had been observed in the case of the original Scandinavian amendments, the Executive Board had pointed out (paragraph 66 of its report) that if changes in substance were adopted to the amendments, it might be necessary to instruct the Director-General to communicate the new text to governments six months before its consideration by the Sixth World Health Assembly. It would therefore seem desirable for the amendments before the meeting (Annex 3) to be referred to the Legal Sub-Committee for an opinion as to whether they contained changes of substance as compared with the amendments submitted by the Scandinavian Governments six months before the Third World Health Assembly.

The Chairman said that he had taken note of the suggestion made by the Netherlands representative. In his opinion, however, the question of whether the amendments submitted by the Scandinavian Governments were acceptable would not arise until a decision had been taken by the committee regarding the convening of biennial Assemblies. It would therefore be considered at a later stage.

Mr. Brady (Ireland) said that his delegation would support the proposal that the committee and the Health Assembly should adopt the amendments providing for biennial Assemblies, thus confirming the decision already taken in principle at the Third World Health Assembly.

Moreover, the Organization had since made considerable progress in the regionalization of its activities. He agreed that personal contacts were most valuable but such contacts would prove possible under the regional structure of the Organization. The view expressed that a considerable period of time would elapse before the proposed amendments could be enforced would seem to be a reason for their speedy adoption. Furthermore, the flexible character of the amendments submitted by the Scandinavian Governments would allow for annual sessions as and when required.

Dr. Hayek (Lebanon) submitted the following proposal on behalf of his delegation:

Considering the seriousness of amendments to the Constitution of a United Nations agency of the standing of WHO, not only from the technical aspect, but also from the point of view of collaboration and contact between the various health authorities throughout the world, which are greatly facilitated by annual Assemblies;

Realizing that new countries are joining WHO each year, thus swelling the number of Member States of the Organization;

In view of the recent establishment of six regional offices and the desirability of being able to carry out more regularly the periodic review of the way in which the regions are functioning,

The Committee on Administration, Finance and Legal Matters
1. CONSIDERS that the proposed amendments are premature; and
2. RECOMMENDS that the discussion be adjourned to the Sixth World Health Assembly.

Dr. Vollenweider (Switzerland) said that his delegation had always opposed the principle of biennial sessions of the Health Assembly since the annual sessions contributed much to the necessary vitality of the Organization and to the development of its activities. Any reduction in the frequency of sessions might result in a gradual lessening of interest in the Organization’s work.

M. Geeraerts (Belgium) believed that, as the Chairman had indicated, a decision should at the present stage be taken on the principle of biennial Assemblies. It was not therefore appropriate to
raise points of a legal character until the main issue had been decided.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) agreed with the views expressed by the representative of Ireland and proposed that the Health Assembly should confirm its acceptance of the principle of biennial Assemblies.

Mr. Hadji Vassiliou (Greece) supported the Lebanese proposal to defer discussion of the matter until the Sixth World Health Assembly, as there were valid arguments both for and against the amendments submitted by the Scandinavian Governments. Perhaps no government was more alive to considerations of economy than the Greek Government. However, the disadvantages of the proposal appeared to outweigh the advantages: the saving in the time of delegations and of the Secretariat might be negligible, and the saving of money might not have the importance attributed to it. Moreover, the dangers of amending the Constitution were appreciable, particularly in the early stages of the Organization's existence.

Dr. Jafar (Pakistan) said that his Government was strongly in favour of the proposal submitted by the Scandinavian Governments.

The considerable saving of the time of delegations and Secretariat which would result from biennial Assemblies was an essential consideration, particularly since representatives to the Health Assemblies were, for the most part, prominent in their national public-health services and their prolonged absence was consequently undesirable. The flexible nature of the Scandinavian proposals would ensure that the future work of the Organization would not suffer any setback if the principle of biennial Assemblies was approved.

Dr. Mellbye (Norway) said that the Scandinavian delegations were fully aware of the fact that annual Assemblies were necessary at the present time for the reasons expressed by the Yugoslav representative. They were, however, putting forward their amendments in order to prepare for the possibility of biennial Assemblies in the future.

Mr. Border (Australia) associated himself with those delegations opposing biennial Assemblies. So long as the character of the Executive Board remained unchanged and its members continued to serve as individual experts rather than as government representatives, the Australian Government was in favour of annual Assemblies. His delegation continued to hold the view, advanced at the Third World Health Assembly, that the two matters were interrelated and should be considered jointly.

Mr. Hamilton (Union of South Africa) opposed the proposal to defer a decision on the matter. His delegation remained strongly in favour of reaffirming the principle of biennial Assemblies.

Mr. Calderwood (United States of America) also supported the principle of biennial Assemblies.

Mr. Mason (New Zealand) said that his delegation too was in favour of biennial Assemblies. Although annual Assemblies were desirable in the early stages of the Organization's work, it should become possible to hold only biennial sessions in the future.

The Chairman noted that the committee had before it the Lebanese proposal to defer discussion of the matter until the Sixth World Health Assembly, which, to be accepted, would require a simple majority. He proposed that voting on the Lebanese proposal be deferred until the following meeting.

It was so agreed. (For continuation of discussion, see third meeting, section 2.)

5. Reduction of the Number of Languages of Edition of the Chronicle of the World Health Organization

Agenda, 7.2.1

Dr. Bravo, representative of the Executive Board, stated that the question of whether publication of the Russian edition of the Chronicle should be discontinued in view of its small circulation had been discussed at the fourth and eleventh meetings of the Standing Committee on Administration and Finance in January 1952. Furthermore, a letter had been sent to the Slavonic-language countries on 17 December 1951 in that connexion, but no reply had been received.

On the recommendation of the Standing Committee on Administration and Finance, the Executive Board had adopted resolution EB9.R69 for submission to the Fifth Health Assembly.

Dr. Hayek (Lebanon) proposed that the resolution recommended by the Executive Board be adopted.

Dr. Mellbye (Norway) asked the amount of the saving involved.

Dr. Bravo, representative of the Executive Board, said that the question had been raised in the Standing
Committee on Administration and Finance solely in view of the small circulation of the Russian edition of the Chronicle. The cost of producing that edition seemed out of proportion to its circulation.

Dr. Howard-Jones, Director, Division of Editorial and Reference Services, said that the estimated saving on printing and paper would amount to a little under $5,000 per annum. Taking into account the staff services required for translation into Russian and production of the typescript in Russian, a total yearly saving of between $6,000 and $7,000, including the part-time services of regularly employed staff, might be effected.

Decision: There being no objection, the resolution proposed by the Executive Board was adopted. (See first report, section 5.)

6. Use of Publications Revolving Fund for Sales Promotion

Agenda, 7.2.2

Dr. Bravo, representative of the Executive Board, recalled that a Publications Revolving Fund had been established by the First World Health Assembly, continuing a similar fund established by the Interim Commission. The fund transferred from the Interim Commission amounted to approximately $2,500. It could be used for financing the cost of printing additional copies of WHO publications for sale, and was subject to periodic review to determine whether any sums accumulated therein should be withdrawn and added to Miscellaneous Income for the current year.

The Standing Committee on Administration and Finance at the ninth session of the Executive Board had studied the problem of publications and had discussed the document reproduced in Official Records No. 40, Annex 9, paragraph 3.4.3 of which called attention to the limitation on sales promotion resulting from staff and budgetary restrictions. The Director-General had indicated at that same session that some improvement in sales promotion might be achieved without extra staff if more funds were made available for the printing of prospectuses and for the insertion, in suitable cases, of advertisements in the technical press. It was also pointed out that UNESCO used limited amounts of a similar fund for such a purpose. Consequently, the Executive Board had, on the recommendation of the Standing Committee on Administration and Finance, adopted resolution EB9.R72 with a view to the promotion of sales.

The Chairman proposed that consideration of that resolution be deferred to the following meeting. It was so agreed.

The meeting rose at 12 noon.

THIRD MEETING

Thursday, 8 May 1952, at 2.30 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Use of Publications Revolving Fund for Sales Promotion (continuation)

Agenda, 7.2.2

Mr. Border (Australia), while supporting the proposal to use certain funds from the Publications Revolving Fund for the promotion of sales, queried whether it was wise, until the method had been judged to be successful, to increase the amount from $6,000 for 1952 to $10,000 for 1953. He suggested that the sum earmarked for 1953 should be reduced to $6,000.

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, explained that the $6,000 for 1952 was for the last seven months of that year. The amount of $10,000 in 1953 was for the full year.
Mr. Border (Australia) expressed satisfaction with the Secretary’s explanations.

**Decision**: The committee unanimously accepted the resolution proposed by the Executive Board in its resolution EB9.R72. (See second report, section 1.)

2. Frequency of Health Assemblies (continuation from second meeting, section 4)

**Agenda, 7.2**

The Chairman, referring to a point raised by the representative of Pakistan, said that under Rule 50 of the Rules of Procedure of the Health Assembly, the proposal submitted by the Lebanese delegation (see page 253) did not require to be seconded. Other Rules (in particular 58, 59 and 61) made it abundantly clear that the seconding of a proposal was not required.

Dr. Van den Berg (Netherlands) agreed with the Lebanese delegation that the Scandinavian proposed amendments to the Constitution, for the purpose of instituting biennial sessions of the Health Assembly, were premature. He was not, however, prepared to vote for the Lebanese proposal to adjourn discussion of the whole question until the Sixth World Health Assembly. The main issue was not the proposed amendments to the Constitution, but the principle of convening biennial Health Assemblies—a principle, in his view, should be given further consideration.

M. Deprun (France) said that his delegation fully recognized the importance of the arguments both for and against the principle of holding biennial Assemblies. In the circumstances, the Lebanese proposal seemed to be the wisest course to take, and his delegation supported it.

Mr. Mason (New Zealand) was unable to support the Lebanese proposal. The Third World Health Assembly had approved the principle of biennial Assemblies (resolution WHA3.96) and there was no fresh proposal before the present Assembly to reverse that decision. The point at issue was: How could that decision be implemented, and when? If it was decided that Member States had been given sufficient notice of the Scandinavian proposed amendments to the Constitution, there was no reason why a decision should not be taken on the matter at the current Health Assembly. If, on the other hand, insufficient notice had been given, there was no reason why the committee could not proceed to a detailed consideration of the proposals of the Executive Board.

Mr. de Pinho (Portugal) supported the Lebanese proposal. Although the documentation clearly showed that budgetary savings would be effected by biennial Assemblies, that did not necessarily mean a general saving of time, since biennial Assemblies might last longer than annual ones; it was doubtful whether the proposal would save the time even of national health administrations. In his view, governments should be reconsulted on the matter, particularly since the Scandinavian proposal had in certain quarters been linked with another, relating to the nature of the Executive Board. Moreover, there was some divergence between the amendments proposed by the Executive Board and those of the Scandinavian delegations.

Mr. Calderwood (United States of America) was unable to support the Lebanese proposal for much the same reasons as given by the delegate of New Zealand. The documentation clearly showed what would be the effect of adopting the proposal to hold biennial Assemblies—approved in principle two years previously. There was no reason for postponing consideration of the main question and of the various proposals for implementing the principle of biennial Assemblies.

**Decision**: The proposal of the Lebanese delegation was rejected by 23 votes to 20 with 2 abstentions.

The Chairman said that discussion would be resumed on the principle of biennial Assemblies.

M. Geeraerts (Belgium) said that roughly equivalent arguments could be advanced both for and against the holding of biennial Assemblies. He had voted in favour of the Lebanese proposal because the Health Assembly, in addition to being the authoritative body of the Organization, provided a valuable opportunity for the discussion of international health problems and for learning regional and national views, for acquiring international concepts of health and medicine and for establishing personal contacts among members of the delegations, the Executive Board and the Secretariat. The happy results of those indirect influences might vanish if Health Assemblies were held every two

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10 In consequence of amendments and additions approved by the Fifth World Health Assembly, the Rules of Procedure have been renumbered. In these minutes individual rules are referred to by the new numbers under which they are reproduced in the *Handbook of Basic Documents*, fifth edition.
years. He called attention to three points which seemed to have been overlooked: (1) biennial Assemblies would delay the admission of new Members and entail a similar delay in the receipt of their contributions; (2) the office of Director-General, under the provisions of Rule 97 of the Rules of Procedure of the Health Assembly, might be left vacant for two years; (3) there would again be the possibility of prolonged absence, during two consecutive years, of a member of the Executive Board.

Mr. Williams (Canada) stressed his delegation's continued support of the principle of biennial Assemblies. The administrative structure of WHO was now sufficiently well established to permit the Secretariat—in the interval between biennial Health Assemblies—to deal with many problems of a substantive nature.

Mr. Calderwood (United States of America) said that his delegation was strongly in favour of biennial Assemblies because of the saving in time for national health administrations, apart from the question of monetary savings. The proposals of the Scandinavian countries made it possible for the Assembly to hold more frequent meetings should the need arise.

Dr. van den Berg (Netherlands) suggested the setting-up of a small working party which he was convinced might be able to produce amendments more acceptable than those submitted by the Scandinavian countries.

The Chairman, referring to the legal point of the acceptability of the Scandinavian amendments under the provisions of Article 73 of the Constitution, proposed that they be referred to the Legal Sub-Committee before further consideration was given to the general principle of biennial Assemblies.

Mr. Brady (Ireland) submitted that the best approach would be to ascertain the sense of the meeting as to the acceptability of the amendments, and only after that refer the matter to the Legal Sub-Committee. He was not in favour of setting up a working party before the committee had confirmed the decision already taken in principle at the Third World Health Assembly.

Dr. Togba (Liberia) endorsed the views expressed by the representative of Ireland. He suggested that a vote should be taken on the principle of biennial Assemblies before the amendments were referred to the Legal Sub-Committee.

The Chairman invited attention to Article 73 of the Constitution, under which a two-thirds majority was required in the case of proposed amendments to the Constitution.

Mr. Calderwood (United States of America), speaking on a point of order, said that the proposed amendments, under the Chairman's ruling, were not being voted upon. The discussion had been confined to the question of principle. If a vote were taken on the principle, it would be a vote to confirm the decision already taken in 1950. It would not therefore require a two-thirds majority.

Dr. Höjer (Sweden) observed that any change in a previous Assembly decision would also require a two-thirds majority.

The Chairman, referring to Rules 64 and 71 of the Rules of Procedure of the Health Assembly, submitted that any decision to introduce a system of biennial Assemblies, involving as it did amendments to the Constitution, would necessarily require a two-thirds majority.

Mr. Mason (New Zealand) emphasized that there was no proposal before the present Assembly to reverse a previous decision. The only question to be decided was (1) how to implement the decision of the Third World Health Assembly, and (2) when. A third point arose, namely, whether the proposals before the committee had been notified to governments sufficiently in advance for a decision on amendments to the Constitution to be taken that year.

Dr. Bravo, representative of the Executive Board, explained that the Board had recommended neither adoption nor rejection of the system of biennial Assemblies but had merely submitted the study made at the request of the Health Assembly.

Dr. van den Berg (Netherlands) thought there were two possibilities before the committee: (1) to vote on the question of principle; (2) to vote on the Scandinavian amendments, which would require a two-thirds majority.

Dr. Jafar (Pakistan) observed that the present committee was entitled only to consider the second part of the resolution of the Fourth World Health Assembly, namely, a study of the subject of biennial Assemblies together with any amendments for their
implementation—and not to approve or disapprove the question of principle already decided upon.

The meeting was suspended at 3.40 p.m. and was resumed at 4 p.m.

The CHAIRMAN summarized the discussion. The Third World Health Assembly had decided, by a simple majority, to accept in principle the holding of biennial Assemblies, and had requested the Executive Board and the Director-General to consider and report on any necessary amendments to the Constitution. The task before the committee was to make a further study of the organizational structure and administrative efficiency of WHO, together with any necessary amendments to the Constitution, should the Assembly ultimately decide on biennial Assemblies.

The committee, therefore, should consider the amendments on their merits, but before that it was essential for the Legal Sub-Committee to decide on their acceptability under Article 73.

Decision: The amendments submitted by the delegations of Denmark, Sweden, Norway and Finland were referred to the Legal Sub-Committee for consideration of their acceptability under Article 73 of the Constitution.

3. Adoption of Draft First Report of the Committee

After the Rapporteur had read the draft first report, it was approved by the committee. (For text of report, see page 339.)

4. Accident Insurance for Members of the Executive Board

Agenda, 7.30

The SECRETARY, referring to resolution WHA2.47, said that at the time it was adopted no specialized agency was providing insurance cover for members of its executive body. The situation had since changed, and the action taken in that respect by the other specialized agencies was outlined in the documentation before the committee. The Director-General now considered it advisable to recommend that the Organization should provide travel insurance for all members of the Executive Board during their travel to and from meetings of the Board.

Decision: The committee agreed to endorse the proposal made by the Director-General. (See second report, section 2.)

5. Establishment of the Amount of the Working Capital Fund for 1953

Agenda, 7.25

The SECRETARY said that the proposed resolution regarding the Working Capital Fund for 1953 (Official Records No. 39, page 83) was identical with that for 1952 except that the figure to be inserted in the second line of paragraph 1 would be different. The figure was affected by the admission of the four additional Member States but would be the same as that given in the footnote to the proposed resolution, i.e., $3,378,811, since there had been no admissions to membership since December 1951.

Decision: The committee approved the text of the proposed resolution. (See second report, section 3.)

6. Report of the Director-General on Status of Assembly Suspense Account (continuation from first meeting, section 5)

Agenda, 7.26

The SECRETARY said that the point at issue was whether the committee would approve the recommendation made by the Executive Board 11 that the sum of $130,390 from the Assembly Suspense Account should be used to help finance the 1953 budget, and the additional recommendation of the Director-General that $15,000 of the remainder of the net cash balance in the account should also be used for this purpose. In reply to a question by the delegate of the United Kingdom, he said that the allocation of the sums to the 1953 budget would in no way affect the total size of the budget but would reduce the size of assessments against Member States.

Dr. TOGBA (Liberia) moved that the sum of $15,000 should be used to help finance the 1953 budget.

Decision: It was so agreed, the committee also taking note of the Director-General's report on the status of the Assembly Suspense Account. (See second report, section 4.)

7. Currency of Contributions

Agenda, 7.18.1

The SECRETARY said that efforts had been made since the inception of the Organization to find a method by which contributions could be accepted in some currency other than US dollars or Swiss francs. After consultation with governments and

with other international organizations, a plan had been evolved (see Annex 2) which would make it possible for part of the contributions for 1953 to be paid in sterling. It was impossible at the present stage to state exactly the percentage involved.

In reply to a question by the delegate of the Netherlands, he said that he would estimate the percentage at between 10% and 25%.

Decision: The committee approved a resolution proposed by the Chairman. (See second report, section 5.)

8. Reimbursement by Governments for Materials, Supplies and Equipment

Agenda, 7.29

The Secretary said that the Director-General had made every effort to implement the instructions given in the amended paragraph VI to the 1949 Appropriation Resolution, adopted by the Second World Health Assembly (resolution WHA2.63), but experience had shown that the cost of moving non-expendable equipment which had been used by a demonstration team was often higher than the depreciated value of the equipment. The Director-General further wished to draw attention to the fact that the instructions were no longer consistent with the programme policies of the Organization, since it was recognized that governments had greater encouragement to continue projects demonstrated by teams if the non-expendable equipment used by the teams was handed over to them, even though they were not always in a position to pay for it. The Director-General hoped that the committee would recommend the deletion of the paragraph concerning reimbursement for materials, supplies and equipment from the 1953 Appropriation Resolution.

Dr. Togba (Liberia) stressed the difficulties of governments of under-developed countries in meeting the reimbursement costs. He was certain that the deletion of the paragraph was most advisable and would help those governments to continue programmes which had been started by demonstration teams.

Dr. Nicolas (Haiti) agreed with the remarks of the delegate of Liberia.

Mr. Mells (United Kingdom of Great Britain and Northern Ireland) said that his delegation was in favour of the principle contained in the paragraph, but would approve the deletion of the paragraph since the policy, in practice, appeared to be economically unsound and administratively unworkable.

The Chairman read out a draft resolution, which he proposed to the committee for adoption (for text, see second report, section 6).

In reply to a question by the delegate of France, the Secretary said that, although negotiations regarding reimbursement were in progress with various governments, no payments had as yet been made; if the proposed resolution were adopted, all negotiations on the matter would be discontinued.

Dr. Hayek (Lebanon) supported the proposed resolution and congratulated the Director-General on his recommendations.

Decision: The committee approved the proposed resolution.

The meeting rose at 5 p.m.

FOURTH MEETING

Saturday, 10 May 1950, at 10 a.m.

Chairman: Sir Arcot Mudaliar (India)

1. Relations with the International Committee of Military Medicine and Pharmacy

Agenda, 6.6.1

The Chairman drew the attention of the committee to the relevant documentation, and suggested that it might wish to refer the draft agreement between the International Committee of Military Medicine and Pharmacy and the World Health Organization 13 to the Legal Sub-Committee.

13 The agreement as amended will be found in Annex 13.
Dr. JAFAR (Pakistan) suggested that, as the question of organizations in official relationship with WHO was being studied by the Executive Board, it might be advisable to defer action until the conclusions of the Executive Board were available.

M. ZARB (Chief, Legal Office), Legal Secretary, pointed out that the Executive Board was studying non-governmental organizations, whereas the International Committee of Military Medicine and Pharmacy was considered an intergovernmental organization.

Mr. BORDER (Australia) suggested that the words “in the spirit of” in paragraph 2 of Article I of the draft agreement should be changed to “in accordance with”; he requested that if the draft agreement was referred to the Legal Sub-Committee that suggestion should be taken into consideration.

The CHAIRMAN proposed that the draft agreement be referred to the Legal Sub-Committee for examination, and that special attention be drawn to the remarks of the Australian delegate.

*It was so agreed.* (For discussion of the Legal Sub-Committee’s report, see sixth meeting, section 2.)

2. **First Report of the Legal Sub-Committee**

On the invitation of the CHAIRMAN, MRS. BIEMOND (Indonesia), Rapporteur of the Legal Sub-Committee, read its report (for text, see page 349).

Mr. BOUCHER (United Kingdom of Great Britain and Northern Ireland) asked for an elucidation of the principles on which the findings of the Legal Sub-Committee were based. Had the Legal Sub-Committee taken the view that the amendments to the Constitution proposed by the Executive Board differed from the original Scandinavian amendments, due notice of which had been given to the Health Assembly, then the six months’ period required before their consideration by the Health Assembly would have to run its term?

Mr. MASON (New Zealand), Chairman of the Legal Sub-Committee, replying to the United Kingdom delegate, stated that the question of whether the proposals of the Executive Board differed from the original Scandinavian proposals had not arisen in the Legal Sub-Committee. The question which had been debated at length was whether the submission of proposals to the Third Health Assembly constituted sufficient notice for consideration of those proposals by the Fifth Health Assembly. The decision had been that it did not.

Dr. TOGBA (Liberia) congratulated the sub-committee on the manner in which it had carried out the task allotted to it and proposed that the committee vote on the resolution contained in its report.

Mr. BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that, while he hesitated to take issue on legal matters with a legal sub-committee, he nevertheless found it difficult to reconcile the decision of the Legal Sub-Committee with Article 73 of the Constitution, in that that Article did not refer to any specific Health Assembly. In his opinion the amendments submitted by the Scandinavian countries at the Third Health Assembly were still before the Assembly and therefore the requirement of six months’ notice had been met. The issue with which the committee was now faced, and which it might wish to discuss, was whether or not the modifications to the original amendments were matters of substance.

The CHAIRMAN asked upon the Legal Secretary to give a short chronology of the receipt of the amendments and of their dispatch to Member States.

The LEGAL SECRETARY drew the attention of the committee to Official Records No. 28, Annex 16, in which it was stated that the draft amendments submitted jointly by the Governments of Denmark, Norway and Sweden to the Third World Health Assembly had reached the Director-General for circulation to Members within the time-limit provided for in Article 73 of the Constitution. He further recalled that, by resolution WHA3.96, the Third World Health Assembly had approved the plan in principle and had requested the Director-General to study carefully the arrangements necessary for implementing that decision and to submit to the Fourth World Health Assembly a report on the necessary amendments and transitional arrangements. The Director-General had found that other specialized agencies were studying the same problem and he had wished to take their studies into account before making his report. That was why he had been unable to submit the results of his study to the Fourth World Health Assembly, a fact of which the Executive Board had taken note in resolution EB7.R26. The Director-General’s study was now complete and was before the present Health Assembly. Resolution EB9.R53 adopted by the Executive Board at its ninth session contained the text of resolutions proposed by the Executive Board.
and those proposed by the Scandinavian governments. It was up to the committee to decide whether the amended text now submitted (Annex 3) differed from the original proposals in substance, or whether the changes were merely changes of form.

Dr. MELBYE (Norway) stated that his delegation would not oppose the resolution put forward by the Legal Sub-Committee since they felt that the question of biennial Assemblies was of such importance that nothing would be lost if Member States were given further time in which to consider the matter. He supported the proposal of the delegate of Liberia that the committee should vote on the resolution contained in the sub-committee’s report.

Dr. VAN DEN BERG (Netherlands) was concerned at the procedure adopted. He had no objection to discussing the question of biennial Assemblies, but the matter had been referred to the Legal Sub-Committee, in which, after a careful study, a majority had decided that the amendments had not been submitted within the time-limit laid down by Article 73 of the Constitution. There was no point in reopening the discussion, and the committee should either accept the decision of the Legal Sub-Committee or do away with that sub-committee.

Mr. HADJI VASSILIOU (Greece) considered that sufficient time had been spent tracing the history of the question and that, having received the Legal Sub-Committee’s report on a point of law, the committee should adopt a final solution to the problem. The Fifth World Health Assembly could take either of two courses, the first being the outright rejection of the Scandinavian proposal and pronouncement in favour of the status quo; for that, a simple majority would suffice. However, such a decision would be likely to offend several delegations which had supported the Scandinavian proposal and, in fact, the arguments for and against were about equal in weight. For that reason, he would prefer a second solution, as follows: (a) the Committee on Administration, Finance and Legal Matters should adopt a resolution based on the Legal Sub-Committee’s report; (b) the discussion of the Scandinavian proposal should be accordingly postponed to the Sixth World Health Assembly—as governments would then have received the proposal within the prescribed time-limit, the Sixth World Health Assembly would be able to give a decision after thorough study of the question; (c) in submitting the resolution to the Health Assembly, the committee should make known through its Rapporteur that, in its opinion and in the light of discussions so far held, the Scandinavian proposal would perhaps meet with unanimous approval if it provided that: (1) the Assembly should free itself from the obligation of holding annual sessions; (2) it should itself be responsible for fixing, at each session, the date and place of the following World Health Assembly; (3) that latitude should be restricted in that the Assembly would be obliged, in any case, to meet once every two years. Such an alteration of the Constitution would be flexible enough to satisfy everyone and would offer all the advantages of economy invoked in favour of the Scandinavian proposal, advantages to which the Greek Government was perhaps more acutely alive than any other.

M. DE LACHARRIÈRE (France) observed that the committee was not obliged to accept the findings put forward by the Legal Sub-Committee, for it had itself a legal competence. The committee had to decide whether or not the amendments drafted by the Executive Board differed in substance from the original amendments submitted by the Scandinavian countries. Discussion had shown that there was some doubt on that matter and therefore he believed that the committee should accept the findings of the Legal Sub-Committee, which would permit the Scandinavian countries to re-submit their proposals to the Sixth Health Assembly within the time-limit laid down in the Constitution. The time lost by such a procedure would not be great considering the importance of the matter at issue.

Mr. SØRENSEN (Denmark) thought it unwise for the amendments to be circulated to governments before they had been examined by the present Health Assembly, since that would entail the risk of further amendments being submitted at the Sixth World Health Assembly and thus of further delay. He suggested that the amendments might be referred back to the Legal Sub-Committee for further examination.

The CHAIRMAN summed up the discussion, and suggested that all points could be met if a further paragraph was added to the resolution proposed by the Legal Sub-Committee, on the following lines:

and therefore REQUESTS the Director-General to communicate these texts to all Member Governments for consideration by the Sixth World Health Assembly along with any other amendments which may be submitted by Member States, the Executive Board, or the Director-General, and which may be received in time to comply with the requirements of Article 73.
Mr. Calderwood (United States of America) stated that the view of the Legal Sub-Committee appeared to be that the original Scandinavian amendments had not been submitted within the time-limit laid down. He could not agree with the majority view. The Third World Health Assembly had endorsed the principle of biennial Assemblies and had requested the Director-General to study how to give effect to that principle. Surely it was the intention of that Health Assembly that the Director-General should consider the Scandinavian proposed amendments which had been submitted for the very purpose of carrying out the principle. In effect, the Health Assembly was asking the Director-General to determine whether the amendments were adequate and whether additional amendments were necessary.

The purpose of Article 73 was to ensure sufficient advance notice of amendments to avoid hasty action. Could it be said that the Fifth World Health Assembly had not had sufficient notice? It was for the committee to decide whether the proposals submitted by the Scandinavian countries in 1950 constituted adequate notice for the Fifth World Health Assembly to consider and act upon them. It was the view of the United States delegation that those proposed amendments were very much alive, for reasons already given, and that the Fifth World Health Assembly might act upon them, or upon the text submitted by the Executive Board and the Scandinavian countries in the present year, since those later proposals were amended versions of the original Scandinavian proposals of 1950.

There appeared to be a disposition in the committee to take no final action on the proposals at the present time. Nevertheless, there would appear to be an advantage in the committee's discussing the proposals at the present session of the Health Assembly. He therefore proposed the following draft resolution:

The Committee on Administration, Finance and Legal Matters,

Considering that the Third World Health Assembly approved the principle of biennial Assemblies and requested the Director-General to study and report on the necessary amendments to implement this decision;

Considering that there has been no reversal of the decision of the Third World Health Assembly and that there is no proposal before this Assembly to reverse that decision;

Considering further that the recommendations contained in the report of the Executive Board, embodying the results of two full years' expert study of the matter, is before this Assembly, together with proposals put forward by the Scandinavian countries,

RESOLVES to proceed to an examination of these recommendations and proposals, with a view to agreeing upon the text of amendments to the Constitution and on the administrative arrangements best suited to implement the principle of biennial Assemblies, so that these may be forwarded to Member States six months before the Sixth World Health Assembly.

M. Geeraerts (Belgium) stated that the issue referred to the Legal Sub-Committee was whether or not Article 73 of the Constitution had been complied with. There was no doubt that the Scandinavian amendments at the Third World Health Assembly did comply with that article. However, there was also the question of the implications of the resolution which the Third World Health Assembly had endorsed. He drew attention to the use of the word "necessary" in the penultimate line of resolution WHA3.96, part 1, which in his opinion applied both to the amendments and to the transitional arrangements. There had never been any question of merely taking over the Scandinavian amendments; proof of that was the Executive Board's resolution, EB7.R26, which invited the Director-General to continue his study, to inform the Fourth World Health Assembly to that effect, and to present the results of his study to the Fifth World Health Assembly. Therefore the amendments with which the present Health Assembly was concerned were those formulated by the Executive Board on the basis of the Director-General's study, and it was those amendments which the Legal Sub-Committee had decided did not comply with Article 73 of the Constitution.

Dr. Bravo, representative of the Executive Board, referring to the text of the United States draft proposal, said that it spoke of the recommendations of the Executive Board. The Executive Board was a technical body which had made a technical study; it had not adopted any recommendation.

Mr. Brady (Ireland) stated that he was unable to accept the findings of the Legal Sub-Committee and supported the proposal made by the United States delegate, which he considered was the nearest approach to a solution.
Mr. CALDERWOOD (United States of America) said that, in view of the statement of the representative of the Executive Board, he would replace the words "recommendations of the Executive Board" by "report of the Executive Board" in his draft resolution.

The CHAIRMAN put the proposal of the delegate of the United States of America to the vote.

*Decision:* The proposal of the delegate of the United States of America was rejected by 22 votes to 18 with 7 abstentions.

Mr. CALDERWOOD (United States of America) proposed that the first paragraph of the draft resolution of the Legal Sub-Committee, as amended by the Chairman, be deleted, since it was important not to take action which would imply that a proposed amendment could be acted upon only by the particular Health Assembly which followed the submission of amendments in accordance with Article 73.

To take into account the new proposal, the CHAIRMAN put to the vote the resolution proposed by the Legal Sub-Committee, and modified by his own amendment, paragraph by paragraph in the following order: first, the first paragraph of the Legal Sub-Committee's resolution, secondly, his own amendment, and thirdly, the second paragraph of the Legal Sub-Committee's resolution.

*Decision:* The first paragraph of the Legal Sub-Committee's draft resolution was rejected by 20 votes to 20, with 7 abstentions. The Chairman's amendment was adopted by 42 votes to none, with 5 abstentions. The second paragraph of the Legal Sub-Committee's resolution was adopted by 39 votes to 4, with 5 abstentions. (For complete text, see second report, section 7.)

3. **Text of the 1953 Appropriation Resolution**

Agenda, 7.22.3

The CHAIRMAN called upon the Secretary to speak to the matter.

Mr. SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, drew the attention of the committee to the change in the Appropriation Resolution for 1953, given in *Official Records* No. 39, page 81, as compared with that for 1952 (resolution WHA4.73). The provision for carrying over to the ensuing year the unexpended balance of allotments made for fellowships (paragraph V of the 1952 resolution) had been omitted, as the Financial Rules had already been amended to meet the situation. He also drew the attention of the committee to the fact that, by virtue of the decision taken at its third meeting, paragraph V of the 1953 Appropriation Resolution would be deleted.

M. RUEDI (Switzerland) recalled the statement made by the Secretary at the first meeting of the committee that the Director-General would present a report to the Building Committee and to the Health Assembly on the present situation of the Building Fund and would ask for a supplemental appropriation. Should not that new appropriation be included in the resolution at present before the committee?

The SECRETARY said that the Director-General had had in mind a supplemental appropriation for 1952 rather than for 1953, but that would be for the Health Assembly to decide. However, since the matter was still under consideration by the Building Committee, it might be better to defer action on that item of the agenda.

*It was so agreed.* (For continuation of discussion, see fifth meeting, section 6.)

4. **Consequential Amendment to Appropriation Resolution for 1952**

The SECRETARY drew the attention of the committee to the fact that paragraph VI of the proposed Appropriation Resolution for 1953, as given in *Official Records* No. 39, page 81, had been drafted somewhat differently from the corresponding paragraph in the Appropriation Resolution for 1952; the change was to enable a problem of internal accounting to be overcome. He asked whether the committee would agree to the 1952 Appropriation Resolution being modified in the same manner.

*It was so agreed.* (See third report, section 1.)

The meeting rose at 12 noon.
FIFTH MEETING

Wednesday, 14 May 1952, at 10 a.m.

Chairman: Sir Arcot Mudaliar (India)

1. Adoption of Draft Second Report of the Committee

At the request of the Chairman, Dr. Chatty, Rapporteur, read the proposed resolutions contained in the draft second report of the committee. (For report as amended, see page 341.)

Decision: The committee confirmed its approval of the resolutions, section 4 of the report (Assembly Suspense Account) being amended by the addition of the words “as at 31 December 1951” after the word “report”.

It was left to the Rapporteur, in presenting the report to the plenary Health Assembly, to give any further explanation he might think desirable of the views of the committee with regard to section 7 (Frequency of Health Assembly Sessions).

2. Reconsideration of Policy on Participation of Member States in Certain Costs Incurred by WHO in the Operation of Field Projects

The Chairman called upon the representative of the Executive Board to introduce the subject.

Dr. Bravo, representative of the Executive Board, said the Fourth Health Assembly had taken cognizance of the resolution of the Technical Assistance Committee at its third session and the decision of the Technical Assistance Board at its tenth meeting and, wishing to see uniformity in the costs required to be borne by recipient governments in field projects, had adopted resolution WHA4.60. Paragraph 1 of that resolution stated that “requesting governments should normally be expected to agree to assume responsibility for a substantial part of the cost of the services... provided”, since the international assistance was intended as a stimulus to the development of national interest in health programmes. Paragraph 2 enumerated the items for which payment should be made by the recipient governments in local currency. Difficulties had arisen in connexion with the resolution and a delicate question had been placed before the Board at its ninth session. Annex 12 to the Board’s report (Official Records No. 40) gave a detailed statement of the experience of WHO and other specialized agencies in the matter of participation of Member States in costs incurred under technical assistance. It had been stated by certain members of the Board who had analysed the complaints that some countries were close to denouncing the agreements they had contracted for field projects because they were not able to comply with the financial requirements. The Board, therefore, feeling that some relaxation was needed in order to permit those governments to continue to implement their programmes, had adopted resolution EB9.R20, suggesting that the Health Assembly might wish to revise its decision on the policy for the regular programme and to submit a proposal to the Technical Assistance Committee for a similar revision in policy for the technical assistance programme.

The Chairman drew attention to the proposal submitted by the delegation of Brazil, which read:

The Fifth World Health Assembly,

Considering the experience of the World Health Organization and other specialized agencies in the participation of governments in costs incurred by the agencies in the operation of various projects;

Considering that, in their practical application, the resolution adopted at the Fourth World Health Assembly (WHA4.60) and that adopted at the eleventh and twelfth meetings of the Technical Assistance Committee have presented serious obstacles to providing technical assistance, under the regular programme of the World Health Organization and under the expanded programme of technical assistance, to some of the countries where the greatest need exists;
Reaffirming the approval of the Third World Health Assembly (in resolution WHA3.116) of the principles appearing in Annex I to resolution 222(IX) of the Economic and Social Council, with particular reference to the following:

The requesting governments should be expected to agree...

(4) 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;

(5) To undertake the sustained efforts required for economic development, including continuing support and progressive assumption of financial responsibility for the administration of projects initiated at their request under international auspices;

1. **RECOMMENDS** to the Technical Assistance Committee that it re-study the question, with a view to substituting for the present restrictive definition applied to the costs which recipient governments must pay a broader, more flexible policy which more adequately and realistically defines the responsibilities reflected in the principles quoted above;

2. **AUTHORIZES** the Director-General to make exceptions to the requirements prescribed in resolution WHA4.60, adopted by the Fourth Health Assembly, in the case of those projects where such requirements would prevent the implementation of the activity, especially when the recipient government is providing local staff, services and other facilities, the costs of which are approximately equivalent to the costs to be met by the World Health Organization; and further

3. **AUTHORIZES** the Director-General, to the extent practicable and subject to the provisions of this resolution, to apply to the regular programme a policy similar to that which may be established by the Technical Assistance Committee for the expanded programme of technical assistance.

Professor Ferreira (Brazil) stated that the aim of the proposed resolution was to give the Director-General discretion to make exceptions to the requirements prescribed by the Fourth World Health Assembly. He believed that the proposal would be of great assistance both to the Secretariat and to the many countries which were experiencing difficulties.

Dr. Hayek (Lebanon) observed that the problem had, since the Second World Health Assembly, continued to trouble all the countries which were economically under-developed. Various proposals had been considered, in particular by the Board at its eighth and ninth sessions and by the Technical Assistance Committee, but no adequate solution had been found. He believed that at least three countries that had contracted agreements with WHO had put a stop to work which had been begun. Being himself responsible for the arrangements for implementing the programmes in the Lebanon, he could say that the costs incurred in local currency by the State for any programme were at least equal to those incurred by WHO and the Technical Assistance Committee. In his opinion States that were technically and economically under-developed should not have to do more than take over the financial responsibility for the programmes when the international personnel left. The relaxation requested in resolution EB9.R20 was not sufficient. He proposed that the whole matter should be reconsidered and a draft resolution prepared by a working party of the committee which would include, inter alia, the delegate of Brazil and himself.

He then read a draft resolution, first proposing the suppression, so far as WHO's regular programme was concerned, of any contribution by the receiving government to the cost of teams of experts and of services by international personnel other than the payment of local personnel and that share of the expenses which might form the subject of subsidiary bilateral agreements between WHO and the government concerned; and, secondly, asking the Director-General to draw the attention of the Technical Assistance Board to the desirability of applying the same policy to the expanded programme of technical assistance.

Professor Ferreira (Brazil), observing that the proposal of the delegate of the Lebanon did not differ greatly from that of the Executive Board, suggested that if the views of the Director-General on the matter could be heard, it might perhaps be possible to find a solution without setting up a working party.

Dr. McMillan (Canada) recalled that the Canadian delegation had consistently favoured the payment of a substantial portion of local costs by recipient countries on the grounds that it would increase their sense of participation and would allow greater use to be made of the limited funds available under technical assistance. Moreover, the continuing support of the main contributing countries
required that the co-operative nature of the technical assistance programme be maintained. The Canadian delegation further questioned the wisdom of reconsidering present policies after the general policy had been fully debated and decided upon by the Technical Assistance Committee, the Economic and Social Council and the United Nations General Assembly.

Dr. TOGBA (Liberia), supporting the proposal of the delegate of the Lebanon, said that the sixth resolution in the committee's second report (approved at the beginning of the meeting), on reimbursement by governments for materials, supplies and equipment, was related to the question under discussion. He could speak from personal experience of the very heavy financial burden involved in finding, in the under-developed countries, lodging and transportation that would be considered adequate for visiting international staff. Any lightening of that burden would be of great assistance in promoting the development of the countries concerned.

Dr. VAN DEN BERG (Netherlands) considered that the question was precisely of the kind which could better be discussed in a small group than in committee, and he therefore supported the Lebanese proposal for a working party.

Dr. TABA (Iran), recalling that the matter had been very fully considered by the Committee on Administration, Finance and Legal Matters at the Fourth World Health Assembly, supported the proposal of the delegate of the Lebanon and hoped that the question, which was of great importance to countries that were not far advanced in the field of public health, would be solved at the present Assembly. It had been recently decided that in certain cases the expenses incurred locally by experts sent to such countries under the technical assistance programme would be paid out of technical assistance funds; in his opinion it would be desirable for WHO to follow the same policy for its programmes under the regular budget.

The DIRECTOR-GENERAL drew attention to the fact that there were other agencies, particularly bilateral agencies such as the Mutual Security Agency and the Technical Co-operation Administration in the United States and the Colombo Plan of the British Commonwealth, which were active in the field of technical assistance and which did not require contributions in any form from the countries receiving assistance. In those circumstances the co-operating role of WHO became very difficult. On several occasions plans and agreements with WHO that were ready for implementation had been cancelled because the government concerned had found it more advantageous to carry out the programmes through a bilateral agency. Although that might sometimes be desirable in the case of temporary help, it was hardly desirable that the general development of health services in a country should be dealt with by a temporary agency.

It would be seen that WHO was at a disadvantage in offering services as compared with the bilateral agencies. The amount of money involved was not great, but the procedures gave rise to difficulties and in some countries legislation was required to enable the payments to be made.

Decision: A working party consisting of the delegates of Australia, Brazil, Canada, Ceylon, the Lebanon, Liberia, New Zealand, United States of America, and Yugoslavia was set up to consider the participation of Member States in certain costs incurred by WHO and to prepare a draft resolution for submission by the committee to the Health Assembly. (For discussion of the working party's report, see ninth meeting, section 7.)


Agenda, 7.23

The CHAIRMAN called upon Dr. van den Berg to present the report of the ad hoc committee of the Executive Board on the subject (see Annex 4).

Dr. VAN DEN BERG (Netherlands), Chairman of the ad hoc committee of the Executive Board on the Financial Report and Accounts of WHO for 1951 and the Report of the External Auditor, stated that the ad hoc committee had held two meetings. It had been happy to note the good financial situation of the Organization shown in the Report of the External Auditor (Official Records No. 41), and he was pleased to state that the questions which had been put to the External Auditor and to the Assistant Director-General, Department of Administration and Finance, who had attended the meetings, had been answered most satisfactorily.

He drew particular attention to paragraph 10 of the report in which, referring to the Building Fund,
the ad hoc committee expressed its decision not to comment on the fact that the cost of the building exceeded the original estimates, since the matter was under consideration by the Building Committee.

He further drew attention to paragraph 11, and expressed the opinion of the ad hoc committee that the Financial Report and the Report of the External Auditor for 1951 deserved study by the Board. The reports contained many statements that might be of value to the Board in its deliberations the following year.

Finally he recommended that the committee approve the proposed resolution in paragraph 12 of the report of the ad hoc committee.

Mr. MELLS (United Kingdom of Great Britain and Northern Ireland) remarked that, while it was always a matter for regret that the annual accounts and the Report of the External Auditor were not available earlier, he realized the difficulties. He considered it an improvement that the External Auditor’s Report followed the accounts instead of preceding them as in previous years. Although the full notes that accompanied each chapter were most useful, the accounts were still very complicated, as the External Auditor had pointed out, and it was to be hoped that circumstances would permit of their presentation in a more readily understandable form in the future.

In view of the statement, in paragraph 11 of the ad hoc committee’s report, that the Board would make a detailed study of the Financial Report contained in Official Records No. 41, he would confine himself to a few comments resulting from a short examination of it.

Referring to Exhibit I—Statement of Assets and Liabilities—he thought the salient points were (1) that the amount of arrears of contributions as at 31 December 1951 was $4,516,333, of which $3,441,288 were due from inactive Members, and (2) that arrears of advances to the Working Capital Fund were $633,682, which included $439,398 due from inactive Members. Those figures showed on the one hand that the practical position with regard to arrears was not so bad as it appeared, but on the other hand that the position of the Organization with regard to assets was tending to become unreal. Secondly, the United Kingdom delegation suggested that a clear distinction should be made in the Statement of Assets and Liabilities between technical assistance funds and regular funds.

With regard to Exhibit II—Statement of Appropriations, Obligations and Balances for the Year 1951—the notes on page 11 contained, in section 2.1, a reference to certain cash shortages also referred to in the External Auditor’s report (pages 77 and 78). While the United Kingdom delegation was aware that satisfactory controls had been introduced to prevent a recurrence of such losses, it was of the opinion that no one member of the staff should be entrusted with the handling of such large sums without supervision, and considered it regrettable that the internal auditor’s staff had not insisted on essential measures being taken to safeguard the Organization’s funds. Moreover it felt that the cashier should not be used as a depository for other people’s money and that persons leaving money with him should do so at their own risk.

The Statement of Income and Expenditure for the Year 1951—Exhibit III—was more encouraging than that for 1950. Total income in 1951 had exceeded that in 1950 whereas total expenditure had been less, resulting in an excess of expenditure over income of only $46,294 compared with $1,679,654 in 1950. Moreover the deficit was more than covered by contributions due from active Members amounting to $437,923 as shown in schedule A.

Turning to the Working Capital Fund (Schedule C), a very encouraging item was the amount of working balance available which, excluding certain earmarked sums, amounted to $2,173,721 at the end of 1951 as against $500,683 at the end of 1950. With reference to Trust and Special Funds (Schedule D), the United Kingdom delegation considered that, in view of the committee’s recommendation at its third meeting that allocations be made from the Publications Revolving Fund during 1952 and 1953 for the improvement of publicity for publications, it would be desirable in future to give details of the expenditure from that fund.

Decision: The committee adopted unanimously the resolution proposed by the ad hoc committee of the Executive Board in paragraph 12 of its report. (See third report, section 2.)

4. Adequacy of the Estimates for holding the Sixth World Health Assembly, Meetings of the Executive Board and Meetings of Regional Committees

Agenda, 7.22.1

The CHAIRMAN called on the representative of the Executive Board to introduce the subject.

Dr. BRAVO, representative of the Executive Board, directed attention to the explanations of the budgetary provision made under Organizational Meetings in Official Records No. 39, pages 99-104, and to the tables on pages 64-5 of the same document.
showing the total estimated expenditure for all such meetings, compared by percentages with those of previous years. It would be noted that the proportion of the appropriation for organizational meetings to the budget as a whole had steadily decreased.

He added that the estimates were based on the assumption that the Sixth World Health Assembly and the eleventh and twelfth sessions of the Executive Board would be held in Geneva, the Board meeting twice in 1953.

Dr. TOGBA (Liberia) said it was his understanding of past Health Assembly decisions that Health Assemblies should be convened elsewhere than in Geneva. He asked (1) whether the Secretariat had prepared an estimate of the additional cost likely to result; and (2) on what grounds it had been assumed that the Sixth Health Assembly would be held in Geneva. Was that assumption made in the absence of a firm invitation from a Member State, or because the cost would be prohibitive?

The Chairman explained that the Board had presented only a factual statement of expenditure, on the understanding that the Sixth Health Assembly would be held in Geneva unless otherwise decided by the present Assembly, in which case the additional expense would have to be met by the host country.

He asked the Secretary to elucidate the matter.

Mr. SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, briefly outlined the background of the question, as it appeared in the resolutions reproduced on page 142 of the Handbook of Resolutions and Decisions, first edition. It would be noted that the Board, at its sixth session, recognizing the desirability of holding Health Assemblies elsewhere than in Geneva, had indicated that wherever possible the location of Health Assemblies should be planned two years in advance, and requested the Director-General, in the event of invitations being received from Member States, to undertake the necessary investigations and determine the costs likely to be involved, and to submit a report thereon to the Executive Board (resolution EB6.R32). The Fourth World Health Assembly had considered a proposal by the delegation of India that the 1953 Health Assembly should be held in a place other than Geneva and that the expenses involved should be part of the general budget and had referred it to the Executive Board (resolution WHA4.66). In its resolution EB8.R25 the Executive Board, after examining the proposal, had recommended that, in view of the financial situation, no action should be taken at that time to include provision in the regular budget to cover the additional costs of holding Health Assemblies away from headquarters.

The question had been reviewed by the Board at its ninth session and a resolution adopted (EB9.R109) again recognizing the desirability of convening Health Assemblies away from headquarters, noting that no government had so far offered to be host to the Sixth Health Assembly and recommending that the Fifth Health Assembly should reconsider the matter in the light of any invitation received. So far no firm invitation had been received, although there had been some indication that offers of hospitality might eventually be made.

Dr. TOGBA (Liberia) believed that any hesitation on the part of governments was due to the heavy financial burden entailed, which, in his view, they should not be called upon to bear. Could not some provision be made in the budget for Health Assemblies to be held outside Geneva at the expense of the Organization? He suggested that the Secretariat should prepare a table showing the cost of holding Health Assemblies in a number of countries other than Switzerland.

Mr. DE SOUZA E SILVA (Brazil) endorsed the views expressed by the delegate of Liberia.

The Secretary, replying to the point raised by the delegate of Liberia concerning the additional cost of holding Health Assemblies away from headquarters, said it was not possible to give a specific figure, as the cost varied so much with the place chosen. For example, in Europe additional costs would be less than in any other part of the world. Clearly, the travelling expenses of staff would vary according to the distance to be covered. A number of calculations and estimates had been submitted to the Executive Board on the cost of holding a Health Assembly in the eastern part of the United States of America: the additional cost over that required for a meeting at headquarters was between $200,000 and $225,000. There were other complicating factors which required long negotiations with the host government, e.g., the question of appropriate premises, number of interpreters, translators, document officers and other conference staff, hotel accommodation, and so forth. It was precisely because of that that the Executive Board had recommended the planning of Health Assemblies at least two years in advance. As to the Second
World Health Assembly, which had been held in Rome, the Italian Government had met virtually all the additional expenditure. No doubt the Health Assembly would study the financial aspects of the question in relation to the total budget of the Organization and would consider whether some financial provision should not be made in the 1954 budget; the whole matter would be discussed under items 7.3 and 7.4 of the agenda.

Dr. TOGBA (Liberia) asked whether it would be proper at the present stage to propose that the Fifth World Health Assembly should recommend that the additional cost of holding future Health Assemblies away from headquarters should be part of the general budget of the Organization.

The CHAIRMAN ruled that the suggestion would more properly fall under items 7.3 and 7.4 of the agenda.

The SECRETARY regretted to have to report that the total expenditure for organizational meetings in 1953 would be higher than the estimates in Official Records No. 39 because of changes which had occurred since those estimates had been prepared: (1) information had been received that air-travel fares were to be increased by 15% as from 1 June 1952, which would affect the amount earmarked for transportation; and (2) the admission of Libya as a Member and of Tunisia and Morocco as Associate Members would increase the number of countries for which WHO paid the cost of transport for one delegate.

It was not proposed, at the present time, to increase the total estimated figure for organizational meetings, since it might be possible for the Director-General to meet additional expenditure on the item by transfers within sections of the budget (or, with the prior concurrence of the Board, between parts of the budget) should savings be made during the year. Alternatively, the Director-General was empowered to draw on the Working Capital Fund to cover unforeseen items.

Decision: The committee noted the Secretary's statement and unanimously approved the estimated expenditure for organizational meetings as set out in Official Records No. 39, pages 99-104. (This decision was included in the first draft report to the Committee on Programme and Budget; see seventh meeting of the present committee, section 1.)

5. Adequacy of the Estimates for Administrative Services

Agenda, 7.22.2

The CHAIRMAN asked Dr. Bravo to introduce the subject.

Dr. Bravo, representative of the Executive Board, drew attention to the explanations given in Official Records No. 39, pages 172-7 and the tables on pages 178-90, and also to Official Records No. 40, pages 68 and 69. It would be noted that the total expenditure proposed for the Department of Administration and Finance in 1953 under the regular budget amounted to $627,700—an increase of $39,731, or 6.76%, over the 1952 approved budget. The Executive Board wished to emphasize that only two new posts were proposed for Conference and General Services, both in connexion with supply services to governments. The Board considered the small increase proposed was moderate and adequate. It had noted with satisfaction that Administrative Services covered its major responsibilities without any important increase either in staff or budget allotments.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) said that, in the discussion on the budget in the Committee on Programme and Budget at the fourth meeting, the United Kingdom delegation had expressed some concern regarding the attendance of WHO representatives at various outside meetings, both governmental and non-governmental, international or national; such attendance necessarily entailed considerable expenditure and encroachment on the time of officers of the Organization. He commended the zeal of the Director-General in ensuring the presence of an observer at any meeting of interest to WHO. But, while not wishing to enter into a detailed examination of the question, he wondered whether the Director-General would welcome reference of the matter to the Board with a view to guidance being given on the principles to be observed in arranging for such representation.

The DIRECTOR-GENERAL welcomed the suggestion. He stressed that the responsibility of WHO in its function of co-ordinating international health work had been increasing rapidly to the point where it occupied a major part of the time of many staff members. Intergovernmental organizations, bilateral technical assistance bodies and many voluntary

agencies—a considerable number of which were in official relationship with WHO—sent representatives to the Health Assembly and the Board, and it was taken for granted that the arrangement would be reciprocal. Innumerable requests were received from agencies not in official relationship with WHO for explanations to their governing bodies or committees about the work, functions and co-ordinating responsibility of the Organization. There was no evidence to show that the demands were decreasing. Hitherto all decisions had been taken individually and it had not been possible to set up criteria for deciding which meetings should be attended and which should not. The whole problem was a complex one and he agreed that it would be desirable for the Executive Board to study it and, if possible, work out some policy.

Dr. TOGBA (Liberia) felt it was sound policy for WHO to be represented at the meetings of other agencies with responsibilities in health and welfare, in order to stress the Organization’s essential functions and create greater interest in its activities. The Secretariat should not be tied down merely for the sake of achieving small economies. He believed, for example, that every regional committee would welcome a top-ranking official at its periodical meetings.

M. FÖSSEL (France) spoke of the need for a realistic approach in establishing the budget. Referring to the table on page 178 of Official Records No. 39, he asked how many of the 149 posts provided for in the 1952 budget were really filled, and whether the estimates for the two additional posts were based on the average salary of the posts to be filled.

The Secretary, in reply, said that the 149 posts under Administrative Services represented established posts for 1952; the posts were filled, except where staff turnover might leave a post temporarily vacant pending arrival of a successor. The estimates for 1953 were based on exact costs where the post was filled, and included any within-grade increments which would be due to staff members. The costs given for the two new posts were based on the entrance salary for the grade.

Decision: The committee approved the estimates for Administrative Services, as set out in Official Records No. 39, pages 172-90.1 (This decision was included in the draft first report to the Committee on Programme and Budget; see seventh meeting of the present committee, section 1.)

The Chairman, referring to the remarks of the delegate of the United Kingdom, read out a draft resolution on the representation of WHO at meetings of other organizations.

Decision: The resolution was unanimously approved (for text, see third report, section 3).

6. Text of the 1953 Appropriation Resolution (continuation from fourth meeting, section 3)

The Secretary reminded the meeting that action on item 7.22.3 had been postponed pending the report of the Building Committee, which was not yet available. He could report, however, that the recommendations of the Building Committee would not affect the 1953 Appropriation Resolution. It was desirable for the committee to adopt that resolution in order to meet the time schedule for the Assembly as a whole. Procedure required that the present committee should submit a report to the Committee on Programme and Budget, recommending the text of the Appropriation Resolution, together with the amounts inserted in Parts I and III of the resolution. The matter was urgent because the report had to go before the Committee on Programme and Budget for consideration of the final Appropriation Resolution on Monday, 19 May.

He recalled that agreement had already been reached on the deletion of paragraph V.

Dr. BRAVO, representative of the Executive Board, explained that the Appropriation Resolution for the financial year 1953 followed the pattern of that adopted by the Fourth World Health Assembly for 1952, except for the paragraph regarding the unexpended balance of allotments for fellowships, which was now omitted because fellowships were provided as an integral part of projects. The revised Financial Rules15 allowed the unexpended balance of sums provided for fellowships to be taken as a commitment against the funds for the fiscal year.

15 Off. Rec. World Hlth Org. 40, 131, para. 105.8
during which the fellowship was awarded. The Board therefore recommended the adoption of the Appropriation Resolution as proposed by the Director-General.

Mr. Henderson (United States of America) recalled that when the question of the budget ceiling for 1953 was before the Committee on Programme and Budget at its fifth meeting, his delegation had urged that the total assessments against Members in 1953 should not exceed the 1952 level, namely $8,600,000. By the recommendation of the Committee on Programme and Budget, the amount to be assessed against Members in paragraph III of the Appropriation Resolution would be in excess of the amount urged by the delegation of the United States of America. It was for that reason that he wished to record his delegation's objection to the Appropriation Resolution.

Decision: The committee approved the text of the Appropriation Resolution as set forth in Official Records No. 39, pages 81-2, with the deletion of paragraph V. (This decision was included in the draft first report to the Committee on Programme and Budget; see seventh meeting of the present committee, section 1.)

The meeting rose at 12 noon.

SIXTH MEETING

Wednesday, 14 May 1952, at 2.30 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Policy for carrying out Health Projects in Certain Under-Developed Countries

The CHAIRMAN said that a communication from the Hashemite Kingdom of the Jordan (see page 427), on the policy for carrying out health projects in certain under-developed countries, had been referred to the meeting by the Committee on Programme and Budget for consideration of the aspects relating to local contribution of governments and provision of equipment and supplies; he proposed that it be referred to the working party set up at the fifth meeting to consider item 7.28 of the agenda (Reconsideration of policy on participation of Member States in certain costs incurred by WHO in the operation of field projects).

This was agreed. (For discussion of the working party's report, see ninth meeting, section 7.)

Section 1: Amendments to Rules of Procedure of the World Health Assembly

The section was adopted.

Section 2: Office International d’Hygiène Publique

The section was adopted.

Section 3: Host Agreement with the Government of the Philippines

On the proposal of Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, it was agreed to delete from paragraph 2 of the proposed resolution the words “or such person as may be authorized by him”, since the power for such authorization was already vested in the Director-General.

The proposed resolution, as amended, was put to the vote in accordance with Article 60(a) of the Constitution.

Decision: The resolution was adopted by 52 votes to none, with 1 abstention.

Section 4: Reports submitted by States under Articles 61 and 62 of the Constitution: Amendment to the Rules of Procedure of the Health Assembly

The section was adopted.
Section 5: Rights and Obligations of Associate Members

In reply to a question by the delegate of Liberia, M. Zarb (Chief, Legal Office), Legal Secretary, said that at the time the Executive Board prepared the report given in Annex 14 of Official Records No. 40, there was only one Associate Member; the Board had consequently felt that there was insufficient material available for it to make any recommendations regarding possible changes in the rights and obligations of Associate Members. The situation had now altered owing to the admission to associate membership of two further States, and it was to that point that the sub-committee wished to draw the attention of the committee.

Mr. El-Mehelmy (Egypt) repeated the statement he had made at the second meeting of the Legal Sub-Committee (see section 2 of that meeting).

M. de Lacharrière (France) thought that the admission of the two new Associate Members made it advisable for the rights and obligations of Associate Members to be reconsidered. It might even be questioned whether there was any need for the Organization to maintain a distinction between Members and Associate Members based on responsibility for the conduct of their international relations. His delegation had proposed in the Legal Sub-Committee, at its second meeting, that the Director-General should be requested to prepare a detailed study of the entire question in collaboration with Member and Associate Member States.

Mr. de Erice (Spain) said that in the documentation on the admission of Associate Members it had not been made clear that the term “Morocco” referred only to the French zone of Morocco. If that mistake were rectified, there would be no objection from his delegation to a study on associate membership of the type proposed.

M. de Lacharrière (France) submitted that only the Health Assembly, which had admitted Morocco to WHO, could decide on the interpretation which it wished to give to the term “Morocco”. He would assume that the whole of Morocco had been admitted to associate membership of the Organization, although conceivably the two zones might be assigned to different regions.

The Chairman ruled that the committee was not competent to make a definition or a rectification of the type requested by the delegate of Spain. He proposed a draft resolution (for text, see third report, section 8).

Mr. de Erice (Spain) agreed with the Chairman’s proposal, subject to the reserve that the term “Morocco” was understood to refer only to the French zone of Morocco.

Decision: The resolution proposed by the Chairman was approved.

Section 6: Agreement with the International Committee of Military Medicine and Pharmacy

Dr. Mellbye (Norway) drew the attention of the committee to the first sentence of Article 70 of the Constitution. He did not believe that it would be desirable to establish formal relations with the International Committee of Military Medicine and Pharmacy. The objective of WHO was the improvement of health among the peoples of the world; that objective could only be pursued in time of peace, so that it was fundamental to the Organization that peace should be maintained. He believed therefore that the Organization should establish formal relations, where advisable, with intergovernmental or non-governmental organizations to which peace was also a fundamental necessity. In the case under discussion, however, although he was sure that the Member governments of the International Committee of Military Medicine and Pharmacy desired peace, the basis of the International Committee’s work was fundamentally different from WHO’s; therefore, without in any way casting reflection on the work of the International Committee, he did not believe that WHO should enter into an agreement with it.

M. Geeraerts (Belgium) said that WHO had been set up to deal with all aspects of health; it was unquestionable that certain health problems arose out of the maintenance of armies. However, he considered that the question should be discussed jointly by the present committee and the Committee on Programme and Budget; the latter might consider it desirable from the point of view of the programme for WHO to conclude an agreement with an intergovernmental organization which was concerned with the military aspect of general health problems.

The Director-General said that, in the normal work of WHO, it had been found necessary and desirable to co-operate with the International Committee of Military Medicine and Pharmacy, which was a very important organization representing the military medical services of a considerable number of countries. The responsibilities of the International Committee were not limited to military
personnel only but included families of military personnel and civilians in areas of warfare and in occupied territories; in the latter fields the International Committee had recognized the co-ordinating responsibility of WHO. It had been found generally advisable to conclude formal agreements with intergovernmental organizations with which WHO collaborated and such an agreement, in the case in point, was highly desirable.

Dr. Boidé (France) believed that military medicine had considerable effect on the health of a nation in time of peace as well as in war. In many cases, during epidemics for instance, vaccines had been tried out by the military authorities and had subsequently proved of great value to the whole population. There was also close collaboration between civilian and military authorities in the fight against such social evils as tuberculosis and venereal disease.

He disagreed with the opinion of the delegate of Norway, and thought that WHO should conclude a formal agreement with the International Committee.

The CHAIRMAN ruled that further discussion must be restricted to the question of procedure: the committee had before it a proposal that the matter should be referred to a joint meeting with the Committee on Programme and Budget.

After some exchange of views, the CHAIRMAN proposed that the recommendations of the Legal Sub-Committee regarding the text of the draft agreement should be approved and transmitted to the Committee on Programme and Budget.

It was so agreed. (See fourteenth meeting of the Committee on Programme and Budget, section 10.)

3. Assignment to Geographical Areas: Morocco; 16 Tunisia; French Departments of Algeria; Greenland; Somalia

The CHAIRMAN drew attention to resolutions WHA4.67 and EB9.R76, and to the working papers submitted by the Director-General.

M. Azouz (Tunisia) said that he had been entrusted by the Minister of Public Health of Tunisia with the task of reaffirming in the committee the views of his Government, already expressed at the seventh plenary meeting. There were three considerations on which a country or territory might base its request to be attached to a special region: they were (1) geographic position, (2) economic conditions, and (3) epidemiological and sanitary conditions. Geographically, Tunisia was situated on the periphery of the Western Mediterranean. It was separated from the main body of Africa by thousands of miles of desert, the Sahara to the south and the Libyan desert to the east. Tunis was considerably nearer to the principal capitals of Western Europe than to those of the Eastern Mediterranean and of the Middle East. Economic conditions were largely dependent on geographic position: Tunisia's chief trade and travel connexions were with Europe. Ninety per cent of sea-going traffic was with the European ports, the only traffic with Eastern Mediterranean ports being freight. The same was true of air traffic.

Sanitary and epidemiological conditions in Tunisia, although in no way tropical or exotic, were neither entirely European nor entirely comparable with those of eastern countries; they were those of Mediterranean countries. The problem of malaria in Tunisia was similar to that in Italy. Infantile diseases such as infectious diarrhoea were similar to those in Spain, Portugal and the South of France. The vast antituberculosis campaign undertaken in Tunisia was identical with those of the countries of Central Europe. And, like the Scandinavian countries, Tunisia was turning its attention to mental health. With regard to other communicable diseases—such as trachoma, the zoonoses and the rickettsioses—the problems were similar to those of the Iberian Peninsula, Greece and Yugoslavia. From the epidemiological point of view, Tunisia was an outpost of Europe in the East on the one hand, and in the main body of Africa on the other.

In asking to be attached to the European Region, Tunisia was seeking not to avoid any other regional organization or any group to which it remained closely bound by a common heritage of race, custom, and religion, but to join the region with which it had the greatest number of geographic, health and economic connexions.

Dr. Bravo, representative of the Executive Board, summarized the history of the discussion on the question. The French Government had pressed at

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16 See footnote to resolution WHA5.16.
the Fourth World Health Assembly for Tunisia, Morocco and the French departments of Algeria to be included in the European Region. The question had been thoroughly discussed in the Committee on Administration, Finance and Legal Matters, 17 and thereafter the Health Assembly had adopted a resolution (WHA4.67) requesting the Executive Board to study the proposal and report thereon to the Fifth World Health Assembly. The Executive Board in its turn had adopted resolution EB8.R48 requesting the Director-General to study the question and submit a report, and in the meantime to provide services to the territories through the headquarters of the Organization under the title “Region undesignated”. At its ninth session, the Executive Board had adopted resolution EB9.R76, recommending that the proposal of the French Government be accepted on technical and administrative grounds. The same resolution also contained a recommendation that Greenland should be included in the European Region, and the territory of Somalia be assigned to the Eastern Mediterranean, in accordance with the requests of the Governments of Denmark and Italy respectively.

Dr. Nazif Bey (Egypt) proposed that the requests of the French Government concerning Tunisia and Morocco be discussed together.

Dr. Melliøye (Norway) noted with satisfaction the admission of Tunisia and Morocco to associate membership. While his delegation was of opinion that the proposals of governments with regard to assignment to geographical areas should be accepted where possible, the policy, if pursued too far, might lead to results not compatible with the efficiency of the World Health Organization.

M. de Lacharriére (France) hoped that the method of discussion ruled by the Chairman at the beginning of the discussions would be adhered to, i.e., that the cases of Tunisia and Morocco would be discussed separately. There were matters which concerned Tunisia and did not apply to Morocco, and vice versa.

The Chairman said that two matters were under consideration: one concerned the general principles on which geographical distribution should be based; the other concerned particular requests made by Member States. He suggested that the general principles should be discussed first.

Dr. van den Berg (Netherlands) drew attention to Article 44 of the Constitution on assignment to geographical areas. It was necessary to distinguish between a region and a geographical area. A region was the area as defined by the Health Assembly, but a geographical area was a less precise conception. In consequence, countries which were on the borderline could sometimes make a choice, and it was in accordance with precedent to take account of the wishes of the country, although that gave rise sometimes to minor difficulties.

Dr. Nazif Bey (Egypt) traced the development of the deliberations which had taken place with regard to geographical areas. When the regions were first designated at the First World Health Assembly, 18 assignment was made purely on a geographical basis, and even Greece, which had originally wished to belong to the Eastern Mediterranean Region, had changed its mind and wished to be assigned to the European Region. The French Government had not asked for the assignment of Tunisia and Morocco to any of the neighbouring regions, notwithstanding the fact that conditions were more favourable at that time. The two countries had a close relationship with most of the Eastern Mediterranean countries as regards religion, language, customs and health conditions. The endemic and social diseases—such as malaria, trachoma, smallpox and typhus—which were active in that part of the world were the same as those in the Eastern Mediterranean Region. It would be more efficient for the World Health Organization to group its resources and deal with a region that would be geographically homogeneous. Tunisia and Morocco would benefit in their need for medical and professional assistance by being attached to the Eastern Mediterranean Region. Why should experts be sent from Europe to those countries when experts who spoke the same language were available in the Eastern Mediterranean Region? It was not a question of the transport of goods and passengers, but of the fight against disease and the welfare of human beings.

He suggested that the discussion of such a vital problem might be turned over to a special committee, and meanwhile put forward the following resolution:

With regard to Articles 44(a) and 47 of the Constitution,

The Fifth World Health Assembly,

Considering the necessity of determining the rules and criteria which permit the assignment of Member States, Associate Members and territories

18 Off. Rec. World Hlth Org. 13, 330
or groups of territories, to the geographical regions determined in conformity with Article 44 of the Constitution,

1. Requests the Executive Board, in close collaboration with the Director-General, to undertake a thorough study of the rules and criteria for determining the assignment of any territory to a geographical region;

2. Declares that this study should specifically take the form of inquiries to be carried out among the interested Member States, in which opinions should be collected from duly qualified national authorities;

3. Declares that the Executive Board, after having considered the information collected in this way, should make a report to a future Assembly; and

4. Authorizes the Director-General, in the meantime, to take the necessary steps to provide services to territories not yet assigned to regions through the headquarters of the Organization under the title "Region undesignated".

Dr. Togba (Liberia) was surprised that distance had been invoked as an argument. Liberia was nearer to Brazil than to Brazzaville but he did not propose for that reason that Liberia should join the Region of the Americas. The most important reason for grouping countries within certain regions was the similarity of diseases and other conditions. The countries in the Eastern Mediterranean Region had the same problems with regard to diseases such as trachoma, malaria, brucellosis, etc., as Tunisia and Morocco. In Europe those diseases were comparatively rare and, moreover, Europeans did not go on pilgrimages to Mecca. Other similarities were those of language and religion.

He recognized that the World Health Organization was a non-political body, and he did not wish to bring politics into the discussion, but the fact was that the territories in question were not independent and could not speak freely for themselves.

Dr. Sicault (Morocco) could not entirely agree with the observations made by the delegates of Egypt and of Liberia. He spoke in the name of Morocco when he asked for Morocco to be assigned to the European Region. He would not invoke political or sentimental arguments such as had been put forward; he based his request on health reasons. Those that had been advanced by the delegate of Tunisia applied also to Morocco. Only 12 kilometres of sea separated Morocco from Europe. The group of diseases which were said to be found only in the Eastern Mediterranean were also to be found in Europe, and it was in Italy particularly that the greatest progress had been made in the treatment of malaria. Epidemiology was closely bound up with the movement of goods and passengers. Some 80 per cent of Morocco's commerce, including the transit of goods and passengers, was with Europe; only one per cent was with the East, and this one per cent included the pilgrimage to Mecca. He begged the delegates present to take a realistic view of the request made by the Moroccan people.

Mr. de Erice (Spain) quoted Article 44 of the Constitution, which must be considered together with the resolution of the First World Health Assembly on regional questions. There was no suggestion in them that African territories should be assigned to the European Region.

With regard to the technical question, the delegates of Tunisia and Morocco had spoken of the transmission of diseases such as smallpox and trachoma which were present in Europe in countries such as Spain and Sicily. That alone should show that the diseases originated in Africa and not in Europe, the contagion being brought to Europe from Africa. It was for the World Health Organization to fight disease at its source. The argument that passengers and goods were agents in the transmission of disease was applicable to the world as a whole and could not be adduced as a reason for assignment to any particular region. The population of Spanish Morocco had been consulted and had agreed to be assigned to the African Region, in conformity with Article 44 of the Constitution. He proposed that the study of the question be adjourned, particularly since the committee had just approved a proposal by the French delegation for a reconsideration of the rights and obligations of Associate Members.

Mr. de Souza e Silva (Brazil) thought that the matter should be considered on technical and not on political grounds.

Dr. Jafar (Pakistan) considered that the epidemiological conditions in Tunisia and Morocco related those countries more closely to the Eastern Mediterranean Region than to Europe. He was opposed to the inclusion of the territories in the European Region and supported the proposal that the discussion be adjourned for further study.

The Chairman proposed putting to the vote the resolution submitted by the delegate of Egypt.
M. DE LACHARRIERE (France) explained that the departments of Algeria were represented by the French delegation, and also that the French Government had undertaken a responsibility towards Tunisia and Morocco in presenting them for associate membership of the World Health Organization. The departments of Algeria were an integral part of France and had been so for over a century. To assign those departments to a different region from the mother country would be equivalent to cutting France in half. It would create an administrative and health impasse.

He categorically opposed the adjournment of the debate on the question. The question had been under discussion for over eighteen months. The Executive Board had given an impartial technical ruling. Those who knew North Africa were aware that all population movements—with the exception of some 310 Mecca pilgrims—were in the direction of Europe and particularly of France. The extraordinary influx of North African workers raised an important health problem. Some 90,000 North African workers migrated annually to France, a certain number of whom returned home some years later. He appealed to delegates who, a few days before, had welcomed with acclamation the admission of Tunisia and Morocco as Associate Members of the Organization, not to refuse the first request made by those territories, a request in conformity with the technical view expressed by the Executive Board.

Dr. JAFAR (Pakistan) thought that if Algeria was part of the French Republic, it was not necessary for it to be admitted separately.

Dr. TOGBA (Liberia) said that the question raised by the last speaker had been put by himself at the previous Assembly; he had had no reply to it. He supported the Chairman’s suggestion that a vote be taken on the resolution proposed by the delegate of Egypt.

The CHAIRMAN thought that there was a certain confusion in the debate, which was concerned with geographical assignment and not with membership. There were areas in Asia which belonged to France but which had been assigned to the South-East Asia or Western Pacific Regions. It was not necessary for the committee to consider the status of Algeria.

Dr. VAN DEN BERG (Netherlands) moved the adjournment of the debate.

Decision: The motion for adjournment was defeated by 31 votes to 15, with 7 abstentions.

M. DE LACHARRIERE (France) said that he was at the disposal of delegates for any information that might be required regarding the status of the departments of Algeria. He moved the closure of debate as soon as the speakers already on the Chairman’s list had taken the floor.

Dr. SICAUT (Morocco), referring to the statement which had been made regarding the assignment of North Africa to the African Region, pointed out that the territories in question were not so integral a part of the African continent as might appear, being separated from the rest of Africa by the barrier of the Sahara and Libyan deserts.

Mr. MASON (New Zealand) regretted the decision to continue the debate, since it was difficult adequately to discuss the resolution proposed by the delegate of Egypt before it was circulated in written form.

Mr. HADJI VASSILIOU (Greece) wished to express his delegation’s views on the matter in the light of his country’s experience, since the delegate of Egypt had expressly mentioned the case of Greece. He was impressed by the cogency of the arguments put forward by the delegates of Egypt and Liberia and felt that in the long run serious consideration would have to be accorded to them. If developments led to the establishment of a new region within WHO with a centre nearer than Geneva to the three territories in question, the matter would have to be reconsidered. At the present time, two facts were before the committee: the first was the resolution of the Executive Board in favour of the assignment of Morocco, Tunisia and the French departments of Algeria to the European Region. That resolution, having been adopted by the Executive Board after thorough examination of the matter and independently of any political motives, could not be seriously challenged on technical and administrative grounds. The second fact was the openly expressed and strongly motivated preference of the countries concerned. Therefore the delegation of Greece was, for the present, in favour of the adoption by the committee of the Executive Board’s resolution. The delegation would, however, be ready to reconsider the position in the event of new political, technical and administrative developments leading to the formation of another WHO region in the Western Mediterranean; in

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19 See footnote to resolution WHA5.16.
the same way the Government of Greece had asked, in the light of experience, to be assigned in a different region.

Mr. de Erice (Spain) stated that it was not the desire of the Spanish Government that Spanish Morocco should be assigned to the European Region. His Government’s attitude in that respect might not have been fully known to the Executive Board, which had not received the documentation on the subject submitted on behalf of Spanish Morocco.

M. de Lacharrière (France) thought that adoption of the Executive Board’s resolution would not affect the question of the assignment of Spanish Morocco.

Dr. Togba (Liberia), remarking that some representatives appeared to believe that it was mandatory for the Health Assembly to accept resolutions forwarded by the Executive Board, emphasized that such was far from being the case. There was no obligation upon the Health Assembly to adopt the Executive Board’s resolution on the subject under discussion. As far as the practical handling of that subject was concerned, he was still of the opinion that the draft resolution submitted by the delegate of Egypt should be put to the vote.

Mr. Callea (Italy) recalled that his Government had already, at the Fourth World Health Assembly, expressed its views regarding the principles upon which assignment should be carried out. The essence of those principles, which had not changed, was that the maximum freedom of choice should be conceded. In the present case, therefore, it seemed of paramount importance that the clearly expressed desires of France and of the countries to be assigned should be respected.

Dr. Jafar (Pakistan) feared that the legal implications of the matter might not have been fully realized. Article 8 of the Constitution of WHO said that territories or groups of territories which were not responsible for the conduct of their international relations might be admitted as Associate Members by the Health Assembly upon application made on their behalf by the Member or other authority having responsibility for their international relations. France was not responsible for the international relations of the whole of Morocco; there was also Spanish Morocco, and the International Zone of Tangier. Nevertheless, the impression might be given that the application was being made on behalf of the whole of Morocco.

Mr. de Erice (Spain), repeating his statement that the Spanish Government did not wish Spanish Morocco to be assigned to the European Region, thought that its complete separation from French Morocco in the matter of assignment should be made quite clear in the documentation. He fully realized, of course, that the French Government was not in any way attempting to act on behalf of Spanish Morocco.

M. de Lacharrière (France) pointed out to the delegate of Pakistan that the Executive Board, on the basis of the views and information furnished by the French Government, had submitted a recommendation which concerned French Morocco only. The question of Spanish Morocco was entirely separate.

Dr. Nazif Bey (Egypt) thought that an immediate decision on his delegation’s draft resolution could be taken, since its contents were extremely simple and amounted to a recommendation that a decision on the assignment of the areas in question should be deferred pending the availability of further information.

The Chairman felt that any problems arising from the fact that more than one power was responsible for the external relations of Morocco did not bear upon the resolution submitted by the delegate of Egypt, which would therefore be put to the vote forthwith.

Decision: The draft resolution submitted by the delegate of Egypt was adopted by 23 votes to 18 with 11 abstentions. (See third report, section 9.)

(For further discussion, see seventh meeting, section 3.)

The meeting rose at 5.20 p.m.
SEVENTH MEETING

Thursday, 15 May 1952, at 10 a.m.

Chairman: Sir Arcot Mudaliar (India)

later

Mr. P. Shaw (Australia)

1. Adoption of Draft First Report to the Committee on Programme and Budget

The Chairman called on the Secretary to read the draft report (reproduced on page 242) in the absence of the Rapporteur.

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, read the draft report, which was considered section by section.

Mr. Henderson (United States of America) objected to the Appropriation Resolution for 1953 (section 3 of the draft report) because, as his delegation had stated at the fifth meeting of the Committee on Programme and Budget, the United States of America was opposed to any assessment budget over $8,600,000.

Decision: The committee noted the objection of the United States of America and approved the draft first report to the Committee on Programme and Budget. (See fourteenth meeting of that committee, section 2.)

2. Adoption of Draft Second Report to the Committee on Programme and Budget

The Secretary read the draft second report to the Committee on Programme and Budget.

Decision: The draft second report to the Committee on Programme and Budget was approved. (See fourteenth meeting of that committee, section 10.)

3. Assignment to Geographical Areas: Morocco; Tunisia; French Departments of Algeria; Greenland; Somalia (continuation from sixth meeting, section 3)

Dr. Rae (United Kingdom of Great Britain and Northern Ireland) asked for clarification of the resolution adopted at the previous meeting with regard to the assignment of countries to geographical areas. He did not wish to reopen the discussion but wanted to be quite sure that his understanding of the resolution was the correct one. As he saw it, the resolution implied that considerable time would elapse before a country which had not yet been assigned could be included in a region. Did the resolution mean that Greenland could not be assigned to the European Region or that Somalia could not be assigned to the Eastern Mediterranean Region by the present Health Assembly? He recalled that, when the African Region had been defined, only total land mass had been taken into consideration and not the surrounding sea: a considerable number of islands remained unassigned. The same remarks applied to other territories in the Western Pacific Region.

Dr. Nazif Bey (Egypt), on a point of order, asked whether the discussion of the previous day was being reopened.

The Chairman said it was not. The United Kingdom delegate only wanted clarification of the resolution and had been given an opportunity to express his difficulties.

Dr. Rae (United Kingdom of Great Britain and Northern Ireland) said that one implication of the non-assignment of territories would be to throw a recurrent onus on the Director-General. He had imagined that when regionalization took place, that onus would be removed. If his interpretation was correct, the position was one of extreme gravity.

On a minor point, he wished to stress the need for adopting some new rule whereby draft resolutions must be put in writing and circulated to the various members of the committee before voting, so that they were fully cognizant of what they were voting on.
The CHAIRMAN said that his own interpretation of the resolution was that its application would be limited to the territories mentioned in the agenda item discussed the previous day, namely Morocco, Tunisia, the French departments of Algeria, Greenland and Somalia.


Agenda, 7.27

On the suggestion of the CHAIRMAN, consideration of the item was deferred pending the arrival of the Secretary-General of the International Union against Tuberculosis, who had expressed a desire to be present at the discussion. (For discussion, see eighth meeting, section 1.)

5. Relations with the World Meteorological Organization

Agenda, 6.6.4

The CHAIRMAN indicated that the draft agreement (reproduced in Annex 12), consisting of an exchange of letters between the Director-General of WHO and the Secretary-General of the World Meteorological Organization, would have to be approved by a two-thirds majority.

M. ZARB (Chief, Legal Office), Legal Secretary, explained that the draft agreement would need to be approved by the World Meteorological Organization after its adoption by the present committee. Accordingly, the agreement could not enter into force until both organizations had completed the procedure required by their respective Constitutions.

Decision: The draft agreement was adopted by 36 votes to none with no abstentions. (See third report, section 10.)

6. Exceptional Contribution from the Kingdom of Laos

Agenda, 7.31

M. SOUVANNAVONG (Laos) briefly recalled the background of the question. The Fourth World Health Assembly, in an effort to seek new funds for its supplementary programme, had passed resolution WHA4.41 suggesting the possibility of certain Member States' levying a national tax for the purpose. While Laos had been unable to comply in full with the terms of the resolution, the National Assembly had unanimously voted an exceptional credit of 100,000 piastres ($5,000) (see Annex 9) as a small contribution towards WHO programmes, the value of which was fully recognized and appreciated by the Royal Kingdom of Laos. He was gratified to see that his country had been the first—even by so modest a contribution—to reply to the appeal made by WHO, and was convinced that other countries would likewise respond.

The CHAIRMAN, on behalf of the committee as a whole, expressed appreciation of the fine gesture of the Kingdom of Laos, particularly in view of the limited finances of that country.

Decision: The committee unanimously adopted a resolution accepting the gift and expressing gratitude to the Kingdom of Laos. (See third report, section 11.)

7. Salary Differentials: Cost-of-Living Adjustments

Agenda, 7.32

The CHAIRMAN called on the representative of the Executive Board to introduce the subject.

Dr. BRAVO, representative of the Executive Board, directed attention to Official Records No. 40, Annex 16. The principle to be followed in applying salary differentials in accordance with the cost of living had been clearly stated by the Fourth World Health Assembly in its resolution WHA4.53. The Executive Board in studying the problem had felt that a technical study based on the principles outlined in resolution WHA4.53 should be made in order to determine—on a scientific basis—the real differences, if any, in cost of living as between Geneva and New York. That study had subsequently been made and showed small differences of less than 10% in favour of Geneva. In the meantime, as a consequence of new increases in the cost of living in New York, an adjustment of 7.5% of total salary, effective on 1 January 1952, had been established for the United Nations staff in New York. Since the base date (May 1950) an increase of 7.5% had been officially recorded in the cost of living in Geneva. In the light of the above considerations, the Executive Board has adopted resolution EB9.R56.

Mr. MELLS (United Kingdom of Great Britain and Northern Ireland) presented his delegation's proposal (1) that a 5% minus differential should be applied to salaries of internationally recruited WHO staff in Geneva forthwith; and (2) that, if necessary, surveys should be undertaken to enable basic salaries to be fixed for internationally recruited staff in regional offices.

He explained that the recommendation was based on the grounds that resolution EB9.R56 was not in accordance with the intention of resolution
WHA4.53; and it was submitted with the object of securing uniformity with the United Nations, the International Labour Organisation, and the Interim Commission of the International Trade Organization.

The present position was that staff of the same grade employed by different United Nations and specialized agencies in Geneva were on different salary scales. His delegation was of the opinion that WHO should fall into line with all other United Nations bodies, as urged by the United Nations Advisory Committee on Administrative and Budgetary Questions.

The action of the Administrative Committee on Co-ordination at its fourteenth session clearly indicated its concern about the need for complete uniformity. The special committee set up by the ACC at that meeting had indicated certain principles (see Annex 14), including the basis on which initial and subsequent cost-of-living adjustments should be made, the amount of salary to which adjustments should be applied, and the application of adjustments in the various centres.

The United Kingdom delegation would like the above aspect of the matter to be dealt with separately.

Mr. Mason (New Zealand) was unable to support the first part of the United Kingdom proposal, although he was in agreement with the second part. He considered that the basis of the United Kingdom arguments was a false one; those arguments implied that the procedure suggested by the Executive Board was not in conformity with the decision taken by the Fourth World Health Assembly, the basis of the argument being that the Fourth World Health Assembly decision did not apply to initial differential. Clearly, the Health Assembly resolution did not apply to differentials in the sense now used, because that matter was not even discussed. The only question before the Fourth World Health Assembly was whether a differential should then be applied. So far as he recollected the discussions, the word "initial" was never used, and the Health Assembly had only discussed day-to-day or year-to-year adjustments according to some differentiation in the cost of living as it then stood.

The question now to be considered was totally different, the scheme proposed by the Executive Board being, in the view of his delegation, much more practical and equitable; it was that Geneva salaries should be based on an initial sum dating back to May 1950, and that thenceforward any differentials applied to salaries should be based on changes in the cost of living at Geneva. In order to determine the original basis on which those salary calculations were to be made, cost-of-living surveys had been made both in New York and Geneva which had shown there was little difference between the two centres as at May 1950. In his opinion, that was an equitable way of resolving the question and in no way conflicted with the decision of the Fourth World Health Assembly.

Mr. Calderwood (United States of America) briefly explained the position of his delegation on the involved and complicated question at issue.

On the salary differential situation in retrospect, he recalled a resolution proposed by the delegation of the United States of America at the Fourth Health Assembly 20 which would have had the effect of applying the previous year a minus 5% cost-of-living differential to salaries of WHO staff in Geneva. That resolution was motivated by a firm belief that similar action taken at that time by the United Nations and ILO with regard to their Geneva staff was proper and equitable. The resolution had been rejected, but his delegation still maintained that such action would have been proper and that, as a matter of principle, all employees of the United Nations and specialized agencies stationed in the same locality should be on an equal salary footing.

At the present stage, the important consideration was the need for establishing a workable uniform system, not only in Geneva, but in all areas where there were more than one office of the United Nations and the specialized agencies. The delegation of the United States of America hoped that a better system for maintaining an equitable and proper salary relationship among the staff of the United Nations family, on a world-wide basis, through the use of local salary differentials, could be agreed upon and put into operation in the near future. His Government intended to propose such a plan in the General Assembly of the United Nations. In the meantime, his delegation was doubtful about the desirability of any action being taken by the present Health Assembly regarding the Geneva staff. However, any action by WHO with respect to field offices should be taken in conjunction with the United Nations and other interested agencies on the basis of an agreed uniform system.

It was for the above reasons that the United States delegation wished to reserve its position with regard to the proposal made by the delegation of the United Kingdom.

At the same time, his delegation had several serious reservations to the proposals of the Director-
General as well as to the principle proposed by the ACC, and was unable to accept any resolution endorsing those proposals.

To sum up, the United States Government believed that a uniform salary-differential system should be established, in conjunction with the United Nations and other specialized agencies, which would ensure provision by all major agencies with headquarters in Geneva of equal pay for comparable work, and that action in field offices in the same area should be consistent.

On behalf of his delegation, he submitted the following draft resolution:

The Fifth World Health Assembly
1. REAFFIRMS the desirability of securing uniformity, in so far as is possible, in the practices of the United Nations and of the specialized agencies with regard to cost-of-living adjustments for internationally recruited staff;
2. EXPRESSES the hope that a workable system of salary differentials which will equitably and properly adjust the salaries of employees of United Nations and specialized agencies on a uniform basis from locality to locality, to account for differences in living costs and other pertinent considerations, will be worked out by the United Nations and the specialized agencies;
3. LOOKS FORWARD to consideration of such a system by the General Assembly of the United Nations at its session in 1952 and by the Sixth World Health Assembly.

The Secretary, commenting briefly on the problems met by WHO in administering a salary system at headquarters, regional offices and field offices, said that the problem of uniformity was of even greater importance within WHO than as between WHO and other international organizations. The first consideration had always been, and must continue to be, an internal administration which would deal equitably with all staff members of WHO, wherever stationed. Clearly, the Director-General could only effectively and efficiently administer the work of WHO by applying uniform policies to all staff.

The Organization had supported in the past, and would continue to support, the principle of attaining uniformity in practice as between the various international organizations, but the first consideration must be the uniform application of administrative principles within the Organization as a whole. It was for that reason that the Director-General, recognizing the existing confusion, had proposed to the ninth session of the Board the establishment of a set of principles which could be applied throughout WHO, based on prior agreement reached in the ACC. Subsequently, the General Assembly of the United Nations had taken a decision relating only to their New York staff, which deviated to some extent from the principles already agreed upon by the ACC. As a result, the ACC had reconsidered the problem in April 1952 with a view to establishing principles which all international agencies could submit to their annual assemblies.

He stressed that (1) the World Health Organization had consistently endeavoured to obtain uniformity in administrative practices as between the different organizations; that (2) those principles would be applied equitably throughout the Organization; and that (3) the ACC agreement was a reasonable approach to a very complex problem which caused governments great difficulties in the administration of their foreign services.

Finally, he expressed the hope that the Health Assembly would confirm the principles approved by the Executive Board.

Dr. Bravo, representative of the Executive Board, while recognizing the need for co-ordinating the administrative procedures of the various specialized agencies, said it was no less certain that WHO was an autonomous body which could establish its own administrative principles. It should however be clearly recognized that the principles under discussion were applicable only to internationally recruited staff and not to employees engaged on the spot. The latter category—more numerous than the international personnel—also had a number of needs to be satisfied. He wished to state quite clearly that it was precisely WHO, out of all the specialized agencies, which had established general administrative principles of a permanent nature—principles which had been unanimously approved by the ACC.

The essence of the problem was that when the question arose of applying a 5% minus differential to the Geneva staff, there was probably about 5% difference between the cost of living in New York and that in Geneva. The Fourth World Health Assembly had confirmed the recommendation of the Board not to apply that salary differential until a serious and scientific study had been made to determine the precise difference between the cost of living in the two centres. Since then, however, things had changed, and it was now officially recognized by the Swiss Government that the cost of living in Switzerland had increased by 7.5%. During the same time the cost of living in New York had
increased by some 10 per cent, as officially established by the United States Statistical Bureau. Accordingly the salaries of the United Nations international staff at New York had been increased by 7.5% as from January 1952. The United Nations staff in Geneva had received no increase whatsoever, their salaries having already been decreased by 5%. When it had not been done in 1951, it would be most unjust to apply a minus differential to the WHO Geneva staff in 1952, in view of the rise in the cost of living.

In his view, the Fifth Health Assembly should endorse the Board’s recommendations, take as a basis the situation in May 1950, and make any further adjustments in accordance with scientifically proved variations in the cost of living.

**Decision:** Further discussion was postponed pending circulation of the draft resolution proposed by the delegation of the United States of America. (For continuation, see eighth meeting, section 2.)

8. **Selection of the Country or Region in which the Sixth World Health Assembly shall be held**

Agenda, 7.3

**Decision:** The committee decided to recommend to the Health Assembly that, in the absence of invitations by Member States, the Sixth World Health Assembly should be held in Switzerland. (See third report, section 12.)

9. **Desirability of holding Future Health Assemblies away from Headquarters**

Agenda, 7.4

To comply with a request by the delegate of Liberia at the fifth meeting, the Secretary stated that the additional cost of holding the Health Assembly in the European Region (outside Geneva) would be approximately $40,000; in the Eastern Mediterranean Region, $100,000; in the North American area, $165,000; and in the South American area, $255,000.

He had no figures for the other regions but, in the case of the South-East Asia and the Western Pacific Regions, the additional cost would probably be about the same as for South America, namely $255,000, and for Africa about $115,000.

Dr. Togba (Liberia), taking into account the committee’s discussion at the fifth meeting on the estimates for organizational meetings, proposed the following resolution:

The Fifth World Health Assembly,

Recognizing the desirability of holding future Health Assemblies away from headquarters; and

Desiring to encourage Member States to invite the Organization to hold Health Assemblies in their countries,

**RECOMMENDS**

(1) that the Executive Board study and submit to the Sixth World Health Assembly plans showing the cost of holding Health Assemblies in States of the various regions;

(2) that the Organization bear the cost of all Health Assemblies;

(3) that a Member State inviting the Organization shall submit such invitation two years prior to the Health Assembly desired.

Member States did not benefit financially from having the Health Assembly on their territory; the only advantage it brought was the honour. Moreover, in deciding on Geneva as the site for its headquarters, the World Health Assembly had not specified that all Health Assemblies would be held there; the proposal had been made that they should be held every other year in some other country. He suggested that, by the bad habit of requiring that governments inviting the World Health Assembly bear the extra expense, the Assembly had created the position that no invitations were forthcoming. The Swiss Government was not required to give a special contribution when the Health Assembly was held in Geneva.

M. de Souza e Silva (Brazil) said that his delegation would favour a resolution by which the Board, together with the Secretariat, was asked to study the possibility of the World Health Organization’s sharing the extra cost.

Mr. Bouchar (United Kingdom of Great Britain and Northern Ireland) recalled that the United Kingdom had consistently opposed the holding of Health Assemblies away from headquarters on account of the very considerable additional cost and the inevitable dislocation of the work of the Secretariat. His delegation saw no reason to change that opinion, particularly in view of present financial
Mr. Shaw (Australia), supporting the views of the delegate of the United Kingdom, urged that attention should be paid to the earlier recommendation of the Board in resolution EB8.R25 that "in view of the present financial situation, no action should be taken at the present time to include provision in the regular budget of the Organization to cover the additional costs involved in holding Health Assemblies away from headquarters ".

Since that time financial conditions had, if anything, become more stringent, and he could not commit his Government in advance to meeting additional costs for such a purpose. It was the view of the Australian Government that careful attention must be given to the concentration of resources on the most important work that WHO could perform to assist governments in meeting the vital health needs of the world, namely, on the implementation of programmes for under-developed countries.

The arguments in favour of holding the Health Assembly in other countries had no doubt been considered by the Board at its eighth session. It was the view of the Australian Government that careful attention must be given to the concentration of resources on the most important work that WHO could perform to assist governments in meeting the vital health needs of the world, namely, on the implementation of programmes for under-developed countries.

There were arguments in favour of holding the Health Assembly in other countries. One was the desirability of showing to the various regions the contribution of the Health Assembly to international welfare by its work for the improvement of the health position of all countries, and in providing for better understanding through an international gathering of representatives of States. It might be desirable to consider whether the other countries of the region in which the Health Assembly was held should not share the additional cost with the host government.

Mr. Hamilton (Union of South Africa) reaffirmed the strong opposition of his Government to the holding of Health Assemblies away from headquarters.

Dr. Togba (Liberia) explained that his remark had been made solely with the purpose of strengthening his argument and was not intended to imply a lack of appreciation of the holding of sessions in Geneva, especially in view of the very generous action of the Swiss Government.

A very considerable saving, which might be sufficient to meet the extra cost of holding a Health Assembly away from headquarters, would result if each government paid the travel expenses of all the members of its delegation. He felt that all countries should have the opportunity of experiencing the benefits of having the Health Assembly held in their region, and that WHO should follow the example of other specialized agencies which held their annual meetings away from their headquarters. On the other hand, while it was true, as the delegate of
New Zealand had pointed out, that some $100,000 would be left in the country in question by the Health Assembly delegates, each government would go to considerable expense in preparing for the Health Assembly and in arranging for accommodation, etc.

Dr. Taba (Iran) supported the view that the Health Assembly should be held in different regions, as that would enable delegates to learn about health problems and conditions in other countries. Article 14 of the Constitution suggested that such a procedure was considered advisable; the Board had recognized the advisability; and it could safely be said that the majority of the delegates at the present Health Assembly were desirous that Health Assemblies should be held in other regions. At the same time the important point raised by the United Kingdom delegation must be taken into consideration. The delegation of Iran agreed that, in the present financial position of the Organization, it could not afford to spend such large sums for the sole purpose of holding the Health Assembly in other regions. The Fifth World Health Assembly should strongly recommend that the Board study the matter and make every endeavour to find a satisfactory way of meeting the extra expenses involved.

Mr. de Souza e Silva (Brazil) proposed that the Board should be requested to study the problem on the lines suggested by the Chairman.

Mr. Henderson (United States of America) stressed that the United States delegation believed that at the present time, in the light of all the factors, the wisest policy was to hold all sessions of the Health Assembly at headquarters unless there was a good reason to the contrary. Much could be said on the desirability of maintaining the programmes at the present level in spite of increasing costs. Moreover, figures such as those given by the Secretary could not include any estimate of the cost of disruption and delay in the Organization’s programmes.

The Chairman, summing up, said that two proposals had been made: first, that the committee should state categorically that it did not favour holding Health Assemblies away from headquarters; and second, that the Board should be asked to study the matter in the light of suggestions that had been put forward by certain delegations. Believing that the general feeling was in favour of the latter proposal, he proposed a draft resolution along those lines.

Very considerable expenditure was incurred by those specialized agencies which had adopted the principle of holding their annual assemblies away from headquarters. Speaking on behalf of the Indian delegation, he therefore suggested that the Board should consider the possibility of setting aside a small sum, say between $20,000 and $30,000 each year, to build up a fund to cover the additional costs, apart from the share of the host government, so that that additional cost would not at any time be a burden upon the budget. He stressed that in supporting the proposal to hold sessions in various regions the Indian delegation was moved solely by the practical and realistic consideration that such a procedure would further the broader objectives of the Organization.

Mr. Henderson (United States of America) requested that the Chairman’s proposed resolution be put to the vote.

Decision: The draft resolution proposed by the Chairman was adopted by 35 votes to 5, with 7 abstentions. (See third report, section 13.)

At the request of the Chairman, Mr. Shaw, Vice-Chairman, took the Chair.

10. Regional Committee for the Eastern Mediterranean, 1952 Meeting

Agenda, 7.13

Mr. Kahany (Israel) made reference to resolution EB9.R19 in which the Board, “conscious of the vital role of the regional committee in the work of the World Health Organization, as laid down in the Constitution”, drew attention to the fact that the Regional Committee for the Eastern Mediterranean had not met in 1951.

The Executive Board had no doubt had in mind the statement in the Preamble to the Constitution that the health of all peoples was fundamental to the attainment of peace and security. The signatories of the Constitution had solemnly undertaken to co-operate “among themselves and with others to promote and protect the health of all peoples”. Moreover, WHO being a specialized agency, its activities must conform to the aims laid down in the Charter of the United Nations, one of which was the promotion of “solutions of international economic, social, health and related problems” (Article 55).

To co-operate in the common cause, on the basis of absolute equality of rights, was an engagement freely entered into by all Member States. Any Member State that tried to set aside that engagement would be undermining the very foundations of the Organization.

WHO had been well inspired when it decided that the regional committees should be chiefly responsible
for the implementation of the programmes of work drawn up by the Health Assembly, since they were the best placed to judge of the particular needs of the countries in their regions. Israel was situated in the heart of the Near East and was therefore vitally interested in the closest possible co-operation on public-health matters with all the Members of that region. But because certain Member States in that region were unwilling to co-operate with others, the Regional Office for the Eastern Mediterranean had not been able to carry out its tasks satisfactorily. It could not have much knowledge of conditions of public health in Israel since it had very little contact with that country. The sessions of the Regional Committee held in 1949 and 1950, which had been conducted in a spirit of agreement and mutual understanding, had shown that co-operation was not only possible, but was absolutely essential, in the interest of the health of the whole region. But in 1951, as a result of a resolution by the Arab League, the Arab countries, which were in the majority in the Regional Committee, had rejected all proposals concerning the place of meeting and had made a meeting in 1951 impossible.

Disease knew no frontiers and it was in the interest of all the countries of the Eastern Mediterranean Region that co-ordinated health programmes should be carried out and that the Regional Committee should resume its normal activities.

A further reason for the support given by the Government of Israel to the Board's desire for a meeting in 1952 was that the present situation constituted a serious derogation of the principles which should govern the activities of the Organization and therefore created a dangerous precedent. Mr. Kahany recalled the discussions at the Fourth World Health Assembly with regard to the reservation made by the Government of Egypt to the host agreement for the Regional Office.21 The Egyptian Government had wished to reserve the right, in the interests of national security, to withhold immunities from nationals of any State with which it did not have "normal relations". The Egyptian Government had not, so far as he was aware, complied with the request of the Fourth Health Assembly, in resolution WHA4.59, to reconsider that reservation. A similar policy of discrimination might be followed against other States in the same region and might even spread to other regions. The Organization would then no longer be governed by the spirit of its Constitution.

He thought all delegations would wish to preserve WHO, whose character was purely humanitarian, from attempts from whatever quarter to draw it into the wake of political ambitions which would quickly destroy it. It was in that spirit that his delegation put forward the following resolution:

The Fifth World Health Assembly,

Having noted the resolution by which the Executive Board has brought to its attention the fact that the Regional Committee for the Eastern Mediterranean did not meet in 1951,

1. REGrets that the effective technical working of the region has thus been hampered;

2. REMINDS all Members of the region of their undertaking to co-operate "among themselves and with others to promote and to protect the health of all peoples"; and

3. INVITES the governments of all the Members of the Eastern Mediterranean Region to make every effort to hold a regular meeting of the Regional Committee in 1952, and to establish among themselves, in the interests of the health of the peoples of their region and in conformity with the Constitution of the World Health Organization, the fullest possible co-operation on their common health problems.

Dr. Nazif Bey (Egypt) recalled that long before WHO had been established there had been a small Pan Arab Sanitary Bureau to which the Arab countries in the Eastern Mediterranean Region belonged. When the WHO Regional Organization had been created, those countries had agreed to the integration of the Bureau into the WHO Regional Organization, even before a similar integration of the Pan American Sanitary Bureau had taken place. Thus the Pan Arab Sanitary Bureau had formed the nucleus for the WHO Regional Organization. The Regional Committee had met twice and co-operated on the best of terms but, owing to abnormal relations between the Arab countries which formed the majority of States in the region and one Member which had been attached later, the governments of the Arab countries had taken the decision not to sit with that one Member on any committee at the regional level, solely because it would be unnatural for them to collaborate at such a level with that country. There could be no better proof of the good will of the Arab States than the fact that they had come to the present Assembly, where they were meeting at a higher level than the regional. The Egyptian Government was not trying to undermine the Organization. On the contrary, it had always tried to smooth the way for the Organization while

other Members were trying even to threaten the existence of certain of its regional organizations. The other countries of the region regretted that there had been no meeting of the Regional Committee, since that would adversely affect not only the region but also the work of the whole Organization. He had presented the true picture of the situation and would leave it to the committee and to the particular Member which had raised the question to find a solution, even if only a temporary one until the end of the existing abnormal conditions.

Dr. Hayek (Lebanon), observing that a regional office and a regional committee were necessary elements of each regional organization, said that it was the obligation of every delegation, under the terms of the Constitution, to help in finding a solution to the present state of affairs. The majority of the States in the Eastern Mediterranean Region, and particularly the seven Arab States, were unable owing to abnormal circumstances to meet in the Regional Committee with one of the Member States attached to the Regional Organization. There was therefore no advantage either to that State or to the others in its attachment to the region. He could not believe that that State would wish to damage its own health interests or prejudice those of any other country. The Board, conscious of the essential role of the regional committees in the Organization, had drawn the attention of the Health Assembly to the situation, with a view to its satisfactory solution. He stressed that the Pan Arab Sanitary Bureau had only ceased to exist because its members had wished to join WHO and unite their efforts with those of all the other Members of that specialized agency of the United Nations.

Dr. Khaddouri (Iraq) recalled that in 1951 the Government of Iraq had declined to attend the Regional Committee, against its own interests, because it felt unable to associate with the Government of Israel for the following reasons: It maintained that the State of Israel had been established by force, contrary to the Charter of the United Nations and regardless of the interests and feelings of the Arab people, and at the expense of their health and welfare. Secondly, it noted the continuance of the suffering and distress of many Arab men, women and children who had been rendered homeless and destitute by the failure of the Government of Israel to repatriate and compensate the refugees in accordance with the resolution of the United Nations General Assembly.

Mr. Kahany (Israel), speaking on a point of order, asked whether delegates had the right to raise political questions.

The Chairman, observing that the matter was a delicate and difficult one, appealed to delegates to confine their remarks to the practical problem of the best method of bringing together the Regional Committee.

Dr. Khaddouri (Iraq) said that he had found it necessary to indicate clearly the basis of his Government’s objection to the holding of the Regional Committee meeting in 1952.

Dr. Karabuda (Turkey) said that the situation was regrettable and it was to be hoped that a reasonable solution would be found, since the present state of affairs was not only harmful to the interests of the region but also, indirectly, to the Organization itself.

Dr. Chatty (Syria) supported the views of the delegates of Egypt, the Lebanon and Iraq. He believed that if the State which had caused the situation to arise were devoted to the cause of world health it would itself find the solution.

Dr. Nasrallah (Hashemite Kingdom of the Jordan) also agreed with the views of the delegates of Egypt, the Lebanon and Iraq. The States of the Eastern Mediterranean Region would not hold a meeting of the Regional Committee if a certain State were also to be present.

In reply to the delegate of Saudi Arabia, the Chairman said that he had noted the point of order raised by the delegate of Israel and he reiterated his request that the discussion be restricted to technical matters.

Dr. Nazif Bey (Egypt) said that there was no necessity to enter into political discussions; it was sufficient to state that conditions in the region were abnormal.

Mr. Khanachet (Saudi Arabia) hoped that his colleagues from the Arab States would join with him in refraining from further discussion on political matters. It was unnecessary to state where the responsibility lay for the intolerable situation which had arisen in the Eastern Mediterranean Region; the Arab countries had taken every opportunity to give tangible proof of their desire to collaborate with WHO at the regional as well as at the international level, but they could not set aside the
reason for the attitude which they had adopted in the interests of security. He believed that it was the responsibility of the Health Assembly and of a certain Member State to find a solution for the present abnormal situation.

Dr. Khaddouri (Iraq) reiterated that his Government would not be represented at a meeting of the Regional Committee at which a certain other State was also represented.

Dr. Jafar (Pakistan) said that the question had been extensively discussed at the Fourth Health Assembly and in the Executive Board. It was useless to state that certain principles of WHO had been infringed by Member States; that was obvious and did not alter the fact that a deadlock had been reached. The question to be decided was whether any formula could be found which would enable the Regional Committee to meet, or whether it must be accepted that that committee would not meet. He stressed his conviction that the epidemiological and public-health problems of Israel were related to those of surrounding States. Israel had continued to receive assistance from WHO without participating in a meeting of the Regional Committee; he therefore suggested that it would be advisable to hear from the Regional Director for the Eastern Mediterranean whether the assistance given in that manner had been satisfactory; if that were the case, he proposed that the following draft resolution be recommended to the Health Assembly:

The Fifth World Health Assembly
RESOLVES that the State of Israel, a country in the Eastern Mediterranean Region, shall continue to receive technical assistance from the region through its Regional Director without participating in the meetings of the Regional Committee for a period of two years, or less if the abnormal conditions come to an end.

Dr. Shousha Pasha, Regional Director, Eastern Mediterranean Region, said that in spite of difficulties in transport and communications between the Regional Office and Israel, he believed that Israel was receiving every assistance from the Organization, including visits from the staff of the Regional Office. It was for the delegate of Israel to say whether the assistance received was satisfactory.

Mr. Hadji Vassiliou (Greece) recalled that, although within the framework of WHO Greece now belonged to the European Region, it was nevertheless an Eastern Mediterranean country and therefore concerned with what took place in that region. For four years he had been his country's representative to the Arab States of the Middle East and therefore well knew the "abnormal" conditions existing in the region—conditions which had been referred to by certain delegates. He mentioned particularly his Government's collaboration in arrangements made within that geographical region, and his personal sympathy with the misfortunes of the Arab peoples.

Speaking of the resolutions passed by the Arab League, referred to by certain delegates, he said he understood perfectly the reasons for their existence. Since those resolutions were political, he could easily conceive that the countries concerned should endeavour to apply them when political matters were under discussion. On the other hand, to apply those resolutions to health matters seemed to him, from all points of view, indefensible. For example, the question of the Arab refugees had been invoked as a reason for not holding a meeting of the Regional Committee for the Eastern Mediterranean. But since those Arab refugees, numbering eight to nine hundred thousand, were scattered throughout the Arab countries surrounding Israel and throughout Israel itself, they constituted an argument in favour of the normal working of the Regional Committee, especially since the health of that refugee population was a constant concern to the governments of those countries. Health matters were vital. Sharing that concern therefore, the delegate of Greece—a country belonging to the same "milieu"—wished to express his anxiety.

He emphasized that a satisfactory solution must be found as soon as possible. That solution must be based on health, technical and administrative considerations, to the exclusion of all political considerations, which should be completely banished from the Organization.

Dr. Taba (Iran) said that, although his Government favoured the point of view of the Arab States, it felt that the present unfortunate situation should be remedied as soon as possible. Iran had been visited by the Regional Director during the past year and had received the assistance which it had requested from WHO, but it was obviously desirable that the meetings of the Regional Committee should be resumed. He suggested that the matter might be referred to the Legal Sub-Committee.

Dr. Nazif Bey (Egypt) said that the problem was not a legal one; it arose solely out of the present abnormal situation. He supported the proposal of the delegate of Pakistan.
Mr. Kahany (Israel) said that in his summary he had dealt only with a factual situation; no one had contested those facts. However, certain of the facts had been distorted; in particular, it had been suggested that the existing situation was new. On the contrary, Israel had been a Member of the Regional Organization since 1949, and two meetings of the Regional Committee had been held under fairly normal conditions. They had been held away from regional headquarters for reasons of security advanced by the Government of Egypt; those reasons could not be invoked in the case of meetings away from the seat of the Regional Office. He believed that it had been intended to hold the third session of the Regional Committee in Cyprus and, in that case, could not see that there was any possible threat to the national security of any of the Arab countries.

He had raised the point of order because he wished to know whether the Chairman would permit the discussion to continue on the lines along which it was developing; happily, that had been avoided. The draft resolution which his delegation had submitted asked only that the Health Assembly should appeal to the Members of the Regional Organization to come to an agreement about a meeting of the Regional Committee. He did not see what other course of action the Health Assembly could follow. He reminded delegates that it was not essential that the Regional Committee should meet in 1952, since the Constitution only specified that meetings of regional committees should be held as often as necessary. He questioned, however, the use of the term "temporary" by delegates of the Arab States in referring to the present situation; he believed that it arose from the fact that those States did not wish to recognize the fact of the existence of the State of Israel and considered that existence to be only temporary.

On the delegate of Pakistan raising a point of order, the Chairman ruled that the remarks of the delegate of Israel should be restricted to the technical question before the committee.

Mr. Kahany (Israel) said that the proposal of the delegate of Pakistan also mentioned a temporary period; in whatever sense that was intended, he must emphasize that the State of Israel was a reality.

After a further point of order had been raised by the delegate of Egypt, the Chairman said that there was no question but that Israel was recognized as a Member State. It seemed, however, that there might be some legal objections to the proposal of the delegate of Pakistan in respect of Article 47 of the Constitution; he therefore suggested that the matter might be referred for discussion to the Legal Sub-Committee.

Mr. Kahany (Israel) said that he did not think that there were any legal points at issue in the matter before the committee. If, however, a resolution had been proposed which was not in accordance with the Constitution, it seemed necessary that a decision of principle on that resolution should be taken in the committee; any legal points subsequently arising could be referred to the Legal Sub-Committee.

Dr. Taba (Iran) said that, in proposing to refer the matter to the Legal Sub-Committee, he had only intended that the legality of the proposal of the delegate of Pakistan and of any other solutions which might have been put forward should be ensured.

Mr. Mason (New Zealand), Chairman of the Legal Sub-Committee, stressed the necessity for giving definite terms of reference to the sub-committee, in order to avoid repetition of the discussion in the main committee.

Dr. Karabuda (Turkey) considered that further discussion at the present stage would not be advantageous and proposed that the meeting be adjourned.

The Chairman said that there had been a lengthy discussion on the matter before the committee; he appreciated the moderate manner in which delegates had put forward their points of view. He believed it would be unwise to attempt to reach a decision at this stage and that delegates should have more time to consider the two draft proposals which had been tabled; he recognized the difficulty of separating the health aspect of the problem from the political aspect but stressed the necessity for finding a solution. He considered that it would be advisable to adjourn.

Dr. Nazif Bey (Egypt) reiterated that there was no objection from his delegation to the meeting of the Regional Committee, provided that a certain State was not represented.

In reply to the delegate of Pakistan, the Chairman stated that the adoption of a resolution which was unconstitutional could not be taken to imply amendment of the Constitution, procedure for which was set out in Article 73 of the Constitution.
Dr. Jafar (Pakistan) said that under those circumstances he would withdraw his proposed resolution, since it was obviously unconstitutional in view of Article 47 of the Constitution. It was essential that the State of Israel should continue to receive technical assistance from the Organization, but he did not then see what solution could be found for the problem of the meetings of the Regional Committee.

The Chairman said that, with the withdrawal of his proposal by the delegate of Pakistan, the only draft resolution on the matter was that of the delegate of Israel, which would be considered at a later meeting of the committee.

(For continuation of discussion, see ninth meeting, section 1.)

The meeting rose at 1.05 p.m.

EIGHTEENTH MEETING

Monday, 19 May 1952, at 10 a.m.

Chairman: Mr. P. Shaw (Australia)

1. Report of the Director-General on the Sale of WHO Seals (continuation from fourth meeting)  

Agenda, 7.27

The Chairman recalled that it had been decided at the previous meeting to defer consideration of the report of the Director-General on the sale of WHO seals, pending the arrival of a representative of the International Union against Tuberculosis. The Secretary-General of the International Union was now present and prepared to make a statement.

Professor Bernard (International Union against Tuberculosis), speaking at the invitation of the Chairman, recalled that the Fourth World Health Assembly had decided, under the terms of resolution WHA4.48, adopted on 24 May 1951, to issue special WHO seals on a world-wide basis. That decision had given rise to considerable apprehension among national antituberculosis associations, and their point of view had been expressed in a resolution passed by the Directing Council of the International Union against Tuberculosis in September 1951, deciding that the Executive Board of WHO be requested to reconsider its attitude. The Executive Board's decision of 22 January 1952 (resolution EB9.R7) to recommend that the Fifth Health Assembly reconsider the question of WHO seals had, by reopening the question, made it possible for him to submit the International Union's views on the subject.

For some half century the sale of antituberculosis stamps had been the most effective, and indeed often the sole, means of support available to national antituberculosis societies and leagues. He was confident that there was no need for him to remind the committee of the excellent work accomplished by those societies over so long a period, work which included propaganda activities, the investigation and application of new curative methods, the training of personnel, and expert advice to governments. It was thus clear that any diminution of their sources of revenue would lead to the curtailment of much valuable work and might imperil their very existence as organizations. Yet there was a grave risk that the issue of the proposed WHO seals, by presenting the public with an additional claim upon its charity, would lead to precisely such a diminution and to the deleterious results ensuing therefrom.

Even if a national association, fearing the undesirable results of the parallel existence of two campaigns, were to adopt the WHO seal as its own, the harm would not be undone, since the object of a campaign was not purely financial, but was educational as well. Since, however, the precise conditions attending the incidence of tuberculosis varied from country to country, it was clear that a single, uniform seal, providing for no variations of design or subject represented, would prove only a second-rate instrument for accomplishing the purpose desired. In addition, it had been proved that a caption, adapted to local conditions and requirements, was a powerful supplement to the pictorial value of the seal. There again, however, it was difficult to see how provision could be made in the case of the WHO seal for the requisite flexibility.
It was, therefore, the earnest wish of the organization which he represented that the committee should recognize certain important considerations, which might be summarized as follows: (1) that for the past half century the sale of antituberculosis stamps had proved one of the most fruitful activities of national antituberculosis leagues; (2) that the campaigns for the sale of those stamps had the object of raising urgently needed funds and of performing important propaganda work; (3) that in countries where no national antituberculosis associations existed it was important that the omission should be remedied as soon as possible; (4) that the WHO seal should not be sold in countries where campaigns for the sale of antituberculosis stamps were already in existence; and (5) that in the absence of national campaigns, the issue of WHO seals should be considered as a temporary state of affairs.

In view of the past amicable relations between the International Union against Tuberculosis and the World Health Organization, he was confident that his views would receive sympathetic consideration.

The Chairman called upon the representative of the Executive Board to make a statement in connection with paragraph 3(7) of World Health Assembly resolution WHA4.48.

Dr. Bravo, representative of the Executive Board, informed the committee that, in implementation of the decisions of resolution WHA4.48, the Director-General had dispatched a letter to Member States soliciting their agreement for the sale of WHO seals. Only 11 out of 69 Member Governments had agreed to undertake the sale of seals, which was to start in April 1952. At its ninth session the Executive Board had been informed that the seals were already printed, that distribution to accepting countries was proceeding, and that some 15,000,000 were expected to be sold. In view of the small number of countries signing their acceptance of the scheme, in view also of the cost of supplying the seals (which would absorb the entire 25% of the proceeds returnable to WHO), of the extra burden of work placed upon the Secretariat, and of the considerations put forward by the Secretary-General of the International Union against Tuberculosis regarding the impact of the sale of WHO seals upon national selling campaigns, the Executive Board had adopted, with only one abstention, resolution EB9.R7 recommending to the Fifth World Health Assembly that it reconsider the question as a whole.

The preliminary remarks being concluded, the Chairman invited general observations by delegates, calling attention to the draft resolution submitted by the Swedish delegation which read:

The Fifth World Health Assembly,

Recognizing that the sale of WHO seals is impracticable or undesirable in certain Member countries;

Believing that in other countries the sale of WHO seals will not conflict with the fund-raising activities of voluntary health agencies;

Considering that in making the decision as to whether WHO seals are to be sold, the government of each country will take fully into account the interests of its voluntary health agencies,

1. RESOLVES that WHO seals shall continue to be supplied by the Organization and placed at the disposal of Member governments on request, either for their own use or for the use of national voluntary health agencies whose purposes are in conformity with the principles set forth in the Constitution of the World Health Organization; and

2. REQUESTS the Director-General to implement this decision in conformity with the conditions set forth in resolution WHA4.48 of the Fourth World Health Assembly.

Dr. Van den Berg (Netherlands) said that up to the present time no method of raising funds, whether by door-to-door appeals, by the sale of flags or stamps, or by charity performances and so on, had been regarded as the sole prerogative of any given organization. It was in fact impossible to raise funds without recourse to a method which had been used previously, and in consequence, while he could well appreciate that the sale of WHO seals in certain countries might affect the receipts of national campaigns on the same lines, he could not accept that consideration as in itself grounds for WHO abandoning its action. In any case, where the problem arose it was a national one, to be settled on a national basis: it was the responsibility of the private organization concerned to approach its own government with any request for protective measures, and such requests should not be addressed to WHO itself. For all those reasons it seemed to him advisable that the Health Assembly should take no steps towards abandoning the scheme itself, and his delegation would therefore support the Swedish draft resolution. He would, however, suggest one amendment to it: in his delegation's
opinion the first two paragraphs were not essential to the import of the resolution and he would prefer to see them omitted.

Mr. Larsson (Sweden) said that he would accept the proposed amendment.

Dr. McMillan (Canada) said that the Canadian delegation was very doubtful as to whether it was in the long-term interest of WHO or of any other specialized agency to embark upon campaigns of the sort in question and to compete for private donations with voluntary organizations which might depend solely upon such campaigns for their revenues. Too many general campaigns might have an adverse effect on public support for those organizations and might jeopardize the response to special or emergency appeals which might be justified or required from time to time.

Although the Canadian delegation did not agree in principle with the practice, it would not oppose the draft resolution submitted by the delegation of Sweden, since it appreciated that there were many Member countries which were anxious to undertake the sale of WHO seals.

Dr. Calderwood (United States of America) expressed his support for the remarks of the delegate of Canada. Furthermore, it should be emphasized that WHO ought to find sufficient support in the public funds which were allotted for its maintenance, without having recourse to other methods of financing. However, his delegation would be prepared to accept the Swedish draft resolution, on condition that a clause be added stating that seals should not be put on sale in those countries where national associations were already engaged in fund-raising campaigns. His delegation also wished to retain the first two paragraphs of the Swedish draft resolution, which the delegate of the Netherlands had proposed should be deleted.

Dr. Savonen (Finland) associated himself with the proposals of the delegate of the United States of America.

Dr. Togba (Liberia) pointed out that if an amendment on the lines proposed were accepted, the implication would be that WHO had the right to institute the organization, or to refuse to institute the organization, of sales of stamps in any given country.

Dr. Van den Berg (Netherlands), agreeing with the Liberian delegate, added that the proposed amendment of the delegate of the United States of America was in his view largely superfluous, its provisions being covered in other parts of the text.

With the approval of the delegate of the United States of America, the Chairman proposed the following text for a new paragraph:

3. Recommends to countries that they consider whether the WHO seals should be sold in a country where funds are now being raised through the sale of seals in connexion with a national antituberculosis campaign.

Dr. Van den Berg (Netherlands) considered that the proposed draft was too restrictive and that the reference in the third paragraph of the preamble of the original draft resolution to the “interests of voluntary health agencies” was wide enough to cover all possible cases. He could therefore only repeat his conviction that the Swedish draft resolution, with the omission of the first two paragraphs as proposed by himself and accepted by the delegate of Sweden, was fully adequate for the purpose in view.

Dr. Togba (Liberia) agreed with the above remarks.

Mr. Mason (New Zealand) agreed with the delegate of the Netherlands that the third paragraph of the Swedish draft resolution contained a very comprehensive general statement. To meet the wishes of those who desired special reference to the campaigns of national organizations, he would suggest that the paragraph in question be supplemented by the following words: “and in particular the interests of antituberculosis associations already raising funds by the sale of stamps or seals”.

Mr. Calderwood (United States of America) thought that the only drawback to the proposal of the delegate of New Zealand was that the addition was being made to a paragraph which would be part of the preamble. He preferred that the point be made a recommendation in the substantial part of the resolution.

The Chairman proposed that, in order to overcome the objection just raised by the delegate of the United States of America, the word “Considering” in the third paragraph of the draft resolution be amended to “Recommending”, the word “will” later in the paragraph being omitted.

Mr. Calderwood (United States of America) accepted the Chairman’s amendment, adding that under those circumstances he would withdraw his
proposal for a third operative paragraph. He still, however, wished to retain the first two paragraphs in the original draft.

The CHAIRMAN said that, in accordance with the Rules of Procedure, the amendments to the draft resolution submitted by the delegation of Sweden would be voted upon first.

Decisions:

1. The proposal of the delegate of the Netherlands to omit the first two paragraphs of the draft resolution was rejected by 23 votes to 12, with 7 abstentions.

2. The Chairman’s proposal to amend in the third paragraph of the draft resolution the word “Considering” to “Recommending”, and to omit the word “will”, was adopted by 35 votes to 2, with 4 abstentions.

3. The Swedish draft resolution, as amended, was adopted by 38 votes to none, with 7 abstentions. (See fourth report, section 1.)

2. Salary Differentials: Cost-of-Living Adjustments
   (continuation from seventh meeting, section 7)

Agenda, 7.32

The CHAIRMAN recalled that the subject had been discussed at a previous meeting and postponed because of the introduction of amendments and further resolutions. There were now three draft resolutions before the meeting: the original proposal of the United Kingdom delegation (see page 279), a proposal by the delegation of the United States of America (see page 281), and a joint proposal just submitted by the delegations of Ceylon, Egypt, Iraq and the Philippines which read:

The Fifth World Health Assembly,
I. Having reviewed the several developments during the past year with regard to the establishment of a system for cost-of-living adjustments, especially the recommendations adopted by the Administrative Committee on Co-ordination and the principles laid down by the Executive Board at its ninth session;

   Recognizing the urgent necessity for a system of cost-of-living adjustments which can be applied uniformly and with equity in all offices of the World Health Organization;

   Recognizing the further pressing need for a system of such adjustments which can be uniformly applied by the United Nations and all the specialized agencies;

   Noting that the Administrative Committee on Co-ordination at its meeting in April 1952 unanimously adopted a system fulfilling both these requirements and recommended it to all the organizations for submission to their appropriate governing bodies;

   Noting also that the plan recommended by the Administrative Committee on Co-ordination conforms in all major respects to the principles adopted by the Executive Board at its ninth session,

1. APPROVES the system for cost-of-living adjustments proposed by the Administrative Committee on Co-ordination;

2. URGES the United Nations and all other specialized agencies to adhere to this system.

II. Noting further that the Administrative Committee on Co-ordination has not yet reached a conclusion regarding the application of a maximum to subsequent cost-of-living adjustments,

   AUTHORIZES the Director-General to follow the decision of the Executive Board (resolution EB9.R55) on this point until such time as the recommendation of the Administrative Committee on Co-ordination is considered by the Executive Board.

III. Having examined the decision of the Executive Board at its ninth session (resolution EB9.R56) that no adjustment be applied to the salaries of internationally recruited staff in Geneva in view of the principles adopted previously by the Administrative Committee on Co-ordination and those laid down by the Board itself, and finding this decision consistent with the principles of the system recommended by the Administrative Committee on Co-ordination at its fourteenth session,

   CONFIRMS the decision of the Executive Board that no such adjustment should be applied in Geneva until such time as it is justified according to the system now adopted.

He invited the sponsors of each of the proposals to make further comments.

Mr. MELLS (United Kingdom of Great Britain and Northern Ireland) had nothing to add to the recommendation of his delegation. He suggested that a decision might be taken on paragraph (1) of that recommendation:

That a 5% minus differential should be applied to salaries of internationally recruited WHO staff in Geneva forthwith.
Mr. Calderwood (United States of America) said it was because of the importance and complexity of the question that his delegation had submitted its proposal. It was of prime importance that there should be equality and uniformity in the treatment of all employees of the United Nations and its specialized agencies, regardless of where they might be stationed and regardless of the particular organ of the United Nations for which they might be working.

For that reason his delegation had put forward at the Fourth World Health Assembly the resolution to which he had referred in the previous discussion,23 but, the situation having changed, it now thought that the Health Assembly should confine itself to a statement of principle which would emphasize the importance of attaining uniformity. The principles considered by the Administrative Committee on Co-ordination had only been available to governments for a short time, not long enough for them to be studied thoroughly. His own Government, after a brief study, had some reservations regarding them. Consequently he thought the best procedure would be for the Health Assembly to assert the importance of obtaining a uniform salary system which would ensure equal pay for comparable work, and to take no action at the present time to prejudice the attainment of that end.

Dr. Elicasto (Philippines) was of the opinion that the objections raised by the delegates of the United States of America and of the United Kingdom had already been satisfactorily explained in the report of the Executive Board and by the Secretary on behalf of the Director-General. In view of the findings of the Executive Board that the cost of living had risen in Geneva as well as in New York, it would appear fair that the 5% minus differential should not be applied.

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, spoke on behalf of the Director-General, who had been unable to attend the meeting. He reiterated what he had said at the seventh meeting, that the foremost consideration of WHO must be the need for a uniform set of principles which could be applied throughout the Organization; it was more important that there be uniformity within WHO than uniformity as between WHO and the United Nations and other specialized agencies.

He invited the attention of the committee to the report (Annex 14) of the special committee set up by the Administrative Committee on Co-ordination at its fourteenth session to review the question of salary differentials and cost-of-living adjustments for professional and higher grades and reach agreement on a set of principles which could be applied in all branches of the United Nations and specialized agencies. The special committee had been composed of representatives from the United Nations, ILO, FAO, UNESCO, ICAO and WHO—virtually all the international organizations concerned. It had unanimously adopted a set of principles and had recommended that the plan it outlined should be put into operation as rapidly as possible, and that the agencies take appropriate steps to submit the proposal to their governing bodies.

Following that recommendation the Director-General had submitted the principles, with his recommendation for adoption, to the present Health Assembly. The Health Assembly was the first meeting of any of the international organizations concerned to be convened since the decision taken by the ACC. Some States which were not Members of other branches of the United Nations were Members of WHO, and similarly there were Members of other United Nations organizations which were not Members of WHO; it was most desirable that the Fifth Health Assembly should indicate either its approval or disapproval of the principles which were before it, so that its decision would be known to the other bodies when they met in the near future. He believed that the resolution sponsored jointly by the delegations of Ceylon, Egypt, Iraq and the Philippines would meet that requirement, and he hoped it would be adopted for recommendation to the Health Assembly.

Mr. Lethbridge, Chief, Administrative and Financial Services, European Office of the United Nations, speaking at the invitation of the Chairman, said that he was awaiting a brief from New York on the subject and, having no instructions, could not usefully comment at the moment.

The Chairman summarized the main points raised: (1) the need for uniformity of conditions of employment and remuneration of international civil servants working in a comparable capacity; and (2) the need for uniformity of treatment of members of the staff of WHO.

He proposed to adopt the following procedure: to regard the United Kingdom proposal as the original resolution and that of the United States of America as the furthest removed and therefore to be considered first.

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Mr. MASON (New Zealand) emphasized that WHO had autonomy in the matter of deciding its salary scales and system of salary adjustments. It was only pledged to consult with the United Nations in such matters (Article XII, paragraph 2 (b), of the Agreement with the United Nations). In the case in question, the principles approved by the Executive Board at its ninth session had not yet been considered by the United Nations. There was no reason why, because the Geneva staffs of ILO and United Nations were treated in a certain way, the officials of WHO should be treated in exactly the same way if it was not thought practical or equitable to do so.

He had participated in discussions of other organizations concerning salary scales and allowances, and on all such occasions the opinions of the staff associations had been presented. He thought the same should apply on the present occasion.

As to the new scheme discussed by the Executive Board—which the United Nations had not yet tried to work out, let alone approved—it certainly had the virtue of giving an equitable system for granting cost-of-living allowances in various circumstances all over the world and not merely in New York and Geneva. It seemed both equitable and practical, and to that extent the New Zealand delegation would approve of its adoption. But since the matter was to be brought before the United Nations in approximately a year's time, the Treasury experts of the various Member States would doubtless make a much better study of the problem than had been made hitherto, and for that reason WHO should not commit itself completely and absolutely to the system, without allowing for modification later.

He would suggest a compromise between the United States proposal and the joint proposal, by amending the operative part of section I of the latter to read:

1. APPROVES in the meantime the system for cost-of-living adjustments proposed by the Administrative Committee on Co-ordination;
2. URGES the United Nations and other specialized agencies to give the fullest consideration to the system of cost-of-living adjustments embodied in these principles;

a third clause being added, as follows:

3. DECIDES that the system shall be reviewed at the Sixth World Health Assembly.

M. FOESSEL (France) pointed out that in the joint resolution the second paragraph of section II seemed to recommend the adoption of the principles contained in Annex 16 to the report of the Executive Board. After quoting the last two sentences of paragraph 9.6 of that annex, relating to the application of a maximum limit for cost-of-living adjustments, he asked what would be the practical bearing of those provisions if they were rendered applicable by the adoption of the proposed resolution? On a question which was so important in its financial implications, could it be left to the Executive Board to take a decision of principle which would be immediately applicable? Or should it not rather be considered that the Board could only give advice, such advice to take effect after endorsement by the following Health Assembly?

The CHAIRMAN suggested that the point was in fact covered by the second paragraph of section II of the resolution, which read "Authorizes the Director-General to follow the decision of the Executive Board on this point until such time as the recommendation of the Administrative Committee on Co-ordination is considered by the Executive Board".

M. FOESSEL (France) replied that the impression he had gained was that the Director-General could apply the principles proposed in Annex 16 to Official Records No. 40 without awaiting the recommendation of the ACC.

The SECRETARY explained that section II of the joint resolution dealt only with one point of principle, which was the application of a maximum to subsequent cost-of-living adjustments—the point of principle on which the ACC had not reached a conclusion.

M. FOESSEL (France) thought the decisions of the United Nations regarding its own staff were hardly favourable to an adjustment, since there was no question of applying an increase on the whole of the salary, but only on that part of the salary corresponding to the essential needs of each individual.

The SECRETARY, requested by the Chairman to comment on the suggestion that the opinions of the Staff Committee be ascertained, said that the same question had been raised in the Executive Board and that the Director-General had reported that the Staff Committee of WHO was in complete agreement with the principles which he had presented, which were the same as those agreed to by the ACC. There was a Joint Staff Association in Geneva, repre-
senting the staff committees of different organizations, which had adopted a resolution indicating that they felt that the 5% differential at present in effect for staff of the United Nations and ILO in Geneva should be discontinued, but the Joint Staff Association had dealt with principles only as affecting Geneva and not in general.

Mr. Calderwood (United States of America) said the present discussion had confirmed his feelings regarding the complexity of the matter. He agreed with much of what had been said by the delegate of New Zealand, particularly with his remarks about the necessity of governments studying the proposals made by the ACC. His delegation did not feel free to approve the principles, even provisionally, as would be the case if the joint resolution were adopted. It seemed desirable at the present time to affirm the principle of uniformity as set forth in the United States proposal, and not to take any action which would prejudice the adoption of uniform practice throughout the United Nations system.

Mr. Mells (United Kingdom of Great Britain and Northern Ireland) said his delegation must oppose the adoption of the joint resolution on the grounds that it was far too early to adopt a proposal of that nature. The recommendations of the ACC had only recently been circulated and delegations has not had time to study them.

Mr. Mason (New Zealand) asked what was the history of the principles of the ACC.

The Secretary thought it sufficient, instead of recapitulating the history, to refer the committee to the discussion at the Fourth World Health Assembly leading to the adoption of resolution WHA4.53, which embodied principles now dealt with in the complete set of principles. Subsequently the matter had again been considered by the ACC which had reported to the United Nations General Assembly at its sixth session. No action had then been taken regarding the establishment of a set of general principles to be applied everywhere, but the Fifth Committee of the General Assembly had considered separately a problem affecting New York staff.

The Executive Board at its ninth session in January 1952 had had before it the Director-General's proposals for the establishment of a complete set of principles which were based on, and consistent with, the recommendations of the ACC. A considerable time had therefore elapsed between the submission of those principles and the present Health Assembly, and the proposals were certainly not entirely new. The details of the system were set out in Official Records No. 40, Annex 16, and had been available to governments for some weeks. It had just happened that the ACC decision, taken only four weeks previously, had followed those same principles adopted by the Executive Board.

M. Foessel (France) urged the committee to consider the gravity of the decision they were about to take. A certain number of governments had not yet accepted, or had refused to accept, the principle of adjusting salaries on the basis of the cost of living. The members of the committee were representing their governments and they could not adopt on an international scale provisions which they were unable to accept nationally. He maintained his opinion that any cost-of-living bonus should not be calculated on total salary but only on a given proportion of it.

Mr. Mason (New Zealand), referring to the procedure proposed by the Chairman for voting on the different proposals, was strongly of opinion that the proposal of his delegation, being an amendment to the joint draft resolution of Ceylon, Egypt, Iraq and the Philippines, should be voted upon first, before the original proposal was considered.

Discussion took place on procedure, in which the delegations of the United States of America, New Zealand and Iran took part. In accordance with Rule 60 of the Rules of Procedure, the Chairman's decision was accepted, and the committee agreed to vote first upon the United States draft resolution.

Decision: The resolution proposed by the delegation of the United States of America was adopted by 19 votes to 13, with 8 abstentions. (See fourth report, section 2.)

The Chairman ruled that this resolution having been adopted the other resolutions and amendments lapsed.
Mr. MELLS (United Kingdom of Great Britain and Northern Ireland) stated the views of his Government on the general question of cost-of-living adjustments.

It was the view of the United Kingdom Government that, subject to establishing the initial salary differential as between New York and Geneva, salary adjustments based on cost-of-living changes should have reference only to the local cost of living so that in effect New York and Geneva should eventually move independently on that question. In particular, offices of the United Nations and specialized agencies with headquarters in Geneva should consider their own positions separately, taking decisions on the merits of the case depending on local circumstances and not on what was happening elsewhere. In the long run the salaries of the staff of WHO and other specialized agencies centred in Geneva might be expected to move broadly in line with those paid by the European Office of the United Nations in Geneva.

On the general question of cost-of-living allowances, the United Kingdom Government considered that any system of automatic adjustment of wages and salaries in relation to a cost-of-living index figure was open to serious objection. It might provide an undue degree of protection to the staffs concerned compared with that enjoyed by the majority of other members of the community; moreover, applied on any considerable scale such systems had an inflationary effect. The United Kingdom Government was opposed to any principle of automatic adjustment based on a statistical formula reviewed at regular intervals. Officials of international organizations already enjoyed, in general, favourable salaries and emoluments and certain special privileges, which was all the more reason why they should not be rendered immune from economic developments in the country where they were serving. Wages of locally recruited staff, where they had been fixed in relation to wages in other local employments, should not be increased solely on the ground that an increase of salary had been granted to the more highly graded staff of the Organization.

That did not mean that the pay of international civil servants should not be adjusted if the circumstances of their employment changed materially, but it did imply that adjustments should not necessarily, or indeed normally, cover the whole amount of any change in the cost of living, but should aim particularly at relieving hardship at the lower salary levels without increasing such salaries out of proportion to those in comparable local employments. Adjustments at the middle and higher salary levels should normally be less favourable than in respect of the lower grades.

The views of the United Kingdom Government on the question might be summarized as follows:

(a) that salary adjustments should not be made automatically because of changes indicated by the local cost-of-living index;
(b) that adjustments should not be conceded solely for the purpose of compensating employees for changes in the cost of living as measured by a particular index, and, where conceded, should be no more than adequate to reflect appreciable changes in the rates of remuneration received by persons of comparable status (other than those employed by international organizations) in the same area;
(c) that salary adjustments should provide less than full compensation for increases in the local cost of living in the case of junior or lower-paid staff and should be tapered to provide still less, or possibly no, compensation for higher-grade staff.

The meeting rose at 12.30 p.m.

NINTH MEETING

Monday, 19 May 1952, at 3 p.m.

Chairman: Sir Arcot MUDALIAR (India)

1. Regional Committee for the Eastern Mediterranean, 1952 Meeting (continuation from seventh meeting, section 10)

Agenda, 7.13

Mr. KAHANY (Israel) referring to two questions put by the delegate of Pakistan at the seventh meeting, said, first, that no complaint whatever had been made about services in the field of technical assistance rendered to Israel by the Eastern Mediterranean Regional Office. On the contrary, the Regional Director did everything in his power to satisfy requests. Israel, however, could not regard the
present situation as satisfactory owing to the complete impossibility of co-operating in the field of public health. Israel was excluded from all access to the regional office and to the conferences held in the region, no Israeli doctor was employed on the staff there, etc. Contrary to what the delegate of Pakistan had implied, the question with which his delegation was concerned was not the services received but the impossibility of rendering services that were indispensable for the maintenance of public health within the region as a whole. The absence of any proper co-operation presented serious drawbacks even in normal times; it became a real catastrophe in the event of epidemics. The possibility of introducing preventive measures throughout the whole region before the outbreak of any epidemic, and the need for concerted action as soon as the first sign of such a danger appeared, were obvious. The present situation involved risks to public health which affected not only Israel but the whole region and, therefore, even the whole world.

The second question put by the delegate of Pakistan, namely whether Israel was unable to face realities and really believed that the present Health Assembly could compel a number of States to change their attitude, reversed the whole situation. The political deadlock might indeed last for a considerable time, and it was that extremely realistic view which led Israel to the conviction that the maintenance of minimum co-operation in public health, a purely humanitarian and absolutely non-political field of human activities, was the more essential. For his part, he saw no other practical solution. His country had no intention of asking WHO to compel any Member State to change its attitude, but it thought that the Health Assembly would wish to define its own attitude. Israel had not raised the question: it had been placed on the agenda of the Health Assembly by the Executive Board. His delegation had confined its comments to the resolution of the Executive Board, and had submitted a draft resolution which, far from being directed against anybody, confined itself to addressing a friendly appeal to all Member States within the region. The agenda item under discussion could be speedily disposed of by the adoption of that resolution.

Dr. Jafar (Pakistan) observed that the Executive Board had referred the matter to the Health Assembly because it was no longer a technical question. The whole background was a political one and no one believed that the difficulties were due to epidemiological and public-health problems. It would indeed be a good thing if a solution could be found by a response to the appeal set forth in the Israeli resolution. The fact remained, however, that the Regional Committee could not meet because other Member States refused to sit on that committee with a certain other Member. Little could be said on that issue. As far as co-operation was concerned, WHO had no power to enforce its decisions on Member States, and unless a compromise solution could be found there was nothing more to say.

The Chairman said that the question had already been debated at great length. It was the duty of all persons interested in WHO to see that the approach to the matter was as realistic as possible and ultimately served the Organization’s objectives. He personally felt that time was a great healer and that present difficulties would eventually be overcome.

He proposed the following draft resolution:

The Fifth World Health Assembly,

Having noted with regret the resolution by which the Executive Board has brought to its attention the fact that the Regional Committee for the Eastern Mediterranean did not meet in 1951, and that the conditions which stood in the way of such a meeting continue to exist,

1. RESOLVES that the situation be kept under review by the Executive Board and that it be made the subject of a report to the Sixth World Health Assembly; and

2. REQUESTS the Director-General, through the Regional Director, to continue to supply technical assistance and services to all Members of the region.

Dr. Taba (Iran) supported the draft resolution read out by the Chairman.

Dr. Nazif Bey (Egypt) asked whether the request of the Turkish Government to be attached to the European Region (see below), a request which was based on the conditions at present prevailing in the Eastern Mediterranean Region, could be considered before any decision was taken on the resolution proposed by the Chairman.

Dr. Karabuda (Turkey) presented his delegation’s request, which read:

The delegation of Turkey,

Viewing with regret the conditions at present prevailing in the Eastern Mediterranean Region and preventing the regular annual meetings of its Regional Committee;
Having heard the declarations of the delegations from other countries, members of the same region, and at the same time continuing to hope that a satisfactory solution will be found as regards the said meetings;

Having no exact idea of the time required for such a solution;

Being anxious to safeguard the interests of its country,

1. draws the attention of the Health Assembly to the fact that a part of its territory lies in Europe; and, consequently, acting on instructions from its Government,

2. requests the Fifth World Health Assembly to approve its application to be admitted to the European Region while remaining a member of the Eastern Mediterranean Region.

He explained that, while the Turkish request should be considered quite separately from the problem of meetings of the Regional Committee for the Eastern Mediterranean, he saw no objection to its being examined under the same agenda item. It dealt with a question already raised at the Third Health Assembly, namely, whether a country could belong to more than one region. The problem had been studied from a legal point of view and there would seem to be no constitutional objection to the request of his delegation, particularly as the main part of Turkish territory, with an area of 24,000 square kilometres and population of two million, was in Europe.

The Chairman suggested that the Turkish request should be considered after a decision had been taken on the draft resolution submitted by the delegation of Israel.

Dr. Nazif Bey (Egypt) said that the Turkish request was based on the fact that present conditions prevented regular annual meetings of the Regional Committee for the Eastern Mediterranean, and for that reason Turkey had asked to be assigned to the European Region, while still remaining a member of the Eastern Mediterranean Region.

He explained that, while the Turkish request should be considered quite separately from the problem of meetings of the Regional Committee for the Eastern Mediterranean, he saw no objection to its being examined under the same agenda item. It dealt with a question already raised at the Third Health Assembly, namely, whether a country could belong to more than one region. The problem had been studied from a legal point of view and there would seem to be no constitutional objection to the request of his delegation, particularly as the main part of Turkish territory, with an area of 24,000 square kilometres and population of two million, was in Europe.

The Chairman suggested that the Turkish request should be considered after a decision had been taken on the draft resolution submitted by the delegation of Israel.

Dr. Nazif Bey (Egypt) said that the Turkish request was based on the fact that present conditions prevented regular annual meetings of the Regional Committee for the Eastern Mediterranean, and for that reason Turkey had asked to be assigned to the European Region, while still remaining a member of the Eastern Mediterranean Region. If the request was acceptable under the Constitution, then the committee might recommend that the same action be followed by another Member.

The Chairman felt that the two issues were entirely different.

Dr. Jafar (Pakistan) disagreed: the opening lines of the request referred clearly to present conditions in the Eastern Mediterranean Regional Committee.

The Chairman agreed that the implications were wider than he had at first thought, namely that a country which found itself unable to sit on the Regional Committee for the Eastern Mediterranean might seek temporary affiliation to a different region, pending a solution acceptable to all countries within the region concerned.

Dr. Jafar (Pakistan) explained that he had merely wished to clarify the position, but agreed that the Chairman's interpretation of his remarks was the correct one.

Dr. Ibrahim (Iraq) said that his delegation's views had been clearly stated at the seventh meeting of the committee. The draft resolution submitted by the delegation of Israel neither solved the problem nor improved the position. The deadlock would continue unless a solution for the present abnormal situation could be found. Every country in the region was being placed at a disadvantage because the regional meetings could not take place.

Dr. Jafar (Pakistan) asked whether it was possible, under the Constitution of WHO, for one country to be assigned to two different regions.

M. Zarb (Chief, Legal Office), Legal Secretary, in reply, referred to Article 47 of the Constitution, which he said should be read in conjunction with resolution WHA2.103 adopted by the Second Health Assembly concerning the rights and obligations of Associate Members and other territories. The texts showed that certain States were members of more than one regional committee because their overseas territories, although far distant from the metropolitan territory, were considered to be part of that metropolitan country.

Mr. Brady (Ireland) said that it was with much hesitation that he intervened in the debate. The Organization should seek solutions in harmony with constitutional principles and not be subordinated in action and policy to political considerations. The problem at issue clearly required very careful handling and further study. Perhaps time might prove to be the healer, and for that reason he supported the resolution put forward by the Chairman.

He agreed that the request of the delegation of Turkey was a separate question, although not unrelated to the general subject under discussion. Whatever decision was taken on the request of the
delegation of Turkey, it was hardly likely to affect the 1952 meeting of the Regional Committee for the Eastern Mediterranean.

While a similar resolution from another country might possibly help towards a solution, no proposal was as yet before the meeting. It would be a most objectionable principle for the Health Assembly in any way to coerce a Member State into or out of a given region. For that reason, the Chairman's resolution should be put to the vote in order to reach a speedy, though perhaps temporary, solution of a difficult problem.

Dr. Karabuda (Turkey) maintained that it would be difficult to reach a solution when even the Executive Board had been unable to find one by careful and prolonged study.

Mr. Kahany (Israel) had no objection to postponing the discussion of his delegation's resolution, although he too failed to see that further study would be of any use. He moved the adjournment of the debate until the Sixth World Health Assembly.

Decisions:
(1) The proposal of the delegation of Israel for adjournment of the debate (put to the vote immediately under Rule 54 of the Rules of Procedure) was rejected by 5 votes to 3, the majority of members abstaining.
(2) The Chairman's resolution was adopted by 23 votes to 1, with 23 abstentions. (See fourth report, section 3.)

Mr. Kahany (Israel) asked whether his Government would have an opportunity of expressing its views when the matter came before the Board.

The Chairman said that no doubt Rule 8 of the Rules of Procedure of the Executive Board would be observed. He called for observations on the request of the Turkish Government.

In reply to a request by Dr. Jafar (Pakistan) for further clarification of his earlier question, the Chairman suggested that the matter should be referred to the Legal Sub-Committee, as it was not clear from the Constitution whether it was possible for a Member State to be assigned to more than one region at a time in respect of the same territory.

Dr. Van den Berg (Netherlands) supported the Chairman's suggestion.

The Legal Secretary repeated his earlier explanation, namely that the Organization included a certain number of Member States which in fact belonged to two or more regional committees.

Mr. Mason (New Zealand) asked whether the Legal Sub-Committee would consider the Turkish request only, or the general issue as to whether a country could belong simultaneously to two regions.

The Chairman said that it was difficult to reply to that point. The Legal Sub-Committee would have before it all the views expressed in the main committee.

Decision: The request submitted by the Turkish Delegation was referred to the Legal Sub-Committee for consideration. (For discussion of the sub-committee's report, see tenth meeting, section 3.)


Agenda, 7.5

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, speaking at the invitation of the Chairman, recalled that at its first meeting the committee had been informed that the cost of building clearly exceeded the amount provided on the basis of the original estimates and that the Director-General would submit a detailed report to the Building Committee on receipt of further information from the United Nations. Full details would be found in the lengthy report of the Building Committee which was now before the committee (see Annex 6).

M. Toussaint (France), Rapporteur of the Building Committee, presented its report. The extension of the Palais des Nations was practically finished and the headquarters of the Organization now had premises in which it could work efficiently. It was clear that the cost of the building would exceed the amount provided on the basis of the original estimates. The Building Committee had examined the reason for that difference.

The original estimates had been prepared rapidly to allow of their submission to the Third World Health Assembly. Certain additional indispensable work had to be carried out, and difficulties were encountered in building reinforced foundations capable of taking a tower of 20 floors. The steel shortage, following the outbreak of war in Korea, had resulted in considerable delay in delivery of the
metal framework; that in turn had resulted in further delays, so that finally the work was carried out in the bad building season and at a time when prices of raw materials and wages were rising rapidly. Increase in labour costs was an important factor in the additional expenses incurred. For that reason, the Director-General requested that he be authorized to settle, by transfers within the 1952 budget, the additional expenditure of Sw. fr. 78,000 in addition to the Sw. fr. 29,300 already approved for supplementary building work. Other items in excess of the original estimates included Sw. fr. 263,500 in respect of additional work approved by the architect, and contractors' claims of Sw. fr. 158,000, part of which were contested by the architect and were still being checked. Since outstanding claims must be settled in the following months, the Building Committee recommended the adoption of the resolution at the end of its report.

Lastly, the Building Committee had borne in mind that: (1) WHO could not ignore its obligations under its agreement with the United Nations; (2) WHO must have the right to check all accounts which it was asked to settle, both in order to assure itself that they were in respect of work for which it was responsible and in order to keep expenditure to the minimum. The proposed resolution met those requirements and gave the Director-General and the Executive Board the necessary powers to settle all accounts and to exercise proper control.

*Decision:* The draft resolution proposed by the Building Committee in its report was unanimously approved. (See fourth report, section 4.)

3. Scale of Assessment for 1953: China, Japan, Libya, Union of South Africa, Morocco and Tunisia

Mr. Hamilton (Union of South Africa) presented a document submitted by his delegation (reproduced in Annex 8) requesting a reconsideration of the scale of assessments and a reassessment of the contribution of the Union of South Africa for 1953, in order to bring it more into line with that country's contribution to the United Nations, in accordance with resolution WHA3.91 of the Third World Health Assembly. He asked for an interpretation of Rule 84(e) of the Rules of Procedure of the Health Assembly, which provided that a request for a review of the apportionment of contributions among Members and Associate Members must be transmitted to the Director-General not less than 90 days before the opening of the session.

The Chairman drew attention to a request from the Republic of China regarding its financial contribution to WHO (see Annex 7). The committee also had before it a proposal by the delegation of the Philippines that Rule 84(e) should be suspended in the case of China.

Dr. Elícano (Philippines) explained that the concession requested in his delegation's proposal would only suspend the Rule in question for the year 1953. In subsequent years, the established assessment for the Republic of China—720 units—would be reverted to. China was very anxious to participate with the other Member States in the work of WHO. In addition to the reduced assessment for 1953, she offered to pay 15,000 dollars as a token payment in respect of arrears of contributions.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) thought that the two payments suggested for the Republic of China were both in the nature of token payments, and should be considered jointly.

Dr. Mellbye (Norway) considered that the various proposals made with regard to China were complex, both financially and constitutionally. He thought the information available was insufficient for an opinion to be formed and proposed the following draft resolution:

*The Fifth World Health Assembly,*

*Having considered a communication from the Republic of China containing proposals concerning a financial settlement with the World Health Organization;*

*Taking note of Rule 84(e) of the Rules of Procedure of the Health Assembly,*

*REQUESTS the Executive Board to study the communication and to report thereon to the Sixth World Health Assembly.*

It would be within the terms of reference of the Executive Board to open negotiations with the Republic of China in order to reach a satisfactory conclusion for presentation to the Sixth World Health Assembly.

Mr. Blaisdell (United States of America) considered that Rule 84(e) did not preclude the communication from the Republic of China and the proposal of the delegation of the Philippines from being considered at the present session. The Chinese
Government proposed to make a payment of 15,000 dollars in respect of arrears, the balance to be open to negotiation between the Republic of China and the World Health Organization. The United States delegation believed that offer should be accepted. The second proposal—for an assessment of China at 10,000 dollars for the year 1953—would be supported by the United States delegation, provided that the scale of assessment was not continued in subsequent years. He regarded the proposals as a request for an emergency concession in view of the present situation of the Republic of China.

With regard to currency, contributions to the World Organization had to be paid in hard currency. He could not support the request for payment in soft currency. Nor could his delegation accept any readjustment in assessments which would have the effect of increasing the assessment against the United States of America to more than its present size of one-third of the budget.

Mr. BOUCHER (United Kingdom of Great Britain and Northern Ireland) considered that Rule 84(e) was designed to protect the Health Assembly from making hasty decisions. His delegation was opposed to token payments, both on principle and because they would create a bad precedent, not only in the World Health Organization but also in other United Nations agencies. A similar line had been taken by his delegation with regard to proposals concerning China which had been submitted the previous year at the General Conference of UNESCO.

Mr. MASON (New Zealand) was unable to agree with the delegate of the United States of America with regard to his interpretation of the Rule in question. He agreed with the delegate of the United Kingdom that the Rule had been designed to give governments time for study and consideration. While he welcomed the willingness of the Republic of China to participate actively in the work of the Organization, he made reservations with regard to the proposals for payment of arrears and the contribution for 1953. Arrears were still due in respect of the years 1948 and 1949, when China had been a full Member of the Organization. Other aspects of the request would become apparent if time were available to study it. He could not agree to the token payment of 15,000 dollars and supported the Norwegian proposal.

Mr. SHAW (Australia) said that the proposal of the delegation of the Philippines referred to measures which would enable China to resume active participation in the Organization. Such action would be welcomed by his Government, and he was not aware that the existing situation precluded active participation. He asked the Legal Secretary for an opinion on this point.

The LEGAL SECRETARY quoted resolution WHA3.90 of the Third World Health Assembly in which it was stated that “the resumption by China of full participation in the work of the Organization will be welcomed”. It was for the committee to interpret that resolution.

Dr. JAFAR (Pakistan) supported the proposal of the delegate of Norway to refer the matter to the Executive Board.

Dr. MELLBYE (Norway) accepted a modification (suggested by the SECRETARY) to his delegation’s draft resolution, by which the words “a financial settlement with”, in the first paragraph, were replaced by “its financial contributions to”.

Mr. HAMILTON (Union of South Africa) said that, while his delegation would have preferred the question of assessments to be considered at the present session, he would agree in the circumstances to the question being submitted to the Executive Board for a report to the Sixth World Health Assembly.

Decisions:

(1) The resolution proposed by the delegation of Norway was adopted. (See fourth report, section 7.)

(2) The proposal with regard to the assessments of the Republic of China and of the Union of South Africa were referred to the Executive Board for consideration and for a report to the Sixth World Health Assembly. (See fourth report, section 6.)

The CHAIRMAN submitted for the consideration of the committee resolutions EB9.R59 and EB9.R60 of the Executive Board with regard to the assessment of Japan.

Mr. HOSHI (Japan) recalled that at its ninth session the Executive Board had considered the request of the Government of Japan that the assessment of Japan for the year 1952 should be 192 units instead of 214, since the Peace Treaty with Japan signed at San Francisco in September 1951 had not
come into force by 1 January 1952. The Executive Board had given favourable consideration to the request. Conditions were now different, because the peace treaty had come into force on 28 April 1952. His Government was therefore prepared to accept the assessment for 1953 and future years at 214 units, in accordance with resolution WHA4.47 of the Fourth World Health Assembly.

Decision: Resolutions EB9.R59 and EB9.R60 of the Executive Board were accepted by the committee for submission to the Fifth World Health Assembly. (See fourth report, section 5.)

The CHAIRMAN then submitted to the committee for its consideration a document regarding the assessment of the United Kingdom of Libya which proposed that, in view of the information obtained from the United Nations, the assessment for that country be established at the minimum number of units, namely 5. He also submitted a draft resolution providing that the assessments for the Associate Members, Tunisia and Morocco, be fixed at 3 units each.

Mr. DE ERICE (Spain) requested, in the name of the Spanish delegation, duly authorized and by express permission of the Khalifa of the Spanish Protectorate of Morocco, that in connexion with the matter under discussion, where Morocco was mentioned it should be followed by the words “French Zone” to distinguish it from Spanish Morocco.

The CHAIRMAN said that note had already been taken of the observations made by the delegate of Spain.

Decision: The assessments proposed for the United Kingdom of Libya, for the French Zone of Morocco, and for Tunisia, were approved by the committee for submission to the Fifth World Health Assembly. (See fourth report, section 5.)

The meeting was adjourned at 4.45 p.m. and resumed at 5 p.m.

4. Request of Libya to be formally assigned to the Eastern Mediterranean Region

The CHAIRMAN reminded the meeting that the United Kingdom of Libya at the eighth plenary meeting had formally asked to be assigned to the Eastern Mediterranean Region.

Dr. SICAULT (Morocco) said that by a vote taken at the sixth meeting a similar request presented by his country for assignment to a particular region had been rejected as requiring further study. He asked what criteria were applied in such cases. If it was admissible for one country to request assignment to a particular area, why was it not admissible for another country to make a similar request?

Dr. SIDKY (Egypt) said that the difference between the case of Libya and that of Tunisia and Morocco was that Libya had been assigned to the Eastern Mediterranean Region at the First World Health Assembly.

The CHAIRMAN said that the vote taken at the sixth meeting, to which reference had been made, concerned the territories of Morocco, Tunisia, the French departments of Algeria, Greenland and Somalia. It did not concern Libya.

Dr. BONIÉ (France) was astonished at that interpretation. Different criteria seemed to have been applied to similar cases. While Tripolitania had been assigned to the Eastern Mediterranean Region by the First World Health Assembly, no mention was made of the Fezzan and Cyrenaica, now in Libya. He had no objection to the request made by the United Kingdom of Libya, but he thought that a certain justice should be observed.

Dr. TOGBA (Liberia) said that the difference was between full Members and Associate Members. In the case of Associate Members, it was another government which made a request on their behalf. Libya, however, was an independent country and spoke for itself.

Dr. SICAULT (Morocco) did not think that the delegate of Liberia wished to question the powers delegated to the speaker by the Sultan of Morocco.

Dr. SIDKY (Egypt) referred to a precedent at the Second World Health Assembly in 194926 when Israel was admitted to the Eastern Mediterranean Region because part of its territory, namely Palestine, had been assigned to that region the previous year.

Dr. VAN DEN BERG (Netherlands) said that where possible the wish of the country should be taken into consideration in assigning it to a region, unless that was impossible on technical or other grounds. In

the case in question, however, there were two legal points to be decided: (1) the position as it stood, and (2) the possibilities open to the committee after the adoption of the resolution proposed by the delegate of Egypt at the sixth meeting. He proposed that the matter be referred for study to the Legal Sub-Committee, which had not yet been dissolved.

Dr. Graves-Morris (Libya) said that the reasons which had prompted the United Kingdom of Libya to request assignment to the Eastern Mediterranean Region were those of race, religion, language, etc., and also the fact that its health problems were similar to those of that region. If legal questions were involved, he was prepared to see them referred to the Legal Sub-Committee.

Dr. Togba (Liberia) did not see that there was any legal complication. The Chairman had given a ruling at the seventh meeting that Libya had not been included in the vote taken at the sixth meeting. It would only cause delay if the question were referred to the Legal Sub-Committee.

Dr. Sidky (Egypt) said that Libya was an independent country and had already been assigned to the Eastern Mediterranean Region. All that was now sought was confirmation of that assignment.

Dr. Jafar (Pakistan) thought that the request of the delegation of Libya did not raise questions of equity or law, nor was it the same as the problem of including Tunisia and Morocco in the European Region. Certain questions regarding Tunisia and Morocco needed further study, but such was not the case with Libya.

M. Geeraerts (Belgium) regretted to have to intervene in the debate, which he thought was degenerating. The committee was laying itself open to criticism: the same arguments were being repeated in favour of and against assignment to the same region. He did not approve of the tone of the discussion and, as a measure of protest, he would leave the meeting.

M. Geeraerts (Belgium) withdrew.

The Chairman regretted that the delegate of Belgium had withdrawn before a decision had been taken.

Dr. Hayek (Lebanon) asked for a vote to be taken on the request made by the United Kingdom of Libya.

Mr. Telahun Tchernet (Ethiopia) thought that the matter had already been settled. Libya had already been assigned to the Eastern Mediterranean Region, and it was the Eastern Mediterranean Regional Office which drew up its budgets and dealt with its correspondence. Ethiopia was a member of the Eastern Mediterranean Region, and as such was prepared to welcome the admission of Libya.

Decision: The request of the United Kingdom of Libya to be formally assigned to the Eastern Mediterranean Region was accepted by 27 votes to none, with 8 abstentions. (See fourth report, section 8.)

5. Progress in Co-ordination with the United Nations and Specialized Agencies on Administrative and Financial Questions

Agenda, 7.6

The Chairman drew attention to the eleventh report of the Administrative Committee on Co-ordination, paragraphs 55-65, and the report of the same body on its twelfth and thirteenth sessions, paragraphs 49-54.57

Decision: The reports were noted by the committee. (See fourth report, section 9.)

6. Appointment of Representatives on the WHO Staff Pension Committee to replace Members whose Period of Membership Expires

Agenda, 7.16

The Chairman asked for nominations to replace the two retiring representatives on the Staff Pension Committee, Dr. H. Hyde and Dr. J. A. Höjer.

Dr. Togba (Liberia) proposed the delegates of New Zealand and Iran.

Dr. Jafar (Pakistan) supported the proposal of the delegate of Liberia.

The Secretary, while he did not wish to influence the appointment of representatives, said that it would be less expensive for the representatives to attend meetings if one of them came from North America and one from Europe. Meetings held in New York could then be attended by the representative from North America, and in Geneva by the representative from Europe.

Mr. Mason (New Zealand) said that he had no mandate from his Government to accept the nomination, and asked for permission to withdraw.

57 See UN documents E/2203 and E/2161.
The CHAIRMAN suggested the delegates of Canada and Iran.

**Decision:** The proposal of the Chairman was approved. (See fourth report, section 10.)

7. Reconsideration of Policy on Participation of Member States in Certain Costs incurred by WHO (continuation from fifth meeting, section 2)

Agenda, 7.28

Report of Working Party

Dr. McMillan (Canada) presented the report and draft resolution drawn up by the working party on the participation of Member States in certain costs incurred by WHO (see Annex 10). Although he had been Chairman of the Working Party, he was not able to support the draft resolution. His delegation was opposed to any changes being made in present policies.

Dr. Nasrallah (Hashemite Kingdom of the Jordan) hoped that the committee would adopt the report and draft resolution. The States that would benefit by the resolution were few, small, poor and under-developed, and the resolution would not entail extra expenditure for WHO. If it were not adopted, projects would have to be curtailed in many instances.

Dr. Bravo, representative of the Executive Board, informed the committee that the problem had been brought to the attention of the Health Assembly by the Executive Board in resolution EB9.R20 because of the numerous difficulties encountered by WHO in the execution of programmes of technical assistance. The draft resolution was an important step forward and would help to solve many problems. For that reason, in the name of the Executive Board, he hoped that the committee would see its way to adopting the report of the working party and the draft resolution.

Mr. Mason (New Zealand) supported the draft resolution which was, in his opinion, the best compromise solution that could be reached.

Mr. Calderwood (United States of America) said that in the course of the meetings of the working party he had reserved the right to make an alternative proposal. In the Director-General's working paper on the subject it was pointed out that the question of local costs was under consideration by the Technical Assistance Committee. He felt that WHO should act in conjunction with the other specialized agencies. The Fourth World Health Assembly had adopted resolution WHA4.60, which granted considerable latitude to the Director-General in the matter of asking local governments to meet local costs. All that was needed was to direct the attention of the Technical Assistance Committee to the matter and authorize the Director-General to apply to the regular programme the policy established by the Technical Assistance Committee pending its reconsideration by the Health Assembly. He therefore proposed the deletion of paragraphs 2 and 3 of the draft resolution.

Dr. Togba (Liberia) agreed with the observations of the delegate of New Zealand. The draft resolution constituted a good compromise between the two opinions which had divided the working party. He supported it.

Mr. de Souza e Silva (Brazil) associated himself with the observations made by the delegates of New Zealand and Liberia. He supported the draft resolution, with the deletion of paragraph 4.

The Secretary said that the issue was similar to that of the cost-of-living adjustments. It had been suggested that WHO should wait for the other specialized agencies to form their policy, and then follow them. The Director-General, however, felt that the World Health Organization should make its own decisions on its own problems in the regular programme. A number of projects planned by various organizations were not being implemented because of difficulties which had arisen in trying to carry out decisions of the Technical Assistance Committee. The Director-General believed that paragraphs 2 and 3 of the draft resolution would lend additional support to the recommendations contained in paragraph 1, and he hoped that the full report would be approved.

Dr. Hayek (Lebanon) was surprised to hear the report of the working party attacked in the committee by members of that working party. He associated himself with the observations made by the representative of the Executive Board, and supported the draft resolution as presented in the report.

Mr. Mells (United Kingdom of Great Britain and Northern Ireland) supported the policy laid down by the Fourth World Health Assembly. If that policy was to be revised, changes should be kept to a minimum. If extra services were planned, other projects would have to be curtailed because of additional expenditure not provided for in the estimates.
Mr. CALDERWOOD (United States of America) said that if the restrictions laid upon the Director-General by the resolution of the Fourth World Health Assembly were too great, they should be modified. The Technical Assistance Committee already had on its agenda a question with regard to broadening its policy. Paragraphs 2 and 3 were designed in effect to enable action to be taken in the World Health Organization without regard to the policy of the Technical Assistance Committee.

Mr. BRADY (Ireland) asked what were the financial implications of the proposed decision, in relation, say, to the programme for 1953.

The SECRETARY replied that the financial implications would be difficult to ascertain at the moment. The guiding factor would be the budget ceiling established by the Fifth World Health Assembly. As the delegate of the Hashemite Kingdom of the Jordan had said, should it be necessary in certain countries for the Director-General to waive the requirements of the resolution of the Fourth World Health Assembly, there might have to be fewer projects or what projects there were might have to be of shorter duration.

A vote was taken on the draft resolution, paragraph by paragraph.

Decisions:
(1) The preamble and paragraph 1 were adopted by 29 votes to 1, with no abstentions.
(2) The amendment of the delegation of the United States of America, proposing the deletion of paragraphs 2 and 3, was defeated by 14 votes to 19, with 7 abstentions.
(3) Paragraphs 2 and 3 as proposed by the working party were adopted by 23 votes to 4, with 5 abstentions.
(4) Paragraph 4 was adopted by 30 votes to none, with 1 abstention.
(5) The draft resolution as a whole was adopted. (See fourth report, section 11.)

The meeting rose at 6.15 p.m.

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TENTH MEETING

Tuesday, 20 May 1952, at 3 p.m.

Chairman: Sir Arcot MUDALIAR (India)

1. Adoption of Draft Third Report of the Committee

The committee considered the resolutions proposed in its third draft report item by item. (For report as amended, see page 343.)

Sections 1-6
Confirmed without discussion

Section 7: Agreement with the Government of the Philippines

A separate vote was taken on this section, which required for adoption a two-thirds majority in accordance with Rule 64 of the Rules of Procedure of the Health Assembly. The proposed resolution was unanimously confirmed.

Section 8
Confirmed without discussion

Section 9: Assignment to Regions

Mr. SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, read the following statement:

Since the adoption by this committee of the resolution dealing with the assignment to regions, the Secretariat has had an opportunity to study the provisions of the resolution and believes it is desirable to invite the attention of the committee to certain aspects of the question which seem to stem from the provisions of the Constitution.

In this regard the attention of the committee is respectfully invited to Articles 8, 44 and 47 of the Constitution which deal with the admission as Associate Members of territories or groups of territories which are not responsible for the conduct
of their international relations. Article 8 provides further that "the nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly". Article 44 provides that "the Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization" and Article 47 provides that "Regional committees shall be composed of representatives of the Member States and Associate Members in the region concerned". The Second World Health Assembly, in its decision dealing with the rights and obligations of Associate Members in implementation of Article 8 of the Constitution, provided in paragraph 3(2) that "Associate Members shall have all rights and obligations in the regional organizations..."

It would seem that the resolution which was approved by this committee the other day would have the effect of deferring the possibility of the two new Associate Members enjoying the rights and assuming the obligations provided to them pursuant to the provisions of the Constitution and the resolution of the Second World Health Assembly to which reference has been made.

Dr. VAN DEN BERG (Netherlands), observing that a region was a defined geographic area, suggested that the words "geographical region" in the preamble and at the end of paragraph 1 of the resolution in section 9 should be changed to "geographical areas" in order to conform to the wording of Article 44 of the Constitution just quoted by the Secretary.

It was so agreed.

Dr. BOÎDÉ (France) wished to reserve his delegation's position with regard to the resolution, which it considered contrary to the Constitution.

M. GEERAERTS (Belgium) asked that it should be recorded in the minutes that the Belgian delegation could not vote in favour of the resolution as drafted since it did not cover the whole question of the assignment to regions according to uniform standards. It was contrary to the spirit and provisions of the Constitution and was not in conformity with the law of nations.

Dr. VAN DEN BERG (Netherlands) said that, when the matter was discussed at the sixth meeting, he had requested the adjournment because the written text of the resolution was not available. He now found the text quite unacceptable because, as the

28 Off. Rec. World Hlth Org. 21, 55

Secretary had explained, it was not in conformity with the Constitution.

Dr. JAFAR (Pakistan) asked for clarification of the statement made by the Secretary. Article 44 of the Constitution referred to the function of the Health Assembly in defining the geographical areas in which it was desirable to establish a regional organization. The Secretary had stated that certain Associate Members might, under the draft resolution, be deprived of the benefits which would normally accrue to them under the resolution of the Second World Health Assembly. But how would they be deprived of benefits? The Health Assembly had not yet decided to assign them to a region, but until they were so assigned, services were to be provided for them under the heading of "Region Undesignated".

The Secretary said his statement had been that the resolution approved by the committee would seem to have the effect of deferring the possibility of the two new Associate Members enjoying the rights and assuming the obligations provided to them under the provisions of the Constitution and the resolution of the Second World Health Assembly.

Dr. NAZIF Bey (Egypt) asked to what particular services the Secretary was referring. In the resolution before the committee, paragraph 4 had been included in order that Associate Members not yet assigned to a region should not be deprived of any services of the Organization.

Dr. RAE (United Kingdom of Great Britain and Northern Ireland) said there was no suggestion that the territories in question would not receive assistance, but they would not have the rights and obligations of Associate Members laid down in the Constitution.

Dr. TOGBÀ (Liberia) failed to see of what privileges the Associate Members in question would be deprived. They had not been assigned to any particular region but would receive assistance through the headquarters of the Organization. They would no doubt be represented by the country responsible for their international affairs.

Dr. VAN DEN BERG (Netherlands) felt that the arguments put forward by the delegate of Liberia were not in conformity with the intention of the World Health Assembly in adopting the principle of admission of Associate Members. That intention had surely been that such territories should have their own representatives in the Health Assembly and
especially in the regional committee and that their health interests should be in their own hands.

Dr. Jafar (Pakistan) said the delegate of Liberia had raised a very important point. The privileges to which reference had been made were supposed to accrue to a territory after it had been assigned to a region. The first question to decide was, therefore, whether deferment of assignment to a region—the object of the resolution—was unconstitutional.

The Chairman pointed out that the Secretary had not referred to any unconstitutional act but had drawn attention to the Articles of the Constitution which might have an effect on the position of the Associate Members in question.

Dr. Jafar (Pakistan) maintained that the question of the possible deprivation of certain benefits did not arise at that stage.

Dr. Togba (Liberia) said that from his experience of living in a region where the only territory at present an Associate Member of the Organization was situated, he could not see in what way an Associate Member would be deprived of benefits. An Associate Member could not in any case vote in the regional committee.

The Secretary pointed out that he had not used the word "deprived". He had spoken of "deferring the possibility of enjoying".

The Chairman observed that three delegations had indicated the wish to make a reservation to the resolution and inquired whether any other delegations wished to do so.

The following delegations indicated that they wished to make a reservation: Austria, Belgium, Canada, Denmark, France, Germany, Ireland, Israel, Italy, Laos, Luxembourg, Netherlands, New Zealand, Portugal, Sweden, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, Viet Nam.

Mr. Kahany (Israel) suggested that, in view of the grave doubts about the resolution, it might be advisable to apply Rule 62 of the Rules of Procedure of the Health Assembly and consult the committee as to whether it wished to ask the Legal Sub-Committee to prepare a more comprehensive and better balanced text.

In reply to a question by Dr. Togba (Liberia), the Chairman said he had understood that those delegations which had made reservations were not prepared at that stage to commit themselves either for or against the resolution.

M. Geeraerts (Belgium) explained that the sense of his reservation was that he wished to vote against the resolution on the grounds that it was contrary to the Constitution and to the principle of the law of nations. Paragraph 3(2) of the resolution of the Second World Health Assembly on the rights and obligations of Associate Members and other territories stated that "Associate Members shall have all rights and obligations in the regional organizations" but those rights had been denied (for reasons which did not appear to him convincing) to two Associate Members which had expressed the wish to be attached to one of the existing regional organizations.

Moreover he considered the resolution inopportune. The Executive Board had already been asked once to study the question and had recommended, for technical and administrative reasons, that the request for assignment to the European Region should be accepted. To adopt the draft resolution would be tantamount to expressing a doubt as to the efficiency of the study already made.

Mr. Mason (New Zealand) said that in making a reservation he had intended to indicate his delegation's opposition to the substance of the resolution. He disagreed with the proposal to defer a decision on the assignment of territories to a region.

Dr. Karabuda (Turkey) supported the views expressed by the delegate of Belgium.

Dr. Bravo, representative of the Executive Board, confirmed that the Board, after analysing the various geographical, commercial, health and administrative aspects of the question, had reached the conclusion that French Morocco, Tunisia, and Algeria should, from the technical and administrative point of view, be attached to the European Region. He stressed that the Board, which was a technical and administrative body, had not considered the matter from the political point of view.

Mr. Brady (Ireland) said that his reservation was in conformity with the attitude he had adopted at the previous discussion, when he had abstained from voting on the resolution.

Mr. de Erice (Spain) said that support of the proposal under discussion implied no criticism of the Executive Board. The delegation of Spain might possibly have made a mistake in supporting the proposal, as it had not taken into consideration the principles laid down in Article 8 of the Constitution.
In the case of Morocco, where there were three zones, the Executive Board had not been able to examine the request made by the Spanish delegation concerning the Spanish zone of Morocco. He therefore thought that it would be necessary to make a more complete study on the whole subject of Morocco, so that that country might take part effectively in the work of WHO.

Dr. TOGBA (Liberia) explained, for the sake of those delegations which were not familiar with the activities of the Executive Board, that it functioned in a similar manner to the committee in the sense that its decisions were usually only majority decisions. Therefore no decision of the Executive Board could be taken as a definite expression of the opinion of the whole Organization. On the contrary the recommendations of the Executive Board were sent to the Health Assembly for final decision.

Dr. BRAVO, representative of the Executive Board, observed that he was only empowered to present the majority opinion of the Board.

The CHAIRMAN pointed out that the proposed resolution was before the committee for approval of the wording. If it was desired to reopen discussion on its substance, Rule 62 of the Rules of Procedure of the Health Assembly requiring a two-thirds majority would apply.

A vote was taken on the confirmation of the resolution as drafted. The vote was lost by 17 to 13, with 11 abstentions.

Further discussion took place during which Dr. HAYEK (Lebanon) proposed referring the resolution to a working party, and Dr. BOIDÉ (France) suggested that the whole question should be examined at a plenary meeting of the Health Assembly. The CHAIRMAN, finding that some delegates had voted on the substance and some on the wording only, asked the committee to vote, under the provisions of Rule 62 of the Rules of Procedure, on the question of whether it wished to reopen discussion on the substance of the resolution.

Decisions:
(1) The proposal to reopen discussion on section 9 of the draft third report was rejected by 14 votes to 3, with 22 abstentions.
(2) It was agreed that the text of the resolution, as amended by the delegate of the Netherlands, was in conformity with the resolution as previously adopted by the committee.

Section 10: World Meteorological Organization
A vote was taken on this section, which required a two-thirds majority in accordance with Rule 64 of the Rules of Procedure of the Health Assembly. The proposed resolution was unanimously confirmed.

Sections 11-13
Confirmed without discussion

Decision: The committee adopted its draft third report, as amended.

2. Adoption of Draft Fourth Report of the Committee
The report was read by Dr. CHATTY (Syria), Rapporteur, and each of the sections was considered individually. (For report as amended, see page 345.)

Introduction
On the proposal of Dr. TOGBA (Liberia), it was agreed to amend the first paragraph to read: "The Committee on Administration, Finance and Legal Matters held its eighth and ninth meetings on Monday, 19 May 1952."

Sections 1-5
Confirmed without discussion

Section 6: Scale of Assessments—Union of South Africa
On the proposal of Mr. HAMILTON (Union of South Africa), it was agreed that the last paragraph of the resolution 29 should be amended to read: "REQUESTS the Executive Board to consider the question of the scale of assessments and to report to the Sixth World Health Assembly."

The resolution, as amended, was approved.

Section 7
Confirmed without discussion

Section 8: Assignment to Regions—Libya
M. GEERAERTS (Belgium) asked that it should be recorded in the minutes that the Belgian delegation abstained from giving its approval to this section of the report; his delegation in no way questioned the soundness of the resolution but considered that the whole question of assignment to regions had not been dealt with according to the same set of standards.

29 Reading: "POSTPONES consideration of this question until the Sixth World Health Assembly".
Dr. Boidé (France) wished to have a similar reservation recorded in the minutes; he assured the committee that this was simply a question of procedure.

A point of order having been raised by the delegate of Pakistan, the CHAIRMAN ruled that there was no objection to acceding to the requests of the delegates of Belgium and France.

The resolution was approved.

Sections 9-11
Confirmed without discussion

Decision: The committee adopted its draft fourth report, as amended.

3. Third Report of the Legal Sub-Committee

On the proposal of the CHAIRMAN, it was agreed that if the proposals contained in the report were accepted by the committee, they would be put forward as the proposals of the main committee.

The report was read by Mrs. Biemond (Indonesia), Rapporteur, Legal Sub-Committee, (for text, see page 352) and the sections were considered individually.

Section 1: Legality of a Draft Resolution in respect of Article 31 of the Constitution

Dr. Togba (Liberia) proposed that paragraphs 3 and 5 of the resolution should be amended to avoid the possibility of the Director-General's contract being renewed for less than three years.

Mr. Mason (New Zealand), Chairman of the Legal Sub-Committee, said that the resolution proposed in the report of the sub-committee was an amended version of the resolution sponsored by some 50 delegations and referred to the sub-committee; the paragraphs which the delegate of Liberia wished to amend reflected similar paragraphs in the original resolution; the intention then had clearly been that the Director-General should be free to set the period of his continued service if he accepted renewal of his contract.

Decision: The resolution proposed by the Legal Sub-Committee was approved and it was agreed to recommend to the Health Assembly that Rule 10 of its Rules of Procedure should be waived in respect of this item.

Section 2: Participation of a Member State in two or more Regional Committees—Request by the Government of Turkey

Dr. van den Berg (Netherlands) asked whether the decision of the Legal Sub-Committee recorded in the report had been unanimous and, if not, for a brief outline of the main objections.

Mr. Mason (New Zealand), Chairman of the Legal Sub-Committee, said that the discussion on the matter had been extremely lengthy. The decision had not been unanimous but it would be difficult to resume the dissentient opinions briefly; the full discussion could be read in the minutes of the sub-committee's fourth meeting which would be circulated shortly.

Dr. Togba (Liberia) recalled that Article 44(b) of the Constitution specified that there should not be more than one regional organization in each geographical area; inversely, it would seem to imply that one country could not be a Member of more than one regional organization. Furthermore, Article 47 of the Constitution, as interpreted by resolution WHA2.103, specified that a Member State of a region must have its seat of government within the region. Under those circumstances, and considering the fact that Turkey had accepted its original assignation to the Eastern Mediterranean Region, he did not see on what basis the Turkish request had been made nor how it could be granted.

Dr. Mellbye (Norway) said that, on grounds of simple common sense, it seemed obvious that one country should not be entitled to be a Member of two or more regions.

Mr. Calderwood (United States of America) said that a clear distinction must be maintained between the implications of Article 44 of the Constitution and those of Article 47. It was his understanding that Turkey had requested that it should remain a Member of the Eastern Mediterranean Region, but that it should be entitled to participate in the meetings of the Regional Committee for Europe in accordance with the provisions of resolution WHA2.103.

M. Geeraerts (Belgium) said that, as he had remarked at previous sessions of the Health Assembly, it was unfortunate that discussions which had taken place in the Legal Sub-Committee should be repeated in the main committee. Time would be
saved if questions were discussed in the main committee in which all delegations were represented.

Dr. Hayek (Lebanon) regretted that he could not vote in favour of granting the request made by the Turkish Government, which he considered would set a dangerous precedent. He did not see how it would be possible for Turkey to take part in the programmes of two different regions. If the request of Turkey were granted, he would be forced to have recorded in the minutes a reservation which would permit him to advise his Government to request the assignment of the Lebanon to the European Region, in view of the close communications between his country and Europe; or to request the creation of a new regional office in the Middle East, to consist of Ethiopia, Pakistan, Iran, Iraq, Syria, the Hashemite Kingdom of the Jordan, Saudi Arabia, Egypt, Libya and the Lebanon. The latter proposal might be submitted for discussion at a future date to the committee, but the matter would first have to be discussed by the governments of the States which might comprise the new region. For the present he believed that permission should not be given to any State to be represented in two regional organizations.

The meeting was adjourned at 5.5 p.m. and resumed at 5.20 p.m.

Dr. Karabuda (Turkey) said that he had given at length the reasons for the request made by the Government of Turkey at the previous meeting, and would now only reiterate them briefly. A large part of metropolitan Turkey lay in the European Region and there were no constitutional reasons for not acceding to the request. As for the objections of the delegate of the Lebanon, in the case of Turkey it was not a question of close communications with Europe but of geographical position. The manner in which Turkey would participate in the regional organizations would be determined by the regional committees. He did not think the request could be said to lack a basis of common sense.

Mr. El-Mehelemn (Egypt) recalled that Turkey had been included in the Eastern Mediterranean Area by the First World Health Assembly. On that ground, the request of the Turkish Government would appear to be premature; the correct procedure would be for Turkey to request the inclusion of part of its territory in the European Region and subsequently to claim representation in the Regional Organization for Europe, in accordance with the provisions of resolution WHA2.103, paragraph 2. He proposed the following draft resolution:

The Fifth World Health Assembly,

Having noted the request of the Government of Turkey to participate in the European Region, and at the same time continue to be a member of the Eastern Mediterranean Region;

Taking into account the resolution of the First World Health Assembly which delimited the geographical areas and which provided that Turkey be included in the Eastern Mediterranean Region,

1. BELIEVES that this request of Turkey to participate simultaneously in two regions cannot be considered unless the Health Assembly modifies the delimitation of geographical areas established by the First Health Assembly;

2. REQUESTS the Government of Turkey to submit a request that this delimitation of geographical areas as relating to its own territory be reconsidered;

3. REQUESTS the Director-General and the Executive Board to study the request and report to the Sixth World Health Assembly.

M. Geeraerts (Belgium) said that the First World Health Assembly had specified at one and the same time that Turkey should be included in the Eastern Mediterranean area and that the European area should consist of the whole of Europe. It was unquestionable that a part of Turkey lay in Europe; what solution would have been found had the assignment to a region of the Union of Soviet Socialist Republics been under discussion? He deplored the tendency on the part of the Health Assembly to refer to the Executive Board problems of policy which were difficult to solve. The Board, as its name implied, was an executive body. The Health Assembly, as the policy-making body of the Organization, should shoulder its responsibilities.

Dr. Jafar (Pakistan) considered that the legal issue, complicated as it was by two apparently contradictory Health Assembly decisions, could be discussed at great length without any positive result being achieved. The committee, however, had to deal with administrative issues as well, and it was important that the administrative implications of any decision should be taken into account. He would therefore request the views of the Director-General and of the regional directors concerned on the administrative aspects of participation by Turkey in both the European and the Eastern Mediterranean Regions.
Dr. Hayek (Lebanon) supported the draft resolution submitted by the delegation of Egypt.

The Secretary said that the request submitted by the delegation of Turkey must first be considered in the light of the resolution of the First World Health Assembly dealing with delimitation of, and assignment to, regions, under the terms of which Turkey had been assigned to the Eastern Mediterranean Region. It would appear to be a logical requirement that, if Turkey were considered as belonging to another region, that decision of the First Health Assembly should be suitably amended. Accession to the Turkish request would also bring into play the terms of resolution WHA2.103, under which Turkey would be deemed to be a Member of one region, by virtue of having its seat of Government therein, and to be a Member of another, on the basis of the fact that a certain portion of its territory lay within that region.

With regard to the administrative considerations to which the delegate of Pakistan had called attention, the view of the Director-General was that administrative processes would naturally be facilitated if there was a clear understanding that, whatever decision was taken regarding affiliation and assignment, the services provided by the Director-General through the regional offices should be furnished by one office only. It would, of course, not be impossible to make other arrangements, but all the manifold considerations of administration, financing and planning involved made dependence upon one regional office only highly desirable.

Supplementary information on the administrative aspects of the problem could be furnished by the directors of the regions concerned.

Dr. Karabuda (Turkey) expressed the hope that a decision would in fact be reached on the present occasion, and that the not infrequent tendency to refer difficult matters to the Executive Board would here be resisted.

Dr. Shousha Pasha, Regional Director, Eastern Mediterranean Region, stated that for him to be in a position to offer constructive observations on the subject, he would require elucidation of a certain discrepancy between the request submitted by the delegation of Turkey which referred to an "application to be admitted to the European Region", and the resolution adopted by the Legal Sub-Committee, which spoke of Turkey's "participation in the Regional Committee of the European Region". Those were two dissimilar propositions. Under Article 46 of the Constitution each regional organization consisted of a committee and an office, and the implications of participation in the deliberations of a committee were not the same as those of affiliation to an office, which raised numerous financial, planning and administrative considerations.

Dr. Karabuda (Turkey) intimated that, as stated in its request, his Government desired full affiliation to the European Region and its Regional Committee.

Mr. Mason (New Zealand), speaking as Chairman of the Legal Sub-Committee, stated that that sub-committee, in the course of its deliberations, had drawn no distinction between participation in the committee and affiliation to the region.

Dr. Jafar (Pakistan) felt that the Legal Sub-Committee, in framing its resolution, had based itself on considerations of participation in the regional committee rather than of affiliation to the region. Since the resolution in question had been submitted by the delegate of the United States of America, that representative might be in a position to offer further observations on the subject.

Mr. Calderwood (United States of America) confirmed the impression of the delegate of Pakistan.

Dr. Shousha Pasha, Regional Director, Eastern Mediterranean Region, considered that Turkey clearly had the right to request affiliation, and the services resulting therefrom, from any quarter which might be generally deemed appropriate. From the purely administrative point of view, however, any attempt to furnish Turkey with services from more than one region would be bound to have very serious drawbacks. The proposal which had been put forward earlier, to the effect that European Turkey might be serviced by the European Regional Office and Asiatic Turkey by the Eastern Mediterranean Regional Office, was highly impracticable since it assumed the possibility of dividing the country into water-tight compartments—which was in fact impossible. In actual fact, the activities proposed for Turkey in 1953 assumed that the country should be treated as an integral whole, and so did many other aspects of the work which the Organization was doing at the request of Turkey, e.g., the awarding of fellowships.

He would propose, as a practical solution to the difficulty, that Turkey might apply for temporary affiliation to the European Region, reverting to its assignment to the Eastern Mediterranean Region.
when the situation in that area returned to normal. There existed precedents for such a procedure, e.g., the action taken with respect to Greece and to the Dodecanese Islands.

Dr. BEGG, Regional Director, European Region, fully agreed with the Secretary and with the Regional Director for the Eastern Mediterranean Region on the desirability of channelling services through one regional office. Any arrangements to the contrary, although not outside the bounds of possibility, would of necessity be cumbersome and costly. He would stress that his office was prepared to implement any decision which the Health Assembly might take on the matter.

Dr. HAYEK (Lebanon) proposed that the request of the Government of Turkey and the draft resolution submitted by the delegate of Egypt be put to the vote.

Mr. KAHANY (Israel) emphasized that any decision should bear in the first place on the request of Turkey for admission to the European Region, questions of the administrative problems involved being of a separate order.

Dr. KARABUDA (Turkey) proposed an amended draft resolution for consideration by the committee:

The Fifth World Health Assembly,

Having considered the request of the delegation of Turkey to the effect that, on account of prevailing conditions in the Eastern Mediterranean Region which prevent the regular annual meetings of the Regional Committee, Turkey wishes to be admitted to the European Region, while suspending provisionally its activities in the Eastern Mediterranean Region,

DECIDES to accede to this request.

Dr. JAFAR (Pakistan) asked whether the Turkish representative would agree to amend the phrase “suspending provisionally its activities in the Eastern Mediterranean Region” to “suspending its membership of the Eastern Mediterranean Region”.

Dr. KARABUDA (Turkey) regretted that he could not accept the amendment.

The CHAIRMAN asked the delegate of Egypt whether, in view of the changed circumstances resulting from the proposal of the delegate of Turkey, he wished to withdraw his draft resolution.

Dr. NAZIF Bey (Egypt) withdrew his draft resolution.

The CHAIRMAN said that the committee had thus only one draft resolution before it, that of the delegate of Turkey.

Decision: The draft resolution of the delegate of Turkey was adopted by 22 votes to none, with 15 abstentions. (See fifth report, section 2.)

The CHAIRMAN reminded the committee that it had before it the two resolutions in the third report of the Legal Sub-Committee. The second resolution would be amended to the form of the resolution which the committee had just adopted.

Decision: The committee confirmed the two resolutions. (See fifth report.)

4. Closure of the Session of the Committee

The CHAIRMAN announced that the Committee on Administration, Finance and Legal Matters had disposed of its business. It only remained for him to thank the other officers of the committee, the committee members, the representative of the Executive Board and members of the Secretariat for their excellent work and kind co-operation.

Dr. TOGBA (Liberia) expressed the committee’s appreciation of the skilful guidance it had received from its Chairman.

The meeting rose at 6.25 p.m.
LEGAL SUB-COMMITTEE

FIRST MEETING

Friday, 9 May 1952, at 10 a.m.

Acting Chairman: Dr. P. DOROLLE, Deputy Director-General

later

Chairman: Mr. W. Wynne MASON (New Zealand)

1. Election of Officers

The Acting Chairman requested nominations for the office of Chairman.

M. RUEDI (Switzerland), supported by Dr. VAN DEN BERG (Netherlands) and by Mr. KAHANY (Israel), nominated Mr. Mason (New Zealand).

There being no further nominations, Mr. Mason (New Zealand) was unanimously elected Chairman.

The Chairman took the chair.

The Chairman thanked the members of the sub-committee for the confidence they had shown in him by appointing him Chairman. He would do his utmost to remain completely impartial at all times and he hoped that objectivity would characterize all the sub-committee's proceedings.

He requested nominations for the office of Vice-Chairman.

M. GEERAERTS (Belgium), supported by M. TOUSSAINT (France) and by Mr. EL-MEHELMY (Egypt), nominated Mr. Calderwood (United States of America).

There being no further nominations, Mr. Calderwood (United States of America) was unanimously elected Vice-Chairman.

The Chairman requested nominations for the office of Rapporteur.

Mr. CALDERWOOD (United States of America), supported by M. GEERAERTS (Belgium), Dr. VAN DEN BERG (Netherlands), Lieutenant-Colonel NATH (India) and Mr. EL-MEHELMY (Egypt), nominated Mrs. Biemond (Indonesia).

There being no further nominations, Mrs. Biemond (Indonesia) was unanimously elected Rapporteur.

2. Adoption of Agenda

The Chairman noted that the following items of the agenda of the Committee on Administration, Finance and Legal Matters (see page 53) had been transmitted to the Legal Sub-Committee for consideration: 7.2, 7.8, 7.9, 7.10, 7.12 and 7.14.

Decision: The provisional agenda was adopted.

3. Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.12

The Chairman requested the Secretary to introduce the proposed amendments to the Rules of Procedure of the Health Assembly, recommended by the Executive Board in resolution EB9.R8.

M. ZARB (Chief, Legal Office), Secretary, said that the proposed amendments to the Rules of Procedure had already been provisionally adopted by the Assembly at its first plenary meeting. The sub-committee was now called upon to give its opinion as to whether they were acceptable and to suggest any changes.
The proposed amendments could be considered under certain main categories. The new Rules 5 (bis), 5 (ter), 5 (quater) and 5 (quinquies) and the amendment to Rule 6 had been drafted following the adoption by the Economic and Social Council of resolution 324(XI), B, concerning effective concentration of effort and available resources. The Rules in question were modelled on similar rules suggested to all the specialized agencies and had merely been adapted to the particular requirements of the World Health Organization. The amendments to Rules 3 and 14 consisted of amplification to include applicants for membership and associate membership. Rule 40 (bis) made provision for the status of observers. Rule 10 was intended to help the President of the Health Assembly expedite the Assembly's work in the final stages of its sessions. The proposed deletion in Rule 66 was motivated by the fact that, under the Constitution, a two-thirds majority was always required on important questions.

The Chairman suggested that the sub-committee should consider the amendments one by one.

Rule 5 (bis)

Decision: Rule 5 (bis) was adopted for transmittal to the Committee on Administration, Finance and Legal Matters without comment.

Rule 5 (ter)

Mr. Callea (Italy) wondered whether it would not be preferable for a smaller body than the Health Assembly itself to ascertain whether adequate consultations had taken place with the organizations concerned.

The Secretary stated that in view of the fact that Rule 5 (ter) concerned new activities of the Organization—clearly a matter of some importance—the Health Assembly alone was competent to decide whether adequate consultations had taken place. However, since the Health Assembly was a generic term embracing the Organization's subsidiary bodies, investigations could be undertaken by a committee without thereby failing to comply with Rule 5 (ter).

Mr. Callea (Italy) was satisfied with that explanation.

Decision: Rule 5 (ter) was adopted for transmittal to the Committee on Administration, Finance and Legal Matters without comment.

Rules 5 (quater), 5 (quinquies) and 6

Decision: Rule 5 (quater), Rule 5 (quinquies) and Rule 6 were adopted for transmittal to the Committee on Administration, Finance and Legal Matters without comment.

Rule 3

Mrs. Biemond (Indonesia) called attention to the fact that the second paragraph of Rule 3 contained the term "countries" as well as the term "States". Unless the paragraph had been so drafted for any particular reason, she thought uniformity might be desirable.

Mr. Gutteridge (Legal Office) did not consider that to amend the term "countries" to read "States" would give rise to any objection.

The Secretary, replying to a point raised by M. Geeraerts (Belgium) as to whether the term "countries" had been intended to establish a distinction in connexion with attendance at the International Health Conference in 1946, stated that the only remaining country of those invited to that conference which was not yet a Member was Yemen, a sovereign State.

Decision: Rule 3, as amended by the proposal of the delegate of Indonesia to substitute the term "countries" for the term "States", was adopted for transmittal to the Committee on Administration, Finance and Legal Matters without comment.

Rule 14 and Rule 40 (bis)

M. Geeraerts (Belgium) expressed some doubt as to whether the term "territories" in Rule 40 (bis) was sufficiently specific.

The Secretary noted that the term "territories" appeared in Articles 8 and 47 of the Constitution. However, it might be desirable to amplify the first paragraph of Rule 40 (bis) to read:

Observers of invited non-Member States and territories on whose behalf applications for associate membership have been made, may attend any open meetings of the Health Assembly or any of its main committees.

M. Geeraerts (Belgium) expressed his satisfaction with that drafting.

Mr. Blaikley (United Kingdom of Great Britain and Northern Ireland) suggested that a consequential
amendment following the term “territories” in Rule 14 would also be required.

**Decision:** Rule 14 and Rule 40 (bis) were adopted, as amended, for transmittal to the Committee on Administration, Finance and Legal Matters.

**Rule 10**

Mr. Calderwood (United States of America) suggested that specific reference to seven days before the anticipated date of closure of session was superfluous: the matter could be left to the discretion of the Chairman of the General Committee.

M. Geeraerts (Belgium) proposed that a note to that effect be included in the sub-committee’s report.

*It was so agreed.*

**Decision:** Rule 10 was adopted for transmittal to the Committee on Administration, Finance and Legal Matters with the comments of the sub-committee.

**Rule 66**

**Decision:** Rule 66 was adopted for transmittal to the Committee on Administration, Finance and Legal Matters without comment.

(The above rules were transmitted in the sub-committee’s second report, section 1.)

4. **Office International d’Hygiène Publique: Position regarding the Rome Agreement of 1907**

Agenda, 7.10

The Secretary explained that at the Fourth World Health Assembly it had been noted that three countries which had been parties to the Rome Agreement of 1907 had not fulfilled the formality of officially denouncing the Agreement. The Fourth World Health Assembly had instructed the Director-General to make inquiries of the Italian Government, with whom the Agreement had been deposited, and also of the three countries in question. During the course of the year the Director-General had been informed that the Government of the Federal Republic of Germany, as well as the Governments of Spain and of Japan, had in fact denounced the Rome Agreement. Thus all the States which had been parties to the Agreement had formally denounced it. The Executive Board had taken note of the situation and informed the Health Assembly (resolution EB9.R6). In view of its legal implications, the question had been referred to the Legal Sub-Committee.

Mr. Calderwood (United States of America) suggested that the matter be noted in the report of the sub-committee.

M. Ruedi (Switzerland) drew attention to paragraph 2 of resolution EB9.R6 which stated that all the States concerned had now denounced the Agreement. He asked whether that was strictly correct in view of the fact that in the case of Germany it was only the Government of the Federal Republic, i.e., Western Germany, which had denounced it. He proposed the deletion of paragraph 2; or, if it was desired to retain it, its amendment to read “all States concerned who are Members of WHO”.

The Secretary thought that such an amendment might prove embarrassing; he would prefer to see paragraph 2 deleted.

Mr. Callea (Italy) asked whether the Agreement would remain in force by the fact that Germany was still a party to it.

The Secretary replied that it was not a question of maintaining the Agreement in force or not, but of noting a piece of information—which ought therefore to correspond to the facts.

M. Geeraerts (Belgium) saw no objection to deleting paragraph 2. But the fact of the item coming before the Legal Sub-Committee seemed to call for a legal opinion. Perhaps paragraph 2 might be retained, with the substitution of the word “signatories” for the word “States”. It was perhaps necessary, from a legal point of view, to note that the Agreement no longer existed, all the signatories having denounced it.

The Secretary thought the legal implications were not of great importance and that the discussion was of an academic nature. An agreement presupposed the existence of at least two parties to it. It was, therefore, only necessary for the committee to note the fact that the three countries above mentioned, which had not previously denounced the Agreement, had now done so.

M. Geeraerts agreed.

M. Toussaint (France) asked whether it was absolutely necessary for the Health Assembly to note that the Rome Agreement had been terminated. If it was necessary, then he proposed that paragraph 2 should read “Notes that thus the Rome Agreement is terminated”.

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1 See Off. Rec. World Hlth Org. 35, 310, 41.
The SECRETARY thought that if States were furnished with a statement of the facts, they would draw the correct conclusions.

Mr. CALDERWOOD (United States of America) recalled that there was a legal point in the time-limit of seven years within which the denunciation of the Agreement had to take place, but that time-limit had certainly been exceeded in the case of the three countries in question. He thought that it would be sufficient simply to delete paragraph 2.

M. TOUSSAINT withdrew his proposal.

Decision: Resolution EB9.R6 of the Executive Board was transmitted to the Committee on Administration, Finance and Legal Matters with the proposal that paragraph 2 be deleted. (See second report, section 2.)

5. Approval of Host Agreement with the Government of the Republic of the Philippines

Agenda, 7.9

The SECRETARY explained that in consequence of the choice of Manila as the Regional Office for the Western Pacific, it had been necessary to draw up a Host Agreement with the Government of the Philippines. The text of that agreement, approved by the Executive Board in resolution EB9.R4, had been communicated to Member States. It resembled those concluded between WHO and the Governments of India, Switzerland and Egypt with certain slight changes of form.

Decision: Resolution EB9.R4 of the Executive Board was approved. (See second report, section 3.)

6. Reports submitted by States under Articles 61 and 62 of the Constitution: Amendment to the Rules of Procedure and Change in the Form of Reporting

Agenda, 7.14

The CHAIRMAN drew attention to the Executive Board's recommendations in resolution EB9.R105.

Mr. LINDSAY (Division of Co-ordination of Planning and Liaison) explained that experience had shown that to carry out properly the work of collating, and commenting on, the reports made by Member States under Articles 61 and 62 of the Constitution would need the expenditure of much time and money. Even if the work were undertaken, the information so obtained would often be out of date by the time it was published and circulated. Moreover, such information could better be obtained in other ways, such as by direct correspondence with the States concerned, or from officers of the Organization engaged in field work.

M. GEERAERTS (Belgium) thought it might be going rather far to do away altogether with the summary analysis of reports. It might perhaps be recommended that Rule 5(a) of the Rules of Procedure (referred to in paragraph 1 of the draft resolution proposed by the Board) should be amended to read "... including a summary analysis of one or more of the annual reports from Members under Articles 61 and 62 of the Constitution, if they should be of special interest".

Mr. CALLEA (Italy) commented that this suggestion would place on the Director-General the responsibility for deciding which reports should be analysed. Would that be advisable?

Mr. LINDSAY explained that the intention of the paragraph proposed by the Board was not to prohibit the Director-General from having an analysis made of any of the annual reports submitted by the Member States, but to relieve him of an obligation which in practice he had not been able to carry out, and which, if he were to do so, would involve undue expenditure of time and money.

M. GEERAERTS (Belgium) accepted the explanation and withdrew his suggestion, being convinced that the Director-General would in fact bring up any matters of interest.

Decision: The resolution proposed by the Executive Board in resolution EB9.R105 was approved. (See second report, section 4.)

7. Frequency of Health Assembly Sessions

Agenda, 7.2

The CHAIRMAN called attention to resolution EB9.R53 of the Executive Board, and to the further draft resolution submitted by Denmark, Finland, Norway and Sweden (see Annex 3).

The first point to be decided by the sub-committee was whether the latter proposals had in fact complied
with the terms regarding the time-limit for the deposition of such draft resolutions. It was necessary to determine whether there had been any change in substance in the proposals now put forward as compared with those presented to the Third World Health Assembly. The fact that the proposals had been put forward to the Third World Health Assembly in due and proper time might not necessarily be considered to imply that sufficient notice had been given in the case of the present draft resolution.

Mr. Sørensen (Denmark) spoke in support of the Scandinavian draft resolution. Some changes had in effect been made in the drafting. A permissive clause had been included in order to take account of proposals which had been put forward by various Member States to enable Health Assemblies to be held in succeeding years in special cases. The new wording was in fact more in harmony with the Constitution than the previous drafts. Articles 34 and 55 had been re-drafted, but without effect on the substance of the articles. With regard to Article 26, no amendment had been proposed to it by the Scandinavian countries in 1949 and 1950; the amendment had been made by the Executive Board, and it had therefore been included in the present draft resolution. If the opinion of the sub-committee was against that amendment, it would be withdrawn.

Dr. van den Berg (Netherlands) definitely opposed the draft resolution. The matter had been dealt with two years ago. The principle had been agreed to, and the Director-General had been requested to produce a study of the matter. Article 73 of the Constitution was clear and categorical: proposals to change the Constitution had to be communicated to Member States at least six months in advance. The acceptance of the discussion of the present draft resolution would undermine all the guarantees provided in that Article.

The meeting rose at 11.55 a.m.

SECOND MEETING

Friday, 9 May 1952, at 3 p.m.

Chairman: Mr. W. Wynne Mason (New Zealand)

1. Frequency of Health Assembly Sessions (continuation from preceding meeting)

Agenda, 7.2

M. Geeraerts (Belgium) agreed with the view expressed by the delegate of the Netherlands at the previous meeting. Article 73 of the Constitution was perfectly clear and, as far as he knew, no text of the proposed amendments to the Constitution had been circulated to Member States in accordance with the terms of that Article. He proposed therefore that the sub-committee should make the following recommendation:

The Legal Sub-Committee,

Considering that the time-limit imposed by Article 73 of the Constitution for the presentation of a formal text of amendments to the Constitution has not been observed,

believes, in consequence, that the Fifth World Health Assembly is not in a position to consider resolution EB9.R53 of the Executive Board and documents of a later date than that resolution.

Mr. Calderwood (United States of America) believed that the conclusions set out in paragraph 7 of Annex 8 to Official Records No. 40 were justified and that consequently the more recent Scandinavian amendments should be considered as satisfying the six-month requirement. He believed that paragraph 2 of resolution WHA3.96, section 1, did not imply that the proposed amendments had been discarded but rather that the Director-General should study them in order to see whether they were adequate or whether additional amendments would be necessary. He thought there was general agreement that if the
proposed amendments were found to satisfy the requirements of Article 73, there would be no objection to minor modifications being incorporated into their text.

Mr. Blaikley (United Kingdom of Great Britain and Northern Ireland) supported the point of view of the delegate of the United States of America.

Mr. Zarb (Chief, Legal Office), Secretary, drew the attention of the sub-committee to the introductory note to Annex 16, Part 1, of Official Records No. 28, which indicated clearly that the submission of the previous proposed amendments had satisfied the six-month requirement of Article 73 of the Constitution.

Mr. Kahany (Israel) said that if the points at issue were, first, to determine whether the proposed amendments had been submitted in accordance with the requirements of the Constitution and, second, to determine whether the modifications to those amendments were of such a nature as not to constitute changes of substance, he believed that the statement made by the Secretary clarified the position on the first issue and left only the second for consideration.

M. Geeraerts (Belgium) thought the whole matter depended on the interpretation to be given to resolution WHA3.96. He believed that the Third World Health Assembly had expressed itself in favour of biennial Assemblies but had shown disagreement with the proposed amendments to the Constitution and had therefore requested the Director-General to study the matter carefully and to submit a report to the Fourth World Health Assembly on the necessary amendments and transitional arrangements for implementing the decision. Owing to the complexity of the problem it had not been possible to finalize this study for the Fourth World Health Assembly (as shown by resolution EB7.R26 of the Executive Board) but it was clear that the Third World Health Assembly had intended that further measures in the matter should be based on the report of the Director-General and on the amendments and transitional arrangements which he would propose.

Dr. van den Berg (Netherlands) agreed entirely with the remarks of the delegate of Belgium. If it were agreed that the proposed amendments satisfied the requirements of Article 73 of the Constitution, there would, he believed, be no legal objection to minor modifications to those amendments.

Mr. Calderwood (United States of America) interpreted resolution WHA3.96 as implying that the Third World Health Assembly had intended the Director-General to take into consideration the Scandinavian proposed amendments in formulating the necessary amendments and transitional arrangements.

A vote was taken by show of hands on the recommendation proposed by the delegate of Belgium. Decision: The recommendation was adopted by 9 votes to 6. (In view of the urgency of the matter, the recommendation was forwarded immediately, as the first report of the sub-committee.)

2. Rights and Obligations of Associate Members

Agenda, 7.8

The Secretary said that the report of the Executive Board, in Annex 14 to Official Records No. 40 had been drawn up in consequence of the instructions issued by the Second World Health Assembly in resolution WHA2.103, in which the rights and obligations of Associate Members in the regional organizations were defined. Their rights and obligations in respect of the Health Assembly and the Executive Board had been defined even earlier, by the First World Health Assembly.4

It would be seen from paragraph 2 of resolution EB9.R27 that the Executive Board had been unable to draw particular conclusions from the facts contained in its report, in view of the fact that hitherto there had been only one Associate Member.

The Chairman proposed that the question should be considered in two parts: Associate Members in relation to (1) the Health Assembly and the Executive Board, and (2) the regional organizations.

M. de Lacharrière (France) said that he would have preferred that the matter be discussed on a more general basis, which might have included consideration of the different types of representation in the Organization. His delegation was preparing a working paper and a proposal which might be used as a basis for discussion, if the sub-committee so desired.

Mr. Blaikley (United Kingdom of Great Britain and Northern Ireland) supported the suggestion of the delegate of France.

Mr. El-Mehelmy (Egypt) hoped that the Director-General would collaborate with the Member States of the Organization in making a detailed study of the whole question of associate membership. It was

4 Off. Rec. World Hlth Org. 13, 100, 337
clear that constitutional changes in the status of colonial possessions had had direct repercussions on international law which could not be ignored. Hitherto it had been necessary to determine whether the colonial possession was sufficiently independent to be treated as an entity with its own rights. Now, however, it was necessary to determine the legal situation of a colonial possession which was united to the State in possession and was considered as a legal entity with that State. The Egyptian Government believed that the first sentence of Article 47 of the Constitution could not be held to refer to territories whose seat of government was not in the region in question. The interpretation given by the Second World Health Assembly to the term "Member States in the region" should be re-examined.

M. GEERAERTS (Belgium) considered that the sub-committee should restrict its discussions on this matter to any legal points which might arise out of Official Records No. 40, Annex 14 and resolution EB9.R27. He did not believe that the sub-committee was competent to enter into a general discussion on the rights and obligations of associate membership since that matter had not been placed on its agenda by the main committee.

The CHAIRMAN agreed that it was not possible to initiate a discussion either on the French or on the Egyptian proposal. He asked members to confine their statements to resolution EB9.R27 and to any juridical consideration arising out of the report in Annex 14 of Official Records No. 40.

M. DE LACHARRIERE (France), while agreeing to the procedure proposed by the Chairman, saw no reason why the problem could not be considered in all its aspects. In his view, the scope of discussion should not be limited to the report of the Board, which had been drawn up when there was only one Associate Member. Two new Associate Members were about to be admitted and a more general discussion of the problem would be appropriate.

The CHAIRMAN maintained that the Legal Sub-Committee could only consider the juridical aspects of any matter referred to it. Ample opportunity would be given for discussion of the French and Egyptian proposals in the main committee.

Mr. BLAIKLEY (United Kingdom of Great Britain and Northern Ireland) proposed that the sub-committee should adopt a resolution noting EB9.R27 and suggesting that, in the light of present changes, the whole problem of Associate Members and related questions should be further considered.

The SECRETARY, replying to a point raised by Dr. JAFAR (Pakistan), quoted paragraphs of resolution WHA2.103 referring to the need for review by the Board of the implementation of the decisions in that resolution and for a report thereon to enable the Health Assembly to determine any modifications required in the light of experience.

Dr. JAFAR (Pakistan) said it was clear that the Legal Sub-Committee was not competent to consider new proposals, which should be referred back to the main committee.

M. GEERAERTS (Belgium) thought that, in the absence of experience of how the existing rules governing the rights and obligations of Associate Members worked, there were no grounds for recommending any modification in the rules. The sub-committee could draw the attention of the Committee on Administration, Finance and Legal Matters to the desirability, in the light of recent events, for a reconsideration of the rules regarding Associate Members, without however recommending a revision of them.

The CHAIRMAN explained that the intention of the United Kingdom proposal was not that the sub-committee should take a stand on the question of a review of existing rules but that it should merely call attention to the fact that, in the changing circumstances, there might be grounds for the Committee on Administration, Finance and Legal Matters to reconsider the whole matter.

Mr. CALDERWOOD (United States of America) proposed the following resolution:


The attention of the sub-committee was drawn to changes since the Executive Board considered the question, but it did not consider itself competent to study what action should be taken as a result of these changes.

M. GEERAERTS (Belgium) agreed with a general recommendation of the kind proposed by the delegate.
of the United States of America. Many of the arguments likely to be advanced in a discussion of the matter would exceed the purely legal aspects of the problem and should be raised in the main committee.

Decision: The United States proposal was unanimously adopted, subject to certain drafting changes. (See second report, section 5.)

The meeting rose at 4.35 p.m.

THIRD MEETING

Monday, 12 May 1952, at 3 p.m.

Chairman: Mr. W. Wynne Mason (New Zealand)

1. Adoption of Draft Second Report to the Committee on Administration, Finance and Legal Matters

Decision: The draft second report of the Legal Sub-Committee was approved for transmittal to the main committee. (For text, see page 350.)

2. Agreement with the International Committee of Military Medicine and Pharmacy

Agenda, 6.6.1

M. Zarb (Chief, Legal Office), Secretary, presented the draft agreement with the International Committee of Military Medicine and Pharmacy, explaining that a thorough examination of the Statutes of the International Committee had shown that it was an intergovernmental organization. Accordingly, a draft agreement—similar to other approved agreements of the same nature previously adopted by WHO—had been drawn up, by virtue of which an official relationship could be established between the International Committee of Military Medicine and Pharmacy and WHO. It was for the sub-committee to examine the draft agreement from a juridical point of view and to make any necessary recommendations to the main committee.

Dr. Jafar (Pakistan) asked whether it was necessary for an intergovernmental organization to sign an agreement with WHO and, if so, under what Article of the Constitution.

The Secretary, in reply, referred to the provisions of Article 70 of the Constitution providing for the establishment of effective relations and co-operation with intergovernmental organizations by means of formal agreements.

M. Geeraerts (Belgium) suggested that the French wording of Article V should be re-drafted to read: “Le présent accord peut être revisé par entente entre le CIMPM et l’OMS”.

It was so agreed. (No change in English text)

The Chairman reminded the meeting of an amendment submitted verbally by the delegate of Australia at the fourth meeting of the main committee: that the last clause of paragraph 2, Article I, should read: “in accordance with its Statutes and with the Geneva Conventions”.

A number of suggestions were made for the amendment of the French wording of the sentence in question. It was finally decided that the French text of the last clause of paragraph 2, Article I, should be brought into harmony with the proposed amendment to the English wording.

Decision: The sub-committee adopted a resolution recommending that the draft agreement with the International Committee of Military Medicine and Pharmacy be approved.

On the proposal of the Secretary, the sub-committee agreed that the resolution should be included as an additional item in its second report to the Committee on Administration, Finance and Legal Matters.

The meeting rose at 3.40 p.m.
FOURTH MEETING

Tuesday, 20 May 1952, at 9.30 a.m.

Chairman: Mr. W. Wynne Mason (New Zealand)

1. Legality of a Draft Resolution in respect of Article 31 of the Constitution

M. Zarb (Chief, Legal Office), Secretary, speaking at the invitation of the Chairman, stated that on the request of the Chairman of the Committee on Administration, Finance and Legal Matters the General Committee had referred to the Legal Sub-Committee a draft resolution signed by some 50 countries present at the Fifth World Health Assembly, under the terms of which the still-valid contract of the Director-General would be extended until 20 July 1956. It had been felt in the General Committee that the legality of such a draft resolution should be carefully considered in the light of the procedure laid down in the Constitution and the Rules of Procedure of the World Health Assembly.

He would at the same time recall two facts for the guidance of the sub-committee. The first was that at the Fourth World Health Assembly a modification had been made to the Director-General's contract concerning the amount of his salary (resolution WHA4.62); the second was that a very similar procedure to the one now proposed had been followed by the United Nations with regard to the Secretary-General's contract.

Mr. Boucher (United Kingdom of Great Britain and Northern Ireland) asked whether there was any provision in the Director-General's contract for its extension, and, should there be no such provision, whether the sub-committee would be considering an entirely new contract.

The Secretary read the first clause of the Director-General's contract, which stated that the Director-General would serve from 21 July 1948 until 20 July 1953, on which date his appointment and the Agreement should terminate. That Agreement might be renewed by decision of the Health Assembly on such terms as the Health Assembly might decide.

Mrs. Biemond (Indonesia) indicated that in that case the wording of paragraph 3 of the draft resolution was not quite correct since it referred to a change in the Agreement of the terms of employment of the Director-General. It would be better to say that the Agreement would be renewed.

The Chairman suggested that paragraph 3 be amended to read as follows:

DECIDES that the Agreement on the terms of employment of Dr. Brock Chisholm be renewed for a period not to exceed three years.

It was so agreed.

Mr. El-Mehelmy (Egypt) suggested that some reference should be made in the draft resolution to the clause in the Director-General's contract which provided for its renewal.

The Secretary agreed with the delegate of Egypt and suggested that his proposal be met by adding an additional paragraph to the preamble.

It was so agreed.

The Secretary then suggested that in paragraph 4 the word “extend” be amended to read “renew”, in paragraph 5 “renewal” be substituted for “prolongation”, and in paragraph 6 “renewal of” be substituted for “change in”.

It was so agreed.

Mr. Calderwood (United States of America) proposed that at the same time the word “extension” in the introductory paragraph to the resolution should be amended to read “renewal” and that in paragraph 5 the words “length of the extension” should read “the period of the extension”.

It was so agreed.

Unpublished working paper

Dr. Boïdè (France) noted that in paragraph 5 the Director-General was requested to communicate his decision to the President of the Fifth World Health Assembly before a certain date, whereas in paragraph 7 the President of the World Health Assembly was requested to communicate that decision to the Executive Board at its eleventh session so that it might know whether it would be necessary to submit a new nomination to the Sixth World Health Assembly. Why the division of responsibility between the Fifth and Sixth Health Assemblies?

The Secretary answered that paragraph 7 merely covered the possibility of the Director-General's refusing to accept renewal of his contract, in which case the Sixth World Health Assembly would be faced with a different situation and would have to appoint a new Director-General following nomination by the Executive Board. If, on the other hand, the Director-General accepted renewal within the time-limit laid down, there would be no necessity for action by the Sixth World Health Assembly.

Mr. Calderwood (United States of America) pointed out that in order to be consistent with the other changes made in the draft resolution there would have to be an amendment to paragraph 7. He would propose the following wording:

REQUESTS the President of the Fifth World Health Assembly to communicate the decision of Dr. Brock Chisholm to the Executive Board at its eleventh session so that the Board will know whether it will be necessary to consider at that session, in accordance with Article 31 of the Constitution, a new nomination for submission to the Sixth World Health Assembly.

It was so agreed.

Dr. Boïdè (France) thanked the Secretary for his explanation but wished to ask two further questions. In the first place, what would happen if the Director-General did not accept renewal of his contract within the time-limit laid down and the Sixth World Health Assembly disagreed with the Fifth as to the desirability of renewing that contract?

Secondly, he noted that Article 31 of the Constitution stated that the Director-General should be appointed by the Health Assembly on the nomination of the Executive Board; he wondered whether that procedure had to be followed in connexion with the present draft resolution.

The Secretary, in answer to the French delegate's first question, said that if the hypothetical situation he had envisaged came about, the whole question of the appointment of the Director-General would have to be reconsidered by the Sixth World Health Assembly. Regarding the second question, he thought that the subject under consideration concerned the renewal of a contract still in force, not an appointment; Article 31 of the Constitution dealt with appointments.

The Chairman proposed that a recommendation be included in the sub-committee's report to the Committee on Administration, Finance and Legal Matters stating that the sub-committee, subject to the changes it had approved, could see no legal objection to passing a draft resolution in the form proposed.

It was so agreed. (See third report, section 1.)

2. Participation of a Member State in Two or More Regional Committees

The Chairman recalled that the item had been referred to the sub-committee by the Committee on Administration, Finance and Legal Matters in connexion with the request made by the delegation of Turkey at the ninth meeting. He asked the Secretary to introduce the item.

The Secretary reminded the sub-committee that the subject had already been discussed to some extent by the Committee on Administration, Finance and Legal Matters, which had been unable to come to a conclusion and which had referred the item to the sub-committee for its consideration in the light of the legal principles governing it.

He drew the attention of the sub-committee to Article 47 of the Constitution, which governed the participation of States in regional committees, and recalled that the precise meaning of the words “Member States...in the regions concerned” had been the subject of long and careful examination by the Second World Health Assembly, which had set up a special working party for that purpose. The definition accepted by the Second World Health Assembly was to be found in resolution WHA2.103. As for the definition of Europe, that was to be found in the resolution adopted by the First World Health Assembly where the European area was stated to comprise the whole of Europe. And it was a fact that part of Turkey was geographically a part of Europe.


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Further he drew attention to the position already existing within the Organization, in which in accordance with resolution WHA2.103 France, for example, formed part of both the Americas and Europe; Portugal, of Africa and of Europe; and Denmark, of Europe and the Americas, etc. It was on the basis of the texts he had quoted that the sub-committee might wish to consider the problem referred to it.

The CHAIRMAN opened discussion on the item.

Dr. JAFAR (Pakistan) thanked the Secretary for his comments. However, he did not think they were relevant to the item before the sub-committee, since the examples quoted came under paragraph 2(b) of resolution WHA2.103. In his opinion, the point at issue was whether a Member State could participate in two regional committees in respect of the same territory; and he did not consider that Turkey came under paragraph 2(a) of resolution WHA2.103, which referred to "those States Members not having their seat of government within the region, which by reason of their Constitution consider certain territories or groups of territories in the region as part of their national territory" and which were thus entitled to participate as Members of the regional committee.

The SECRETARY, replying to Dr. Jafar, stated that he thought he had already answered the point by referring to paragraph 2 of resolution WHA2.103, in particular the words "by reason of their Constitution"; the Health Assembly, in accepting the definition laid down in paragraph 2(a), had indicated its intention not to interfere, even indirectly, in the internal affairs of Member States by not taking into account the provisions of the different Constitutions of Member States.

Dr. JAFAR (Pakistan) said that the Secretary's explanation did not satisfy him.

M. GEERAERTS (Belgium) observed that the point raised by the delegate of Pakistan, as to whether a State could belong to more than one geographical region, might be clarified by reference to a hypothetical situation where the territory of a State lay in more than one region. Had the country in question been the Union of Soviet Socialist Republics, there could have been no doubt that the European part of Russia belonged to the European area and the Asiatic part of Russia to another area.

Mr. HADJI VASSILIOU (Greece) stated that his Government shared the apprehension which motivated the request submitted by the Turkish delegation and which arose from the fact that the situation in the Eastern Mediterranean Region was abnormal in that the regional committee had not met for more than a year. He did not intend to enter into the legal implications of the question, which the Secretary had so clearly and convincingly explained. In his view the Committee on Administration, Finance and Legal Matters had really put two questions before the sub-committee, although they were not clearly defined. They were: (1) could a country belong to more than one geographical region? and (2) could Turkey be permitted to participate as a Member in the Regional Committee for Europe? He felt that the answer to both questions should be in the affirmative, especially as such participation would strengthen the trend towards the federalization of the regions into which the Organization was divided.

The CHAIRMAN said that the first question raised by the delegate of Greece appeared to be a more general aspect of the second and that he therefore did not think that it need be considered separately.

Dr. JAFAR (Pakistan) observed that it was not for the sub-committee to decide whether Turkey was part of Europe—which decision could only be made by the Turkish Government—but rather whether it was legally permissible for a Member State to participate in two regional committees in respect of the same territory. He stressed the importance of a legal decision which might set a precedent and did not feel that the issue could be confined to Turkey alone.

Mr. CALDERWOOD (United States of America) believed that the general principles governing the issue were laid down in paragraph 2 of resolution WHA2.103, and that the sub-committee had to decide whether or not they applied to the present case.

Dr. TABA (Iran) agreed with the remarks of the delegate of Pakistan concerning the possibility of setting a precedent. He felt that, if the sub-committee were to arrive at any conclusion, such a conclusion should be temporary pending the re-establishment of normal conditions in the Eastern Mediterranean Region.

The CHAIRMAN asked the sub-committee to confine their remarks to the legal aspects of the problem before them and pointed out that, whatever decision
was reached, it would not set a precedent unless the circumstances of any future case were identical with those at present being discussed.

Dr. Nazif Bey (Egypt) agreed with the remarks of the delegate of Pakistan. The remarks made by the Secretary referred to cases which fell under paragraph 2(b) of resolution WHA2.103, not under paragraph 2(a), and he would like the Secretary to explain in detail a case which fell under paragraph 2(a).

The Secretary, replying to Dr. Nazif Bey, stated that it was clear that in general it was a country's Constitution which determined the nature of its representation. Where the national Constitution laid down that a territory, no matter where it was situated, was an integral part of the metropolitan country, the government which had sovereign rights over that territory was the government represented. That was the case envisaged by paragraph 2(a). On the other hand, where a Constitution referred to territories not part of the metropolitan territory—for example, mandated territories and possessions for the conduct of whose international relations the Member State was responsible—then paragraph 2(b) of the resolution was applicable. To give an example he drew attention to Official Records No. 21, page 315, which contained the text of a statement of the delegate of Portugal at the eleventh plenary meeting of the Second World Health Assembly, concerning the position of Portuguese territories which were not situated in that part of Portugal which was in Europe. He quoted the statement since it had been taken into consideration when both parts (a) and (b) of paragraph 2 of resolution WHA2.103 had been adopted.

Colonel Nath (India) agreed with the remarks made by the delegate of Iran and wished to know what would happen if a country whose territory lay in two regions were to participate in one regional committee only. Would the responsibilities accepted and the services to which it was entitled apply only to that part of its territory which lay within the region which it had joined, or would such responsibilities and services be extended to the whole of its territory?

The Secretary stated that, in his personal opinion, such a question might have to be decided by agreement between the Member concerned and the regional committee.

Colonel Nath (India) pointed out that an abnormal situation might arise if a regional committee were to decide that services were to be provided to only one part of the territory of a State. The Chairman thought that if such a situation did arise the regional committee concerned would bear in mind the interests of world health as a whole, and would make practical decisions in the light of those considerations.

M. Geeraerts (Belgium) stated that in his opinion there was nothing in the WHO Constitution or in the other texts quoted which prohibited Turkey from participating in two regional committees. If such a prohibition did exist, it should have been clearly stated. He thought that the implication of paragraph 2 of resolution WHA2.103 was that Turkey in Europe was an integral part of Turkey, and as paragraph 2 of that resolution was the basic text governing the issue he did not see how the request of Turkey could be refused. Unless there were well-founded legal arguments to the contrary, he believed that the request made by the Turkish Government was legally justified.

Mr. Calderwood (United States of America) supported the remarks made by the delegate of Belgium. Paragraph 1 of resolution WHA2.103, which gave a definition of Member States in a region, clarified paragraph 2. Had paragraph 2(a) been omitted, certain territories, which although they formed part of the metropolitan country were not in the same region as the metropolitan country, would not have been served. The participation of France, the Netherlands and the United Kingdom of Great Britain and Northern Ireland in the work of the Pan American Sanitary Bureau had been for practical purposes, for if the campaigns being carried out by the Pan American Sanitary Bureau in the Americas were to be successful, the co-operation of the governments having territories in that region was essential. Paragraph 2 laid it down that such governments, although not Members in a region, should nevertheless participate in regional committees. He believed that such was the situation of Turkey, and he proposed that the committee adopt the following draft resolution:

The Legal Sub-Committee,

Having examined the request submitted by the Turkish delegation for participation in the Regional Committee for Europe as well as in that for the Eastern Mediterranean,

sees no legal objection to acceding to this request.

Dr. Nazif Bey (Egypt) said that the explanations of the Secretary were not satisfactory. Despite the fact that the Organization was not entitled to inter-
pret the Constitutions of national governments, that was what the Secretary had done. The remarks of the delegate of the United States of America confirmed the view that the examples quoted came under paragraph 2(b) and not under paragraph 2(a) of resolution WHA2.103.

Mr. Calderwood (United States of America), in elucidation of his earlier remarks, stated that the United Kingdom participated in the Regional Committee for the Americas in virtue of paragraph 2(b), but that France participated in virtue of paragraph 2(a), certain territories in the American region being, from the point of view of the French Constitution, integral parts of the metropolitan territory. He pointed out that when paragraph 2 of resolution WHA2.103 was originally drafted it did not contain clause (a), which had been added later for the very purpose of complying with the provisions of the Constitutions of certain Member States.

The Secretary stated that he had quoted the example of Portugal since it was an explanation of the Portuguese Constitution as given by an accredited representative of that country.

Dr. Taba (Iran) asked whether a country assigned to two regions would have two votes.

The Secretary replied that it would have a vote in each of the regional committees in which it participated.

Dr. Jafar (Pakistan) noted that the delegate of Belgium had observed that there was no explicit prohibition in the Constitution which prevented a country from participating in two regional committees. That might well be so, but in his opinion there was a prohibition by implication, since the administrative difficulties which might arise would make it impossible. Further, the intention of paragraph 2(a) of resolution WHA2.103 did not, he thought, refer to the metropolitan countries but to their possessions or dependencies.

The Chairman observed that if the implications referred to by the delegate of Pakistan were practical implications, a discussion of that question was not within the province of the sub-committee, which must confine itself to legal matters only. He pointed out that the request submitted by the delegation of Turkey referred to the fact that a part of its territory lay in Europe, and therefore it was not for the sub-committee to interpret whether the Turkish Constitution provided for that division or not.

Mrs. Biemond (Indonesia) asked whether, if Turkey were to participate in the Regional Committee for Europe, only the European part of Turkey would be served.

The Secretary, referring to his earlier remarks, stated that such a question would have to be decided by agreement between the Member concerned and the regional committee.

Dr. Jafar (Pakistan) said that paragraph 2 of resolution WHA2.103 was vague and had to be interpreted—which meant implications; he would like further discussion of the implications. Although there was no express prohibition in paragraph 2, nevertheless there was prohibition by implication, since the fact that there was no mention of the issue with which the sub-committee was faced showed that such a contingency had never been visualized.

Mr. Calderwood (United States of America), referring to his earlier remarks about the position in the Region of the Americas, thought that they would help to clarify the matter. He mentioned that practical questions, such as the degree of participation and contributions, were decided upon by the regional committee and the States concerned. He reiterated that the principles to be applied were to be found in paragraph 2 of resolution WHA2.103 and that it was for the Legal Sub-Committee to apply those principles.

M. Geeraerts (Belgium) endorsed the remarks made by the United States delegate and added that the question of whether or not a State participating in two regional committees was entitled to receive services from both was not a purely legal question but rather one of administration and general policy. Participation in two regional organizations by a State did not imply participation in all the programmes of the two regions. On the other hand, in the case of epidemics, for example, it might be expedient for the two regions concerned to take joint action.

M. Ruedi (Switzerland) agreed with the remarks of the delegate of Belgium concerning the legal issue and said that there was no doubt that Turkey could participate in both the European and Eastern Mediterranean Regional Committees owing to its geographical position. The practical implications of such participation were not a legal issue and would be for the regional committees or the Executive Board to decide. Perhaps the apprehensions expressed by some delegates concerning
he precedent which might be set would be overcome if the delegate of Turkey were asked whether his country's participation in the Regional Committee for Europe could be limited to the European part of Turkey only.

Dr. Karabuda (Turkey) stated that in his opinion the sub-committee should confine itself to the legal aspects of the question. The technical aspects could be decided by the regional committees.

Dr. Nazif Bey (Egypt) observed that the situation as regards territories covered by paragraph 2(a) was quite clear, but he did not think that the Government of Turkey, in submitting its request, had wished to put that part of its territory which was in Europe on the same footing as such territories.

Dr. Jafar (Pakistan) said that the delegate of the United States of America had clearly explained the implications of paragraph 2(a), which applied to a country as such. When that delegate had mentioned the participation of the United Kingdom in the work of the Pan American Sanitary Bureau, he had not stated that matters relating to the United Kingdom were discussed, but rather those relating to possessions. It was a different case from that of Turkey, which in his (Dr. Jafar's) opinion did not come under paragraph 2(a) of resolution WHA2.103.

Mr. Siegel, Assistant Director-General, Department of Administration and Finance, drew attention to Article 44(a) of the Constitution and to the resolution adopted by the First World Health Assembly on the delimitation of regions, in which it was specifically stated that Turkey was included in the Eastern Mediterranean area and that the European area comprised the whole of Europe. He also referred to Article 47 of the Constitution, and to resolution WHA2.103, which stated in paragraph 1 that States Members in a region “shall be deemed to be those States Members having their seat of government within the region”, while paragraph 2 said that States Members not having their seat of government within the region should participate as Members of the regional committee, but with only one vote for those territories in the region which they considered as part of their national territory.

He suggested that the legal matters to be considered by the sub-committee might include the question of whether, under the terms of the delimitation resolution, the whole of Turkey was to be considered as being within one or another region, and, depending on that interpretation, whether it could be considered that Turkey should be allowed to participate in the meetings of more than one region, subject of course to Turkey's requesting that a part of its territory be included in the European Region.

Mr. Hadji Vassiliou (Greece) stated that he favoured the draft resolution proposed by the delegate of the United States of America. When he had said that he agreed with the Chairman's interpretation, however, that was because there was confusion regarding the terms of reference.

The sub-committee should be under no illusions; its decisions would establish a precedent. For that reason, he would not oppose a full discussion such as has been suggested by the delegates of Pakistan and Egypt. Greece having a number of islands very close to Turkey, he considered that it might well be viewed as belonging to both the Eastern Mediterranean and the European Regions; should the Health Assembly's decision regarding the Turkish request make it possible, the Greek Government might at some time wish to participate in the meetings of both those regions. He made the statement merely as expression of a personal opinion and was not committing his Government, wishing simply to indicate that a decision favouring the Turkish request might bring similar requests in its train.

Dr. Taba (Iran) considered that the explanation given by the Assistant Director-General with reference to the seat of government clarified the situation and explained the points made by the delegate of the United States of America on the participation of other countries in the work of the Pan American Sanitary Bureau. However, he thought that paragraph 2 of resolution WHA2.103 could not be applied to the request of the Government of Turkey, since the latter's seat of government was quite clearly in the Eastern Mediterranean Region. In view also of the fact that paragraph 2 of the resolution allowed only one vote for all the territories in the region, he did not think that the resolution could legally be applied in the case of the Turkish request.

The Chairman replied to the delegate of Greece that he had not intended in any way to curtail full discussion of the legal aspects of the question, but merely to ask members to confine their remarks to those aspects, since they could deal with the others in the Committee on Administration, Finance and Legal Matters.

Dr. Nazif Bey (Egypt) considered there could be no question but that the First World Health Assembly had intended the whole of Turkey to be included in the Eastern Mediterranean Region. Indeed, Turkey had surely accepted that interpretation, since in the four years which had followed the resolution it had raised no objections; it was only in view of the abnormal conditions prevailing in the region that it had made its request.

Dr. Karabuda (Turkey) replied that he had already raised the question in the Committee on Programme at the Third World Health Assembly.12

M. Geeraerts (Belgium) pointed out that Article 44(a) of the Constitution stated that the Health Assembly could “from time to time” define the geographical areas in which it was desirable to establish a regional organization. In view of that, surely the Health Assembly could reconsider its previous decision in the light of particular circumstances arising in an area or in response to requests from governments. Furthermore, the two apparently contradictory elements in the delimitation resolution—(1) that Turkey was in the Eastern Mediterranean Region, and (2) that the European Region comprised the whole of Europe—could be discussed indefinitely without a conclusion being reached. He felt however that the sub-committee should consider sympathetically the request of Turkey and state that it was acceptable from a legal point of view. He would therefore support the draft resolution proposed by the United States delegate.

M. Ruedi (Switzerland) agreed with the delegate of Greece on the importance of the precedent that would be established. The main question to be answered was whether a country could sit on two regional committees in respect of the same territory. If it was considered that it could, then the Turkish request must be accepted; if it was not considered possible, then the whole of Turkey might be considered to be in the European Region or the two parts of its territories might be separately assigned to different regions.

M. Geeraerts (Belgium), in reply to the delegate of Switzerland, referred to his own earlier remarks with reference to the Union of Soviet Socialist Republics.

The Chairman, noting that there were no more speakers, put the United States draft resolution to the vote.

Decision: The draft resolution proposed by the delegate of the United States of America was adopted by 10 votes to 4, with 3 abstentions. (See third report, section 2.)

The sub-committee agreed to leave the drafting of its third report to the Chairman and Rapporteur.

The meeting rose at 12 noon.

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 ¹

The Committee on Credentials met on 5 May 1952. Representatives of the following Members were present: Afghanistan, Austria, Canada, Guatemala, Hashemite Kingdom of the Jordan, Iceland, Japan, Laos, Lebanon, Luxembourg, Panama and Union of South Africa.

Dr. B. M. Clark (Union of South Africa) was elected Chairman, Dr. C. F. Mora (Guatemala), Vice-Chairman, and Dr. A. Zahir (Afghanistan), 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, Australia, Austria, Belgium, Brazil, Cambodia, Canada, Ceylon, Costa Rica, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Finland, France, Greece, Guatemala, Haiti, Hashemite Kingdom of the Jordan, Iceland, India, Indonesia, Iran, Ireland, Israel, Italy, Japan, Korea, Laos, Lebanon, Liberia, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Philippines, Portugal, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Viet Nam, Yugoslavia and Southern Rhodesia (Associate Member).

Notifications from Burma, the Federal Republic of Germany, Peru, Saudi Arabia and Venezuela, giving the composition of their delegations, state that credentials are being forwarded, and 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.

¹ Adopted by the Health Assembly at its second plenary meeting

[AS/30] 5 May 1952

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SECOND REPORT a

The Committee on Credentials met on 6 May 1952 under the chairmanship of Dr. B. M. Clark (Union of South Africa).

On the basis of a telegram presented by the delegation of Chile accrediting its representative by name, the committee recommends that this delegation be recognized provisionally with full rights in the Health Assembly, pending the arrival of its credentials.

A telegram was presented by Dr. A. Vidal, signed by the Ministry of Health of Honduras and stating that credentials would be sent by mail. The committee therefore recommends that Dr. Vidal be provisionally recognized with full rights pending the receipt of his credentials.

The credentials of the delegation of the United Kingdom of Libya were accepted, enabling the members to take part in the work of the Health Assembly as delegates as soon as the instrument of acceptance of the Constitution of the World Health Organization has been deposited with the Secretary-General of the United Nations.

THIRD REPORT a

The Committee on Credentials met on 12 May 1952 under the chairmanship of Dr. B. M. Clark (Union of South Africa).

The committee accepted the formal credentials of the delegations of Burma, Iraq and Spain, entitling their members to take part in the work of the Health Assembly as delegates.

The committee took note of a telegram presented by the representative of Bolivia authorizing him to attend the Health Assembly as an observer.4

The credentials of the representatives of Morocco and Tunisia were also accepted, entitling them to take part in the work of the Health Assembly as Associate Members in accordance with the provisions of the Constitution of the World Health Organization.

FOURTH REPORT a

The Committee on Credentials met on 19 May 1952 under the chairmanship of Dr. B. M. Clark (Union of South Africa).

The committee accepted the formal credentials of the delegations of the Federal Republic of Germany and Peru entitling their members to take part in the work of the Health Assembly as delegates.

On the basis of documents presented by the delegation of Bolivia, the committee recommends that this delegation be provisionally recognized with full rights in the Health Assembly.
COMMITTEE ON NOMINATIONS

FIRST REPORT 1

5 May 1952

The Committee on Nominations, consisting of representatives of the following Member States:
Belgium, Ceylon, Chile, Denmark, El Salvador, Ethiopia, France, Haiti, Indonesia, Israel, Italy, Liberia, Mexico, New Zealand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, and Viet Nam, met on 5 May 1952.

Professor G. A. Canaperia (Italy) was elected Chairman, and Mr. Telahoun Tchernet (Ethiopia), Rapporteur.

The committee made the following nominations for the consideration of the Fifth World Health Assembly in accordance with Rule 23 of the Rules of Procedure of the Health Assembly:

President: Dr. J. Salcedo, Jr. (Philippines)
Vice-Presidents: Dr. P. Vollenweider (Switzerland)
Dr. A. Bellerive (Haiti)
Dr. J. N. Togba (Liberia)

Committee on Programme and Budget
Chairman: Dr. N. Romero (Chile)

Committee on Administration, Finance and Legal Matters
Chairman: Sir Arcot Mudaliar (India)

and the following nine delegates as members of the General Committee:
Dr. P. J. J. van de Calsyde (Belgium); Dr. W. G. Wickremesinghe (Ceylon); Dr. D. Boidé (France); Professor G. A. Canaperia (Italy); Dr. H. B. Turbott (New Zealand); Dr. K. Evang (Norway); Dr. M. Jafar (Pakistan); Dr. Melville Mackenzie (United Kingdom of Great Britain and Northern Ireland); Dr. L. A. Scheele (United States of America).

In accordance with Rule 23 of its Rules of Procedure, the Health Assembly is invited to consider these nominations.

The Committee on Nominations decided to hold another meeting on 6 May at which it will make proposals for the offices of vice-chairmen and rapporteurs of the two main committees. The main committees themselves, after their establishment, will consider the nominations for these offices.

SECOND REPORT

6 May 1952

The Committee on Nominations, consisting of representatives of the following Member States:
Belgium, Ceylon, Chile, Denmark, El Salvador, Ethiopia, France, Haiti, Indonesia, Israel, Italy, Liberia, Mexico, New Zealand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, and Viet Nam, held its second meeting on 6 May 1952.

Professor G. A. Canaperia (Italy) was in the Chair and Mr. Telahoun Tchernet (Ethiopia) acted as Rapporteur.

The committee made the following nominations for the consideration of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters in accordance with Rule 23 of the Rules of Procedure of the Health Assembly and Rule 34 which states that "Each main committee shall, after consideration of the report of the Committee on Nominations, elect a vice-chairman and a rapporteur":

Committee on Programme and Budget
Vice-Chairman: Dr. J. D. MacCormack (Ireland)
Rapporteur: Dr. M. Nazif Bey (Egypt)

Committee on Administration, Finance and Legal Matters
Vice-Chairman: Dr. T. C. Routley (Canada)
Rapporteur: Dr. A. Chawkat Chatty (Syria)
The General Committee held eleven meetings during the period 6 May to 21 May 1952 inclusive.

1. Programme of Work of the Health Assembly

At its first meeting the General Committee decided to recommend to the Health Assembly that it approve in principle the proposed programme of work for the Fifth World Health Assembly. Thereafter at its daily meetings the committee made any adjustments necessary to facilitate the work of the Health Assembly.

The committee also submitted to the first plenary meeting proposed procedures for the technical discussions and for the consideration of reservations to the International Sanitary Regulations.

2. Agenda: Allocation and Transfer of Items

The General Committee agreed to recommend to the Health Assembly the following allocation of the new items for inclusion in the agenda (under Rule 31(d) of the Rules of Procedure):

<table>
<thead>
<tr>
<th>Item</th>
<th>Allocated to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relations with the United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Report of WHO members of the Joint Committee on Health Policy, UNICEF/WHO</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Relations with the Council for the Coordination of International Congresses of Medical Sciences</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Relations with the World Meteorological Organization</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Lay publications of the so-called “wonder” or “miracle” drugs: Proposal by the Government of the Philippines</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Leprosy: Proposal by the Government of India</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Policy for carrying out health projects in certain under-developed countries: Proposal by the Hashemite Kingdom of the Jordan</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Exceptional contribution from the Kingdom of Laos</td>
<td>Committee on Programme and Budget</td>
</tr>
<tr>
<td>Salary differentials—Cost-of-living adjustments: Proposal by the Government of the United Kingdom of Great Britain and Northern Ireland</td>
<td>Committee on Administration, Finance and Legal Matters</td>
</tr>
<tr>
<td>Communication from the Republic of China: Proposal for alleviation of the problem arising from its arrears of contributions</td>
<td>Committee on Administration, Finance and Legal Matters</td>
</tr>
</tbody>
</table>

The committee recommended to the Health Assembly the transfer of item 6.4.3 (Reservations to the International Sanitary Regulations) from the agenda of the Committee on Programme and Budget to the agenda of the fourth plenary meeting. The committee further recommended to the Health Assembly the suspension of Rule 10 in order to...
permit the addition of an item, Extension of the Contract of the Director-General, to the agenda of the Health Assembly.

3. Suspension of Rule 14 of the Rules of Procedure

The General Committee agreed to recommend to the eighth plenary meeting the suspension of Rule 14 of the Rules of Procedure.

4. Election of Members entitled to designate a Person to serve on the Executive Board

In accordance with Rule 88 of the Rules of Procedure the General Committee presented to the Health Assembly the following list of nine Members:

- Brazil, Canada, Denmark, Iran, Israel, Laos, New Zealand, Switzerland, United Kingdom of Great Britain and Northern Ireland.

In the opinion of the General Committee the following six Members would provide, if elected, a balanced distribution of the Board as a whole:

- Brazil, Canada, Denmark, Iran, New Zealand, United Kingdom of Great Britain and Northern Ireland.

5. Closure of Session

The General Committee recommended that the Fifth World Health Assembly should hold its closing meeting on 22 May 1952.

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, fourth and fifth reports of the Committee on Programme and Budget;
2. First, second, third, fourth and fifth reports of the Committee on Administration, Finance and Legal Matters;

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**COMMITTEE ON PROGRAMME AND BUDGET**

**FIRST REPORT**

The Committee on Programme and Budget held its first five meetings on Wednesday, 7 May, Thursday, 8 May, and Friday, 9 May, under the chairmanship of Dr. N. Romero (Chile). In accordance with the proposals of the Committee on Nominations, Dr. J. D. MacCormack (Ireland) was elected Vice-Chairman and Dr. M. Nazif Bey (Egypt) Rapporteur.

The committee agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. **Work of the Organization during 1951**

   The Fifth World Health Assembly,

   Having considered the Annual Report of the Director-General for the year 1951,

   1. APPROVES the manner in which the work of the World Health Organization was carried forward in 1951;

   2. NOTES with satisfaction that the Director-General and the Executive Board have satisfactorily implemented the 1951 programme in conformity with the general policy laid down by previous World Health Assemblies; and

   3. CONSIDERS that in general the work carried out demonstrates policies and methods suitable for application to the proposed programme for 1953.

   [WHA5.5]

2. **Budget Level for 1953**

   The Fifth World Health Assembly

   RESOLVES that the budget level for 1953 should be US $9,832,754, to be financed by:

   (1) casual income available for 1953 of $852,554;

   (2) assessments against all Members of $8,980,200.

   [WHA5.8]
3. Effective Working Budget for 1953

The Fifth World Health Assembly

RESOLVES that the effective working budget for 1953 should be US $8,485,095, to be financed by:

(1) casual income available for 1953;
(2) assessments against the active Members.

[WHAl.9]

SECOND REPORT *

[Al/56]
13 May 1952

During its sixth meeting, held on 10 May, the Committee on Programme and Budget agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. General Programme of Work for a Specific Period

The Fifth World Health Assembly,

Noting resolution EB9.R35 of the Executive Board;

Having reviewed the general programme of work covering a specific period prepared by the Board at its seventh session,\(^4\)

1. CONSIDERS that this programme of work provides a broad general policy as an appropriate framework for the development of detailed annual programmes in the period 1953-1956;
2. REQUESTS the Director-General to recommend to regional committees that their annual programmes be so planned as to secure adequate integration of such programmes in the approved general programme of the Organization.

[WHAl.25]

2. Vital and Health Statistics

The Fifth World Health Assembly,

Having noted the third report of the Expert Committee on Health Statistics,\(^5\)

1. CALLS the attention of Member governments to the recommendations in this report pertinent to national committees on vital and health statistics, or equivalent bodies; and
2. CALLS upon Member governments actively to encourage the medical profession, in particular through university teaching, to collaborate fully in the proper reporting of morbidity and causes of death, employing methods which scrupulously safeguard medical secrecy.

[WHAl.26]

3. Publications Programme

The Fifth World Health Assembly,

Having considered the report of the Executive Board on the publications programme of the World Health Organization,\(^6\)

1. NOTES the considerable progress made by the Director-General in implementing the publishing policies laid down by the Third World Health Assembly (resolution WHA3.63);
2. EXPRESSES its satisfaction with the general programme of WHO publications;
3. REQUESTS the Director-General to continue the programme of publications with such modifications as were recommended by the Executive Board at its ninth session; and
4. REQUESTS the Director-General and the Executive Board to continue their studies on the free distribution and sale of WHO publications, wherever possible in consultation with the United Nations and other specialized agencies.

[WHAl.24]

* Adopted by the Health Assembly at its eighth plenary meeting
\(^4\) Off. Rec. World Hlth Org. 32, Annex 10
\(^6\) Off. Rec. World Hlth Org. 40, 54
During its seventh, eighth, ninth and tenth meetings, held on 12, 13 and 14 May, the Committee on Programme and Budget agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. **Fellowships : Under-Developed Countries**
   
   The Fifth World Health Assembly
   
   **REQUESTS** the Director-General, when awarding fellowships for individual studies, either within or outside a region, to give priority, for the next three years at least, to the under-developed countries.

   [WHA5.27]

2. **Recording and Transmission of Epidemiological Information**
   
   The Fifth World Health Assembly
   
   **INVITES** the Executive Board to examine the value, from a practical point of view, of the work at present being done at the headquarters of the Organization in connexion with the recording and transmission to governments of information regarding the prevalence of communicable diseases not coming under the International Sanitary Regulations (WHO Regulations No. 2), with particular reference to the nature and extent of the technical work involved.

   [WHA5.31]

3. **Leprosy**
   
   The Fifth World Health Assembly,
   
   Noting the recent developments in research and in the treatment and control of leprosy reported by some countries;
   
   Noting with satisfaction that an expert committee on leprosy is to meet in 1952,
   
   **RESOLVES** that the World Health Organization, in active collaboration with countries which are working on leprosy, should encourage further active programmes so as to promote progress in this field.

   [WHA5.28]

4. **Council for the Co-ordination of International Congresses of Medical Sciences**
   
   The Fifth World Health Assembly
   
   **NOTES** that the Assembly of the Council for the Co-ordination of International Congresses of Medical Sciences has modified the title of the Council to “Council for International Organizations of Medical Sciences” (CIOMS); and
   
   2. **ENDORSES** resolution EB9.R14 adopted by the Executive Board at its ninth session.

   [WHA5.34]

5. **Supply and Requirements of Insecticides : World Position**
   
   The Fifth World Health Assembly
   
   1. **EXPRESSES** its appreciation of the action taken by the Economic and Social Council at its thirteenth session to establish a working party to examine the world position regarding the supply and requirements of DDT and BHC;
   
   2. **NOTES** with interest the findings and recommendations of the working party and, in particular, the value placed on the statistics relating to public-health requirements collected by the World Health Organization and the suggestion of the possibility of convening at a later date a second meeting of the working party with wider terms of reference;
   
   3. **REQUESTS** the Director-General to continue to follow the general situation with regard to insecticides for public-health purposes, and, if necessary, to report further on the matter to the Sixth World Health Assembly.

   [WHA5.29]

6. **Production of Antibiotics and Insecticides**
   
   The Fifth World Health Assembly
   
   **APPROVES** in principle the taking over by the United Nations Technical Assistance Administration of activities connected with the manufacture of antibiotics and insecticides in the future and, provided the governments concerned are agreeable, such activities hitherto undertaken by the World Health Organization, it being understood in both cases that the World Health Organization must still maintain its function of providing scientific advice in specific fields of responsibility as opposed to undertaking industrial activities.

   [WHA5.30]
At its tenth and eleventh meetings, held on 14 May, the Committee on Programme and Budget agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. **Future Organizational Studies by the Executive Board**

   The Fifth World Health Assembly,
   Considering that, in the interests of the improved efficiency of the Organization, the Executive Board should continue to have detailed studies made of particular aspects of the work of WHO,
   1. **EMPHASIZES** the importance of constant evaluation of the work undertaken by the Organization; and
   2. **REQUESTS** the Executive Board at its eleventh session to give particular attention to the study of the following subjects, which appear to be of immediate importance:
      (1) education and training programme, including fellowships;
      (2) regionalization.

2. **Duration of Health Assembly Sessions**

   The Fifth World Health Assembly
   **REQUESTS** the Executive Board to carry out, in conjunction with the Director-General, an examination of the work of the Health Assembly with a view to completion of Health Assemblies within a substantially shorter period than at present.

3. **Co-ordination of Work of the United Nations and the Specialized Agencies**

   The Fifth World Health Assembly
   1. **NOTES** a report of the Director-General on decisions of the General Assembly of the United Nations, the Economic and Social Council and its Commissions, relating to the co-ordination of effort in the various activities of the United Nations and the specialized agencies;

4. **Long-Range Activities for Children**

   The Fifth World Health Assembly
   **NOTES** the report of the Technical Working Group on Long-Range Activities for Children,9 established by the Administrative Committee on Co-ordination.

5. **Rehabilitation of the Physically Handicapped**

   The Fifth World Health Assembly
   **NOTES** the report of the ad hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, established by the Administrative Committee on Co-ordination.10

6. **Medical Care in relation to Public Health**

   The Fifth World Health Assembly,
   Having reviewed a report of the Director-General on co-operation with the International Labour Organisation on the health and medical aspects of social security;
   Noting resolution EB9.R16 of the Executive Board,
   **REQUESTS** the Director-General:
   (1) to undertake joint studies with other international agencies on the relationships between public health, medical care and social security; and
   (2) to consider the appointment of an expert committee to study the problems in achieving sound organization of medical care, as experienced by nations with different social and economic backgrounds.

7. **Technical Assistance Programme**

   The Fifth World Health Assembly,
   Having considered the programme proposed by the Director-General11 for participation by the World Health Organization in the third period of

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8 Adopted by the Health Assembly at its ninth plenary meeting

9 UN document Co-ordination/R.112
10 UN document E/CN.5/259, Annex A
11 Off. Rec. World Hlth Org. 39
the United Nations expanded programme of technical assistance for economic development of under-developed countries as forwarded by the Executive Board, and the Board's recommendations thereon (in resolution EB9.21), and bearing in mind the responsibilities of the World Health Organization as the directing and co-ordinating authority on international health work;

Having examined the report of the Executive Board and the Director-General in connexion with the implementation of this programme as set up by resolution 222(IX) of the Economic and Social Council;

Having noted the resolutions adopted by the United Nations General Assembly at its 360th plenary meeting on 12 January 1952, 12

1. APPROVES the co-ordinated programme proposed in Official Records No. 39 to be carried out under the expanded programme of technical assistance in 1953 as being technically sound and of value in the economic development of under-developed countries;

2. CONSIDERS that it conforms to the principles established by the Economic and Social Council at its various sessions (ninth, tenth, eleventh, twelfth and thirteenth);

3. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme, including any necessary modifications thereof, in order to adjust it to the amount of funds made available;

4. AUTHORIZES the Director-General to continue to take the action necessary for the World Health Organization to participate in the expanded programme of technical assistance; and

5. REQUESTS the Director-General to submit to the Sixth World Health Assembly a programme covering the fourth period of technical assistance; and, further,

6. REQUESTS the Director-General, when preparing such a programme, to be guided by the following considerations:

   (1) the responsibility of WHO to act as the directing and co-ordinating authority on international health work;

   (2) the inseparability of social, economic and health factors;

   (3) the major purpose for which aid is provided; and

   (4) the kind of assistance needed and the rate at which it can be absorbed in orderly development.

FIFTH REPORT

At its twelfth, thirteenth and fourteenth meetings, held on 15 and 19 May 1952, the Committee on Programme and Budget agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. Regular Programme for 1953

   The Fifth World Health Assembly,

   Having reviewed the Director-General's proposed programme for 1953 as contained in Official Records No. 39,

   1. APPROVES the activities included therein;

   2. DECIDES that, with respect to the schedule of meetings of expert committees:

      (1) the meeting on mental health of students should not be convened;

2. Appropriation Resolution for the Financial Year 1953

   The Fifth World Health Assembly

   RESOLVES to appropriate for the financial year 1953 an amount of US $9,832,754, as follows:

   (2) the expert committees on cholera and rabies should be convened only if the advance in research in these fields warrants it;

   (3) the terms of reference of the expert committee on filariasis should be limited to the study of the problem of onchocerciasis and, if funds are made available by the suppression of other expert committees, the proposed meeting should be expanded to a conference to which experts from countries in Africa and the Americas affected by onchocerciasis should be invited.

   [WHA5.60]

2. Appropriation Resolution for the Financial Year 1953

   The Fifth World Health Assembly

   RESOLVES to appropriate for the financial year 1953 an amount of US $9,832,754, as follows:

   (2) the expert committees on cholera and rabies should be convened only if the advance in research in these fields warrants it;

   (3) the terms of reference of the expert committee on filariasis should be limited to the study of the problem of onchocerciasis and, if funds are made available by the suppression of other expert committees, the proposed meeting should be expanded to a conference to which experts from countries in Africa and the Americas affected by onchocerciasis should be invited.

   [WHA5.60]

2. Appropriation Resolution for the Financial Year 1953

   The Fifth World Health Assembly

   RESOLVES to appropriate for the financial year 1953 an amount of US $9,832,754, as follows:

   (2) the expert committees on cholera and rabies should be convened only if the advance in research in these fields warrants it;
I.

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I: ORGANIZATIONAL MEETINGS</td>
<td>World Health Assembly</td>
<td>154,400</td>
</tr>
<tr>
<td></td>
<td>Executive Board and its Committees</td>
<td>77,680</td>
</tr>
<tr>
<td></td>
<td>Regional Committees</td>
<td>34,750</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part I</strong></td>
<td><strong>266,830</strong></td>
</tr>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td>Central Technical Services</td>
<td>1,563,866</td>
</tr>
<tr>
<td></td>
<td>Advisory Services</td>
<td>4,285,141</td>
</tr>
<tr>
<td></td>
<td>Regional Offices</td>
<td>1,052,371</td>
</tr>
<tr>
<td></td>
<td>Expert Committees and Conferences</td>
<td>184,178</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part II</strong></td>
<td><strong>7,085,556</strong></td>
</tr>
<tr>
<td>PART III: ADMINISTRATIVE SERVICES</td>
<td>Administrative Services</td>
<td>1,132,709</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part III</strong></td>
<td><strong>1,132,709</strong></td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL — PARTS I, II AND III</strong></td>
<td><strong>8,485,095</strong></td>
</tr>
<tr>
<td>PART IV: RESERVE</td>
<td>Undistributed Reserve</td>
<td>1,347,659</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part IV</strong></td>
<td><strong>1,347,659</strong></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td><strong>9,832,754</strong></td>
</tr>
</tbody>
</table>

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 1953 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 1953 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:

1. the amount of . . . . . . . . $23,164 available by transfer from the cash portion of the Assembly Suspense Account thus resulting in assessments against Members of $8,980,200.

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 charge as an obligation against the 1953 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1953.

VI. With respect to the printing of publications, notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1953 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1953.

3. Meetings and Establishment of Expert Committees

The Fifth World Health Assembly,

Considering that expert committees are an essential component of the work of the Organization;

Considering that in the initial stages of the Organization a large number of expert committees were established;

Realizing that further meetings of expert committees, or their establishment, require a close review if overlapping and duplication are to be avoided;

REQUESTS the Executive Board to examine very carefully the necessity for convening further meetings of expert committees or establishing new committees, and to report to the Sixth World Health Assembly.

4. Reports of the Administrative Committee on Co-ordination

The Fifth World Health Assembly

NOTES the report of the Administrative Committee on Co-ordination on its twelfth and thir-
teenth sessions \textsuperscript{15} and the eleventh report of the committee,\textsuperscript{16} which will be examined by the Economic and Social Council during its fourteenth session, May-August 1952.

[WHAn.65]

5. Community Welfare Centres

The Fifth World Health Assembly

NOTES with satisfaction the report of the Director-General on the action taken by the Economic and Social Council and subsequently by the Secretary-General of the United Nations to promote the use of community welfare centres as effective instruments for economic and social progress. [WHAn.65]

6. 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 (UNRWAPE) on the basis of principles established by the Third World Health Assembly;\textsuperscript{17}

Whereas the duration of this agreement was extended until 30 June 1952, or until the dissolution of the Agency if this should take place before that date, by resolution WHA4.15 adopted by the Fourth World Health Assembly on 24 May 1951;

Whereas the United Nations General Assembly at its sixth session adopted resolution 513(VI), urging the specialized agencies to continue their co-operation with the Secretary-General and with UNRWAPE;

Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWAPE,

The Fifth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1953, or until the dissolution of the Agency if this should take place before that date. [WHAn.70]

7. UNICEF/WHO Health Programmes

The Fifth World Health Assembly,

Having considered a report of the WHO Executive Board members of the Joint Committee on Health Policy, UNICEF/WHO;\textsuperscript{18}

Noting the report of the recent meetings of the Joint Committee on Health Policy,\textsuperscript{18}

1. express its satisfaction with the development of co-operative programmes between UNICEF and WHO;

2. reiterates that, for the promotion of certain programmes, WHO needs the supplies and equipment provided by UNICEF or a similar organization;

3. approves the principle that WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of technical personnel needed for joint activities to be initiated in the future; and

4. requests the Executive Board to propose a procedure for the joint development of the health programmes of UNICEF and WHO and to transmit its proposal to UNICEF for consideration and comment. [WHAn.71]

8. Review of Programme and Budget Estimates by the Executive Board

The Fifth World Health Assembly

DIRECTS that the Board’s review of the annual budget estimates in accordance with Article 55 of the Constitution shall include the consideration of the following:

(1) whether the budget estimates are adequate to enable the World Health Organization to carry out its constitutional functions, in the light of the current stage of its development;

(2) whether the annual programme follows the general programme of work approved by the Health Assembly;\textsuperscript{19}

(3) whether the programme envisaged can be carried out during the budget year; and

(4) the broad financial implications of the budget estimates, with a general statement of the information on which any such considerations are based. [WHAn.62]

9. International Committee of Military Medicine and Pharmacy

The Fifth World Health Assembly,

Having considered the application of the International Committee of Military Medicine and
Pharmacy for official relations with WHO under the terms of Article 70 of the Constitution;

Noting that according to its Statutes the committee is an intergovernmental organization,

APPROVES the draft agreement 20 defining the relations between the two organizations with the following amendment:

Article I, paragraph 2: delete the words “in the spirit of” and substitute “with”.

[WHAG.75]

10. Publicity given to “Wonder” or “Miracle” Drugs 22

The Fifth World Health Assembly,

Having noted the hasty publication, in the lay press, of articles about new drugs, often presented as “wonder” or “miracle” drugs;

Aware that many of these drugs are still under trial;

Cognizant of the harmful effects of inadequate treatment, the masking of symptoms and the creation of resistance to future measures or to basic factors of disease control, as a result of the use of these drugs at their present state;

Desirous of protecting the health of all peoples,

INSTRUCTS the Director-General to draw the attention of Member governments to the desirability of adopting appropriate measures, preferably through their national health administrations, for ensuring that such publicity may not jeopardize the health of their peoples, who may be misled to believe in a speedy, not yet existing, cure.

[WHAG.76]

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT 1

9 May 1952

The Committee on Administration, Finance and Legal Matters held its first two meetings on Wednesday 7 May and Thursday 8 May 1952, under the chairmanship of Sir Arcot Mudaliar (India). The Committee on Nominations had proposed Dr. T. C. Routley (Canada) for Vice-Chairman and Dr. A. Chawkat Chatty (Syria) for Rapporteur; the name of Dr. Routley having been withdrawn, however, Mr. P. Shaw (Australia) was elected Vice-Chairman and Dr. Chatty Rapporteur.

The committee established a Legal Sub-Committee, consisting of delegates of Austria, Belgium, Ceylon, Denmark, Egypt, Federal Republic of Germany, France, Greece, India, Indonesia, Iran, Israel, Italy, Netherlands, New Zealand, Pakistan, Saudi Arabia, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, and United States of America. Certain items were referred to this sub-committee and its recommendations, as adopted by the Committee on Administration, Finance and Legal Matters, are embodied in the reports of the committee.

The committee agreed to recommend to the Fifth World Health Assembly the adoption of the following resolutions:

1. Supplemental Budget for 1952

The Fifth World Health Assembly,

Having considered the recommendation of the Executive Board (in resolution EB9.R63) on the supplemental budget estimate for 1952 to replace, in the Working Capital Fund, the sum of US $30,000 withdrawn for emergency relief to India,

1. APPROVES the supplemental budget for 1952;

2. APPROPRIATES the amount of $30,000 to be used to replace the amount withdrawn from the Working Capital Fund;
3. DECIDES that this supplemental appropriation for 1952 shall be financed from the available cash balance of the Assembly Suspense Account; and therefore

4. AUTHORIZES the Director-General to transfer the sum of $30,000 from the Assembly Suspense Account for this purpose.

[WHAn.10]

2. Amendments to Staff Rules
The Fifth World Health Assembly
NOTES the amendments to the Staff Rules which were reported by the Director-General and confirmed by the Executive Board at its ninth session.

[WHAn.11]

3. Revised Financial Rules
The Fifth World Health Assembly
NOTES the revised Financial Rules superseding the Provisional Financial Rules and confirmed by the Executive Board at its ninth session.

[WHAn.12]

4. Arrears of Contributions and Advances to the Working Capital Fund
The Fifth World Health Assembly,
Having considered a report on the status of contributions and advances to the Working Capital Fund and on the arrears of contributions in respect of the 1948, 1949 and 1950 assessments,
1. NOTES that certain Members have liquidated their arrears of those years, and that other Members have communicated with the Director-General indicating that they have included in their national budget appropriations to liquidate their arrears;
2. DRAWS to the attention of those Members who have not yet made such arrangements the fact that:
   (1) default or delay in payment of their contributions has resulted in a drain on the Working Capital Fund and has placed undue liability on other Member States,
   (2) as a result of their continued non-payment it may be necessary to abandon or curtail certain approved programmes of the Organization;
3. CALLS upon those Members to take appropriate action to liquidate their arrears of contributions during 1952;
4. NOTES that while certain Members have paid their arrears of contributions for early years they are now becoming in arrears for the year 1950 onward because they have not made provision in their national budgets for continuity of payments;
5. REQUESTS those Members to provide regularly in their annual budgets for their contributions to the World Health Organization and to pay such contributions as early as possible after they are due;
6. REQUESTS the Executive Board to furnish a complete report to the Sixth World Health Assembly on any Members whose assessments to the 1948, 1949, 1950 and 1951 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.

[WHAn.13]

The Fifth World Health Assembly,
Noting the small distribution of the Russian edition of the Chronicle of the World Health Organization,
1. RECOMMENDS that the publication of this edition be suspended; and
2. REQUESTS the Director-General to report to a future Health Assembly any new considerations which might lead to a decision to resume publication of this edition.

[WHAn.14]

6. Associate Members: Admission of Tunisia
The Fifth World Health Assembly
ADMITS Tunisia as an Associate Member of the World Health Organization, subject to notice
being given of acceptance of associate membership on behalf of Tunisia in accordance with Rules 101 and 102 of the Rules of Procedure of the World Health Assembly.\(^6\)

\[^{[WHA5.15]}\]

\(^5\) After insertion of additional Rules of Procedure adopted by the Fifth World Health Assembly (resolution WHA5.38), these Rules become respectively Rules 106 and 107 (see *Handbook of Basic Documents*, fifth edition, p. 45).

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SECOND REPORT \(^7\)

14 May 1952

The Committee on Administration, Finance and Legal Matters held its third and fourth meetings on Thursday 8 May and Saturday 10 May 1952.

The committee decided to recommend the following resolutions to the Fifth World Health Assembly for adoption:

1. **Publications Revolving Fund**

   The Fifth World Health Assembly,

   Having considered the report of the Executive Board on its study of WHO publications; \(^8\)

   Realizing the necessity for better publicity to make known throughout the world the existence of WHO publications and the subjects with which they deal, and to improve the sale of such publications through all available channels,

   1. **AUTHORIZES** the Director-General

      (1) to continue to use such sums from the Publications Revolving Fund as are required to finance the cost of printing additional copies of WHO publications for sale, and

      (2) to draw on the Publications Revolving Fund amounts not to exceed the sum of $6,000 for 1952 and of $10,000 for 1953, such sums to be used to give publicity to WHO publications and to improve the sale of such publications, through available commercial distribution channels; and

   2. **REQUESTS** the Executive Board, at its first session in 1953, to review the status of the Publications Revolving Fund in order to determine the purposes for which any accumulated sums should be used.

   \[^{[WHA5.23]}\]

2. **Accident Insurance for Members of the Executive Board**

   The Fifth World Health Assembly

   **AUTHORIZES** the Director-General to provide accident insurance for members of the Executive Board travelling on business of the Board.

   \[^{[WHA5.17]}\]

3. **Working Capital Fund for 1953**

   The Fifth World Health Assembly

   1. **RESOLVES** that the Working Capital Fund for the membership of the Organization as at 1 May 1952 be established for 1953 in the amount of US $3,378,811 plus the assessments of Members joining after 1 May 1952;

   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 1953, 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 1953 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US $250,000 may be used for such

\(^7\) Adopted by the Health Assembly at its eighth plenary meeting

\(^8\) *Off. Rec. World Hlth Org.* 40, 54
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;

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 will increase the relevant Appropriation Section and 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.

[WH5.18]

4. Assembly Suspense Account

The Fifth World Health Assembly

NOTES the report of the Director-General on the status of the Assembly Suspense Account as at 31 December 1951.9

[WH5.19]

5. Currency of Contributions

The Fifth World Health Assembly,

Having considered the report of the Director-General on the currency of contributions to the annual budget of WHO; 10

Noting with gratification the steps taken by the Director-General to implement a plan whereby a proportion of contributions could be paid in sterling;

Realizing, however, that the successful execution of this plan will depend on the co-operation of all governments concerned,

1. CALLS on all Member States to give their maximum support to the plan;

2. WISHES to thank the Government of the United Kingdom of Great Britain and Northern Ireland for its generous co-operation, which has made the introduction of the plan possible;

3. CONCURS in the proposal of the Director-General for its further implementation; and

4. REQUESTS the Executive Board, at its tenth session, to consider this proposal in accordance with the provisions of Financial Regulation 5.5.

[WH5.20]

6. Reimbursement by Governments for Materials, Supplies and Equipment

The Fifth World Health Assembly,

Having considered the report of the Director-General on the reimbursement by governments for supplies and equipment after the completion of the work of demonstration teams; and

Taking into consideration that the countries to which services are provided by the Organization are contributing considerable sums in their national currencies towards the implementation of these projects,

1. DECIDES to amend the draft Appropriation Resolution for 1953 contained in Official Records No. 39, page 82, by the deletion of paragraph V; and, further,

2. DECIDES to authorize the Director-General not to implement these requirements for years prior to 1953.

[WH5.21]

7. Frequency of Health Assembly Sessions

The Fifth World Health Assembly,

Considering that it is not in a position to examine the proposals contained in Executive Board resolution EB9.R53 and the documents issued subsequent to that resolution,11

REQUESTS the Director-General, therefore, to communicate to all Member Governments, for consideration by the Sixth World Health Assembly, these texts and any other amendments which may be submitted by Member States, the Executive Board or the Director-General and which may be received in time to comply with the requirements of Article 73 of the Constitution.

[WH5.22]

9 Off. Rec. World Hlth Org. 41, 37
10 Annex 2
11 See Annex 3.
The Committee on Administration, Finance and Legal Matters held its fourth, fifth, sixth and seventh meetings on Saturday 10 May, Wednesday 14 May, and Thursday 15 May 1952.

The committee decided to recommend the following resolutions to the Fifth World Health Assembly for adoption:

1. Amendment to the 1952 Appropriation Resolution

The Fifth World Health Assembly resolves to amend the Appropriation Resolution for 1952 (WHA4.73) by deleting paragraph VI and replacing it by the following:

Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1952 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1952.


The Fifth World Health Assembly, having examined the annual Financial Report of the Director-General for the period 1 January to 31 December 1951 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 41;

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,13 requests the Executive Board at its eleventh session to examine in detail the suggestions of the External Auditor; and


3. Representation at Meetings of Other Organizations

The Fifth World Health Assembly, noting the increase in the number of meetings of other organizations to which the World Health Organization is invited to send representatives; considering that there is a need to establish criteria for the guidance of the Director-General in developing a policy for such representation, requests the Executive Board to examine this question with the Director-General in the light of the discussion at the Fifth World Health Assembly.

4. Amendments to the Rules of Procedure of the World Health Assembly

The Fifth World Health Assembly adopts the new and revised Rules of Procedure as recommended by the Executive Board in resolution EB9.88, with the following modifications: 14

   1. Rule 3, second paragraph, replace "countries" by "States";
   2. Rule 10, delete the words: "not earlier than seven days before the anticipated date of closure of the session";
   3. Rule 14, replace "territories" by "territories on whose behalf application for associate membership has been made";
   4. Rule 40 (bis), delete the first sentence and substitute: "Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees".

13 Adopted at the ninth and tenth plenary meetings, with an amendment to section 9
14 Annex 4

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13 The rules mentioned in this resolution are cited by the provisional numbers under which they appeared in resolution EB9.88. In the Rules of Procedure as thus amended (see Handbook of Basic Documents, fifth edition, p. 45) they become respectively Rules 3, 14, 18, 45.
5. **Annual Reports from Member States**

The Fifth World Health Assembly

**DECIDES that Rule 5(a) of the Rules of Procedure of the Health Assembly shall be amended by the deletion of the words: “including a summary analysis of annual reports from Members under Articles 61 and 62 of the Constitution.”**  

[WHA5.39]


The Fifth World Health Assembly

**NOTES that the Government of the Federal Republic of Germany and the Governments of Japan and Spain have denounced the Rome Agreement of 1907, which established the Office International d’Hygiène Publique.**  

[WHA5.40]

7. **Host Agreement with the Government of the Philippines**

The Fifth World Health Assembly

1. **APPROVES the Agreement** signed on 22 July 1951 for the purpose of defining the privileges and immunities of the Organization and of its regional office situated in the Philippines;

2. **REQUESTS** the Director-General to exchange notes with the authorized representatives of the Government of the Philippines in accordance with Section 33 of Article XII of the Agreement.  

[WHA5.41]

8. **Rights and Obligations of Associate Members**

The Fifth World Health Assembly

Having considered the rights and obligations of Associate Members; and

Taking into account the admission of two additional Associate Members by the Fifth World Health Assembly,

**REQUESTS** the Executive Board to study this matter and submit a report to the Sixth World Health Assembly.  

[WHA5.42]

9. **Assignment to Regions**

With regard to Articles 44(a) and 47 of the Constitution,

The Fifth World Health Assembly,

Considering the necessity of determining rules and criteria which permit the assignment of Member States, Associate Members and territories or groups of territories to the geographical areas determined in conformity with Article 44 of the Constitution,

1. **REQUESTS** the Executive Board, in close collaboration with the Director-General, to undertake a thorough study of the rules and criteria for determining the assignment of any territory to a geographical area;

2. **DECLARES** that this study should specifically take the form of inquiries to be carried out among the interested Member States, in which opinions should be collected from duly qualified national authorities;

3. **DECLARES** that the Executive Board, after considering the information collected in this way, should make a report to a future Assembly; and

4. **AUTHORIZES** the Director-General, in the meantime, to take the necessary steps to provide services to territories not yet assigned to regions through the headquarters of the Organization under the title “Region undesignated.”  

[WHA5.43]

10. **Agreement with the World Meteorological Organization**

The Fifth World Health Assembly

**APPROVES** the agreement between the World Meteorological Organization and the World Health Organization, consisting of an exchange of letters between the administrative heads of the two organizations.  

[WHA5.74]

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16 The words “a future Assembly” were amended in the tenth plenary meeting to read “the Sixth World Health Assembly”.

17 The Health Assembly in the discussion in the ninth and tenth plenary meetings adopted, on the proposal of the delegation of France in document A5/72, an additional sentence to the paragraph reading: “However, Member States, Associate Members, and territories or groups of territories for which a request for assignment to a region has been presented will be provisionally assigned to the regional organization of their choice, pending the results of the study mentioned above.”

18 Annex 12
11. Exceptional Contribution from the Kingdom of Laos

The Fifth World Health Assembly,
Having noted with pleasure the report of the Director-General transmitting communications from the Government of the Kingdom of Laos in which this Government has informed the Director-General of an exceptional contribution of 100,000 piastres to the World Health Organization,
1. WISHES to extend to the Kingdom of Laos its deepest appreciation for this gift; and
2. ACCEPTS this gift in accordance with Article 57 of the Constitution.[WHA5.58]

12. Place of Sixth World Health Assembly

The Fifth 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,

19 Annexe 9

13. Place of Future Health Assemblies

The Fifth World Health Assembly
REQUESTS the Executive Board to continue its studies on the holding of World Health Assemblies in places other than headquarters, taking note of the following points:

(1) the host countries should co-operate fully with the Organization and the delegates attending the session;
(2) a financial contribution of 50% to 75% of the excess costs involved should be guaranteed either by the host country or by the host country in co-operation with the Member States of the region concerned;
(3) the host country should extend an invitation to the World Health Organization at least 18 months before the date of the holding of the particular session of the Health Assembly.[WHA5.48]

FOURTH REPORT 20

The Committee on Administration, Finance and Legal Matters held its eighth and ninth meeting on Monday, 19 May 1952.
The committee decided to recommend the following resolutions for adoption by the Fifth World Health Assembly:

1. WHO Seals

The Fifth World Health Assembly,
Recognizing that the sale of WHO seals is impracticable or undesirable in certain Member countries;
Believing that in other countries the sale of WHO seals will not conflict with the fund-raising activities of voluntary health agencies;
Recommending that, in making the decision as to whether WHO seals are to be sold, the government of each country take fully into account the interests of its voluntary health agencies,

1. RESOLVES that WHO seals shall continue to be supplied by the Organization and placed at the disposal of Member governments on request, either for their own use or for the use of national voluntary health agencies whose purposes are in conformity with the principles set forth in the Constitution of the World Health Organization; and
2. REQUESTS the Director-General to implement this decision in conformity with the conditions set forth in resolution WHA4.48 of the Fourth World Health Assembly.[WHA5.50]

2. Salary Differential

The Fifth World Health Assembly
1. REAFFIRMS the desirability of securing uniformity, in so far as is possible, in the practices of the United Nations and of the specialized agencies with regard to cost-of-living adjustments for internationally recruited staff;
2. **EXPRESES** the hope that a workable system of salary differentials which will equitably and properly adjust the salaries of employees of the United Nations and specialized agencies on a uniform basis from locality to locality, to account for differences in living costs and other pertinent considerations, will be worked out by the United Nations and the specialized agencies;

3. **LOOKS FORWARD** to the consideration of such a system by the General Assembly of the United Nations at its meeting in 1952 and by the Sixth World Health Assembly. [WHA5.53]

3. **Regional Committee for the Eastern Mediterranean**

The Fifth World Health Assembly,

Having noted with regret the resolution by which the Executive Board has brought to its attention the fact that the Regional Committee for the Eastern Mediterranean did not meet in 1951, and that the conditions which stood in the way of such a meeting continue to exist,

1. **RESOLVES** that the situation be kept under review by the Executive Board and that it be made the subject of a report to the Sixth World Health Assembly; and

2. **REQUESTS** the Director-General through the Regional Director to continue to supply technical assistance and services to all Members of the region. [WHA5.45]

4. **Accommodation for the Headquarters Office**

The Fifth World Health Assembly,

I. **Having considered** the reports of the Director-General and of the Building Committee on accommodation for the headquarters office at Geneva,  

1. **AGREES** with the steps taken regarding the settlement of outstanding claims;

2. **EXPRESES** the hope that the United Nations, in conjunction with the Director-General and the Building Committee, will take all possible measures to reduce the outstanding claims to the lowest reasonable figure;

II. Noting the necessity for providing at this time an additional credit of $24,780 to cover the increased cost of labour due under the terms of the contracts, the cost of the foundations of an additional boiler and the cost of umbrella racks and Zeiss locks,

**DECIDES**

(1) to increase the Building Fund established by the Fourth World Health Assembly by $129,330, thereby establishing it at $362,975;

(2) to amend the Appropriation Resolution for 1952  22 by changing the present Part IV: Reserve to read “Part V: Reserve” ; changing Section 9, Undistributed Reserve, to “Section 10, Undistributed Reserve”; and by adding a new Part IV to be called “Supplemental Building Fund” and a new Section 9 to be called “Supplemental Transfer to Building Fund”;

(3) to authorize the Director-General to transfer immediately the amount of $24,780 to the new Part IV from Parts I, II and III of the Appropriation Resolution for 1952;

(4) to authorize the Director-General to withdraw from the Working Capital Fund such additional sums as are required, such withdrawals not to exceed a total of $104,550, and to transfer these sums to the new Part IV of the Appropriation Resolution for 1952, to be used, subject to the approval of the Executive Board in each case, progressively as the contractors’ claims are finally worked out and approved by the United Nations and by the World Health Organization;

(5) to authorize the Director-General to reimburse the Working Capital Fund to the extent of the withdrawals authorized under paragraph (4) above, from any further savings realized in the 1952 budget;

(6) to delegate to the Executive Board full powers to take the necessary action with a view to applying this resolution;

(7) to request the Executive Board to submit to the Sixth World Health Assembly a complete report on the cost of the new buildings and on the measures taken pursuant to this resolution. [WHA5.54]

5. **Scale of Assessments for 1953**

The Fifth World Health Assembly

I. **RESOLVES** that the assessments for 1953 shall be fixed at the same scale and under the same provisions as for 1952, the assessment of Japan to be fixed at 214 units; and,

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21 Annex 6

22 Off. Rec. World Hlth Org. 35, 47, resolution WHA4.73
II. Taking into account the admission of Libya as a full Member of the Organization and the decision of the Third World Health Assembly (in resolution WHA3.86) by which the assessment of all Associate Members was established at 3 units,

RESOLVES that the following additions shall be made to the scale of assessments:

- Libya .... 5 units
- Tunisia .... 3 units
- Morocco 23 .... 3 units.

[WHA5.55]

6. Study of the Scale of Assessments

The Fifth World Health Assembly,

Having noted a request 24 that the assessment of the Union of South Africa should be reduced in order to bring it into line with the assessment of the Union in the United Nations;

In compliance with Rule 84(e) of the Rules of Procedure of the Health Assembly, 25

1. POSTPONES consideration of this question, and

2. REQUESTS the Executive Board to study the scale of assessments in the light of the decisions of the First and Third World Health Assemblies and to report thereon to the Sixth World Health Assembly.

[WHA5.57]

7. Scale of Assessments: China

The Fifth World Health Assembly,

Having considered a communication from the Republic of China containing proposals relating to its financial contributions to the World Health Organization; 26

Taking note of Rule 84(e) of the Rules of Procedure of the Health Assembly,

REQUESTS the Executive Board to study this communication and to report thereon to the Sixth World Health Assembly.

[WHA5.56]

8. Assignment to Regions: United Kingdom of Libya

The Fifth World Health Assembly,

Having considered the request from the Government of Libya for the inclusion of that country in the Eastern Mediterranean Region,

RESOLVES that Libya shall form part of the Eastern Mediterranean Region.

[WHA5.44]

9. Report of the Administrative Committee on Co-ordination

The Fifth World Health Assembly

NOTES the report of the Administrative Committee on Co-ordination on the administrative and financial matters discussed at its twelfth, thirteenth and fourteenth sessions. 27

[Incorporated in WHA5.65]

10. WHO Staff Pension Committee

The Fifth World Health Assembly

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

[WHA5.51]

11. Participation of Member States in Certain Costs incurred in the Operation of Field Projects

The Fifth World Health Assembly

Considering the experience of the World Health Organization, both in the implementation of its regular programme and in co-operation with the other organizations participating in the expanded programme of technical assistance, with respect to the participation of governments in costs incurred by the agencies in the operation of various projects;

Considering that, in their practical application, the resolutions adopted at the Fourth World Health Assembly (WHA4.60) and at the eleventh and twelfth meetings of the Technical Assistance Committee 28 have presented serious obstacles to providing technical assistance under the regular

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23 See footnote to resolution WHA5.16, p. 21.
24 Annex 8
25 In consequence of amendments and additions approved by the Fifth World Health Assembly, the Rules of Procedure have been renumbered. In this and the following report of this committee, individual rules are referred to by the new numbers under which they are reproduced in the *Handbook of Basic Documents*, fifth edition.
26 Annex 7
27 UN documents E/2161 and E/2203
Programme of the World Health Organization as well as under the expanded programme of technical assistance to some of the countries where the greatest need exists;

Reaffirming the approval of the Third World Health Assembly (in resolution WHA3.116) of the principles appearing in Annex 1 to resolution 222(IX) of the Economic and Social Council, with particular reference to the following:

The requesting governments should be expected to agree:

4. 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;

5. To undertake the sustained efforts required for economic development, including continuing support and progressive assumption of financial responsibility for the administration of projects initiated at their request under international auspices;

1. Recommends to the Technical Assistance Committee that it re-study the question with a view to substituting, for the present restrictive definition applied to the costs which recipient governments must pay, a broader, more flexible policy which more adequately and realistically defines the responsibilities reflected in the principles quoted above, and, more particularly, that it consider the possibility of removing the requirement for governments to provide lodging and travel per diem in the country;

2. Authorizes the Director-General to make exceptions to the requirements prescribed in resolution WHA4.60, adopted by the Fourth World Health Assembly, in the case of those projects where such requirements would prevent the implementation of the activity, especially when the recipient government is incurring substantial programme expenditures on that activity; 29 further

3. Requests the Director-General, to the extent that it does not prevent the implementation of activities under the regular programme, to apply to the regular programme the same policy as may be established by the Technical Assistance Committee for the expanded programme of technical assistance; and,

4. Decides that the question should be reconsidered at the Sixth World Health Assembly.

[WHA5.59]

29 The calculation of the government's expenditures would take into consideration the following items:

(a) local technical and administrative personnel, as well as labour;
(b) local running costs directly associated with the projects;
(c) costs of building directly connected with the project (rent or construction costs);
(d) equipment furnished by the government;
(e) supplies and materials furnished by the government;
(f) office supplies and space;
(g) local transportation;
(h) postal and telecommunication costs;
(i) lodging for international staff and their dependants;
(j) travel per diem for duty travel in the country;
(k) medical care for international staff.

FIFTH REPORT 30

[A5/71]

20 May 1952

The Committee on Administration, Finance and Legal Matters held its tenth and final meeting on Tuesday, 20 May 1952.

1. Renewal of the Contract of the Director-General

The committee agreed to recommend that, in accordance with the provisions of Rule 110 of the Rules of Procedure of the Health Assembly, the Fifth World Health Assembly suspend Rule 10 of the Rules of Procedure in order to add the above item to its agenda. It then recommended the following resolution for adoption:

Whereas the First World Health Assembly elected and appointed Dr. Brock Chisholm as Director-General of the World Health Organization; 31

Whereas, in the Agreement on the terms of employment of the Director-General, the First World Health Assembly provided for his appoint-

30 Adopted by the Health Assembly at its tenth plenary meeting

31 Off. Rec. World Hlth Org. 13, 345
ment to be for a five-year period as from 21 July 1948; 32

Whereas paragraph (1) of Article I of the Agreement between the World Health Organization and Dr. Brock Chisholm provides that the Agreement may be renewed by decision of the Health Assembly on such terms as the Health Assembly may determine; and

Whereas, under Article 31 of the Constitution of the World Health Organization, “the Director-General shall be appointed by the Health Assembly on the nomination of the [Executive] Board on such terms as the Health Assembly may determine”,

The Fifth World Health Assembly

1. recognizes that the services performed by Dr. Brock Chisholm have contributed immeasurably to the successful operation of the World Health Organization;

2. believes it desirable that Dr. Brock Chisholm continue as Director-General for a period beyond the expiration date of the present five-year period;

3. decides that the Agreement on the terms of employment of Dr. Brock Chisholm shall be renewed for a period not to exceed three years from 21 July 1953;

4. recognizes that Dr. Brock Chisholm will wish to give consideration to this decision to renew his contract before deciding whether he is willing to accept it; and therefore

5. requests Dr. Brock Chisholm to communicate his decision to the President of the Fifth World Health Assembly on or before 31 December 1952, indicating whether he will accept the renewal of his contract, and, if so, the length of the period which he is willing to accept to a maximum of three years;

6. authorizes the President of the Fifth World Health Assembly to sign the renewal of the Agreement on the terms of employment of the Director-General on behalf of the Organization; and

7. requests the President of the Fifth World Health Assembly to communicate the decision of Dr. Brock Chisholm to the Executive Board at its eleventh session so that the Board will know whether it will be necessary to consider at that session, in accordance with Article 31 of the Constitution, a new nomination for submission to the Sixth World Health Assembly.

[WHA5.52]

2. Temporary Admission of Turkey to the European Region

The Committee on Administration, Finance and Legal Matters also recommended the following resolution for adoption by the Fifth World Health Assembly:

Having considered the request of the delegation of Turkey to the effect that on account of the conditions prevailing in the Eastern Mediterranean Region which prevent the regular annual meeting of the Regional Committee, Turkey wishes to be admitted to the European Region while provisionally suspending its activities in the Eastern Mediterranean Region,

The Fifth World Health Assembly

decides to accede to this request.

[WHA5.46]
In view of the urgency of reporting on item 7.2 of the agenda, the Legal Sub-Committee presents its opinion on this matter to the Committee on Administration, Finance and Legal Matters apart from its conclusions on the other questions referred to it:

**Frequency of Health Assembly Sessions**

The sub-committee considered the application of Article 73 of the Constitution and Rule 108 of the Rules of Procedure.2

With regard to the requirement that the texts of proposed amendments be communicated to Member States six months in advance of their consideration by the Health Assembly, a majority of the sub-committee decided, after discussion, that from the point of view of the legal interpretation of Article 73 of the Constitution, this requirement has not been met. The sub-committee consequently recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be proposed to the Health Assembly:

The Fifth World Health Assembly,

Considering that the time-limit imposed by Article 73 of the Constitution for the presentation in the form of definite texts of amendments to the Constitution has not been respected,

is of opinion that the Fifth World Health Assembly is not in a position to examine the proposals contained in resolution EB9.R53 of the Executive Board and the documents issued subsequent to that resolution.

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**SECOND REPORT 3**

The Legal Sub-Committee met on 9 and 12 May 1952, under the Chairmanship of Mr. W. Wynne Mason (New Zealand).

1. **Amendments to the Rules of Procedure of the World Health Assembly 4**

   The sub-committee recommends that the word "countries" in the second paragraph of Rule 3 be replaced by "States", since the sole territory to which this provision now refers, namely Yemen, is a State.

   With regard to Rule 10, the sub-committee considered that in paragraph 2 the words "not earlier than seven days before the anticipated closure of a session" might be deleted. As this is not strictly speaking a legal point, the sub-committee leaves a final recommendation on this point to the Committee on Administration, Finance and Legal Matters.

   It is also recommended that in Rule 14 the words "and territories" be replaced by "and territories on whose behalf application for associate membership has been made"; and that the first sentence of Rule 40 (bis) be amended to read:

   Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees.

   Subject to the above recommendations and comments, the sub-committee recommends to the Committee on Administration, Finance and Legal Matters that the amendments to the Rules of Procedure of the Health Assembly, as set forth in resolution EB9.R8, be transmitted to the Health Assembly for adoption in the following resolution:

   The Fifth World Health Assembly

   ADOPTS the new and revised Rules of Procedure as recommended by the Executive Board in resolution EB9.R8, with the following modifications:

   (a) Rule 3, second paragraph, replace "countries" by "States";

   (b) Rule 10, delete the words: "not earlier than seven days before the anticipated closure of the session";

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2 Previously Rule 103, renumbered in consequence of the amendments and additions to the Rules of Procedure approved by the Fifth World Health Assembly.

3 Examined by the Committee on Administration, Finance and Legal Matters at its sixth meeting.

4 The rules mentioned in this report are cited by the provisional numbers under which they appear in resolution EB9.R8.
(c) Rule 14, replace "territories" by "territories on whose behalf application for associate membership has been made";

(d) Rule 40 (bis), delete the first sentence and substitute: "Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees".

2. Office International d'Hygiène Publique

The sub-committee recommends that the Committee on Administration, Finance and Legal Matters and the Health Assembly take note of the fact that the Government of the Federal Republic of Germany and the Governments of Japan and Spain have now denounced the Rome Agreement of 1907.

The sub-committee therefore recommends that the Committee on Administration, Finance and Legal Matters propose to the Health Assembly the adoption of the following resolution:

The Fifth World Health Assembly

NOTES that the Government of the Federal Republic of Germany and the Governments of Japan and Spain have denounced the Rome Agreement of 1907.

3. Host Agreement with the Government of the Philippines

The sub-committee noted and approved the agreement signed on 22 July 1951 for the purpose of defining the privileges and immunities of the Organization and of its regional office situated in the Philippines.

The sub-committee consequently recommends that the Committee on Administration, Finance and Legal Matters propose to the Health Assembly the adoption of the following resolution:

The Fifth World Health Assembly

1. APPROVES the Agreement signed on 22 July 1951 for the purpose of defining the privileges and immunities of the Organization and of its Regional Office situated in the Philippines;

2. REQUESTS the Director-General or such person as may be authorized by him to exchange notes with the authorized representatives of the Government of the Philippines in accordance with Section 33 of Article XII of the Agreement.

4. Reports submitted by States under Articles 61 and 62 of the Constitution: Amendment to the Rules of Procedure of the Health Assembly

The sub-committee approved the amendment to Rule 5(a) of the Rules of Procedure of the Health Assembly suggested by the Executive Board and consequently recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be proposed to the Health Assembly:

The Fifth World Health Assembly

DECIDES that Rule 5(a) of the Rules of Procedure of the Health Assembly shall be amended by the deletion of the words: "including a summary analysis of annual reports from Members under Articles 61 and 62 of the Constitution".

5. Rights and Obligations of Associate Members


The attention of the sub-committee was drawn to changes since the Executive Board examined the question, but the sub-committee did not consider itself competent to recommend what action should be taken as a result of these changes.

6. Agreement with the International Committee of Military Medicine and Pharmacy

The sub-committee took note of the resolution of the Executive Board (EB9.R2) and of document A5/7. With regard to the text of the draft agreement between the ICMMP and WHO, the following amendments were suggested and approved:

(a) Article I, paragraph 2: delete the words "in the spirit of" and substitute "with";

(b) Article V (Amendment concerns the French text only).

The sub-committee consequently recommends that the Committee on Administration, Finance and Legal Matters propose to the Fifth World Health Assembly, through the Committee on Programme and Budget, the adoption of the following resolution:

This document, amended, is reproduced as Annex 13.
The Fifth World Health Assembly

APPROVES the agreement between the International Committee of Military Medicine and Pharmacy and the World Health Organization with the following amendments:

(a) Article I, paragraph 2: delete the words "in the spirit of" and substitute "with";
(b) Article V (Amendment concerns the French text only).

THIRD REPORT * [A5/AFL/25]
20 May 1952

1. Legality of a Draft Resolution in respect of Article 31 of the Constitution

In view of the fact that paragraph (1) of Article I of the Agreement signed on 23 July 1948 between the World Health Organization and Dr. Brock Chisholm provides that the Agreement may be renewed by decision of the Health Assembly on such terms as the Health Assembly may decide, the sub-committee sees no legal objection to the resolution referred to it, and approves that resolution, subject to the drafting changes introduced.

The sub-committee recommends that the resolution be redrafted to read as follows:

Whereas the First World Health Assembly elected and appointed Dr. Brock Chisholm as Director-General of the World Health Organization;

Whereas the First World Health Assembly provided in the Agreement on the terms of employment of the Director-General for his appointment to be for a five-year period as from 21 July 1948;

Whereas paragraph (1) of Article I of the Agreement between the World Health Organization and Dr. Brock Chisholm provides that the Agreement may be renewed by decision of the Health Assembly on such terms as the Health Assembly may decide; and

Whereas under Article 31 of the Constitution of the World Health Organization "the Director-General shall be appointed by the Health Assembly on the nomination of the [Executive] Board on such terms as the Health Assembly may determine";

The Fifth World Health Assembly

1. RECOGNIZES that the services performed by Dr. Brock Chisholm have contributed immeasurably to the successful operation of the World Health Organization;

2. BELIEVES it desirable that Dr. Brock Chisholm continue as Director-General for a period beyond the expiration date of the present five-year period;

3. DECIDES that the Agreement on the terms of employment of Dr. Brock Chisholm be renewed for a period not to exceed three years from 21 July 1953;

4. RECOGNIZES that Dr. Brock Chisholm will wish to give consideration to this decision to renew his contract before deciding whether he is willing to accept it; and therefore

5. REQUESTS Dr. Brock Chisholm to communicate his decision to the President of the Fifth World Health Assembly on or before 31 December 1952, indicating whether he will accept the renewal of his contract, and, if so, the length of the period which he is willing to accept to a maximum of three years;

6. AUTHORIZES the President of the Fifth World Health Assembly to sign the renewal of the Agreement on the terms of employment of the Director-General on behalf of the Organization; and

7. REQUESTS the President of the Fifth World Health Assembly to communicate the decision of Dr. Brock Chisholm to the Executive Board at its eleventh session so that the Board will know whether it will be necessary to consider at that session, in accordance with Article 31 of the Constitution, a new nomination for submission to the Sixth World Health Assembly.

2. Participation of a Member State in two or more Regional Committees: Request by the Government of Turkey

The sub-committee confined its discussions to the legal aspects of this problem in so far as they bore on the specific request of the delegation of Turkey.

* Examined by the Committee on Administration, Finance and Legal Matters at its tenth meeting
After a lengthy discussion with regard to the applicability of the relevant provisions of the Constitution,\textsuperscript{7} of the resolution of the First World Health Assembly delimiting geographical areas,\textsuperscript{8} and of resolution WHA2.103 of the Second World Health Assembly concerning the participation of Member States in regional committees, the sub-committee adopted the following resolution:

\textsuperscript{7} Articles 44 and 47
\textsuperscript{8} Off. Rec. World Hlth Org. 13, 331

The Legal Sub-Committee,

Having examined the request put forward by the Turkish delegation for participation in the Regional Committee of the European Region as well as in that of the Eastern Mediterranean Region,

sees no legal objection to acceding to this request.
PART III

CONSIDERATION OF RESERVATIONS
TO THE
INTERNATIONAL SANITARY REGULATIONS
NOTE

This part of the volume contains, in the alphabetical order of the countries, the reservations submitted by governments to the International Sanitary Regulations, together with the reports of the ad hoc committee of the Executive Board and of the working party established by the Fifth World Health Assembly to consider the reservations. To facilitate reference, the material in the reports has been rearranged, the recommendations and findings of the committee and working party being presented along with the particular reservations to which they refer.
CONSIDERATION OF RESERVATIONS
TO THE INTERNATIONAL SANITARY REGULATIONS

REPORT OF THE WORKING PARTY OF THE FIFTH WORLD HEALTH ASSEMBLY

1. The working party established by the Fifth World Health Assembly to consider reservations to the International Sanitary Regulations first met on 6 May 1952, and held 10 meetings, the report being approved at the last meeting on 14 May 1952.

Dr. M. T. Morgan (United Kingdom of Great Britain and Northern Ireland) was elected Chairman, and Dr. M. Gaud (France) and Dr. Ma’moen Al Rashid Koesoemadilaga (Indonesia) Vice-Chairmen. The Chairman was appointed to act as Rapporteur for the English text and Dr. Gaud as Rapporteur for the French text of the report of the working party.

Dr. J. Hostie attended in the capacity of Legal Adviser to the Director-General.

Dr. Y. Biraud, Director, Division of Epidemiological Services, acted as Secretary.

The meetings of the working party were attended by delegates of Member States. A representative of the International Civil Aviation Organization also attended.

2. The number of delegates attending each meeting varied to some extent, but in no case was the reservation of a Member State considered by the working party in the absence of a delegate of the country concerned, unless the country was not represented at the Health Assembly.

3. The working party took as the basis for its deliberations:

(a) the communications from governments making rejections, reservations, amendments and requests for clarification etc.;

(b) the report of the ad hoc committee appointed by the Executive Board to consider the reservations to the International Sanitary Regulations submitted in accordance with paragraph 1 of Article 106 of the Regulations.

4.1. The working party took note of the terms of reference of the ad hoc committee as laid down by the Executive Board in resolution EB9.R78.

4.2. The working party confirmed the conclusions reached in the introductory part of the ad hoc committee’s report (see page 359). The working party adopted the conclusions reached by the ad hoc committee on:

(a) the expiry of the period within which reservations may be submitted; and

(b) reciprocity.

5. In the case of two governments, the letters to the Director-General specifying their reservations arrived after the expiry of the period referred to in paragraph 1 of Article 106, but in both cases the Director-General had received, within the period, a telegram from the governments concerned, informing him that reservations were being made. The working party recommends to the Health Assembly that these reservations be dealt with as valid, on the understanding that the adoption of this recommendation does not constitute a precedent.

6. In view of the terms of Article 108 according to which the procedure for withdrawing a reservation in whole or in part is by notifying at any time the Director-General, the working party decided to make recommendations to the World Health Assembly on each of the reservations submitted by governments, even though a delegate expressed to the working party the intention of his government to withdraw the whole or any part of a reservation.

7. The working party recommends to the Health Assembly that this report, if adopted by the Assembly, be transmitted to governments in compliance with...
the terms of Article 111, in order that governments may, in conformity with paragraph 5 of Article 107, notify the Director-General, unless they have already done so under Article 108, of the withdrawal of their reservation or reservations in so far as they have not been accepted by the Health Assembly.

8. The working party took note of its terms of reference.

These were:
1. to consider the report of the ad hoc committee and to make pronouncements on the reservations submitted by Member States as to their acceptability or otherwise;
2. to consider the position of Member States who have accepted the Regulations vis-à-vis those who have made reservations thereto;
3. to consider reservations which have been received since 11 March 1952 and to make pronouncements on them as to their acceptability or otherwise;
4. to discuss a procedure by which reservations submitted by Member States on behalf of their overseas and outlying territories may be dealt with and to make recommendations to the Executive Board thereon;
5. to suggest to the Health Assembly the transmission, with or without observations, of the proposed amendments to the text of the Regulations to the competent committee set up by the Executive Board for their consideration.

 Procedure for dealing with Reservations with respect to Overseas and Outlying Territories

9. The working party recommends to the Health Assembly that the Director-General report to the Executive Board at its eleventh session the nature and extent of the reservations submitted by governments, in order that the Board may decide whether, in view of the complexity of the problems involved, they should preferably be referred to an ad hoc committee to study and report to the Sixth World Health Assembly on these reservations, or whether it would be sufficient to refer the reservations to the Sixth World Health Assembly for consideration by a working party of that Assembly.

Procedure for dealing with Amendments to the Text of the Regulations

10. The working party recommends to the Health Assembly that amendments to the text of the International Sanitary Regulations be referred to the Committee on International Quarantine with instructions to report to the Seventh World Health Assembly.

REPORT OF THE AD HOC COMMITTEE ESTABLISHED BY THE EXECUTIVE BOARD

AT ITS NINTH SESSION

INTRODUCTORY STATEMENT BY THE DIRECTOR-GENERAL

The Executive Board at its ninth session adopted resolution EB9.R78 requesting the Director-General to convene, on 18 March 1952, an ad hoc committee to consider reservations submitted by Member States to the International Sanitary Regulations.

It was decided by the Board that this committee should comprise seven members, including experts in legal and quarantine matters and in public-health administration in so far as it concerns quarantine practice in seaports and airports and at land frontiers.

The Executive Board requested the Director-General, in appointing members to this committee, to have regard to the committee’s functions, which involved interpretation of the Regulations as a legal instrument, and to take advantage of the experience gained by members of the delegations which participated in 1951 in the Special Committee set up by the World Health Assembly to consider the draft International Sanitary Regulations.

The Director-General, bearing in mind the importance of the task assigned to this committee, paid due regard, in selecting the members, to the necessity of ensuring geographical distribution and, accordingly, invited two representatives from Europe and one representative from each of the following geographical areas: North America, South America, Eastern Mediterranean Region, South-East Asia Region and Western Pacific Region.

Dr. K. C. K. E. Raja (India) and Dr. F. Prats (Chile) found themselves, at the last moment, unable to attend and, as it proved impossible to find anyone from the same regions to replace these members at short notice, the desired regional distribution had reluctantly to be amended. Dr. M. Jafar (Pakistan) agreed to replace Dr. Raja, and, in view of the impossibility of finding within four days a replacement from Latin America for Dr. Prats, his place was filled by Professor G. A. Canaperia (Italy).
The terms of reference of this committee as laid down by the Executive Board at its ninth session were:

To examine the reservations and to report to the World Health Assembly:

(1) its views as to whether or not the reservations "substantially detract from the character and purpose of the International Sanitary Regulations"; and

(2) its observations on the effect of the reservations on the general purposes of the Regulations.

The Director-General was authorized by the Executive Board to send this report directly to all Member States as soon as possible after the conclusion of the meeting to enable:

(1) national governments to study the recommendations and observations which this committee is making to the Fifth World Health Assembly on each Member State's reservations; and

(2) those Member States which have submitted reservations to review their position in the light of this committee's recommendations and observations thereon.

REPORT OF THE AD HOC COMMITTEE

The committee was composed of the following members:

Mr. C. I. Bevans       United States of America
Dr. (Med.) G. A. Canaperia  Italy
Dr. (Jur.) Z. Hashem       Egypt
Dr. (Jur.) J. Hostie       Belgium
Dr. (Med.) M. Jafar        Pakistan
Dr. (Med.) M. T. Morgan    United Kingdom of Great Britain and Northern Ireland

M. Ourot Souvannavong   Laos

Dr. L. H. Murray, Chief, International Quarantine Section, acted as Secretary, assisted by M. A. Zarb, Chief, Legal Office; Dr. G. Stuart, Consultant to the Director, Division of Epidemiological Services; and Mr. F. Gutteridge, Legal Office.

The committee met on the morning of 18 March 1952 and elected Dr. M. T. Morgan as Chairman and Dr. J. Hostie as Vice-Chairman.

The session continued until 24 March 1952 and the committee prepared and approved its report for submission to the Fifth World Health Assembly. The committee had before it the reservations submitted by Member States and a document, prepared by the Director-General, listing the responsibilities of countries and territories under International Sanitary Conventions, Codes and Agreements (WHO/ISR.Res/2, unpublished).

The committee's report consists in the main of its recommendations and observations on the reservations submitted by Member States.

The committee wishes, in addition, to make the following general observations and comments:

**Expiry of Period in which Reservations may be submitted**

1. The committee was informed that the Director-General's letter of notification of adoption of the International Sanitary Regulations by the World Health Assembly, to which was attached a certified true copy of the text of the Regulations, was dated 6 June 1951 and dispatched from Geneva on 11 June 1951. Distribution was, in certain cases, made via the regional offices and this occasioned some delay.

   The Director-General's letter drew the attention of Member States to the terms of Article 106 of the Regulations, stating the period within which any rejection or reservation must be received by the Director-General.

   The committee took the view that the nine months' period following the notification by the Director-General of the adoption of the Regulations by the Health Assembly began on the date of dispatch of his letter of notification either from WHO headquarters, Geneva, or from a WHO regional office.

   Consequently, any rejection or reservation received either at WHO headquarters or at a WHO regional office after the nine months' period calculated as above fell, in the view of the committee, within the terms of Article 106, paragraph 3.4

**Amendments**

2. The committee was confronted in some instances with proposals which actually involved amendment of the text. The committee was of the opinion that it was beyond its terms of reference to consider any amendment to the text of the Regulations as adopted by the Health Assembly, beyond ascertaining that they were in fact amendments and not true reservations, i.e., rules accepted by the Health Assembly applicable only between the reserving State and each or any of the other States party to the Regulations.

4 This paragraph reads: "Any rejection or reservation received by the Director-General after the expiry of the periods referred to in paragraphs 1 or 2 of this Article shall have no effect."
3. The committee took note that, under the terms of Article 107, paragraph 5, if the World Health Assembly objects to a reservation and that reservation is not then withdrawn, the whole of the Regulations shall not enter into force with respect to the State making that reservation, and that, consequently, the State remains bound by any existing Convention or Agreement listed in Article 105 to which it is a party.

4. The committee suggests that Member States should, if possible, include in their delegations to the Fifth World Health Assembly the technical representative or representatives who took part in the meeting of the Special Committee set up to consider the draft International Sanitary Regulations in April-May 1951. This will ensure that the delegates to the Fifth World Health Assembly, where reservations, rejections, etc. will be considered, will be familiar with the proceedings of the Special Committee and the technical discussions held during its session.

Reciprocity

5.1 The committee examined whether a reservation accepted by the World Health Assembly under the provisions of Article 107 of the International Sanitary Regulations may be applied reciprocally, that is to say, that such a reservation may be applied not only by the State making the reservation, but also by any other State party to the Regulations in its relationships with the reserving State.

5.2 The right of a State to claim reciprocity as a condition of acceptance of a reservation to an international instrument is well established. There appears, however, to be serious doubt whether the right to claim reciprocity will exist in all instances, unless the condition of reciprocity is made at the time that the reservation is accepted.

5.3 With a view to avoiding possible subsequent dissatisfaction and confusion with respect to the rights of the States party to the International Sanitary Regulations, the committee recommends to the Health Assembly that in accepting a reservation to the Regulations under Article 107 such acceptance shall be with the specific understanding that the reservation may be applied, not only by the State making the reservation, but also by each other State party to the Regulations in its relations with the reserving State, unless the reservation is such that it does not lend itself to reciprocal treatment.
RESERVATIONS FROM GOVERNMENTS, TOGETHER WITH THE OBSERVATIONS
AND RECOMMENDATIONS OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD
AND THE FINDINGS OF THE WORKING PARTY OF THE HEALTH ASSEMBLY

ARGENTINA

Communication from the Government to the Director-General

Letter dated 3 January 1952 from the Minister of Public Health, received 14 January 1952 (translation from the Spanish)

The delegation of the Republic of Argentina to the fifth session of the Executive Board of the Pan American Sanitary Organization, held in Washington in October 1951, voted for the incorporation in the Pan American Sanitary Code of all the Articles approved by the Fourth World Health Assembly and included in the International Sanitary Regulations (WHO Regulations No. 2).

Nevertheless, in view of the powers conferred by Article 106 of the said Regulations, the Republic of Argentina wishes to present within the established time-limit certain reservations with regard to the above-mentioned Articles, reservations which are enumerated and explained in the attached memorandum which is submitted for your consideration and for study by the competent bodies of the Organization.

Should the said reservations not prove acceptable in their present form, my Government would wish to submit the grounds for them, with any amplifications which may be deemed necessary, for consideration by the next World Health Assembly.

MEMORANDUM

The Republic of Argentina, a Member State of WHO, has received the copy of the International Sanitary Regulations (WHO Regulations No. 2) which, according to Article 105, replace a series of international sanitary conventions and introduce amendments to the Pan American Sanitary Code, which remains in force in so far as the nations of this continent are concerned and which was approved by our National Act No. 12206.

The Argentine Government considers many of the amendments introduced by the said Regulations to be necessary, but nevertheless feels obliged to submit reservations to certain Articles so as to ensure that in practice the Regulations are not so rigid as to provoke disagreement over their application and so that they do not run counter to specific obligations approved by the national legislation.

For this reason, we submit certain reservations for consideration so that the competent bodies of WHO may judge as to whether they are well founded.

The Argentine Government considers that, in general, the International Sanitary Regulations have been conceived more as quarantine regulations than as health regulations in the fuller sense, and this is the reason for the divergencies to which attention is called in this memorandum.

Our reservations with regard to the International Sanitary Regulations are founded on juridical and medico-public-health considerations.

Article 2. In so far as the juridical reservations are concerned, we would refer first of all to the second sentence of Article 2:

Any notification or information sent by the Organization to the health administration shall be considered as having been sent to the State, and any notification or information sent by the health administration to the Organization shall be considered as having been sent by the State.

We propose that this be in the following form:

Any notification or information sent by the Organization to the health administration shall be considered as having been sent to the State, the Organization to send a duplicate to the Ministry of Foreign Affairs concerned, and any notification
or information sent by the health administration to the Organization shall be considered as having been sent by the State.

This would enable the State to maintain more effective control over the international commitments and obligations which the health administration might contract.

Article 112, paragraph 3. This should establish that, although disputes may be submitted for the decision of the International Court of Justice, its jurisdiction is not binding on the States concerned.

Article 113, paragraph 1. The Spanish language should be added, in view of the number of Member States using Spanish as their official language. The Article should therefore read: "The English, French and Spanish texts of these Regulations shall be equally authentic."

With regard to the medico-public-health reservations, it should be noted that in the section entitled "Definitions" the definitions of "yellow-fever endemic zone" and "yellow-fever receptive area" are not clear.

The grounds for these reservations call for considerable explanation and they can be more easily clarified when under discussion by the competent bodies dealing with the International Sanitary Regulations. For this reason we confine ourselves for the moment to notifying WHO that we make reservations with regard to the definition of both these zones and that we will give our reasons therefor at an appropriate moment.

Article 27, paragraph 1. There is also a reservation with regard to Article 27, paragraph 1, in which we propose that the words "Except as limited by the provisions of Article 69" be deleted.

Article 69 states:

1. No person shall be required to submit to rectal swabbing.
2. Only a person on an international voyage, who has come from an infected local area within the incubation period of cholera and who has symptoms indicative of cholera, may be required to submit to stool examination.

This Article 69, with its two paragraphs, is included under Chapter II — Cholera, and is therefore obligatory only in connexion with this disease.

When, however, it is stated in Article 27, paragraph 1, contained in Part IV, Chapter I (Sanitary Measures and Procedure—General Provisions), "Except as limited by the provisions of Article 69", referring to any disease or situation, this restrictive measure, which apparently refers only to cholera, becomes general for any disease. On account of the restrictions thus imposed on the action to be taken, the Argentine health authorities find it impossible to accept this.

The public-health physician cannot be subject to restrictions in the examination of a person suffering from a disease or suspected of suffering from a disease. While it is desirable to avoid unnecessary inconvenience to travellers, on the other hand it is not possible to accept methods which would nullify the sanitary defence measures which a country considers indispensable.

This country has a wide experience in the field of immigration and abundant data on the question; for this reason it is obliged to make certain reservations.

Patients with inguinal adenitis, suspected of suffering from plague, have arrived in Argentina and careful examination of the perineum, anus and rectum has shown, by the discovery of lesions in these sites, that the patient was suffering from Nicolas-Favre disease; such examination prevented the wrong measures being taken.

Where grounds have existed for suspecting the presence of the cholera vibrio in persons from a cholera-infected area, stool examination has proved useful in detecting it, not only where the persons arrived during the incubation period of the disease, but also where the cases occurred more than five days before the departure of such persons from the area.

Some years ago on a Japanese ship, the "Mexico Maru" bound for Buenos Aires, two persons died, supposedly from dysentery, and anti-cholera vaccination was one of the measures adopted on board. In view of this, the Argentine maritime health authorities quarantined the ship until all passengers and members of the crew had been subjected to stool examination. In this way 11 carriers of the cholera vibrio were discovered, isolated and given treatment until they were no longer carriers. Of these 11 carriers, several were farmers who were settling in Argentina in areas lacking sanitary facilities.

We have also an Act, No. 12107, concerning the prophylaxis of ankylostomiasis, Article 4 of which empowers the authorities to isolate sufferers in their respective domiciles, and by virtue of this Act, the public-health physician responsible for inspection of a ship before it is given free pratique may insist on the examination of the faeces of any person suspected of suffering from this disease.
For all these reasons, we advise the suppression of the introductory part of Article 27 so as to leave liberty of action and judgment to the health authorities of the various countries, allowing them to fulfil their protective functions satisfactorily while at the same time employing in their task that discretion and moderation which the WHO public-health experts request from all Member States.

*Article 69, paragraph 2.* For the reasons mentioned in connexion with Article 27, we propose that Article 69, paragraph 2, be amended to read as follows:

When a person on an international voyage arrives from an infected local area within the cholera incubation period, or when a case has been discovered more than five days before the said person’s departure from the area and he shows symptoms indicative of cholera, or when there have been signs of the presence on board of the disease, such person may be required to submit to stool examination.

*Article 52, paragraph 2.* The paragraph states that “Every such [deratting] certificate shall be valid for six months”. This is a suitable period of validity, but it cannot be accepted in such an absolute form. In some circumstances ships which have been deratted are found to have a large number of rodents or their traces and this danger should not be ignored in order to adhere strictly to the text of the Regulations.

The Argentine Government proposes that this sentence be in the following form:

Deratting certificates shall be valid for six months but in the case of discovery of the existence of an abnormal number of rodents or their traces on board the competent authorities may order extraordinary deratting measures.

*Article 55, paragraph 2* states:

A ship on arrival shall be regarded as suspected if—

(a) it has no case of human plague on board but such a case has occurred on board within the first six days after embarkation;

This drafting is not clear and the paragraph should read:

A ship on arrival shall be regarded as suspected if—

(a) it has no case of human plague on board but such a case has occurred in the area from which it set sail or in the ports at which it has called within six days from its departure.

*Article 70.* This Article requires some clarification. It is stated “Each yellow-fever endemic zone and yellow-fever receptive area shall be delineated by the Organization in consultation with each of the health administrations concerned and may be altered similarly from time to time”.

In this form it would seem that the areas will only be delineated when the Organization and the health administrations are in agreement. What criterion is to be adopted if the Organization and the health administrations do not agree? Which view will be followed?

It will be necessary to study this question and to propose another wording or to clarify the point by an addendum.

In paragraph 2 of the same Article 70 we propose that the *Aedes aegypti* index be raised from one per cent to two per cent as in the Pan American Sanitary Code.

*Article 77.* We believe an error has slipped in with regard to this Article throughout the Regulations. In paragraph (a) instead of “The measures provided for in Article 67”, this should read “The measures provided for in Article 74”.

*Article 98.* We propose that this be amended to read: “The certificates specified in appendices 1, 2, 3 and 4 shall be printed in French, English and Spanish; in addition the text shall be given in the official language of the territory of issue”.

*Article 99, paragraph (b).* We suggest that this should read:

(b) it contains a statement in French, English or Spanish and in the official language of the territory of issue.

*Appendix 6—Health Part of the Aircraft General Declaration, paragraph (a).* This states: “Illness suspected of being of an infectious nature which has occurred on board during the flight”.

How is it to be supposed that the aircraft personnel will be capable of knowing whether an illness which has begun on board is infectious when at that stage even the most experienced physician may have the greatest difficulty in making such a diagnosis?

5 This error occurred only in the French text of the Regulations as reproduced in *Org. mond. Santé : Sér. Rapp. techn.* 1951, 41, first impression.
There should be no limitation. Any illness occurring on board an aircraft should be notified to the health authorities in the first port of call. These are the competent authorities to take decisions according to the circumstances of the case (hospitalization of the patient, continuation of the journey by the person concerned, etc.).

We propose a new Article or an addition as under:

Articles 3 to 13 of the International Sanitary Regulations lay down obligations with regard to pestilential diseases only, and therefore in a restrictive sense, and do not take into account the abnormal epidemiological conditions which may arise from time to time in various countries. Without any question of imposing obstacles on goods or individuals in international traffic, we nevertheless consider that it would be extremely useful for Member States to be kept permanently informed of any epidemic of an infectious disease, as provided for in the Pan American Sanitary Code. In Article 4 of the said Code, which is in force for the American States, it is laid down that “each signatory government agrees to notify adjacent countries and the Pan American Sanitary Bureau, immediately, of any case or cases of plague, cholera, yellow fever, smallpox, typhus or any other dangerous contagion...”, i.e., any disease which occurs in an epidemic form.

This information is very valuable in exceptional periods and the rule should be included in the International Sanitary Regulations. Otherwise, in view of the provisions of Article 4 of the Pan American Sanitary Code, Member States which are signatories of the said Code are under an obligation to notify such situations, whereas signatories to the International Sanitary Regulations are under no such obligation, which gives the impression of two distinct sanitary defence systems.

It is therefore proposed that an additional Article be included in the sense of the provision laid down in the final paragraph of Article 4 of the Pan American Sanitary Code, or that the paragraph in question be added to one of the existing Articles in the International Sanitary Regulations.

Observations and Recommendations of the Ad Hoc Committee

1. Article 2

The committee does not regard this as a reservation but rather as a suggestion from the Government of Argentina that a duplicate of any communication sent by the Organization to the health administration of Argentina shall at the same time be sent to the Argentine Ministry of Foreign Affairs.

The committee considers this to be a matter for arrangement between the Organization and the Government of Argentina under Article 33 of the Constitution of WHO. The Government of Argentina will understand that any such arrangement under Article 33 will only apply to communications between the Organization and the Argentine Government under the International Sanitary Regulations.

2. Article 112, paragraph 3

If the intention is that the Government of Argentina shall not be bound by the provisions of paragraph 3 of Article 112, it is a substantial detraction from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

3. Article 113, paragraph 1

The committee regards this not as a reservation but as an amendment to the text of the Regulations.

The Government of Argentina should address such an amendment to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for consideration.

4. Definition of a yellow-fever endemic zone and a yellow-fever receptive area

Full reasons for the definitions of “yellow-fever endemic zone” and “yellow-fever receptive area” are contained in the minutes of the Special Committee set up to consider the draft International Sanitary Regulations, at which unfortunately a delegate from Argentina was unable to be present. The committee understands that copies of the proceedings of the Special Committee will be distributed to all Member States at an early date and a study of these proceedings may serve to clarify the definitions to which the Government of Argentina refers.

Failing this, the committee can only suggest that the Argentine Government can only suggest that the Argentine Government should address an amendment in a separate communication to the Director-General, requesting him to submit it to the Health Assembly for consideration.

If the observation of the Government of Argentina was intended as a reservation, the committee can...
only recommend to the Health Assembly that it be not accepted.

5. Article 27, paragraph 1

The reference to Article 69 in Article 27 in no way affects the scope of Article 69.

Under the provisions of the International Sanitary Regulations, only a person on an international voyage, arriving within five days from a cholera-infected area and showing symptoms indicative of cholera, may be required to submit to stool examination.

Stool examination to detect the presence of diseases other than cholera can only by be imposed on immigrants if the national laws of Argentina so require. The provisions of Article 103 of the Regulations apply to such persons.

The committee recommends to the Health Assembly that this reservation be not accepted.

6. Article 69

The committee takes the view that differing medical opinion on the role of the carrier in the spread of cholera warrants some consideration.

The committee recommends to the Health Assembly that this reservation be accepted to the following extent:

Persons on an international voyage arriving from an infected local area within the incubation period of the disease, may be required to submit to stool examination, subject to the conditions:

(a) that the reservation constitute no derogation from the provisions of Articles 34 and 61 or any other Articles of the Regulations;
(b) that the period within which a person may be submitted to stool examination do not exceed five days reckoned from the date of the departure of the person from the infected local area;
(c) that the measure be used with discretion and only in the case of absolute necessity.

7. Article 52, paragraph 2

Deratting of ships and the issue of deratting certificates have as their object the prevention of the spread of epizootic plague. Article 58 provides for exceptional deratting measures in the case of a ship coming from a plague-infected port, but to apply the provisions of Article 58 to a ship not coming from a plague-infected port, merely because there is evidence of a number of rats or traces of rats on board, would far exceed the intention of the Regulations.

The committee, therefore, recommends to the Health Assembly that this reservation be not accepted.

8. Article 55, paragraph 2

One of the fundamental principles of the 1926 conference leading to the adoption of the International Sanitary Convention of 1926, was that healthy ships should not be regarded as suspected, and consequently subjected to measures, merely because they have come from an infected local area.

This proposal may be construed as a reservation and, for the reason given above, the committee recommends to the Health Assembly that this reservation be not accepted.

9. Article 70

(a) Delineation of yellow-fever endemic zones and yellow-fever receptive areas. In the opinion of the committee, this is not a reservation but a request for clarification.

After the consultation referred to in Article 70 has taken place, the ultimate decision on the delineation of yellow-fever endemic zones and yellow-fever receptive areas rests with the Health Assembly.

(b) Raising of the Aedes aegypti index from one per cent to two per cent. The opinion of the committee is that this is a reservation which substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

10. Article 77

The error pointed out in the French text will be corrected in the text reproduced in the Official Records of the World Health Organization (No. 37) and in future reprints of the Regulations.

11. Articles 98 and 99, paragraph (b)

The committee takes the view that the Government of Argentina would wish the changes in the Articles to apply to all countries and not only to Argentina, and that this constitutes an amendment and not a reservation.

The Argentine Government should address such an amendment in a separate communication to the Director-General, requesting him to submit it to the Health Assembly for consideration.

12. Appendix 6

The provisions of Article 97, paragraph 2, permit the health authority to require from the pilot in command of an aircraft on arrival any further
information concerning any other health conditions on board during the voyage.

The committee is of the opinion that this provision should meet the requirement of the Government of Argentina in this respect.

13. Concerning other infectious diseases

Article 105, paragraph 2, of the International Sanitary Regulations provides for certain Articles—including Articles 4 and 8—of the Pan American Sanitary Code, to remain in force. The provisions of these Articles are not applicable on a world-wide basis but bind only the countries party to the Pan American Sanitary Code.

International measures for controlling the spread of other infectious diseases are under consideration by the Organization, and may well result in the adoption of international sanitary regulations covering infectious diseases other than the six quarantinable diseases.

The tenor of this proposal clearly shows that it is intended only as an amendment and not as a reservation. The Government of Argentina should address such an amendment to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for consideration.

Findings of the Working Party

The report of the ad hoc committee was adopted.

AUSTRALIA

Communication from the Government to the Director-General

Letter dated 29 November 1951 from the Director-General of Health, received 6 December 1951

In accordance with Article 22 of the Constitution of the World Health Organization, the Government of the Commonwealth of Australia desires to notify the Director-General that it does not accept the following Articles of World Health Organization Regulations No. 2 (International Sanitary Regulations) and enters a formal reservation against the application of these Articles:

Article 23. The Australian Government desires in certain instances to exceed the measures allowed under the Regulations.

Article 34. The Australian Government desires to retain the right of vaccinating against smallpox persons leaving the airport to continue their voyage at another airport.

Article 38. The Australian Government has not the facilities at all ports or aerodromes to enable the fulfilment of the second sentence of this Article.

Article 46. The Australian Government cannot accept this Article.

Article 48. The Australian Government cannot accept this Article in its present comprehensive form.

Article 79. The Australian Government cannot accept this Article.

Article 83, paragraph 2. The Australian Government desires to preserve the right to isolate non-vaccinated persons from infected areas.

Article 86. The Australian Government cannot accept this Article in the absence of a definition of "free pratique ".

Article 96, paragraph 3. The Australian Government cannot accept this Article if the acceptance precludes the use of a more detailed Maritime Declaration of Health which would embody details of certain non-infectious disabilities amongst persons on vessels.

Article 100. The Australian Government cannot accept this Article in its present comprehensive form.

It would be appreciated if these reservations could be notified to the World Health Assembly in accordance with Article 107 of the Regulations.
Observations and Recommendations of the Ad Hoc Committee

1. Article 23

The tenor of this provision has been recognized, in all the stages in which the Regulations have been considered, as vital to the practical application of the Regulations. Any general derogation from its provisions would accordingly be completely incompatible with the purpose of the Regulations.

If any reservation to Article 23 were to be accepted by the World Health Assembly, the result would be that the reserving State would be in a position to disregard any of the provisions of the Regulations limiting the measures permitted under the Regulations.

A State desiring to exceed any maximum measure should make its reservation to that part of the Regulations in which that measure is specified.

The committee recommends to the Health Assembly that this reservation be not accepted.

2. Article 34

With regard to the transfer between airports, the committee observes that the application of Article 34 is confined to transfer made under the control of the health authority or authorities between airports in the vicinity of each other. The need to vaccinate any person to whom the benefit of Article 34 extends does not therefore arise. Furthermore the principle of compulsory vaccination is rejected throughout the Regulations.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

3. Article 38

The committee recommends that this reservation be accepted, subject to the condition that the provision of the second sentence of Article 38 applies where facilities are available. If this condition is not agreed to, the committee recommends that the reservation be not accepted.

4. Articles 46, 48 and 79

In the absence of more precise information and also of the appropriate limitation of the derogations requested, the committee can only recommend to the Health Assembly that these reservations be not accepted.

5. Article 83, paragraph 2

The committee observes that the terms of Article 83, paragraph 2, enable a non-vaccinated person on arrival from an infected local area within the period of 14 days to be offered vaccination. Only if he refuses to be vaccinated may he be isolated.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

6. Article 86

The committee, in accordance with the conclusions on the subject of free pratique reached in the Special Committee set up to consider the International Sanitary Regulations, is of the opinion that free pratique, when granted by a port health authority, applies only to that port. The granting of free pratique provided for in paragraph 2 of Article 85 and in Article 86 of the Regulations does not preclude the taking of measures against persons on board as specified in those Articles.

The committee, in the light of this opinion, considers that this reservation of the Government of Australia is not necessary.

7. Article 96, paragraph 3

The Maritime Declaration of Health is made by the master of a ship to the best of his knowledge and ability, and should be kept intact. If and when further information is required, it should be obtained separately. Additional information required for the purposes of immigration may be obtained under the provisions of Article 103.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

8. Article 100

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations. Documents relating to immigration may be obtained under Article 103.

The committee recommends to the Health Assembly that this reservation be not accepted.

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7 Off. Rec. World Hlth Org. 37, 84-5
Findings of the Working Party

The report of the ad hoc committee was adopted.

Article 46

The working party believes that consideration by the Government of the Commonwealth of Australia of the possible withdrawal of the reservation might be facilitated if the Health Assembly concurred with the view taken by the working party as to the scope of this Article, which is as follows:

The International Sanitary Regulations do not apply to animal and plant diseases as such. In particular paragraph 2 of Article 46 does not preclude measures being taken against animals or plants, including prohibition of import or transit, on account of danger to animal or plant life, subject to other international commitments.

BELGIUM

Communication from the Government to the Director-General

Letter dated 20 September 1951 from the Secretary-General, Ministry of Health, received 21 September 1951 (translation from the French)

I beg to inform you that Belgium wishes to make definite reservations with regard to the new certificates of vaccination against smallpox.

This country could only accept certificates issued by a legally qualified physician or approved by a medical officer.

Such requirements are not clearly defined by the text—under which the vaccinator could be a non-medical sanitary official and the approving authority purely an administrative official.

Such practice is contrary to Belgian law, which requires that a legally qualified physician shall have some responsibility in the procedure.

We consider this guarantee necessary and therefore submit the above-mentioned reservations.

Observations and Recommendations of the Ad Hoc Committee

Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox

The committee takes the view that, for vaccination against smallpox (and the same applies to cholera), as regards the international certificate of vaccination, the “professional status” of the vaccinator should be held to mean that he is a qualified medical practitioner. The vaccination should be performed by him or under his immediate supervision and he should sign the certificate.

If the Health Assembly accepts this view, the Government of Belgium may consider that its reservation is not necessary.

If the Health Assembly does not accept this view, the committee recommends to the Assembly that the reservation made by the Government of Belgium be accepted.

Findings of the Working Party

The report of the ad hoc committee was adopted.

*The delegate of the Government of Belgium to the Fifth World Health Assembly wished it to be recorded that, in the opinion of the working party, where any State had made, in due time, a declaration in conformity with paragraph 4 of Article 114, no reservation was necessary as regards the appendices excluded (see the observation of the ad hoc committee on the government of Pakistan’s submission in respect of Article 114, p. 393).

Paragraph 4 of Article 114 reads “A declaration made under paragraph 3 of this Article may exclude the application of this Article to any one of the Appendices 2, 3 and 4.”
BURMA

Communications from the Government to the Director-General

1. Cable of 14 March 1952 from the Ministry of Foreign Affairs, received 14 March 1952

INT 167/G YR LET January Twentyfourth Subject Sanitary Regulations stop Letter rejecting Articles 75 81 83 and 85 and Reservations relating Articles 74 77 and 101 being despatched stop—Foreign

2. Letter dated 20 March 1952 from the First Secretary, Ministry of Foreign Affairs, referred to in the above telegram, received 31 March 1952 9

Further to my telegram No. INT 167/G dated the 14th March 1952, I have the honour to inform you that since the Government of the Union of Burma is not yet in a position to provide the necessary facilities, it is perforce obliged to reject Articles 75 and 81 of the International Sanitary Regulations until such time as the requisite facilities can be provided, and Articles 83 and 85 for the reason that they permit refusal of vaccination, which would nullify the national vaccination and revaccination laws at present in force.

Furthermore the Government of the Union of Burma would make the following reservations in respect of Articles 74, 77, paragraph 1 (a), and 101, paragraph 1, for reasons shown against each:

Article 74 and Article 77, paragraph 1 (a). The period prescribed in respect of isolation should be nine days instead of six days.

Article 101, paragraph 1. My Government desires to reserve the right of levying dues from the aircraft companies in respect of overtime fees, under the local rules in force.

The delay in reply is much regretted.

9 Observations by the Director-General on the letter from the Government of Burma:

Articles 75 and 81. No reservation to these articles has been previously received.

Articles 83 and 85. The principle of compulsory vaccination is rejected throughout the Regulations (see observations provided, and Articles 83 and 85 for the reason that they permit refusal of vaccination, which would nullify the national vaccination and revaccination laws at present in force.

Furthermore the Government of the Union of Burma would make the following reservations in respect of Articles 74, 77, paragraph 1 (a), and 101, paragraph 1, for reasons shown against each:

Article 74 and Article 77, paragraph 1 (a). The period prescribed in respect of isolation should be nine days instead of six days.

Article 101, paragraph 1. My Government desires to reserve the right of levying dues from the aircraft companies in respect of overtime fees, under the local rules in force.

The delay in reply is much regretted.

Observations and Recommendations of the Ad Hoc Committee

The committee had before it telegram INT 167/G received from the Government of Burma, dated 14 March 1952.

The letter referred to therein had not reached the Director-General by the time the committee ended its session. The committee was therefore unable to study the reservations referred to in the telegram and could not make any recommendations on the reservations.

The committee can only suggest that the Director-General be requested to inform the Health Assembly of the situation and to bring to its notice the telegram and any subsequent letter received, including information as to the precise date of dispatch from the Regional Office to Burma of the Director-General's letter of notification of the adoption of the International Sanitary Regulations in order to determine the date of termination of the nine months' period referred to in paragraph 1 of Article 106 in its application to Burma.10

10 Note by the Director-General:

The letter of notification of adoption of the Regulations (C.L.36) from the Director-General, dated 6 June 1951, was dispatched from the Regional Office for South-East Asia, New Delhi, to Burma on 28 June 1951. In accordance with the recommendation of the ad hoc committee, the nine months' period within which reservations may be submitted should, in the case of Burma, terminate on 28 March 1952.
Findings of the Working Party

Article 75

The rejection of this Article, which under paragraph 2 of Article 107 constitutes a reservation, would have the effect that Burma could not make under this Article arrangements whereby persons in transit to Burma, and who fall under the terms of this Article, could be detained in segregation. These persons would therefore have the right under Article 34 to proceed to an airport in Burma.

The working party recommends to the Health Assembly that this reservation be not accepted.

Article 81

The rejection of this Article, which under paragraph 2 of Article 107 constitutes a reservation, would have the result that the Government of Burma would be under no obligation to provide mosquito-proof accommodation for the isolation of persons suffering from or suspected to be suffering from yellow fever and for the protection of its own population.

The working party recommends to the Health Assembly that this reservation be not accepted.

Articles 83 and 85

The rejection of these Articles, under paragraph 2 of Article 107, constitutes a reservation. The principle of compulsory vaccination is rejected throughout the Regulations.

The working party recommends to the Health Assembly that this reservation be not accepted.

Article 74

It appears, from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations, that a number of States would have preferred the period of nine days, which in their opinion was essential for the protection of their highly receptive territories.11

Since Burma is one of these highly receptive territories, the working party, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

Article 77, paragraph 1 (a)

Since this Article refers to Article 74, if the reservation to the latter is accepted, a reservation to this Article would be redundant.

Article 101, paragraph 1

In the opinion of the working party, this reservation substantially detracts from the character and purpose of the Regulations.

The working party recommends to the Health Assembly that the reservation be not accepted.

The working party took note of a statement made by the delegate of Burma that the reservation of his Government to Articles 81, 83, 85 and paragraph 1 of Article 101 will be withdrawn as soon as the conditions enabling the Government of Burma to carry out its obligations under these Articles are fulfilled and the national legislation is amended to conform to the Regulations.


CEYLON

Communications from the Government to the Director-General

1. Letter dated 4 September 1951 from the Permanent Secretary, Ministry of Defence and External Affairs, received 10 September 1951

I have the honour to inform you that the Ceylon Government wishes to make the following reservations in regard to Article 114 of the International Sanitary Regulations (WHO Regulations No. 2):

1. Certificate of Vaccination against Cholera (Appendix 2)

In column 3 it is desired that the signature and status of the authenticator over the official stamp be given.
2. Certificate of Vaccination against Yellow Fever (Appendix 3)

The validity of a Certificate of Vaccination against Yellow Fever shall commence:

(a) in the case of a person inoculated in a yellow-fever endemic area, or a person who has entered such an area within 10 days of inoculation, 15 days after the date of inoculation;
(b) in other cases 10 days after the date of inoculation;

and extend for a period of six years beginning from the date of vaccination.

When inoculation is done within six years of the original inoculation or of re-inoculation the validity commences from the date of inoculation and ends six years after this date.

3. Certificate of Vaccination against Smallpox (Appendix 4)

In column 3 it is desired that the signature and status of the authenticator over the official stamp be given.

In column 4 it is required that the results of vaccination or revaccination should be recorded as follows:

(1) Positive-Vaccinal: when a typical pustular reaction occurs.
(2) Positive-Vaccinoid: when an accelerated vesicular reaction appears between the fifth and eighth days.
(3) Positive Immediate: where early non-vesicular reaction appears during the first four days.
(4) Negative: where none of the reactions described above has occurred.

Our contention is that, if successful primary vaccination is a criterion, then the results of vaccination as above should be recorded.

2. Letter dated 27 February 1952 from the Permanent Secretary, Ministry of Defence and External Affairs, received 3 March 1952

I have the honour to inform you that the Ceylon Government wishes to make the following reservations in regard to the following subjects:

1. Article 6, paragraph 2 (b). It is desired that, in the case of yellow fever occurring outside a yellow-fever endemic zone, the words "one year" should replace "three months", and "two months" should replace "one month" in the succeeding sentence referring to the reduction of the Aedes aegypti index.

2. Article 6, paragraph 2 (c). It is desired that in connexion with the period elapsing after the suppression of the epizootic of rodent plague the period "one month" should be replaced by "six months".

3. Article 37. It is desired that the proviso "provided that the health authority for the infected local area is taking all necessary measures" should be replaced by "provided that the health authority for the port, airport or frontier station is satisfied with the measures taken by the health authority for the infected local area".

4. Article 68. It is desired that the words "fish, shellfish, fruit or vegetables to be consumed uncooked, or beverages" appearing therein should be replaced by "fish, shellfish, fruit or vegetables to be consumed uncooked, or any other articles of food to be consumed uncooked, or beverages".

No change is desired in the remaining portions of Article 68, paragraphs 1, 2 and 3.

5. Article 74. It is desired that the words "six days" appearing therein should be replaced by "nine days".

6. Article 76. It is desired that the words "six days before arrival" should be replaced by "nine days before arrival".

7. Article 83. It is desired that the last sentence "A valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection" should be deleted.

8. Article 101, paragraph 1 (b). It is desired that the words "which may be required in connexion with these Regulations" should appear after "certificate thereof" without any stop after the word "thereof".

9. Article 114. Reservations under this Article have already been notified to you, vide my letter FR/B/802 of 4 September 1951.
Observations and Recommendations of the Ad Hoc Committee

Letter dated 4 September 1951

1. Appendix 2 — International Certificate of Vaccination or Revaccination against Cholera

The principle of authentication of international certificates of vaccination, after long discussion in the Expert Committee on International Epidemiology and Quarantine and in the Special Committee set up to consider the International Sanitary Regulations, was not accepted.13

The committee takes the view that, for vaccination against cholera (and the same applies to smallpox), as regards international certificates of vaccination the "professional status" of the vaccinator should be held to mean that he is a qualified medical practitioner. The vaccination should be performed by him or under his immediate supervision and he should sign the certificate.

If the Health Assembly accepts this view, the Government of Ceylon may consider that its reservation requiring the signature and status of the person applying the official stamp becomes unnecessary.

Should the Government of Ceylon insist on the signature and status of the authenticator, the committee recommends to the Health Assembly that this reservation be not accepted.

2. Appendix 3 — International Certificate of Vaccination or Revaccination against Yellow Fever

It appears, from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations, that a number of States would have preferred, for the protection of their highly receptive territories, that in certain cases, i.e., persons vaccinated in a yellow-fever endemic zone or persons who have entered such a zone within 10 days of vaccination, the period required for the establishment of effective immunity after protective vaccination should be more than 10 days18—in the case of Ceylon, 15 days.

The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, suggests that if the Government of Ceylon would be satisfied with a period of 12 days, which is the substance of a reservation by other States similarly situated, the committee would then recommend to the Health Assembly that the reservation so amended be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

3. Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox

The principle of authentication of international certificates of vaccination, after long discussion in the Expert Committee on International Epidemiology and Quarantine and in the Special Committee set up to consider the International Sanitary Regulations, was not accepted.14

The committee takes the view that, as regards international certificates of vaccination against smallpox (and the same applies to cholera) the "professional status" of the vaccinator should be held to mean that he is a qualified medical practitioner. The vaccination should be performed by him or under his immediate supervision and he should sign the certificate.

If the Health Assembly accepts this view, the Government of Ceylon may consider that its reservation requiring the signature and status of the person applying the official stamp becomes unnecessary.

Should the Government of Ceylon insist on the signature and status of the authenticator, the committee recommends to the Health Assembly that this reservation be not accepted.

With regard to the recording of the result of revaccination (the result of a primary vaccination is already required by the certificate), if this reservation were adopted, it would require an amendment to the certificate which would alter its character completely.

The committee considers that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

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13 Off. Rec. World Hlth Org. 37, 125-7
14 Off. Rec. World Hlth Org. 37, 125-7
Letter dated 27 February 1952

1 and 2. **Articles 6, paragraphs 2 (b) and 2 (c)**

After due consideration in the light of the discussions in the Special Committee set up to consider the International Sanitary Regulations, the Health Assembly adopted the time-limits defined by Article 6. It is important that the same time-limits be accepted by all Member States, otherwise an area will be regarded differently and different procedures applied in relation to the same disease.

In the opinion of the committee, this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

3. **Article 37**

If this reservation proposed by the Government of Ceylon were accepted, the health authority for the port, airport or frontier station in Ceylon need give no justification for applying additional measures other than mere dissatisfaction with the measures taken by the health authority for a local area, which is contrary to the spirit and intention of this Article.

In the opinion of the committee, this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

4. **Article 68**

The reservation in the terms proposed is too broad; it has the effect of removing entirely the limited enumeration of the type of articles which may be destroyed.

In the opinion of the committee, this reservation substantially detracts from the character and purpose of the Regulations.

The committee therefore recommends to the Health Assembly that this reservation be not accepted.

It may be, however, that the Government of Ceylon has special problems in regard to certain articles of food which do not fall within the categories enumerated.

The committee recommends to the Health Assembly that the Government of Ceylon be invited to specify the additional foodstuffs they wish this Article to cover, which, if reasonable, might be accepted.

5 and 6. **Articles 74 and 76**

It appears from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations that a number of States would have preferred the period of nine days, which in their opinion was essential for the protection of their highly receptive territories.

Since Ceylon is one of these highly receptive territories, the committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to the Articles to which the reservation refers.

7. **Article 83**

The effect of this reservation would be to destroy the object of a certificate of vaccination as giving evidence of an immunization procedure which is universally accepted.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

8. **Article 101, paragraph 1 (b)**

Paragraph 1 (b) of Article 101 is not limited to the vaccinations specifically referred to in the Regulations and to certificates thereof, but extends to any other vaccination on arrival which may be compulsory under the laws of the territory. All certificates issued consequent upon such vaccinations should be issued free of charge.

In the view of the committee this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that the reservation be not accepted.

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18 Off. Rec. World Hlth Org. 37, 47-9

Findings of the Working Party

The report of the ad hoc committee was adopted subject to the following:

The working party, having found that the intention of the Government of Ceylon underlying its reservation to Article 37 implied a reservation also to Article 104, recommends to the Health Assembly that such reservation be accepted to the following extent:

The arrangements at present in force for carrying out certain sanitary measures to protect the territory of the Government of Ceylon against cholera and smallpox, as regards traffic which is neither migrant nor seasonal, between that territory and the territory of the Government of India, may be continued during a period of five years from the date of entry-into-force of the Regulations, the Health Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

CHILE

Communication from the Government to the Director-General

Letter dated 4 March 1952 from the Chilean Permanent Delegate to the European Office of the United Nations, Geneva, received 5 March 1952 (translation from the Spanish)

With reference to your letter EQ 9-2 (Reserv.) of 26 February, I have pleasure in informing you that I have been instructed by my Government to present to the World Health Organization on behalf of Chile the following reservations and amendment proposals with reference to the International Sanitary Regulations:

1. In the opinion of the Chilean authorities, the International Sanitary Regulations cannot come into force, in so far as they are in opposition to the Pan American Sanitary Code, until the latter has been modified in accordance with the terms under which it was approved.

Chile has communicated to the Pan American Sanitary Bureau its acceptance of the text of the draft protocol to be annexed to the Pan American Sanitary Code, approved by the Directing Council at its fifth session, and which, once formalized, will solve the problem.

2. With regard to Article 2 of the Regulations, my Government feels it necessary to state that the Chilean Director-General of Health, who must be considered as the “health administration” authority, is not legally qualified to represent the State, and without such qualifications he is not competent to receive or send notifications in the capacity of the “health administration” of the national territory.

In order to clarify this situation, Chile proposes that before the second sentence of Article 2 be added: “For the purposes of obtaining the necessary priorities in teleradiophonic telecommunications”.

3. With reference to the provisions concerning smallpox, Chile considers some clarification necessary whereby the alastrim mild form would be included in this term.

4. In connexion with Article 98, Chile proposes that the vaccination certificate be written in the language of the country of origin and, optionally, in either English or French.

Observations and Recommendations of the Ad Hoc Committee

1. Article 105, paragraph 2

Having considered the statement made by the Government of Chile in paragraph 1 of its letter in the light of Article 107, paragraph 2, the committee is compelled to conclude that this statement constitutes a reservation, and having come to this conclusion has no alternative but to consider whether such a reservation can or can not be accepted.

It is the considered opinion of the committee that the nature of the reservation is such that it sub-
stantially detracts from the character and purpose of the Regulations and that furthermore it is incompatible with the provisions of the Constitution of the World Health Organization.

The committee therefore recommends to the Health Assembly that this reservation be not accepted.

2. **Article 2**

The committee takes the view that the administrative procedure whereby a State complies with the provisions of this Article is purely a domestic matter, which should not involve any change in the provisions of the Regulations.

With regard to the proposal of the Government of Chile to insert a phrase in Article 2 "for the purposes of obtaining the necessary priorities in teleradiophonic telecommunications" this is only one element in the methods of communication between the Organization and a State and would not, therefore, in the view of the committee, provide the clarification desired.

The committee does not regard these two proposals as reservations, but if they are so regarded by the Government of Chile, the committee recommends to the Health Assembly that they be not accepted.

3. **Alastrim**

The committee considers the word "alastrim" to be a synonym of "variola minor" which is a form of smallpox; therefore all references in the Regulations to smallpox apply to alastrim.

4. **Article 98**

In the opinion of the committee this proposal is an amendment to the text of the Regulations.

The Government of Chile should address such an amendment to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for consideration.

**Findings of the Working Party**

The report of the ad hoc committee was adopted.

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**DENMARK**

**Communication from the Government to the Director-General**

Letter dated 7 March 1952 from the Minister of the Interior, received 11 March 1952

With reference to your letter of 24 January 1952 (C.L.1.1952 EQ 9-2 Reservations) regarding the International Sanitary Regulations adopted by the Fourth World Health Assembly, I hereby have the honour to inform you that the carrying-out in Denmark of the above-mentioned regulations implies on a few points an alteration of the present Danish Act on Measures against the Transmission of Infectious Diseases of 10 March 1938, with amendments of 16 May 1950. This act was prepared on the basis of the International Sanitary Convention of 21 June 1926 and the International Sanitary Convention 1944, modifying the said Convention and, as these conventions, it justifies sanitary measures which are in different respects—in this country of a less important character—of a more thorough-going nature than provided for in the Regulations adopted by the Fourth World Health Assembly.

It will hardly be possible for the Danish Rigsdag to pass the amendment necessary until 1 October 1952, on which day the Regulations come into force, and the Danish Government is therefore—in accordance with paragraph 1 of Article 106 of the International Sanitary Regulations—compelled to make reservations with respect to such provisions in the Regulations as are not in keeping with the Conventions of 1926 and 1944 as to measures against quarantinable diseases.

The Government, however, wishes to stress that a Bill of Quarantine in full agreement with the Regulations will be brought in as soon as possible and I think it is likely that the Act will come into force on 1 January 1953 or during the first months of 1953.

Further, I have the honour to inform you that the Danish Government, which is responsible for the international relations of the Faroe Islands and Greenland, in accordance with paragraph 2 of Article 106 of the Regulations, would like to have the period for rejection or reservation to the Regulations as to these territories extended to 18 months.
Observations and Recommendations of the Ad Hoc Committee

1. The committee examined the statement made by the Government of Denmark in the sense that it was not possible for that State to fulfil its constitutional requirements enabling it to reach a definitive decision with respect to the Regulations within the period specified in Article 106.

2. The committee finds itself compelled, under the Constitution of the World Health Organization and the Regulations, from the point of view of legal technique, to construe this statement as a rejection.

3. The committee consequently points out that no formal action by the Health Assembly is required.

4. The committee recalls that under Article 108 of the Regulations a rejection may be withdrawn at any time and expresses the confident hope that the rejection will be withdrawn as soon as a definitive decision has been taken by the Government of Denmark.

Findings of the Working Party

The report of the ad hoc committee was adopted.

EGYPT

Communication from the Government to the Director-General

Letter dated 31 December 1951 from the Under-Secretary of State for Foreign Affairs, received 7 January 1952

With reference to your letter No. C.L.36.1951, dated 6 June 1951, concerning the International Sanitary Regulations, I have the honour to enclose a note setting out the reservations made by the Egyptian Government to the said Regulations.

NOTE

In view of the fact that the period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation is nine months from the date of the notification by the Director-General of the adoption by the Fourth World Health Assembly of the International Sanitary Regulations (WHO Regulations No. 2), I beg to inform you that the Egyptian Government, in order to safeguard Egypt's public-health interests, finds it necessary to make reservations on the following Articles.

1. Article 101

In view of the fact that the budget of the Quarantine Department of Egypt exceeds £223,000, the greater part of which is spent on the quarantine services in the Suez Canal ports, mainly in relation to navigation traffic serving trade to foreign countries, the Egyptian Government feels that the taxpayer in this country should not be burdened by such a large sum of money. The Suez Canal, which is an Egyptian waterway, serves the trade of the whole world. Therefore, the Egyptian Government considers it necessary to delete paragraph 1 of Article 101.

2. Article 69

As regards cholera, experience gained in Egypt by various authorities during the 1947 epidemic shows that cholera carriers cannot be excluded. Therefore to leave such persons without quarantine endangers the health of the country. As the period of clearance of the majority of contact carriers is 15 days, the Health Administration of Egypt reserves
the right to examine the stools of arrivals from infected local areas within this period.

3. **Article 70**
   As regards yellow fever, the Egyptian health authority insists that a country should be considered wholly an infected area if inside its territory there are found yellow-fever endemic or epidemic zones.

4. **Annex A, Part II (Chapter III) and Part III**
   All pilgrim ships and aircraft returning northwards and intending to touch Egypt, shall go from Hedjaz to the sanitary station of El Tor where pilgrims shall be medically inspected and submitted to any sanitary measures, if necessary.
   
   It has been found by the Health Administration of Egypt that it is not practical to open for pilgrims two sanitary stations (El Tor and Suez) at one and the same time for carrying out the necessary medical examinations and sanitary measures. The number of pilgrims each year amounts to several thousands; therefore opening a sanitary station (other than El Tor) not efficiently equipped to cope with the emergency of the returning pilgrims, will endanger the health of Egypt and other countries in the north.

**Observations and Recommendations of the Ad Hoc Committee**

1. **Article 101**
   The committee was informed that, as a result of appropriate legislative action taken by the Government of Egypt, this reservation will be withdrawn. The reservation was therefore, on this understanding, not considered by the committee.17

2. **Article 69**
   The committee takes the view that differing medical opinion on the role of the carrier in the spread of cholera warrants some consideration.
   The committee recommends to the Health Assembly that this reservation be accepted to the following extent:
   
   Persons on an international voyage arriving from an infected local area, within the incubation period of the disease, may be required to submit to stool examination, subject to the conditions:
   
   (a) that the reservation constitute no derogation from the provisions of Articles 34 and 61 or any other Articles of the Regulations;
   
   (b) that the period within which a person may be submitted to stool examination do not exceed five days, reckoned from the date of departure of the person from the infected local area;
   
   (c) that the measure be used with discretion and only in the case of absolute necessity.

3. **Article 70**
   The committee recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Assembly to the Article to which the reservation refers.

4. **Annex A, Part II (Chapter III) and Part III**
   The committee assumes, because the Articles of the Annex to which the reservation is meant to apply have not been specified, that it was the intention of Government of Egypt to submit in effect a reservation only to paragraph 4 of Article A 7.
   
   The terms of paragraph 4 of Article A 7 might imply the need to establish a quarantine station at Suez, to which cases of typhus or relapsing fever would be admitted, and if this be the substance of the reservation of the Egyptian Government, the committee recommends to the Health Assembly that this reservation be accepted to this extent, namely that the Government of Egypt be authorized to direct ships, on which cases of typhus or relapsing fever are found, to El Tor.

**Further Communication from the Government of Egypt to the Director-General**

*Letter dated 1 May 1952 from the Under-Secretary of State, Ministry of Public Health, received 5 May 1952*

With reference to your letter C.L.10.1952, dated 1 April 1952, and the attached report of the ad hoc Committee on Reservations to the International Sanitary Regulations, I beg to invite your attention to the following two important remarks in connexion with the reservations of Egypt, appearing in the said report:
(1) **Article 101.** The fact that the Egyptian Government has taken appropriate legislative action regarding this article applies only to passengers. Thus Article 101, paragraph 1 (a) should read:

(a) any medical examination for passengers, or any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined;

(2) **Annex A, Part II (Chapter III) and Part III.** The assumption mentioned in the first paragraph of this item [of the report of the ad hoc committee] does not reflect the real intention of the Egyptian Government.

For the purpose of clarification of this point and for the favour of such action as you may consider necessary, I beg to transmit to you herewith copy of a memorandum sent to you through our Ministry of Foreign Affairs. This memorandum is self-explanatory and shows clearly the real essence of the reservations made by Egypt in connexion with Articles A 7 and A 11 of the International Sanitary Regulations.

**MEMORANDUM**

**Article A 7**

1. Any pilgrim ship returning northwards and intending to touch Egypt will go from the Hedjaz, without calling at any intermediate port, to El Tor where the pilgrims shall be medically examined.

2. If there has not occurred in the Hedjaz during the period referred to in Article A 6 a foyer of plague, cholera, yellow fever or smallpox, or an epidemic of typhus or relapsing fever and there has not been a case of quarantinable disease on board during the voyage and less than five days have elapsed, reckoned from the date on which the pilgrim ship left the Hedjaz:

(a) any pilgrim ship returning northwards and not intending to touch Egypt shall go to El Tor;

(b) the health authority may allow any such pilgrim ship to enter the Suez Canal less than five days after it left the Hedjaz if the first two pilgrim ships returning from the Hedjaz via El Tor, as well as the aircraft carrying pilgrims who have landed there before the arrival of the second ship, have been found to be free from infection.

3. If there has been a case of quarantinable disease on board during the voyage, the pilgrim ship shall go directly to El Tor.

**Article A 11**

1. Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land in Egypt shall first call either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt.

**Findings of the Working Party**

The report of the ad hoc committee was adopted subject to the following:

The working party considered two amendments to the reservations of the Government of Egypt dealt with by the ad hoc committee. These amendments are contained in the letter dated 1 May 1952 from the Government of Egypt and the memorandum referred to in that letter. The first relates to paragraph 1 (a) of Article 101 and the second to Articles A 5, A 7 and A 11 of Annex A. Furthermore the working party agreed to consider a modification of the recommendations of the ad hoc committee on the reservation to Article 70.

**Article 101, paragraph 1 (a)**

The observations of the Government of Egypt on its reservation to sub-paragraph (a) of paragraph 1 of Article 101, contained in its letter to the Director-General dated 1 May 1952, are to the effect that the reservation does not apply to passengers (the delegate of Egypt informed the working party that the word "passengers" was intended to include the crew and all other persons). Consequently the reservation would still enable the Egyptian Authority to make charges for medical examination of any ship, aircraft, train or road vehicle.

The working party recommends to the Health Assembly that this reservation be not accepted.
Article 70, paragraph 1
The Government of Egypt reserves the right in special circumstances, after giving the fullest possible consideration to the reasons on which the World Health Organization has based a delineation made under Article 70, and as a purely temporary measure until a fresh delineation has if necessary been made, to treat, for the purpose of measures to be taken by the Government of Egypt in regard to arrivals in its territory, a local area or group of local areas where the conditions of the definition of the yellow-fever endemic zone are fulfilled, but which are outside the delineated zone, as if they were part of the delineated zone.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time, and subject to any relevant amendment by the Health Assembly to which the reservation refers.

The Government of Egypt should declare to WHO without delay the ports or airports to which the reservation will apply.

Articles A 5 and A 7
The working party took the view that the only change in substance to Articles A 5 and A 7 made in the memorandum, other than those already dealt with in the report of the ad hoc committee, is that a pilgrim ship which could take less than five days to reach Suez, after leaving Jeddah before the conditions referred to in the second sentence of paragraph 2 of Article A 7 have been fulfilled and on board of which no quarantinable disease has occurred, must first go through El Tor.

The working party recommends the acceptance of this reservation in the following terms:

If the conditions referred to in the second sentence of paragraph 2 of Article A 7 are not fulfilled, the ship shall go directly to the sanitary station at El Tor.

Article A 11
The reservation by the Government of Egypt to Article A 11 requires that during the period of the pilgrimage as defined in Article A 6 any aircraft coming from the Hedjaz, intending to land on Egyptian territory, shall first call either at the sanitary station at El Tor or at some other sanitary station appointed by the Health Administration of Egypt.

The working party recommends to the Health Assembly that the reservation to Article A 11, as amended above, be accepted.

ETHIOPIA
Communication from the Government to the Director-General
Letter dated 13 September 1951 from the Director-General, Ministry of Public Health, received 25 September 1951
The Medical Advisory Board of the Ministry of Public Health of the Ethiopian Government has been requested to consider the applicability of the International Sanitary Regulations to conditions existing in Ethiopia, and before recommending the acceptance without reservations of the Regulations, the Board has recommended the Ministry to ask for
some clarification concerning the reporting of quarantinable diseases.

The Regulations urge the governments to notify WHO by telegram within 24 hours after being informed that a local area has become an infected local area.

This reporting is all right as concerns Ethiopia for cholera and plague, but would be of very small international value and would be a big financial burden if it should be interpreted as if we should report every new infected local area in a country, where from time to time epidemics occur, especially as the means of transport and communication from remote areas are so imperfect that an epidemic very often has disappeared when the communication of its occurrence has reached our central office. Let us say that we today have received information, written one month ago from Madji, that at that time there was an epidemic of smallpox in that part of the country, tomorrow we shall receive another letter from Gammo Goffa that there was an epidemic of typhus when the letter was written one and a half months ago; the day after tomorrow that there had been an epidemic of relapsing fever in Ilu-Babor three weeks ago, etc.

If we should comply with the Regulations, we would be forced to send telegrams nearly every day and the telegrams would be of no immediate value. If the communications had taken one month to reach Addis Ababa, it would be of no international interest to communicate the information telegraphically to Geneva.

Telegraphical reports should also be sent weekly about the number of cases of quarantinable diseases and deaths therefrom during the previous week in each of the towns and cities adjacent to a port or an airport. This means that there should be constant telegraphical reporting concerning typhus, relapsing fever and smallpox.

We suppose that this constant stream of telegrams would be intelligently avoided by the information that these diseases are endemically found in the country, which easily could be seen from the Weekly Epidemiological Record which will regularly be airmailed.

In the opinion of the Board it would be sufficient to inform the Organization at the same time as the “recapitulation of the requirements as to vaccinations” is given, that smallpox, typhus and relapsing fever are endemically found in the country—referring to the Weekly Epidemiological Record.

If such an arrangement or a similar one, proposed by WHO, is not acceptable, the Ethiopian Government will surely submit its reservations on this point, although we are ready to accept the rest of the Regulations.

We would like to get your clarification on these points as soon as possible.

Observations and Recommendations of the Ad Hoc Committee

In view of the reply of 3 October 1951 (see below) sent by the Director-General to the letter of 13 September from the Director-General, Ministry of Public Health of Ethiopia, the committee assumes that the Government of Ethiopia, not having commented on the Director-General’s letter, accepts the International Sanitary Regulations without reservation.

LETTER DATED 3 OCTOBER 1951 FROM THE DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION, TO THE DIRECTOR-GENERAL, MINISTRY OF PUBLIC HEALTH OF ETHIOPIA

Thank you very much for your letter of 13 September 1951 concerning your anticipated difficulties in fulfilling—according to the strict letter of the law—the requirements of certain Articles of the International Sanitary Regulations, viz., Articles 3, 4, 5 and 9.

The delay which has occurred before sending off to you our reply has been occasioned by the lengthy considerations which have been given to your problems by the various officers concerned at headquarters.

May I say at the beginning that, knowing the difficulties with which you are faced, our sympathies are with you and we desire only to make suggestions which aim solely to help you to solve your present problems.

It is not within the competence of the Secretariat—however much we would like in this instance to do so—to come to an agreement with you which would have as an effect a waiving of the provisions of one or more Articles of the Regulations. For this reason therefore there is, unfortunately, no alternative but for your Government to offer reservations on the subject of notification responsibilities...
I suggest, however, that when formally offering your reservations you also explain your difficulties—many of the persons attending the Health Assembly will not be well acquainted with your practical difficulties—and make certain suggestions for consideration by the Health Assembly, on the following lines:

1. Regarding Notification to WHO by Telegram after being informed that a Local Area has become an Infected Local Area

In view of the fact that smallpox, typhus and relapsing fever are endemic throughout Ethiopia, and because of the inherent difficulties, at present, of obtaining detailed accurate information on the incidence of endemic diseases, and for the transmission of this information rapidly to the national health administration, it would not appear to be prudent for the reporting of the epidemiological situation in Ethiopia to be based on notifications which at the time they were issued were already some four weeks old. The Government of Ethiopia suggests, for the purposes of the International Sanitary Regulations and of international quarantine, that the whole of Ethiopia (see next paragraph regarding Addis Ababa) is regarded as being infected permanently with smallpox, typhus and relapsing fever. As regards plague and cholera, the system of notification required by the International Sanitary Regulations will be carried out.

2. Regarding Telegraphic Reports to be sent weekly about the Number of Cases of Quarantinable Diseases and Deaths therefrom during the Previous Week in each of the Towns and Cities adjacent to a Port or Airport.

Ethiopia has no international maritime or river ports. The only airport—according to our information—which handles international traffic is that at Addis Ababa. If smallpox, typhus or relapsing fever exist in endemic form in Addis Ababa then the Assembly may be willing to waive the regular reporting—by telegram each week—provided Addis Ababa can be regarded as permanently infected with the three diseases mentioned above.

If, however, the three diseases do not exist, endemically, in Addis Ababa it would be in the interests of travellers from Ethiopia by air, to exclude this town from the area which is regarded as permanently infected, i.e., under 1 above, and to arrange to send weekly reports by telegram of the absence (or presence, when any of the three occurred) of these diseases in Addis Ababa. Your decision in this will naturally depend on the endemic presence or the absence of these three diseases in the town of Addis Ababa.

I hope these observations and suggestions will prove to be of some value to you in helping to solve your problem. If we can be of any further assistance please do not hesitate to write.

Findings of the Working Party

The report of the ad hoc committee was adopted.

FEDERAL REPUBLIC OF GERMANY

Communication from the Government to the Director-General

Letter dated 7 March 1952 from the Secretary of State, Foreign Office, received 10 March 1952 (translation from the French)

With reference to your letter of 24 January 1952—C.L.1.1952 EQ 9-2 Reservations—concerning the International Sanitary Regulations (WHO Regulations No. 2), I have the honour to inform you of the following reservation made by the Government of the Federal Republic of Germany.

The International Sanitary Regulations deal with matters which are the concern of the Federal Legislation and, for this reason, in accordance with Article 59, paragraph 2, of the Basic Law of the Federal Republic of Germany, it is necessary to obtain the approval of the various legislative bodies.

I have the honour to inform you that the Federal Government will take the necessary steps in order to permit the application of WHO Regulations No. 2.
Observations and Recommendations of the Ad Hoc Committee

1. The committee examined the statement made by the Government of the Federal Republic of Germany in the sense that it was not possible for that State to fulfil its constitutional requirements enabling it to reach a definitive decision with respect to the Regulations within the period specified in Article 106.

2. The committee finds itself compelled, under the Constitution of the World Health Organization and the Regulations, from the point of view of legal technique, to construe this statement as a rejection.

3. The committee consequently points out that no formal action by the Health Assembly is required.

4. The committee recalls that under Article 108 of the Regulations a rejection may be withdrawn at any time and expresses the confident hope that the rejection will be withdrawn as soon as a definitive decision has been taken by the Government of the Federal Republic of Germany.

Findings of the Working Party

The report of the ad hoc committee was adopted.

GREECE

Communication from the Government to the Director-General

Letter dated 20 February 1952 from the Minister of Social Welfare, received 25 February 1952 (translation from the French)

I have the honour to inform you that the Government of Greece wishes to make the following reservation to WHO Regulations No. 2, adopted by the Fourth World Health Assembly on 25 May 1951.

The Government of Greece, on account of the peculiar geographical position of the country and in view of the restrictions imposed by paragraph 2 of Article 69, believes that the protection of the territory against the introduction of cholera is not sufficiently assured and reserves the right to enforce, as necessary, on a wider scale, stool examination and, according to the results of those examinations, to apply the provisions of Article 61.

This measure will be used with discrimination and only in the case of absolute necessity.

Observations and Recommendations of the Ad Hoc Committee

Article 69, paragraph 2

The committee takes the view that differing medical opinion on the role of the carrier in the spread of cholera warrants some consideration.

The committee recommends to the Health Assembly that this reservation be accepted to the following extent:

Persons on an international voyage arriving from an infected local area, within the incubation period of the disease, may be required to submit to stool examination subject to the conditions:

(a) that the reservation constitute no derogation from the provisions of Articles 34 and 61 or any other Articles of the Regulations;

(b) that the period within which a person may be submitted to stool examination do not exceed five days, reckoned from the date of the departure of the person from the infected local area;

(c) that the measure be used with discretion and only in the case of absolute necessity.

Findings of the Working Party

The report of the ad hoc committee was adopted.
COMMUNICATION FROM THE GOVERNMENT TO THE DIRECTOR-GENERAL

Letter dated 3 March 1952 from the Joint Secretary,
Ministry of Health, received 6 March 1952

With reference to paragraphs 3 and 5 (i) of your letter No. C.L.1.1952, EQ 9-2 Reservations, dated the 24th January 1952, and in accordance with Article 22 of the Constitution of the World Health Organization and paragraph 1 of Article 106 of the International Sanitary Regulations, I am hereby directed to notify to the Director-General, World Health Organization, the following reservations to the International Sanitary Regulations, which the Government of India has decided to make:

1. In regard to paragraph 1 of Article 70, the Government of India reserves the right in special circumstances and after giving the fullest possible consideration to the reasons on which the World Health Organization had carried out the delineation, to add to the list of yellow-fever endemic zones delineated by the World Health Organization.

2. In regard to paragraph 2 of Article 70, the Government of India reserves the right not to recognize a local area which is part of a yellow-fever endemic zone, where the Aëdes aegypti index has continuously remained for a period of one year below one per cent, as having ceased to form part of the yellow-fever endemic zone.

3. In regard to Article 42, the Government of India reserves the right to consider an aircraft as having come from an infected area if on its voyage over infected territory it has landed at any sanitary airport which may not be itself an infected area, if a partially protected person from the surrounding endemic zone has boarded the aircraft and reached a receptive area within a period during which he is likely to spread yellow-fever infection.

4. In regard to Article 74, the Government of India reserves the right to increase the period of six days specified therein to nine days.

5. In regard to Article 100, the Government of India reserves the right to require all passengers entering India from abroad to fill in a “Personal Declaration of Origin and Health” form indicating their movements during the previous 14 nights, in addition to the sanitary documents provided for in the International Sanitary Regulations.

6. In regard to Appendix 3, relating to a valid international certificate of vaccination or revaccination against yellow fever, the Government of India reserves the right not to consider as valid the vaccination certificate of a person who starts his journey from a yellow-fever area, or who, starting from a non-endemic area, enters an endemic area within 10 days of vaccination, unless a period of 12 days has elapsed between the date of vaccination and the date of entry into India.

7. In regard to Appendix 6, relating to the Health Part of the Aircraft General Declaration, the Government of India reserves the right to have included in the Health Part of the Aircraft General Declaration information regarding details of movement of the aircraft subsequent to its last disinfecting on land.

I am, therefore, to request that the above-mentioned reservations may kindly be placed for consideration before the World Health Assembly at its next session.

Kindly acknowledge receipt of this letter at an early date.

OBSERVATIONS AND RECOMMENDATIONS OF THE AD HOC COMMITTEE

1. Article 70, paragraph 1

In considering the motives underlying the Government of India’s reservation to paragraph 1 of Article 70, the committee had the advantage of studying the numerous reports and records emerging from the meetings of the Expert Committee on International Epidemiology and Quarantine and of the Special Committee set up to consider the International Sanitary Regulations, at which technical representatives from India were present, and in

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18 Unpublished
19 Off. Rec. World Hlth Org. 37, Part I
addition were able to hear the views of its technical member from Pakistan, which coincided with those from India.

In the light of this information, the committee appreciated that occasions may arise when evidence of the presence of yellow-fever virus hitherto undiscovered in a territory or of the recurrence of the virus in a territory previously infected and considered clear may come to the knowledge of the Government of India before appropriate action can be taken towards delineation of the extent of the infection. Consequently there may be a time lag, and during that period, highly receptive areas such as India may consider it urgently necessary to declare the whole or a part of the territory to be a yellow-fever endemic zone. On the other hand, while our knowledge of the presence of the virus in nature is far from complete, it may well be that research that is now being pursued will clarify the situation, particularly in its epidemiological implications.

The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Health Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

In declaring an area a yellow-fever endemic zone, the Government of India should, if this reservation is accepted, give motives underlying such a declaration and the reasons for urgency, in order to permit WHO to notify all States accordingly.

2. Article 70, paragraph 2

The committee understands that the reasons motivating this reservation arise from the fact that a person embarking on a ship or aircraft in a port or airport which has been removed from a yellow-fever endemic zone in compliance with the terms of Article 70, paragraph 2, may nevertheless have come from a place situated in a yellow-fever endemic zone shortly before embarkation, and that in such circumstances the port or airport would afford to a receptive area no effective guarantee.

The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

3. Article 42

The committee observes that the terms of Article 42 apply only to aircraft, whereas the reservation of the Government of India refers to a contingency of the presence on board of a partially-protected person coming from a surrounding yellow-fever endemic zone.

The committee, having given very careful consideration to the possible elements of risk, however remote, to highly receptive areas consequent upon the landing of an aircraft at a sanitary airport in a yellow-fever endemic zone, considers that there may be some grounds for requiring the aircraft to be disinfected immediately on landing at an aerodrome in India.

The committee recommends to the Health Assembly that this reservation be accepted.

Article 43

The committee takes the view that the terms of the reservation of the Government of India were intended to apply not only to Article 42 but also to Article 43, as regards the passengers and crew on board the aircraft.

The committee takes the view that the effect of this reservation should depend on whether the airport in the yellow-fever endemic zone is equipped with a direct transit area. If it is so equipped, the committee considers that the terms of Article 74 should not apply to such persons, provided they are in transit at that airport. If, on the other hand, that airport is not equipped with a direct transit area, the terms of Article 74 should, under the reservation, apply to all passengers and crew.

The committee is of the opinion that any person embarking at an airport in a yellow-fever endemic zone, whether or not it is equipped with a direct transit area, may be submitted under the Regulations to the provisions of Article 74 on arrival.

The committee recommends to the Health Assembly that this reservation be accepted to this extent, namely that the terms of Article 74 may be
applied to the passengers and crew on board an aircraft landing in the territory of the Government of India, who have come in transit through any airport, situated in a yellow-fever endemic zone, not equipped with a direct transit area.

4. Article 74

It appears, from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations, that a number of States would have preferred the period of nine days, which in their opinion was essential for the protection of their highly receptive territories. The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations. The committee recommends to the Health Assembly that this reservation be not accepted.

5. Article 100

The committee is of the opinion that this reservation is essential for the protection of their highly receptive territories. Since India is one of these highly receptive territories, the committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

6. Appendix 3 — International Certificate of Vaccination or Revaccination against Yellow Fever

It appears from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations, that a number of States would have preferred, for the protection of their highly receptive territories, that in certain cases, i.e., persons vaccinated in a yellow-fever endemic zone, or persons who have entered such a zone within 10 days of vaccination, the period required for the establishment of effective immunity after protective vaccination should be more than 10 days—in the case of India, 12 days.

Since India is one of these highly receptive territories, the committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

7. Appendix 6 — Health part of the Aircraft General Declaration

The committee recommends to the Health Assembly that this reservation be not accepted.

Findings of the Working Party

The report of the ad hoc committee was adopted subject to the following:

Article 70, paragraph 1

The working party agreed to consider a modification of the recommendation of the ad hoc committee on the reservation to paragraph 1 of Article 70 in the following terms:

The Government of India reserves the right in special circumstances, after giving the fullest possible consideration to the reasons on which WHO has based a delineation made under Article 70, and as a purely temporary measure until a fresh delineation has if necessary been made, to treat, for the purpose of measures to be taken by the Government of India in regard to arrivals in its territory, a local area or group of local areas where the conditions of the definition of yellow-fever endemic zone are fulfilled, but which are outside the delineated zone, as if they were part of the delineated zone.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the
validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

In declaring to WHO the local area or group of local areas to which the reservation would apply, the Government of India should give motives underlying such a declaration and the reasons for urgency, in order to permit WHO to notify all States accordingly.

**Article 70, paragraph 2**

The working party agreed to consider a modification of the recommendation of the ad hoc committee on the reservation to paragraph 2 of Article 70 in the following terms:

In regard to persons who embark on a ship or aircraft in a port or an airport which has been removed from a yellow-fever endemic zone, in compliance with the terms of Article 70, paragraph 2, and who are unable to prove that they have not been in a yellow-fever endemic zone within nine days prior to disembarkation, the Government of India reserves the right to treat such persons as if they had come from a yellow-fever endemic zone.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

**Article 100**

The working party agreed to consider a modification of the recommendation of the ad hoc committee on the reservation to Article 100 in the following terms:

The Government of India shall have the right to require of persons on an international voyage, arriving by air in its territory or landing there in transit but falling under the terms of paragraph 1 of Article 75, information on their movements during the last nine days prior to disembarkation.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

**Journey Log Book**

The working party took note of a statement by the representative of the International Civil Aviation Organization to the effect that, should the information required by the health authority of the airport of arrival in a territory concerning the movements of the aircraft since its last disinsecting prior to arrival not be contained in the Aircraft General Declaration of Health, the health authority has the right to seek the information in the Aircraft Journey Log Book.

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**IRAN**

**Communication from the Government to the Director-General**

*Letter dated 19 March 1952 from the Minister of Health, received 2 April 1952*  

I herewith have the honour to inform you that the Ministry of Health of Iran in its capacity of health administration for the territory of the Iranian Empire formally accepts the International Sanitary Regulations as adopted by the World Health Assembly on the 25th of May 1951 with the following temporary reservation.

*After the session of the ad hoc committee. The following observations on the letter were made by the Director-General: Articles 14, 18 and 19. A reservation to these Articles was considered by the ad hoc committee (see the ad hoc committee’s recommendations on reservations submitted by the Government of Iraq (p. 387). Articles 15, 16 and 17. No previous reservation to these Articles was received.*
The sanitary measures in ports and airports described in the Articles 14, 15, 16, 17, 18 and 19 can at present not all be implemented in view of certain difficulties.

I would, however, request you to assure the World Health Assembly that this health administration will endeavour to the best of its ability to introduce gradually all the necessary and practicable measures contained in the above-mentioned articles.

As the necessary sanitary measures are introduced I will send to the Organization the lists required according to Article 21 (a), (b) and (c).

Findings of the Working Party

The communication from the Government of Iran was received after the expiry of the period provided for in paragraph 1 of Article 106. It therefore falls under the terms of paragraph 3 of Article 106.23

23 This paragraph reads: "Any rejection or reservation received by the Director-General after the periods referred to in paragraphs 1 or 2 of this Article shall have no effect."

IRAQ

Communications from the Government to the Director-General

1. Letter dated 18 February 1952 from the Minister of Social Affairs, received 4 March 1952

I have the honour to refer to your letter No. EQ 9-2 Reservations of 24 January 1952.

After an appropriate study of the International Sanitary Regulations (WHO Regulations No. 2) the Government of Iraq wishes to submit reservations on Articles 14, 18 and 19 of the said Regulations.

Moreover, the Government of Iraq would like to submit a reservation on the definition of "Pilgrimage" and include "and other Holy Places" after the word "Hedjaz".

I should like to inform you that the reason for including the above-mentioned phrase is the over-flow of pilgrims in different seasons from different adjacent countries to the Holy Places in Iraq—Karbala and Najaf.

I should be much obliged if you would acknowledge receipt of this letter.

2. Letter dated 23 February 1952 from the Minister of Social Affairs, received 10 March 1952

May I have the honour to refer to my letter of 18th February 1952, Ref : 1952, and to inform you that the reservations submitted to you in my above letter concern Baghdad airport only.

I should be much obliged if you would confirm the acknowledgement of the reservations of the Government of Iraq on the International Sanitary Regulations (WHO Regulations No. 2).

Observations and Recommendations of the Ad Hoc Committee

1. Articles 14, 18 and 19

The withdrawal of the Baghdad airport from the list of airports situated in its territory 24 is a matter of administration of the Regulations under paragraph 1 of Article 19 and it is contingent on the volume of air traffic through the territory of Iraq.

The committee notes that the Baghdad airport was declared by the Government of Iraq as late as October 1951 an "authorized" aerodrome, a "sanitary" aerodrome and also a "local area", under the terms of the International Sanitary Convention for Aerial Navigation, 1933/44.

It may be that the reservation is intended to apply only to paragraphs 2 and 3 of Article 14, to Article 18 and to paragraph 2 of Article 19, in which case the committee can only recommend that the Government of Iraq address a letter to the Director-General specifying the nature of the reservation for consideration by the Health Assembly.

24 See Article 21 of the International Sanitary Regulations.
2. Pilgrimages

While appreciating the motives underlying this reservation, the committee regrets that it can find neither directives nor record of discussion of the subject by any technical committee of WHO which would enable it to determine to what extent Annex A could apply and be adapted to Pilgrimages to the Holy Places in Iraq.

The committee therefore feels that it is not in a position to recommend to the Health Assembly the acceptance of the proposal as a reservation and can only advise the Government of Iraq to state their case as a proposed amendment.

Should the Government of Iraq wish to do so, it should address such an amendment to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for consideration.

Findings of the Working Party

The report of the ad hoc committee was adopted.

The working party took note of a statement by the delegate for Iraq informing the working party that the Government of Iraq proposes to withdraw its reservation to Articles 14, 18 and 19.

LEBANON

Communication from the Government to the Director-General

Letter dated 21 January 1952 from the Minister of Public Health, received 22 January 1952 (translation from the French)

With further reference to my letters No. 1758 of 29 September 1951 and No. 2134 of 26 November 1951, careful study of the International Sanitary Regulations, and in particular of Annexes A and B, have brought to light two provisions which seem to me to be to some extent contradictory. The Articles in question are Article A 11 of Part III of Annex A to the Regulations, and Article B 26 of Part II of Annex B. Article A 11 reads as follows:

1. Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land pilgrims in Egypt shall first call either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt.
2. No sanitary measures other than those provided for in these Regulations shall apply to other aircraft returning from the Hedjaz.

Article B 26 reads as follows:

A health administration may require aircraft carrying pilgrims to land only at airports in its territory designated by it for the disembarkation of pilgrims.

Of these two provisions, Article B 26 is of a general character, while the first paragraph of Article A 11 cited above contains only particular provisions.

In consequence, it would be desirable to make the following amendments:

(a) New drafting of Article A 11 of Annex A:

1. A health administration may require aircraft carrying pilgrims to land only at airports in its territory designated by it for the disembarkation of pilgrims. [Text of Article B 26 of Annex B]
2. The sanitary measures provided for in these Regulations shall apply to all aircraft returning from the Hedjaz whatever the destination of the pilgrims and passengers on board.

(b) Article B 26 of Annex B to be deleted

These are the suggestions which it seemed to me should be presented for examination by the competent bodies of the World Health Organization.

In the course of interviews which Dr. Hayek had with officials of the International Quarantine Section and Legal Office of your Organization, at which the remarks submitted by the Lebanese Government were discussed, it transpired that these remarks do not constitute a reservation with regard to the International Sanitary Regulations but merely a
proposal for the amendment of the Articles in question—an amendment of form and not of substance. I would therefore be obliged if you would submit this proposal as such to the Fifth World Health Assembly.

Observations and Recommendations of the Ad Hoc Committee

Article A 11 of Annex A and Article B 26 of Annex B

Since the proposals of the Government of the Lebanon are in the nature of amendments, the committee requests the Director-General to submit them to the Health Assembly for consideration.

Further Communication from the Government of the Lebanon to the Director-General

Letter dated 24 April 1952 from the Minister of Public Health, received 29 April 1952 (translation from the French) 26

Following a study of document C.L.10.1952 EQ 9-2 of 1 April 1952, the report of the ad hoc Committee on Reservations to the International Sanitary Regulations and document A5/11 of 2 April 1952, 27 it appears that only part of our proposals contained in previous correspondence has been dealt with, namely that concerning the modification of Article A 11 of Annex A and the suppression of Article B 26 of Annex B. The reservation which 26 The following observations were made by the Director-General on the letter from the Government of the Lebanon:

On 29 June 1951 the Government of the Lebanon submitted by letter reservations to the International Sanitary Regulations. After an exchange of correspondence of an explanatory nature, it was understood that the reservation submitted by the Government of the Lebanon to Article 23 had, in consequence, been withdrawn. It now emerges that such was not the intention of the Government. The reservation to Article 23 made in the letter of 24 April 1952 was first communicated to the Director-General before the expiry of the period permitted under Article 106 of the International Sanitary Regulations.

27 Covering note (unpublished) by the Director-General to the report of the ad hoc committee was mentioned in correspondence from you by letter EQ 9-2 of 26 July 1951 has not been dealt with in the above document.

I request you, therefore, to be good enough to make the necessary arrangements to add to the reservations of Member States, the following addition to Article 23:

However, the health authority of a non-infected country may be permitted to take national measures to prevent the introduction of a pestilential disease which is prevalent in a neighbouring country.

In these circumstances, while expressing my thanks for the amendment already dealt with at our request, and while informing you that I am in possession of your letter EQ 9-2 Reservations of 15 October 1951, I wish you to be good enough to have the matter re-examined, because my Government so desires and because our country is a centre of tourism and is situated at the crossroads of several routes—a circumstance which facilitates the introduction of epidemic disease.

I await a favourable reply to this correspondence.

Findings of the Working Party

The report of the ad hoc committee was adopted and the submission of the Government of the Lebanon in regard to Article 23 was considered to be an amendment which should be addressed to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for consideration.
NORWAY

Communication from the Government to the Director-General

Letter dated 8 March 1952 from the Director-General of Health Services, received 12 March 1952

In reply to your letter of January 24th (C.L.1.1952—EQ 9-2 Reservations) I should like to inform you that, for constitutional reasons, Norway will not offhand be able to become a party to the International Sanitary Regulations. According to the Constitution of this country, regulations of this order cannot be enacted directly. The empowered authority will consequently have to bring the laws into keeping with the International Sanitary Regulations by passing new acts, and/or amendments and supplements in addition to the existing laws.

In the first place the Regulations passed by the World Health Assembly on 25 May 1951, must be ratified by the King. Previous to the ratification, the Regulations must be brought before the Storting (National Assembly) for its approval, and the adjusting acts, amendments or supplements called for must be passed.

We trust, however, that the preliminary proceedings will be terminated at the time when the Regulations are put into force, viz., 1 October 1952.

Observations and Recommendations of the Ad Hoc Committee

The rejection or reservation of the Government of Norway was received by the Director-General after 11 March 1952. It therefore falls under paragraph 3 of Article 106 of the Regulations.28

28 This paragraph reads: “Any rejection or reservation received by the Director-General after the periods referred to in paragraphs 1 or 2 of this Article shall have no effect.”

Findings of the Working Party

The communication from the Government of Norway was received after the expiry of the period provided for in paragraph 1 of Article 106. It therefore falls under the terms of paragraph 3 of Article 106.

PAKISTAN

Communication from the Government to the Director-General

Letter dated 9 March 1952 from the Assistant Secretary to the Government of Pakistan, received 12 March 1952

With reference to your letter No. C.L.36.1951, dated 6 June 1951, and No. C.L.1.1952, dated 24 January 1952, on the above subject, I am directed to say that the Government of Pakistan accept the International Sanitary Regulations subject to the following reservations:

1. Article 70, paragraphs 1 and 2. In regard to paragraphs 1 and 2 of Article 70 of the International Sanitary Regulations, the Government of Pakistan reserve the right, as they think fit, to delineate areas as infected with yellow fever, although such areas may exceed those delineated by the World Health Organization under paragraph 1 of the said Article. They also reserve the right to regard an entire zone as infected with yellow fever and do not agree to
having small local areas declared free from yellow-
fever infection on the basis that the *Aedes aegypti*
index has continuously remained for a period of one
year below one per cent as required under para-
graph 2 of Article 70 of the said Regulations.

The Government of Pakistan have come to the
above conclusion for the following reasons:

The part of a yellow-fever infected area declared
free from the risk of yellow-fever infection on the
above basis, or a non-endemic local area, cannot,
if surrounded by extensive territories capable of
spreading yellow-fever infection, be considered free
from the danger of spreading yellow-fever infection.
Persons travelling by air from infected areas to areas
declared free from yellow fever as provided under
paragraph 2 of Article 70 of the Regulations, and
then moving out of those areas to the yellow-fever
receptive areas, may carry infected mosquitos in
their personal belongings or may be in the incubation
stage of the disease. The health authorities at the
yellow-fever receptive areas cannot take stringent
measures against such persons, as to do so would be
against the provisions of the International Sanitary
Regulations unless a reservation was made in this
respect. Therefore, in order to avoid any possible
risk of importation of yellow-fever infection into
Pakistan in the manner indicated above, the Govern-
ment of Pakistan desire to reserve their right in
regard to the provisions of Article 70 of the Interna-
tional Sanitary Regulations as shown above.

2. *Article 71.* In regard to Article 71 of the Interna-
tional Sanitary Regulations, the Government of
Pakistan reserve the right to reckon nine days as the
incubation period of yellow fever instead of the six
days prescribed under the said Article for the fol-
lowing reasons:

The incubation period of six days for yellow fever
prescribed under the said Article is not considered
sufficient by the Government of Pakistan as there is
a likelihood that a person may show no symptoms
until the sixth day, i.e., the last day of the incubation
period, and even then the symptoms may only be
trifling, like a mild headache or a feeling of malaise,
which the person may not connect with the disease
and may not disclose at the time of the medical in-
pection on arrival in the yellow-fever receptive area.
Secondly, doctors who have no previous experience
of the disease may not be able to detect such cases.
Such persons are likely to transmit yellow-fever virus
circulating in their blood for the first three days of
the onset of the disease through the mosquitos that
attack them. As Pakistan is a yellow-fever receptive
area there is a great danger of the disease being
imported into the country in the manner indicated
above.

3. *Article 74.* In regard to Article 74 of the said
Regulations, the Government of Pakistan reserve
the right to require of a person starting his journey
from yellow-fever endemic areas, or entering an
endemic area from a non-endemic area within 10
days of inoculation against yellow fever, to be in
possession of a valid international certificate of
inoculation against yellow fever performed not less
than 12 days and not more than six years before
arrival in Pakistan. Persons who do not possess
such certificates will be detained in quarantine for
a period not exceeding nine days reckoned from the
date of the last exposure to infection.

4. *General Reservation*

Besides the above reservations, the Government
of Pakistan also reserve the right to apply such
sanitary measures to and impose such requirements
on ships, aircraft and passengers arriving in Pakistan
as they may consider necessary to avoid the risk of
the introduction of yellow fever into Pakistan,
notwithstanding that such measures and require-
ments are in excess of the provisions of the Interna-
tional Sanitary Regulations (Articles 42 and 100).

5. *Article 114.* The Government of Pakistan reserve
the right in respect of international health certificates
shown in Appendices 3 and 4 of the International
Sanitary Regulations as provided under paragraph 3
of the said Article.

(1) *Appendix 3.* The Government of Pakistan
will not, in the case of persons who come from
yellow-fever infected areas or who enter an infected
area from a non-endemic area within 10 days of
inoculation, treat the certificate as valid unless a
period of 12 days has elapsed between the date of
inoculation and the date of entry into Pakistan,
and unless they are satisfied that they have received
such additional information as they consider
necessary to determine whether the certificate has
been issued by a duly recognized medical authority
and from a specified yellow-fever inoculation centre
of the country concerned. A list of yellow-fever
inoculation centres and authorities empowered to
inoculate and issue certificates of inoculation
against yellow fever in the various countries is
notified by the Government of Pakistan in the
official Gazette from time to time.

(2) *Appendix 4.* The validity of the international
certificate of vaccination against smallpox in
Appendix 4 of the International Sanitary Regula-
tions shall extend for a period of three years.
beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, from the date of revaccination. The Government of Pakistan do not consider the above period of validity of vaccination as sufficient to acquire complete immunity and therefore reserve their right to require a person coming from smallpox-infected areas, declared as such by the Government of Pakistan in their official Gazette, to be in possession of a certificate of vaccination against smallpox performed not less than 14 days and not more than three years before arrival in Pakistan. The form should conform to the form of the International Sanitary Convention, 1944, and the International Sanitary Convention for Aerial Navigation, 1944.

Observations and Recommendations of the Ad Hoc Committee

1. Article 70
   
   **(a) Paragraph 1.** In considering the motives underlying the Government of Pakistan’s reservation to paragraph 1 of Article 70, the committee had the advantage of studying the numerous reports and records emerging from the meetings of the Expert Committee on International Epidemiology and Quarantine and of the Special Committee set up to consider the International Sanitary Regulations, at which technical representatives from Pakistan were present, and in addition were able to hear the views of its technical member from Pakistan.

   In the light of this information, the committee appreciated that occasions may arise when evidence of the presence of yellow-fever virus hitherto undiscovered in a territory, or of the recurrence of the virus in a territory previously infected and considered clear, may come to the knowledge of the Government of Pakistan before appropriate action can be taken towards delineation of the extent of the infection. Consequently there may be a time lag and during that period highly receptive areas such as Pakistan may consider it urgently necessary to declare the whole or a part of the territory as a yellow-fever endemic zone. On the other hand, while our knowledge of the presence of the virus in nature is far from complete, it may well be that research that is now being pursued will clarify the situation, particularly in its epidemiological implications.

   The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

   In declaring an area a yellow-fever endemic zone, the Government of Pakistan should, if this reservation be accepted, give motives underlying such a declaration and the reasons for urgency, in order to permit WHO to notify all States accordingly.

   **(b) Paragraph 2.** The committee understands that the reasons motivating this reservation arise from the fact that a person embarking on a ship or aircraft in a port or airport which has been removed from a yellow-fever endemic zone, in compliance with the terms of Article 70, paragraph 2, may nevertheless have come from a place situated in a yellow-fever endemic zone shortly before embarkation and that, in such circumstances, the port or airport would afford to a receptive area no effective guarantee.

   The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

2. Article 71

   It would appear that the intention of the reservation is not to alter the incubation period of yellow fever but to regard the potential period of infectivity of a person who has contracted yellow fever as extending to nine days. The reservation therefore applies rather to the terms of Article 74 and on that understanding has been considered by the committee under the reservation submitted by the Government of Pakistan to Article 74.

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29 Unpublished
3. Article 74

It appears from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations that a number of States would have preferred the period of nine days, which in their opinion was essential for the protection of their highly receptive territories.\(^3\)

Since Pakistan is one of these highly receptive territories, the committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Health Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

4. General Reservation

The committee is of the opinion that any person embarking at an airport in a yellow-fever endemic zone, whether or not it is equipped with a direct transit area, may be submitted under the Regulations to the provisions of Article 74 on arrival.

The committee recommends to the Health Assembly that this reservation be accepted to this extent, namely that the terms of Article 74 may be applied to the passengers and crew on board an aircraft landing in the territory or territories of the Government of Pakistan, who have come in transit through any airport, situated in a yellow-fever endemic zone, not equipped with a direct transit area.

Article 100. The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

5. Article 114

The Government of Pakistan made a declaration in due time that it did not intend to make any reservation to Appendix 2, namely, the International Certificate of Vaccination against Cholera. In view of this declaration no reservation is necessary as regards Appendices 3 and 4 under Article 114.

(a) The first reservation has the effect of extending the period following vaccination from 10 days to 12 days in certain cases.

It appears from a study of the proceedings of the Special Committee set up to consider the International Sanitary Regulations, that a number of States would have preferred for the protection of their highly receptive territories, that in certain cases, i.e., persons vaccinated in a yellow-fever endemic zone or persons who have entered such a zone within 10 days of vaccination, the period required for the establishment of effective immunity after protective vaccination should be more than 10 days—\(^3\)—in the case of Pakistan, 12 days.

The committee, having in mind the paramount need for the universal application of the Regulations to quarantine practice in all countries, recommends to the Health Assembly that the reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of

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\(^{32}\) Off. Rec. World Hlth Org. 37, 112, 238, 299
the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

(b) The committee takes the view that under the terms of the International Certificate of Vaccination or Revaccination against Yellow Fever the location or identification of the vaccinating centre should be indicated by means of the official stamp.

If the Health Assembly accepts this view, the Government of Pakistan may consider that this part of the reservation to Appendix 3 becomes unnecessary.

(2) Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox. There are two reservations in the statement of the Government of Pakistan in regard to Appendix 4:

(a) Extension of the period of entry into validity of a certificate of a successful primary vaccination from 8 to 14 days.

If this reservation were adopted by the Health Assembly the result would be that persons entering Pakistan might be required to be in possession of two different forms of certificate of vaccination against smallpox.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

(b) The certificate to conform to the model attached to the International Sanitary Convention, 1926/44, and to the International Sanitary Convention for Aerial Navigation, 1933/44.

The committee is of the opinion that this reservation substantially detracts from the character and purpose of the Regulations.

The committee recommends to the Health Assembly that this reservation be not accepted.

Findings of the Working Party

The report of the ad hoc committee was adopted subject to the following:

Article 70, paragraph 1

The Government of Pakistan reserves the right in special circumstances, after giving the fullest possible consideration to the reasons on which WHO has based a delineation made under Article 70, and as a purely temporary measure until a fresh delineation has if necessary been made, to treat, for the purpose of measures to be taken by the Government of Pakistan in regard to arrivals in its territory, a local area or group of local areas where the conditions of the definition of yellow-fever endemic zone are fulfilled, but which are outside the delineated zone, as if they were part of the delineated zone.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

In declaring to WHO the local area or group of local areas to which the reservation would apply, the Government of Pakistan should give motives underlying such a declaration and the reasons for urgency, in order to permit WHO to notify all States accordingly.

Article 70, paragraph 2

In regard to persons who embark on a ship or aircraft in a port or an airport which has been removed from a yellow-fever endemic zone, in compliance with the terms of Article 70, paragraph 2, and who are able to prove that they have not been in a yellow-fever endemic zone within nine days prior to disembarkation, the Government of Pakistan reserves the right to treat such persons as if they had come from an endemic zone.

The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

The Government of Pakistan should declare to WHO, without delay, the ports or airports to which this reservation would apply.

Article 100

The working party agreed to consider a modification of the recommendation of the ad hoc com-
The working party recommends to the Health Assembly that this reservation be accepted for a period of five years from the date of entry-into-force of the Regulations, the Health Assembly reserving the right, before the expiration of that period, to extend the validity of the reservation for a further period, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant amendment by the Health Assembly to Articles to which the reservation refers.

PERU

Communication from the Government to the Regional Director for the Americas

Letter dated 27 February 1952 from the Minister of Public Health and Social Welfare, received 25 March 1952 (translation from the Spanish) 33

In virtue of the authority conferred on it by its Constitution, and for the purposes of standardizing the provisions contained in the various International Sanitary Agreements and Conventions, and of better adapting them to the conditions and requirements of modern international transport, and of establishing rules in accordance with the evolution of epidemiological knowledge, the World Health Organization at its Fourth World Health Assembly adopted the International Sanitary Regulations (WHO Regulations No. 2) which were signed by the President of the Assembly and by the Director-General in Geneva on 25 May 1951.

In Part IX of the Regulations—Final Provisions—it is laid down in Article 106 that Member States may make reservations up to nine months from the date of notification by the Director-General of the adoption of the Regulations by the

33 It was brought to the attention of the working party that the letter was received in the zone office of the Pan American Sanitary Bureau in Lima on 28 February 1952. It was dispatched by the zone office on 15 March 1952 and arrived in the WHO Regional Office for the Americas in Washington on 20 March 1952.

The following observations were made by the Director-General on the letter from the Government of Peru:

Part II of the Regulations—Notifications and Epidemiological Information. The subject of this reservation is dealt with in the ad hoc committee's recommendations on reservations submitted by the Government of Argentina (p. 364).

Article 98. The substance of this reservation is dealt with in the ad hoc committee's recommendations on reservations submitted by the Government of Argentina (p. 365) and by the Government of Chile (p. 375).

Article 113, paragraph 1. The substance of this reservation is dealt with in the ad hoc committee's recommendations on reservations submitted by the Government of Argentina (p. 364).

World Health Assembly, and that the Regulations shall come into force on 1 October 1952, except in so far as the provisions of Article 114 regarding the validity of international vaccination or revaccination certificates against cholera, yellow fever and smallpox—Appendices 2, 3, 4 to the Regulations—make these valid as from 1 December 1951.

In accordance with the provisions of the above-mentioned Article, the Peruvian Government begs to submit the following observations:

1. Part II of the Regulations—Notifications and Epidemiological Information, Articles 2 to 13 inclusive—contains provisions establishing direct relations between the Organization and the health administrations of the Member States for the purposes of notification of the existence of pestilential or "quarantinable" diseases—plague, cholera, yellow fever, smallpox, typhus and relapsing fever (Article 6, paragraph 2 (a) and Article 9, paragraph (a))—in any Member State. The Regulations thus become somewhat restrictive in character, a fact which calls for some reservation in itself; furthermore, they conflict with the more general provisions contained in the Pan American Sanitary Code (Havana, 14 November 1924), Article 1 of which (still in force since it is not included among Articles of the said Code which are abrogated by the Regulations, in accordance with Article 105, paragraph 2) states that one of the objects of the Code is: "the prevention of international spread of communicable infections of human beings", and "the standardization of the measures employed at places of entry for the prevention of the introduction and spread of the communicable diseases of man..."; in addition Article 4 (also still in force) states: "...or any other dangerous contagion liable to be spread through the intermediary agency of international commerce".
The Peruvian Government wishes, therefore, to formulate a first reservation in view of the fact that the scope of the Pan American Sanitary Code is wider, the provisions being more general, whereas the International Sanitary Regulations cover the question of the spread of communicable diseases in a more restricted manner. The Peruvian Government suggests either that there be included in Part II an Article co-ordinating the provisions of the Regulations with those of the still valid Articles of the Code, or that the pertinent parts of Articles 1 and 4 of the Code be included in the Regulations.

2. Article 98 of the Regulations provides that the international deratting certificates and the certificates of vaccination and revaccination against cholera, yellow fever and smallpox—Appendices 1, 2, 3, 4—shall be printed in English and French and that a text in the language of the territory of issue of the certificate may be added, and that the certificates shall be completed in English or in French (Article 9, paragraph 2).

The Peruvian Government suggests that the said certificates be printed in Spanish, English and French, that the addition of a text in the language of the territory of issue of the certificate be compulsory, and that paragraph 1 of Article 113 state: “The Spanish, English and French texts of these Regulations shall be equally authentic” instead of: “The English and French texts of these Regulations shall be equally authentic”, seeing that Spanish is the official and only language of many of the Organization’s Member States.

My Government is in agreement with the other provisions of the Regulations and in its name I am instructed to accept the conditions as laid down in the three paragraphs of Article 112 for the settling of any dispute between the Organization and any Member State.

I shall be obliged if you will pass on to the Director-General of the Organization the two reservations formulated by the Peruvian Government, through my Department, in respect to the International Sanitary Regulations signed in Geneva on 25 May 1951, in the hope that a decision will be taken with regard to them by the Fifth World Health Assembly and that the said decision will be communicated to us in accordance with the provisions of Article 111.

Findings of the Working Party

The working party, in the light of information supplied, considered that the communication from the Government of Peru was received in a regional office of the World Health Organization before the expiry of the period referred to in paragraph 1 of Article 106.

Other Infectious Diseases

The working party is of the opinion that the proposals in the last paragraph of part 1 of the communication from the Government of Peru dated 27 February 1952 constitute an amendment.

The working party recommends that the Government of Peru address such amendment to the Director-General in a separate communication, requesting him to submit it to the Health Assembly for its consideration.

Article 98, paragraph 2

The working party takes the view that the Government of Peru would wish the changes in the Article to apply to all countries and not only to Peru, and that this constitutes an amendment and not a reservation.

The Government of Peru should address such an amendment in a separate communication to the Director-General, requesting him to submit it to the Health Assembly for its consideration.

PHILIPPINES

Communication from the Government to the Director-General

Letter dated 6 December 1951 from the Under-Secretary, Department of Foreign Affairs, received 18 December 1951

I have the honour to refer to your letter (Ref. C.L.36.1951.EQ9-2) dated 6 June 1951, concerning the International Sanitary Regulations (WHO Regulations No. 2) which were adopted unanimously on 25 May 1951 by the Fourth World Health Assembly.

In accordance with Article 106 of the Regulations,
the Philippine Government wishes to inform that, with respect to paragraph 2 of Article 69 thereof, it reserves the right to examine stools of all persons coming from infected areas if such persons arrive within the incubation period of the disease reckoned from their date of embarkation.

Observations and Recommendations of the Ad Hoc Committee

*Article 69, paragraph 2*

The committee takes the view that differing medical opinion on the role of the carrier in the spread of cholera warrants some consideration.

The committee recommends to the Health Assembly that this reservation be accepted to the following extent:

Persons on an international voyage arriving from an infected local area, within the incubation period of the disease, may be required to submit to stool examination subject to the conditions:

(a) that the reservation constitute no derogation from the provisions of Articles 34 and 61 or any other Articles of the Regulations;

(b) that the period within which a person may be submitted to stool examination do not exceed five days, reckoned from the date of the departure of the person from the infected local area;

(c) that the measure be used with discretion and only in the case of absolute necessity.

Findings of the Working Party

The report of the ad hoc committee was adopted.

PORTUGAL

Communications from the Government to the Director-General

1. Letter dated 14 February 1952 from the Director-General, Department of Economic and Consular Affairs, Ministry of Foreign Affairs, received 20 February 1952 (translation from the Portuguese)

   1. With reference to your letter, C.L.36.1951, EQ 9-2 of 6 June 1951, I have the honour to inform you that the Portuguese Government has no reservations to make, from the technical point of view, as regards that part of the International Sanitary Regulations, adopted by the Fourth World Health Assembly on 25 May 1951, referring to the metropolitan territories.

2. From the administrative point of view, and particularly as concerns Article 95 of Part VI, the Portuguese Government regrets that it cannot at present cease to require bills of health.

2. Letter dated 5 March 1952 from the Director-General, Department of Economic and Consular Affairs, Ministry of Foreign Affairs, received 10 March 1952 (translation from the Portuguese)

   1. With reference to your communication EQ 9-2 (Reserv.) of 29 February 1952, I have the honour to inform you that the Portuguese Government desires to invoke the provisions of paragraph 2 of Article 106 of the International Sanitary Regulations, whereby, in respect of its overseas territories, reservations with regard to the said Regulations may be communicated up to 11 December 1952.

   2. In the meantime, I would inform you that, as in the case of the metropolitan territories, the Portuguese Government regrets that it is unable for the moment to cease to require bills of health for its overseas territories.
Observations and Recommendations of the Ad Hoc Committee

Article 95

In order to enable the Government of Portugal to make the necessary arrangements to overcome its administrative difficulties in this regard, the committee recommends that this reservation be accepted, in respect of bills of health but not of consular visas thereon, for a period of one year from the date of entry-into-force of the International Sanitary Regulations.

Findings of the Working Party

The report of the ad hoc committee was adopted.

SAUDI ARABIA

Communication from the Government to the Director-General

Letter dated 17 January 1952 from the Deputy Minister of Foreign Affairs, received 23 January 1952

I have the honour to enclose herewith the reservations of the Saudi Arabian Government to the International Sanitary Regulations (WHO Regulations No. 2) and to Annex A of the said Regulations.

RESERVATIONS OF
THE SAUDI ARABIAN GOVERNMENT TO THE
INTERNATIONAL SANITARY REGULATIONS
AND TO THEIR ANNEX A

The Saudi Arabian Government,

Having studied the International Sanitary Regulations (WHO Regulations No. 2), Annexes A and B, and Appendices 1, 2, 3, 4, 5 and 6 of the said Regulations, which were adopted by the Fourth World Health Assembly in Geneva on May 25, 1951;

Having noted the contents of Article 105 of the above-mentioned Regulations, which Article points out that the International Sanitary Regulations shall replace the provisions of the conventions and similar agreements indicated therein;

Having considered the resolution of the Fourth World Health Assembly on 25 May 1951, on the adoption of the International Sanitary Regulations and on the consideration of the provisions of Annex A of the said Regulations being 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 Pilgrimage within its territory; 34

Find in some Articles of the International Sanitary Regulations toleration in imposing some sanitary restrictions, which toleration might expose Saudi Arabia to epidemic diseases communicated from other countries;

Feel that the provisions of Annex A of the said Regulations impose unjustified restrictions and obligations on pilgrims and non-pilgrims who leave the Hedjaz during the Pilgrimage season. In addition to the fact that the Articles of the said Annex infer the sense of inconfidence between Member States, which is undoubtedly inconsistent with what was provided for in the Preamble and Articles of the Constitution of the World Health Organization.

Thus, the Saudi Arabian Government indicate hereby their reservations to the articles of the said Regulations, the application of which would threaten the safety of their territory, together with their reservation to Annex A of the said Regulations. In the meantime they do not consider themselves bound by the provisions of the Articles they reserve to, nor by the provisions of the said Annex.

They hope that the reservations put forward may be considered in consistency with up-to-date scientific technique, and in the light of the spirit of co-

34 Resolution WHA4.75
The Saudi Arabian Government believe that isolation must be substituted for surveillance in such cases, as a means for attaining sufficient protection for the Saudi Arabian territory against the possibility of the penetration of epidemics.

4. The Saudi Arabian Government reserve to Article 69, and do not consider themselves bound by its provisions, which Article states in its two paragraphs that no person shall be required to submit to rectal swabbing, except in the case of a person who comes from a local infected area within the incubation period and who has symptoms indicative of cholera.

The Saudi Arabian Government believe that the measure provided for in that Article is incompatible with the medical principles. The acceptance of the provisions of that Article facilitates the penetration of diseases to the countries concerned. Furthermore, it hampers the proper authorities from exercising their natural right of protecting the country.

5. The Saudi Arabian Government reserve to Article 85, and do not consider themselves bound by its provisions, which Article states, in sub-paragraph (b) of paragraph 1, that on arrival of an infected ship or aircraft, a health authority may, for a period of not more than fourteen days reckoned from the last exposure to infection, isolate or place under surveillance any person disembarking, but the health authority shall take into account the previous vaccinations of the person and the possibility of his having been exposed to infection in determining the period of such isolation or surveillance. The Saudi Arabian Government believe that surveillance alone is a sufficient measure in so far as the person disembarking is healthy and sufficiently protected.

The Saudi Arabian Government feel that sub-paragraph (b) of paragraph 1 of Article 85 does not go in line with what is provided for in paragraph 2 of Article 83.

6. The Saudi Arabian Government reserve to Annex A of the said Regulations as a whole. They feel that the annex in question imposes obligations and measures on persons leaving the Hedjaz during the Pilgrimage season, not similarly applied to the movements of persons during other pilgrimages or other religious visits.

The Saudi Arabian Government consider Annex A of the said Regulations incompatible with the spirit of the Constitution of the World Health Organization, as it consists of Articles calling for the disregard of health notifications and communiqués issued by the Saudi Arabian Government with respect to the cleanliness of the Pilgrimage season.
which disregard would infer the sense of inconfidence and confusion in the substance of those notifications and communiqués which is in itself an inconsistent attitude with the ends and aims of those International Sanitary Regulations.

The Saudi Arabian Government would reject the idea of subjecting their health notifications or communiqués to confirmation or refutation by others.

The Saudi Arabian Government would like to make it clear, that they determine the cleanliness of the Pilgrimage season, after being definitely sure of the safe healthy conditions in the Hedjaz. The Government would like to point out also, that all pilgrims leaving the Hedjaz and returning to their countries during the Pilgrimage season undergo comprehensive and adequate sanitary observation, and there is no doubt that sanitary observation of such nature is more effective than limited observation.

The Saudi Arabian Government, therefore, demand the free passage to pilgrims returning from Hedjaz to their countries through the Suez Canal, without being subjected to any sanitary measures.

7. Subject to the reservations stated above, the acceptance of the Saudi Arabian Government to the International Sanitary Regulations does not mean, in any sense, a recognition of the so-called Israel.

Observations and Recommendations of the Ad Hoc Committee

1. Annex A

The committee is of the opinion that the arrangements provided for in Annex A cast no reflection on the notifications made by the Government of Saudi Arabia.

Furthermore, the rejection of Annex A as a whole by Saudi Arabia cannot be accepted, but a reservation to certain Articles of Annex A which impose obligations on the Government of Saudi Arabia could be accepted. To this end the committee makes the following recommendations:

Article A 1, paragraph 2. Acceptance of the reservation to this Article, in view of the comments made under Article 61 below.

Article A 4. Retention of this Article because it designates Jeddah as the port of disembarkation of pilgrims.

Article A 6. Acceptance of the reservation on Article A 6, on the understanding that the Government of Saudi Arabia will comply with the terms of Article 10 of the Regulations.

Article A 12. Retention of this Article, since the health administration of Saudi Arabia appoints sanitary stations.

Article A 14. Retention of this Article, since the procedure under it is a vital element in the Regulations in which the health administration of Saudi Arabia plays a paramount part.

Article A 15. Retention of this Article for the reasons given above, under Article A 14, since they apply equally to the information and to the annual report sent to the Organization by the health administration of Saudi Arabia.

Among the Articles which do not impose an obligation on the Government of Saudi Arabia, Article A 7 calls for special comment.

Article A 7. A reservation that returning pilgrim ships should be granted free passage through the Suez Canal, regardless of the state of health in the Hedjaz, might endanger the health situation in Egypt and also in other territories.

Moreover, the demand of the Government of Saudi Arabia for the free passage of pilgrims returning from the Hedjaz to their countries through the Suez Canal, without being subject to any sanitary measures, would also detract from the terms of Article A 5 of Annex A.

The committee recommends to the Health Assembly that this reservation be not accepted.

2. Article 61

The committee recommends to the Health Assembly that the reservation to this Article be accepted, so long as Annex A remains in force, and subject to the following conditions:

(a) that the reservation apply only to persons arriving during the period of the Pilgrimage as defined in Article A 6, i.e., from two months before to two months after the day of the Haj;
(b) that persons refusing vaccination should not be compulsorily vaccinated but may be placed in isolation until the expiry of the relevant period of incubation, or until arrangements can be made in the meantime for their repatriation.
3. **Article 63**

The committee recommends to the Health Assembly that the reservation to this Article be accepted so long as Annex A remains in force and subject to the following condition:

That the reservation apply only to persons arriving during the period of the Pilgrimage as defined in Article A 6, i.e., from two months before to two months after the day of the Haj.

4. **Article 64**

The committee recommends to the Health Assembly that the reservation to this Article be accepted so long as Annex A remains in force and subject to the following conditions:

(a) that the reservation apply to persons arriving during the period of the Pilgrimage as defined in Article A 6, i.e., from two months before to two months after the day of the Haj;

(b) that "isolation" be substituted for "surveillance" but only during the aforesaid period.

5. **Article 69**

The committee takes the view that differing medical opinion on the role of the carrier in the spread of cholera warrants some consideration.

The committee recommends to the Health Assembly that this reservation be accepted to the following extent:

Persons on an international voyage arriving from an infected local area within the incubation period of the disease, may be required to submit to stool examination subject to the conditions:

(a) that the reservation constitute no derogation from the provisions of Articles 34 and 61 or any other Articles of the Regulations;

(b) that the period within which a person may be submitted to stool examination do not exceed five days, reckoned from the date of the departure of the person from the infected local area;

(c) that the measure be used with discretion and only in the case of absolute necessity;

(d) that the reservation apply only to Article 69, paragraph 2—stool examination—and that rectal swabbing be not carried out under any circumstances.

6. **Article 85**

The committee is of the opinion that no reservation is needed, since a choice between surveillance and isolation is in fact given to the health authority on arrival, under Article 85, paragraph 1 (b).

7. **Recognition of States**

The committee is of the opinion that no reservation is needed since the entry-into-force of the International Sanitary Regulations for any State does not imply the recognition by that State of any other State party to the Regulations.

**Findings of the Working Party**

The report of the ad hoc committee was adopted.

The working party took note of a declaration made by the delegate of Saudi Arabia to the effect that the Government of Saudi Arabia is prepared to withdraw its reservation relative to Annex A which is purely transitory in character by reason of the early completion of the new quarantine station now in course of erection at Jeddah and a complete reorganization of the health services in the territory. The working party can only observe that a reservation may at any time be withdrawn by notifying the Director-General.

**SWEDEN**

**Communication from the Government to the Director-General**

Letter dated 26 February 1952 from the Minister of Foreign Affairs, received 29 February 1952

By your letter dated the 24th January 1952 and addressed to the Director-General of Public Health, Stockholm, (your ref. C.L.1.1952 EQ 9-2 Reservations), the attention of the competent Swedish authorities is drawn to the fact that rejection of or reservation to the International Sanitary Regulations
(WHO Regulations No. 2) will have to be made on or before the 11 March 1952.

In reply to this communication, a copy of which was forwarded to this Ministry, and in accordance with Article 106 of the International Sanitary Regulations referred to above and Article 22 of the Constitution of the World Health Organization, I have the honour to notify you of the reservation of the Swedish Government to the said Regulations to the effect that the Swedish Government intend to submit the question of Sweden’s acceptance of these Regulations to the 1952 session of the Swedish Parliament.

Furthermore, the Swedish Government have in view to inform the Swedish Parliament of the necessity of such modifications of the present Swedish legislation as are required to bring this legislation in accordance with the International Sanitary Regulations.

I should appreciate an acknowledgement of the receipt of this letter by return of mail.

Observations and Recommendations of the Ad Hoc Committee

1. The committee examined the statement made by the Government of Sweden in the sense that it was not possible for that State to fulfil its constitutional requirements enabling it to reach a definitive decision with respect to the Regulations within the period specified in Article 106.

2. The committee finds itself compelled, under the Constitution of the World Health Organization and the Regulations, from the point of view of legal technique, to construe this statement as a rejection.

3. The committee consequently points out that no formal action by the Assembly is required.

4. The committee recalls that under Article 108 of the Regulations a rejection may be withdrawn at any time and expresses the confident hope that the rejection will be withdrawn as soon as a definitive decision has been taken by the Government of Sweden.

Findings of the Working Party

The report of the ad hoc committee was adopted.

SWITZERLAND

Communication from the Government to the Director-General

Letter dated 11 March 1952 from the Director, Federal Department of Public Health, received 11 March 1952 (translation from the French)

By your letter of 24 January 1952 you recalled to us that the period within which Member States may formulate rejection of or reservations to the International Sanitary Regulations expires on 11 March 1952.

We have today, with regret, to inform you that we are not able to state our position before this date. We had to consult, on the subject of the adoption of the Regulations, the several federal authorities, in order that the procedure for adoption to be followed by the Federal Council in this matter might be decided upon in accordance with our constitutional rules.

This consultation has not yet finished and, even though we think that no reservation will be made by the Swiss Government, we have nevertheless, in order to regularize the procedure, to ask you to extend by one month the period which had been granted to us, that is up to 11 April 1952.

Observations and Recommendations of the Ad Hoc Committee

1. The committee examined the statement made by the Government of Switzerland in the sense that it was not possible for that State to fulfil its constitutional requirements enabling it to reach a definitive decision with respect to the Regulations within the period specified in Article 106.
2. The committee finds itself compelled, under the Constitution of the World Health Organization and the Regulations, from the point of view of legal technique, to construe this statement as a rejection.

3. The committee consequently points out that no formal action by the Assembly is required.

4. The committee recalls that under Article 108 of the Regulations a rejection may be withdrawn at any time and expresses the confident hope that the rejection will be withdrawn as soon as a definitive decision has been taken by the Government of Switzerland.

Findings of the Working Party

The report of the ad hoc committee was adopted.

UNION OF SOUTH AFRICA

Communication from the Government to the Director-General

Letter dated 27 February 1952 from the Secretary for Health and Chief Health Officer for the Union of South Africa, received 3 March 1952

With further reference to your letter No. C.L.36. 1951 EQ 9-2 of 6 June 1951, I wish to state that although the Government of the Union of South Africa is most anxious to co-operate to the fullest extent practicable with the World Health Organization in its efforts to remove as many restrictions upon international travel as possible, this Department is unable to overlook the fact that ports of the Union constitute a yellow-fever receptive area and that the Union, situated as it is at the southern extremity of the African continent, in much of which yellow fever is endemic, is in a particularly vulnerable position from that point of view. Practically all international air traffic, except that from the Union’s immediate neighbours, passes through the yellow-fever endemic zone before reaching this territory, and it is therefore particularly important that the existing measures for preventing the introduction of yellow fever into the Union should be maintained.

As long, therefore, as the present position obtains the Union Government finds itself unable to accept the application to the Union of the International Sanitary Regulations in toto. Consequently it is considered that the application to the Union of the Regulations should be subject to the following reservations:

Article 27. In the case of a person who has come from a yellow-fever endemic zone and has been placed under surveillance, movement from an area which is not a yellow-fever receptive area to an area which is a yellow-fever receptive area shall not be permitted except with the prior knowledge and consent of the Department of Health.

Article 40. The provisions of this Article shall be deemed to have been amended by the addition of a further sub-paragraph to permit of the application of any sanitary measure, without regard to sanitary measures applied at a previous airport, in the case of any aircraft which has come from a yellow-fever endemic zone.

Article 42. An aircraft which has, in the course of its flight, landed at a sanitary airport situated within a yellow-fever endemic zone shall be considered to have come from an infected local area.

Article 43. A person who has landed at an airport within a yellow-fever endemic zone shall be considered as having come from such a zone irrespective of compliance with the requirements of Article 34.

Article 74. The words “a yellow-fever endemic zone” shall be deemed to be substituted for the words “an infected local area”.

Article 76. An aircraft which has come from a yellow-fever endemic zone shall be regarded as suspected.

Article 77. An infected or suspected ship shall be subject to inspection, and destruction of any Aëdes aegypti found on board, and an infected or suspected aircraft (meaning an aircraft coming from a yellow-fever endemic zone) shall be subject to inspection and disinsecting.
Aircraft coming from an airport in a yellow-fever endemic zone shall be allowed to land only at specified airports.

The Union Government trusts that the reservations indicated herein will prove acceptable to the World Health Assembly, as the Union Government considers the new Regulations to be a considerable advance upon the relevant conventions and agreements listed in Article 105 and is anxious to be in a position to withdraw as many of the reservations set out in this letter, as provided for in Article 108, as soon as the circumstances which make them necessary at present no longer obtain in so far as the Union is concerned.

Observations and Recommendations of the Ad Hoc Committee

1. Articles 40, 42, 76, 77 and 79

The committee takes the view that the object of the reservations to Articles 40, 42, 76, 77 and 79 submitted by the Government of the Union of South Africa is to permit the disinsecting of an aircraft, landing in the territory of the Union, which has come from any airport in a yellow-fever endemic zone.

If this be the case, because South Africa is a highly receptive territory, the committee recommends to the Health Assembly that the reservations to the above-mentioned Articles be accepted to this extent, namely, that an aircraft landing in the territory or territories of the Union of South Africa which has come from any airport situated in a yellow-fever endemic zone may be disinsected.

2. Article 27

This reservation provides for a hypothesis which does not exist. The measures which may be taken against a person envisaged in the reservation are laid down in paragraph 2 of Article 72 and in Article 74.

The committee recommends to the Health Assembly that this reservation be not accepted.

3. Article 43

The committee takes the view that the effect of this reservation should depend on whether the airport in the yellow-fever endemic zone is equipped with a direct transit area. If it so equipped, the committee considers that the terms of Article 74 should not apply to such persons provided they are in transit at that airport. If, on the other hand, that airport is not equipped with a direct transit area, the terms of Article 74 should, under the reservation, apply to all passengers and crew.

The committee is of the opinion that any person embarking at an airport in a yellow-fever endemic zone, whether or not it is equipped with a direct transit area, may be submitted under the Regulations to the provisions of Article 74 on arrival.

The committee recommends to the Health Assembly that this reservation be accepted to this extent, namely, that the terms of Article 74 may be applied to the passengers and crew on board an aircraft landing in the territory or territories of the Union of South Africa, who have come in transit through any airport, situated in a yellow-fever endemic zone, not equipped with a direct transit area.

4. Article 74

In the opinion of the committee, this is not a reservation since a "yellow-fever endemic zone" is included in the definition of an "infected local area".

Findings of the Working Party

The report of the ad hoc committee was adopted subject to the following:

Article 43

Add to the ad hoc committee's recommendation the following paragraph:

Further, the Government of the Union of South Africa reserves the right to apply the terms of Article 74 to passengers and crew on board an aircraft landing in the territory or territories of the Union of South Africa even if they have come in transit through an airport situated in a yellow-fever endemic zone in Africa equipped with a direct transit area, until such time as it is established, in conformity with a procedure to be elaborated by the Organization, that such transit area fulfils the terms of Article 20, read in conjunction with the definition of direct transit area.
URUGUAY

Communication from the Government to the Director-General

Letter dated 29 February 1952 from the Minister of Public Health, received in the WHO Regional Office for the Americas on 3 April 1952 (translation from the Spanish) 35

In reply to your letter of 24 January 1952 I beg to inform you that since Uruguay has certain observations to make on the International Sanitary Regulations which have been sent to us by the World Health Organization, we wish to avail ourselves of the provisions of paragraph 2 of Article 106 of the said Regulations, and shall present such observations as are found necessary before 11 December 1952.

35 The Director-General submitted to the working party the following extract from a letter from the Regional Director, WHO Regional Office for the Americas, concerning the delay in receipt:

"There appears to be no way at this time to determine the date of dispatch from Montevideo of this communication, but it can be surmised that it was sent by regular mail instead of airmail, and that this fact accounted for the delay.".

Findings of the Working Party

The communication from the Government of the Republic of Uruguay was received after the expiry of the period provided for in paragraph 1 of Article 106. It therefore falls under the terms of paragraph 3 of Article 106. 36

36 This paragraph reads: "Any rejection or reservation received by the Director-General after the periods referred to in paragraphs 1 or 2 of this Article shall have no effect."
PART IV

ANNEXES
Annex 1

[25 February 1952]

LÉON BERNARD FOUNDATION COMMITTEE¹

REPORT ON MEETING HELD 28 AND 30 JANUARY 1952

The Léon Bernard Foundation Committee² met on 28 and 30 January 1952, in conformity with the Statutes of the Léon Bernard Foundation and with resolution EB8.R2 adopted by the Executive Board at its eighth session, to propose to the Fifth World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1952.

The committee noted the financial situation of the fund, as follows: the original capital, amounting to Sw. fr. 13,000, had been supplemented by Sw. fr. 2,000 accumulated interest, and the whole invested as follows: 11,000 francs at 3.25%, and 4,000 francs at 3%, giving an annual interest of Sw. fr. 477.50.

Interest accumulated at 1.1.51 (including invested interest) ... 4,158.90
Deduct: Cost of 1951 award ... 1,137.50
Sw. fr.
Amount available for award at 31.12.51 (including Sw. fr. 2,000 invested interest which is readily convertible) ... 3,498.90

¹ See resolution WHA5.6 and seventh plenary meeting.
² Members: Professor Parisot (Chairman), Dr. Bravo, Dr. Togba, Professor Canaperia, Dr. Höjer (Rapporteur)

The committee noted further that, if each future award cost approximately the same amount, the prize could be awarded in consecutive years from 1952 to 1956 inclusive, and approximately once every three years thereafter.

The committee noted the replies received from governments to the circular letter of 9 July 1951 requesting nominations for candidates, as well as replies from individuals competent to propose candidates, and examined in detail the proposals, referring to curricula vitae of candidates and copies of their published works in so far as these were available.

The committee decided unanimously to propose to the Fifth World Health Assembly that the Léon Bernard Foundation Prize for 1952 should be awarded to Professor Charles-Edward Amory Winslow, in virtue of his outstanding contribution to the progress of social medicine.

The committee requested the Director-General to have available the engraved medal and the sum of 1,000 Swiss francs for presentation during a plenary meeting of the Fifth World Health Assembly in May 1952.

Annex 2

[5 May 1952]

CURRENCY OF CONTRIBUTIONS¹

² See resolution WHA5.20 and minutes of the third meeting of the Committee on Administration, Finance and Legal Matters, section 7.

The Director-General is pleased to report the development of a plan by which it is hoped that a portion of the contribution to the annual budget can be paid in pounds sterling.

1. This subject has been considered at various times by the Health Assembly and the Executive Board in the light of the principle established in
resolution WHA2.58 of the Second World Health Assembly, which reads as follows:

The Second World Health Assembly,

Having considered the matter of currency of contributions to the operating budget of WHO; and

Recognizing that it will be possible to use, to some extent, currencies other than US dollars and Swiss francs in carrying out the operating budget of the Organization,

DECIDES that contributions to the operating budget in currencies other than US dollars and Swiss francs be accepted, on the basis that all Member governments shall have equal rights in paying a proportionate share of their contribution in such currencies as may be acceptable, these currencies to be determined under the provisions of Financial Regulation 19.*

2. The Director-General reported to the Executive Board at its seventh session that the question of payment of part of the contributions of the Member governments in currencies other than US dollars or Swiss francs was under joint discussion with the United Nations and the specialized agencies, and was to be on the agenda of the Consultative Committee on Administrative Questions and the Administrative Committee on Co-ordination in 1951.

3. The Administrative Committee on Co-ordination, in its discussion of this problem, decided that it would be necessary to limit the operation of such a scheme to currencies that would have wide convertibility in order to achieve maximum use and provide maximum benefits to the Member governments. The Administrative Committee on Co-ordination further decided that the one currency which seemed most likely to qualify for use at that time was the pound sterling. The Secretary-General of the United Nations was requested to negotiate on behalf of the United Nations and the specialized agencies with the Government of the United Kingdom of Great Britain and Northern Ireland to see if facilities could be granted for the conversion of pounds sterling contributed by Member States into a large number of other currencies.

4. The Secretary-General reported to the Consultative Committee on Administrative Questions at its twelfth session in April 1952 that the United Kingdom had agreed to this proposal and had indicated the countries into whose currencies the Government

would agree to the conversion of pounds sterling. This agreement was only for 1952 and subject to review towards the end of the year, to see what changes in detail would be necessary, as well as any changes in the list of countries into whose currencies the pound sterling could be converted. (This list excludes the American account area and Canada.) Another reservation is that goods purchased in the United Kingdom from these funds cannot be exported to a hard currency area. The Secretary-General further stated that this agreement was applicable to the specialized agencies as well as to the United Nations.

5. The Director-General proposes to proceed with the implementation of this plan in order to apply it to the assessments of Member nations in 1953.

6. As a first step, since the present agreement applied only to 1952, informal inquiries have been made regarding the attitude of the United Kingdom to extending this scheme, and WHO is now advised that it may proceed to implement it on the assumption that the main proposal on the use of the pound sterling will continue in 1953, but may be revised in certain details in the light of experience in 1952.

7. The successful execution of the plan will, however, depend upon the cooperation of all the governments concerned, since it will be necessary for certain governments to agree to the conversion of the pound sterling into their national currencies in order to pay certain expenses of the World Health Organization in those countries. It is essential that the Member States in which WHO will incur expenditure agree that their respective national currencies shall be available for purchase against pounds sterling and that the currencies obtained by exchange against pounds sterling can be used for all WHO expenditure within the respective countries.

8. As a second step, the Director-General is proceeding to communicate with the countries whose currencies it is necessary to purchase with pounds sterling. The percentage of the assessments of Member States for 1953 that may be paid in pounds sterling will depend entirely on the co-operation of those governments.

9. As a third step, the Director-General will place the matter before the Executive Board (at its tenth session) under the requirements of Financial Regulation 5.5, which reads as follows:

Annual contributions and advances to the Working Capital Fund shall be assessed in US dollars, and shall be paid in either US dollars or Swiss francs; provided that payment of the

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* Provisional Financial Regulation 19 became 5.5 in the Financial Regulations adopted by the Fourth World Health Assembly in resolution WHA4.50.
whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined.

10. The fourth step will be based on the replies to the communication referred to in paragraph 7 above. In the light of these replies, the Organization will be in a position to notify the Member States of the percentage of their contributions that may be paid in pounds sterling. The Member States will then be required to notify the Organization by a fixed date if they desire to accept the option of paying part of their contributions in pounds sterling. The option of those Member States that do not desire to pay in pounds sterling will then be offered to those Member States that accept the option to do so, thereby increasing the percentage of their contributions that may be paid in pounds sterling.

11. The fifth step will be to send out final notices of assessments for 1953. These notices will advise the exact amounts to be paid in US dollars or Swiss francs and the amounts to be paid in pounds sterling, together with the names of the banks in which these contributions are to be paid.

12. The Director-General wishes to bring to the attention of the Member States the fact that, in order to fulfil the requirements of Financial Regulation 5.3, it will be necessary for him to inform the Member States immediately after the Fifth World Health Assembly of the amount of their contributions to the 1953 budget, stated only in US dollars, thus enabling the Member States to include the amount in their national budgets as soon as possible. These notices will be supplemented as stated in paragraph 11 above.

Annex 3

FREQUENCY OF HEALTH ASSEMBLIES

The Fifth World Health Assembly,

Considering the study made by the Standing Committee on Administration and Finance relating to biennial Health Assemblies;

Considering the report of the Executive Board on this study;¹ and

Approving the views expressed in this report,

RESOLVES as follows:

I. AMENDMENTS TO THE CONSTITUTION

1. ADOPTS the revised provisions of the following Articles of the Constitution:²

Article 13

"The Health Assembly shall meet in regular biennial [annual] session [and in such special sessions as may be necessary]. Notwithstanding this provision an Assembly may decide that the next regular session shall be convened in the following year. Special sessions shall be convened at the request of the Board or of a majority of the Members."

Article 14

"The Health Assembly, at each regular [annual] session, shall select the country or region in which the next regular [annual] session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held."

Article 15

"The Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each regular [annual] and special session."

¹ See resolution WHA5.22 and minutes of the second, third and fourth meetings of the Committee on Administration, Finance and Legal Matters and those of the first and second meetings of the Legal Sub-Committee.

² Off. Rec. World Hlth Org. 40, 52

³ Words to be deleted from the existing text of the Constitution are shown in square brackets, words to be added in italics.
Article 16

"The Health Assembly shall elect its President and other officers at the beginning of each regular [annual] session. They shall hold office until their successors are elected."

Article 34

"The Director-General shall prepare and submit [annually] to the Board the financial statements and the programme and budget estimates of the Organization."

Article 55

"The Director-General shall prepare and submit to the Board the [annual] programme and budget estimates of the Organization at such intervals and for such periods as the Health Assembly may determine. The Board shall consider and submit to the Health Assembly such programme and budget estimates, together with any recommendations the Board may deem advisable."

In order to provide for greater flexibility with respect to the number of sessions of the Executive Board,

2. ADOPTS the revised provisions of Article 26 of the Constitution as follows:

"The Board shall meet at least once [twice] a year and shall determine the place of its meeting."

3. REQUESTS the Director-General to notify these revised provisions to all Members and to draw their attention to the desirability of their acceptance at the earliest possible date in accordance with their respective constitutional processes.

II. TRANSITIONAL ARRANGEMENTS

4. RESOLVES that an annual session of the Health Assembly shall meet in the year following the entry-into-force of the amendments to the Constitution approved herein.

III. EXECUTIVE BOARD

5. DECIDES that following the entry-into-force of the amendments the following measures shall apply with regard to the Executive Board:

(1) There shall be delegated to the Executive Board the power to promote and conduct research in the field of health under the provisions of Article 18(k) of the Constitution within the framework of the programme and budget adopted by the Health Assembly;

(2) The Executive Board shall be authorized, in application of paragraph 3 of Article X of the Agreement between the United Nations and the Organization, to request at any time an advisory opinion from the International Court of Justice on any subject within the competence of the Board under the express provisions of the Constitution or by delegation by the Health Assembly;

(3) The Executive Board shall be empowered to approve in detail the programme and budget submitted for the second year of the two-year period by the Director-General in accordance with paragraph (1) of Part IV of this resolution;

(4) The Executive Board shall examine the accounts of the Organization, together with the report of the External Auditor for the previous year, in the year in which the Health Assembly does not meet;

(5) The Executive Board shall be empowered to approve for transmission to the Economic and Social Council the Annual Report of the Director-General in the year in which there is no Health Assembly;

(6) The present three-year period of office of Members of the Executive Board shall be maintained, the Health Assembly electing at each regular biennial session a total of 12 Members entitled to designate persons to serve on the Executive Board, of whom six shall take office immediately and the remaining six in the following year.

IV. FINANCIAL AND ADMINISTRATIVE ARRANGEMENTS

6. DECIDES that, following the entry-into-force of the amendments, the following financial and administrative arrangements shall apply:

(1) The Director-General shall submit a two-year programme and budget, in detail for the first year and in more general terms for the second year. The Health Assembly shall approve the programme and budget for the first year, and approve an extension of the programme and fix a budget ceiling for the second year. The Director-General shall elaborate and submit the programme and budget for the second year, already approved in general terms by the Health Assembly, to the Executive Board for approval;

(2) A separate scale of assessments shall be established for each of the two years;

(3) A separate Working Capital Fund resolution shall be adopted for each of the two years;

(4) The accounts of the Organization shall continue to be rendered annually;
(5) The external audit shall be maintained on an annual basis and shall be reported simultaneously with the rendering of accounts;

(6) The Director-General shall include in each annual budget provision for the full cost of a Health Assembly;

(7) Notwithstanding the provisions of the Financial Regulations, a special account shall be established to which shall be credited any savings made in respect of Health Assemblies;

(8) The Director-General shall continue to prepare and submit his Report to Member States and to the United Nations annually;

(9) The present three-year period of office of representatives of the Health Assembly on the Staff Pension Committee shall be maintained, the Assembly electing two Members entitled to designate representatives to the committee and two Members entitled to designate alternate representatives to the committee, of whom one representative and one alternate shall take office immediately, and the remaining two in the following year.

V. RULES OF PROCEDURE AND FINANCIAL REGULATIONS

7. REQUESTS the Director-General to prepare and to submit to the session of the Health Assembly referred to in Part II of this resolution such revisions to the Rules of Procedure of the Health Assembly and to the Financial Regulations as may be required to give effect to this resolution.

VI. NOTIFICATION TO THE UNITED NATIONS

8. REQUESTS the Director-General to communicate the text of this resolution to the Secretary-General of the United Nations.

Annex 4

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 1951

1. At its ninth session the Executive Board created an ad hoc committee consisting of Dr. A. L. Bravo, Dr. M. Jafar and Dr. C. van den Berg, to meet during the Fifth World Health Assembly to consider the Financial Report and Accounts of the Organization for 1951 and the Report of the External Auditor thereon, and to submit to the Fifth World Health Assembly on behalf of the Board such comments, if any, as it deemed necessary.

2. The committee held two meetings on 8 and 10 May 1952 at the Palais des Nations, Geneva. The meetings were attended by the members listed above. Dr. C. van den Berg was elected Chairman.

3. The committee heard an oral statement by the External Auditor, and noted that:

(a) While the External Auditor had raised some points of detail in his report, there was nothing of a serious nature.

(b) The management of the Organization had been good during 1951. There were difficulties in management because apart from headquarters there are big regional offices and field offices. The Organization has staff all over the world and its programmes are financed from different sources of funds. Supplies, medical equipment and medical literature were purchased and shipped all over the world to be handed over to governments and other institutions. In spite of these difficulties the External Auditor had found no serious matters to put in his report.

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1 See resolution WHA5.35 and minutes of the fifth meeting of the Committee on Administration, Finance and Legal Matters, section 3.
2 Off. Rec. World Hlth Org. 41
(c) Since the Organization had always followed modern administrative developments very closely and had a good management, the External Auditor had expressed the general feeling that his report would probably be much shorter in the future.

(d) The External Auditor had congratulated the Department of Administration and Finance on having had a very fine year in 1951.

4. The committee invites the attention of the Health Assembly to the fact that this year the report is carefully identified, on its cover, as a supplement to the Annual Report of the Director-General for 1951. This is the first time it has been done in this way, because in the previous Annual Reports of the Director-General an effort was made to incorporate certain statistical tables that would indicate in financial terms the various programmes carried out. It was found in 1950 that the figures in the Annual Report of the Director-General were sketchy and not always accurate, because the Annual Report was prepared before the official accounts were ready. For this reason it was decided to discontinue the attempt to incorporate financial figures in the Annual Report of the Director-General and to make the report on the accounts a supplement to it. Appendices I to VI of the Financial Report give details of the actual expenditure for 1951 under the same general headings as were used for the budget estimates. Attention is invited particularly to Appendix V, which gives details of all the projects and field work carried out by the Organization during 1951. This information is presented by region and by State within each region, and shows the expenditures made from the various sources of funds.

5. The committee invites the attention of the Health Assembly to the improvement in the financial position of the Organization as shown by the progress in the collection of contributions and by the reduction of the deficits of past years so clearly explained by the External Auditor in section 4 of his report. The committee was particularly pleased to note that the deficit for 1951, amounting to $46,294, is the smallest since the inception of the Organization.

6. The committee noted the report on losses and ex gratia payments in sections 11 to 15 of the report and was satisfied that these items had been dealt with correctly.

7. The committee, in reviewing sections 16 and 17 of the report, on the Administrative Manual, heard further explanations from both the External Auditor and the Assistant Director-General, Department of Administration and Finance. The committee realized that the Organization is still young and has been expanding, which has resulted in new policies having to be established; likewise numerous administrative complications have been added by the technical assistance programme. These factors have made it necessary to revise and expand the administrative procedures more often than will be necessary when the Organization has gained more experience. As the basic procedures of the technical assistance programme have now been established by the Technical Assistance Board, fewer changes to incorporate those procedures should be required in the future.

8. The committee noted that the External Auditor had made inspections of the existing regional offices during 1951, and it invites the Health Assembly’s attention to his remarks in section 18 of his report, where he states that in general he found the administration at the various offices was being carried out efficiently and effectively.

9. With reference to section 20 of the report, covering technical assistance, the committee believes that under the decisions of the Technical Assistance Board it is proper to charge to technical assistance funds the extra administrative costs applicable to that programme. It noted that the Organization had tried to apportion the charges between the regular budget and technical assistance funds on an equitable basis.

10. Regarding the Building Fund, the committee noted that the cost of the building was exceeding the original estimates. The committee decided not to comment on this matter, since it was being studied by the Building Committee, which would report on it to the Health Assembly.

11. The committee wishes to bring to the attention of the Health Assembly that the Executive Board at its ninth session decided that at future sessions it would devote time to a detailed study of the Financial Report and the Report of the External Auditor for the preceding financial year.

12. The committee recommends to the Health Assembly the adoption of the following resolution:

The Fifth World Health Assembly,
Having examined the annual Financial Report of the Director-General for the period 1 January to
31 December 1951 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 41;

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,

REQUESTS the Executive Board at its eleventh session to examine in detail the suggestions of the External Auditor;


Annex 5

SUMMARY OF BUDGET ESTIMATES FOR THE FINANCIAL YEAR
1 JANUARY TO 31 DECEMBER 1953
incorporating all changes approved by the Fifth World Health Assembly

<table>
<thead>
<tr>
<th>PART I — ORGANIZATIONAL MEETINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 1 World Health Assembly</td>
</tr>
<tr>
<td>Chapter 00 Personal Services</td>
</tr>
<tr>
<td>01 Salaries and wages (temporary staff)</td>
</tr>
<tr>
<td>Total — Chapter 00</td>
</tr>
<tr>
<td>Chapter 20 Travel and Transportation</td>
</tr>
<tr>
<td>21 Duty travel</td>
</tr>
<tr>
<td>25 Travel of delegates</td>
</tr>
<tr>
<td>26 Travel and subsistence of temporary staff</td>
</tr>
<tr>
<td>Total — Chapter 20</td>
</tr>
<tr>
<td>Chapter 30 Space and Equipment Services</td>
</tr>
<tr>
<td>31 Rental and maintenance of premises</td>
</tr>
<tr>
<td>32 Rental and maintenance of equipment</td>
</tr>
<tr>
<td>Total — Chapter 30</td>
</tr>
<tr>
<td>Chapter 40 Other Services</td>
</tr>
<tr>
<td>41 Communications</td>
</tr>
<tr>
<td>43 Other contractual services</td>
</tr>
<tr>
<td>44 Freight and other transportation costs</td>
</tr>
<tr>
<td>Total — Chapter 40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1953 Estimated expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>US $</td>
</tr>
</tbody>
</table>

| Chapter 50 Supplies and Materials |
| 51 Printing | 37,400 |
| 52 Visual material | 1,500 |
| 53 Supplies | 17,000 |
| Total — Chapter 50 | 55,900 |

| Chapter 80 Acquisition of Capital Assets |
| 82 Equipment | 1,500 |
| Total — Chapter 80 | 1,500 |
| Total — Section 1 | 154,400 |

<table>
<thead>
<tr>
<th>SECTION 2 Executive Board and its Committees</th>
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<tbody>
<tr>
<td>Chapter 00 Personal Services</td>
</tr>
<tr>
<td>01 Salaries and wages (temporary staff)</td>
</tr>
<tr>
<td>Total — Chapter 00</td>
</tr>
<tr>
<td>Chapter 20 Travel and Transportation</td>
</tr>
<tr>
<td>21 Duty travel</td>
</tr>
<tr>
<td>25 Travel and subsistence of members</td>
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<td>26 Travel and subsistence of temporary staff</td>
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</table>

1 See resolution WHA5.37.
### PART II — OPERATING PROGRAMME

#### SECTION 4  CENTRAL TECHNICAL SERVICES

<table>
<thead>
<tr>
<th>Chapter 00 Personal Services</th>
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<tbody>
<tr>
<td>01 Salaries and wages</td>
</tr>
<tr>
<td>02 Short-term consultants' fees</td>
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#### Section 10  Personal Allowances

<table>
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<tbody>
<tr>
<td>12 Dependants</td>
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<td>13 Repatriation</td>
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<td>14 Pension Fund</td>
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<td>15 Staff insurance</td>
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#### Chapter 20  Travel and Transportation

<table>
<thead>
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<tbody>
<tr>
<td>21 Duty travel</td>
</tr>
<tr>
<td>22 Travel of short-term consultants</td>
</tr>
<tr>
<td>23 Travel on initial recruitment and repatriation</td>
</tr>
<tr>
<td>24 Travel on home leave</td>
</tr>
<tr>
<td>27 Transportation of personal effects</td>
</tr>
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<td><strong>Total — Chapter 20</strong></td>
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#### Chapter 30  Space and Equipment Services

<table>
<thead>
<tr>
<th>Chapter 30 Space and Equipment Services</th>
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</thead>
<tbody>
<tr>
<td>31 Rental and maintenance of premises</td>
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<td><strong>Total — Chapter 30</strong></td>
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#### Chapter 40  Other Services

<table>
<thead>
<tr>
<th>Chapter 40 Other Services</th>
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<tbody>
<tr>
<td>43 Other contractual services</td>
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#### Chapter 50  Supplies and Materials

<table>
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<tr>
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<tbody>
<tr>
<td>51 Printing</td>
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<tr>
<td>53 Supplies</td>
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#### Chapter 60  Fixed Charges and Claims

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<tr>
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<td>62 Insurance</td>
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### Section 4: Grants and Contractual Technical Services

#### 1953 Estimated Expenditure US $

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<td>Grants and Contractual Technical Services</td>
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<td>72</td>
<td>Contractual technical services</td>
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<tr>
<td>80</td>
<td>Acquisition of Capital Assets</td>
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<tr>
<td>81</td>
<td>Library books</td>
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<td>82</td>
<td>Equipment</td>
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**Total — Section 4**: 1,563,866

### Section 5: Advisory Services

#### Chapter 00: Personal Services

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### Section 6: Regional Offices

#### Chapter 00: Personal Services

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### Annex 5

#### Chapter 70: Grants and Contractual Technical Services

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<tr>
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<td>Contractual technical services</td>
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#### Chapter 80: Acquisition of Capital Assets

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<td><strong>Total — Chapter 80</strong></td>
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**Total — Section 5**: 4,285,141

#### Chapter 20: Travel and Transportation

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<td>Duty travel</td>
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<td>Travel of short-term consultants</td>
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<td>Travel on initial recruitment and repatriation</td>
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<td>Travel on home leave</td>
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<td>Transportation of personal effects</td>
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#### Chapter 30: Space and Equipment Services

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<td>Rental and maintenance of equipment</td>
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#### Chapter 40: Other Services

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<td>Hospitality</td>
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<td>Other contractual services</td>
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#### Chapter 50: Supplies and Materials

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#### Chapter 60: Fixed Charges and Claims

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**TOTAL — SECTION 4**: 1,563,866

**TOTAL — SECTION 5**: 4,285,141

**TOTAL — SECTION 6**: 8,549,404

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417
### ANNEX 5

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<th>Chapter 40</th>
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<td>43 Other contractual services</td>
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<td>44 Freight and other transportation costs</td>
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Annex 6

ACCOMMODATION FOR THE HEADQUARTERS OFFICE AT GENEVA

I. REPORT OF THE DIRECTOR-GENERAL

1. The construction of the new wing and certain alterations and additions to the Palais des Nations to provide accommodation for the headquarters office is now practically terminated. The addition of three floors to wing K of the Palais provided 43 new offices, and the construction of a new wing of six floors (K') 105 offices. In addition 39 offices have been obtained by internal alterations in the Palais itself. The K wing is occupied by WHO and the K' wing by the United Nations, which in exchange gave WHO a corresponding block of offices in the existing Secretariat building. Details of this arrangement are contained in the agreement concluded with the United Nations concerning the premises to be used for the headquarters of WHO in Geneva.1

According to this agreement, the United Nations undertook to extend the Palais and to carry out internal transformations therein in accordance with the plan annexed to the agreement, the details of the plan to be settled by agreement between the parties. WHO undertook to provide the United Nations with the funds necessary to finance the work, the cost being estimated at from Sw. fr. 3,500,000 to Sw. fr. 4,000,000. If this estimate proved insufficient to meet the expenses actually incurred by the United Nations in performing the work it undertook to do, WHO agreed to provide the United Nations with the necessary funds to make up the difference.

Under the Arrangement concerning the preparation and execution of the work concluded between the United Nations and WHO on 31 March 1950,2 the United Nations undertook, in agreement with WHO, to have drawn up, by the architect selected by mutual agreement, the detailed plan as well as the specifications and estimates concerning the work, the plans drawn up in pursuance of this

1 See resolution WHA5.54 and minutes of the ninth meeting of the Committee on Administration, Finance and Legal Matters, section 2.
arrangement to be modified only by mutual agreement. In agreement with WHO, the United Nations was to select the contractors, but no contract was to be signed without the prior approval in writing of WHO.

2. To finance the building operations the Swiss Government generously contributed Sw. fr. 3,000,000, WHO bearing the balance of the cost. To this effect the Third World Health Assembly (in resolution WHA3.101) established a separate building fund of Sw. fr. 1,000,000 (US $233,645) to be taken from the Working Capital Fund, repayable to that fund from cash surpluses for 1950 and 1951, any eventual balance having to be amortised in a reasonable time by inclusion of an appropriate amount in the budgets for 1952 and future years. The Fourth World Health Assembly (in resolution WHA4.40) modified this decision inasmuch as it authorized the establishment of the Building Fund by using US $233,645 from the Assembly Suspense Account.

3. On the basis of the detailed estimates submitted to the United Nations by the architect in May 1950, the total cost of the construction of the two wings, of the extension of the telephone exchange, and of the internal alterations, was estimated at approximately Sw. fr. 4,000,000. Building operations started late in the summer of 1950. By the end of that year contracts had been placed for nearly Sw. fr. 2,500,000, and by the end of April 1951 for about Sw. fr. 3,200,000.

In May 1951 the architect submitted to the United Nations a revised estimate of the cost of the new buildings, according to which the total cost would have reached the amount of Sw. fr. 4,138,240. As this figure exceeded the available credits, the United Nations and WHO, in order to keep expenditure within these credits, had to proceed with a revision of the architect's estimate by reducing it, after consultation with him, by Sw. fr. 138,240.

4. By the end of 1951 the building operations were practically terminated, only a few minor contracts still remaining to be placed. According to the record of commitments kept by WHO, the total amount of all contracts and supplemental orders thereto approved by WHO would have been within the existing authorization of Sw. fr. 4,000,000, the available margin being sufficient to cover the expenditure involved in the few minor contracts still to be placed.

In view of assurances given by the architect that all work still to be carried out had been taken into account in his revised estimates, WHO had then no reason to assume that the amount of Sw. fr. 96,056 for unforeseen expenditure provided in the estimates as revised by the United Nations and WHO would not suffice to meet whatever unforeseen expenditure would still have to be met to complete the project.

The situation, however, did not develop as anticipated. Various items of work, individually of minor importance but representing quite appreciable amounts when taken in bulk, had subsequently to be authorized. These items, not having been taken into account in the architect's estimates of May 1951, had by the end of 1951 practically exhausted the credit for unforeseen expenditure, and various work still remained to be done. Moreover the architect at the beginning of 1951 announced claims from various contractors for additional work carried out on his orders but without the prior approval of the United Nations and WHO, explaining that for reasons of urgency and to avoid delays he had felt obliged to act as he did.

As the amounts involved exceeded the remaining credit margin, WHO requested the United Nations, pending the presentation of a statement by the architect showing the total cost of all work already executed, to agree not to enter into any further commitments for the time being, as WHO would find it impossible, for lack of credits, to approve such commitments. The United Nations acceded to this request, agreeing temporarily to suspend certain work previously agreed to by WHO, on the understanding that this temporary suspension should not lead to cancellation of the work.

The statement asked for by WHO was presented by the architect in the course of April 1952. It is based, as the architect explained, on final accounts as far as presented by the various contractors and revised by himself, the figures in several instances where final accounts of contractors were not yet available being still provisional (though based on contracts or "ordres de service").

It has become clear from the architect's statement that the actual cost of the new constructions will exceed the amount of Sw. fr. 4,000,000. The actual amount of the excess cost has not yet been definitely established, but from the provisional figures available it is estimated to be between Sw. fr. 401,300 and Sw. fr. 544,300. The contractors' accounts are now being revised by the architect and the United Nations, WHO being consulted before approval of any claim. The Director-General made it known to the United Nations that WHO must insist on full elucidation of the reasons for the excess expenditure and that it desires to be associated from the outset with the negotiations with contractors for the settlement of all contested claims.

The Director-General also insisted that account be taken in the negotiations of the penalty clause provided for in contracts in the case of failure to terminate the works within the contractual time-limit.

5. Among the claims presented by contractors is one for compensation for the increase in the cost of labour. Contracts could only be placed subject to contractors' reserving increase in wages, and the amount involved is approximately Sw. fr. 78,000. The payment of any increase in wages being a contractual obligation entered into with the approval of WHO, the Organization is bound to provide the United Nations with the necessary funds to meet this obligation. Moreover, the United Nations has requested that funds be provided to meet the cost of foundations for the additional boiler, estimated at about Sw. fr. 20,000, and of umbrella-racks and Zeiss locks to the amount of Sw. fr. 9,300 not provided for in the estimates. The Director-General requests the Health Assembly to approve a supplemental credit of Sw. fr. 107,300 (US $24,780).

6. With regard to the balance of the claims by contractors: as the verification of their accounts and the subsequent negotiations with them will take some time, the Director-General, assuming that the final costs of the new constructions will by then have been definitely established, proposes to submit a full report, together with a request for such additional credits as may be required, to the Executive Board in January 1953, for transmission to the Sixth World Health Assembly.

7. The supplemental credit requested in paragraph 5 could be financed either (i) by a supplemental budget with further assessments on Member States, or (ii) by utilizing savings in the 1952 budget. The Director-General suggests that the latter method be used and that he be granted authority to transfer to the Building Fund savings in the amount of US $24,780 from any part or section of the 1952 appropriation in which savings may occur.

II. REPORT OF THE BUILDING COMMITTEE

1. Acting on an invitation from the Director-General, the Building Committee met on 5, 13 and 16 May 1952, to express its opinion on the draft report of the Director-General to the Fifth World Health Assembly and to consider the status of the Building Fund as indicated therein.

   It will be remembered that in virtue of the powers delegated to it by the Second World Health Assembly (in resolution WHA2.61) the Executive Board at its fourth session decided to set up a Building Committee consisting of three of its members and to confer upon it full powers to give effect to the various decisions of the Board concerning the arrangements for the provision of accommodation for the headquarters of the Organization, including the financial aspects of this question. At its fifth session the Executive Board confirmed the delegation of full powers to the Building Committee and asked it to hold itself at the disposal of the Director-General throughout the duration of the construction works to decide on behalf of the Executive Board any question arising in connexion therewith which normally would have to be referred to the Board.7

   After considering a report from the Executive Board on the arrangements concluded with the United Nations regarding the headquarters of WHO at Geneva, the Third World Health Assembly (in resolution WHA3.101) approved these arrangements in their entirety.

   It is therefore in the name of the Executive Board and on its behalf that the Building Committee addresses this report to the Fifth World Health Assembly.

   The committee had not met since January 1950, no problem requiring its convocation having arisen up to the end of 1951. As will be seen from the Director-General's report, it was not until January 1952 that there arose the question of the probable inadequacy of the credits. Since, however, the necessary data were not available until April of this year, it was only possible to convene the committee during the present Health Assembly.

   The committee examined the position of the Building Fund established by the Third World Health Assembly as indicated in the Director-

5 Members: Dr. C. van den Berg, replacing Professor De Laet, Chairman; Dr. J. A. Höjer; and M. B. Toussaint, replacing Professor Parisot, Rapporteur.

6 Off. Rec. World Hlth Org. 22, 9, subsection 4.1.1

7 Off. Rec. World Hlth Org. 25, 22, section 7.2
General’s report and the additional documentation submitted to the committee. This examination was necessarily of a summary character, since the committee had little time available in view of the need to present its report to the Fifth World Health Assembly at the earliest possible moment. The discussions of the committee were attended by the Assistant Director-General in charge of the Department of Administration and Finance, the Deputy Director of the European Office of the United Nations, and the resident architect, who represented the principal architect; they supplied in writing and orally additional information requested by the committee.

3. In his report, the Director-General, on the basis of communications received from the United Nations, stated that the total cost of the new buildings, including internal transformations, would exceed the appropriation of Sw. fr. 4,000,000 approved by the Third World Health Assembly, the excess, according to the provisional estimates of the United Nations based on the contractors’ claims and revised by the architect, being approximately Sw. fr. 401,300 to Sw. fr. 544,300. The first figure represents claims by contractors, as provisionally approved by the architect; the second includes a sum of Sw. fr. 143,000 in respect of claims made by the contractors but disputed by the United Nations. This latter figure has since been changed: according to a communication received from the United Nations during the meeting of the Building Committee, it should be increased by Sw. fr. 15,000, representing a further claim by one of the contractors. The amount of the disputed claims must therefore be raised to Sw. fr. 158,000 and the maximum figure in respect of claims to Sw. fr. 559,300.

As pointed out in the Director-General’s report, neither the maximum nor the minimum figures can be regarded as final. The minimum figure represents the result of the first revision of the contractors’ claims by the architect, in the course of which he deleted, as not being justified, a number of these claims amounting to about Sw. fr. 50,000; the contractors have not yet, however, concurred in this deduction. The maximum figure includes a sum of Sw. fr. 158,000 representing claims, not justified at first sight, which are disputed by the United Nations and about which discussions have scarcely begun.

4. The Director-General informed the United Nations that, as the figures then at his disposal were provisional, he could not ask the Fifth World Health Assembly to vote credits for expenditure to an amount not yet finally fixed and of which, moreover, he had not yet sufficient evidence that it was part of the obligations incurred by WHO under the agreement of February 1950. However, the Director-General stated that, in cases where such obligations were clearly established (increased labour costs, concrete foundations for the additional boiler, etc.), he would not hesitate to ask the Fifth World Health Assembly to vote additional credits. As to the rest of the expenditure, the Director-General informed the United Nations that he intended, once the figure was finally fixed, to submit a complete report in January 1953 to the Executive Board for submission to the Sixth World Health Assembly, with a request for all the additional credits that might be required to cover them.

5. The committee cannot but approve the attitude taken by the Director-General. Like him, it considers that the situation as at present known does not constitute a sufficient basis for submitting a request to the Fifth World Health Assembly for credits covering the whole of the additional expenses. Not only is the outcome of the discussions on the disputed claims uncertain, but even the figures for expenses acknowledged by the United Nations cannot be taken as final, since they are still subject to adjustment after discussion with the contractors. Moreover, WHO is not yet in possession of all the proof that the additional work it is being asked to finance is in accordance with the plans that it approved.

The Director-General’s attitude has not, however, met with the approval of the United Nations. The Director of the European Office of the United Nations, representing the Secretary-General, has drawn the Director-General’s attention to the serious difficulties which, in his opinion, will not fail to arise if WHO is unable to meet during the current year the obligations it incurred under the agreement of February 1950. It will be remembered that in this agreement * WHO undertook to supply the United Nations with the funds necessary to finance the work, and to make the payments of amounts owing to the United Nations in sufficient time to allow the latter to meet all the contractual obligations that it assumes under Article I of the agreement.

As the Director of the European Office of the United Nations emphasized, in the terms of most of the contracts the final settlement must be made six months after the provisional acceptance of the work. Accordingly, all the accounts will probably have to be settled during the coming twelve months.

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* Off. Rec. World Hlth Org. 25, 69, Article II
The Director-General’s decision not to ask the Fifth Health Assembly for all the necessary credits would, in the opinion of the Director of the European Office of the United Nations, make it impossible for WHO to meet the obligations it incurred under the agreement. Once the final accounts have been drawn up, the contractors are within their rights in claiming payment, which the United Nations would be unable to make owing to lack of funds. Thus a series of lawsuits might ensue, involving additional expense, interest on overdue payments, etc., a situation which, in the opinion of the United Nations, and in the interest of both organizations, should be avoided.

6. Faced with this situation, the Building Committee felt obliged to make a more thorough study of the United Nations’ request that the Fifth World Health Assembly be asked to vote the additional credits that the United Nations considers necessary to enable it to meet its obligations towards the contractors. The committee therefore asked the United Nations and the architect for additional explanations concerning the supplementary work, provisionally estimated at Sw. fr. 401,000, and the dates on which the various payments fall due.

As indicated in the Director-General’s report, the figure of Sw. fr. 401,300 includes Sw. fr. 78,000 for increases in labour costs, due under the contracts, and the cost of a concrete foundation for the additional boiler and of umbrella stands and Zeiss locks, to the amount of Sw. fr. 29,300. WHO has recognized its liability for this work although it was not included in the estimates. Thus, there remains the sum of Sw. fr. 294,000, which includes additional work not covered by the contracts, and orders supplementary thereto, approved by the United Nations and WHO to the amount of Sw. fr. 263,500, the architect’s fees being Sw. fr. 18,540 and the remainder (Sw. fr. 11,960) representing various administrative expenses.

7. The first problem the committee sought to elucidate was why the original estimates submitted by the architect, amounting to not more than Sw. fr. 4,000,000 including the cost of internal transformations and the enlargement of the telephone exchange, have been exceeded. According to the architect’s explanations, the estimates were exceeded for three main reasons: increase in the cost of building materials, increase in labour costs, and additional work for which no provision was made in the original estimates but which proved necessary while building was in progress. According to the architect, the estimate of May 1950 had to be drawn up too rapidly for it to be possible to complete the minor details of the plans; an estimate of the cost of the new building had to be submitted to the Fourth World Health Assembly so that it could vote the credits necessary for the work to begin. Furthermore, the construction of a building on reinforced foundations capable of taking up to 20 storeys at a later date offered special technical difficulties. The architect’s estimates on the basis of cubage at the prices then current were subsequently found to be too low. True, the estimates allowed about Sw. fr. 160,000 for unforeseen expenses, but this sum, which amounted to only 5 per cent of the estimate, proved insufficient and had to be used to meet the cost of work which had not been foreseen but which, in the opinion of the committee, was foreseeable; this credit was thus diverted from its proper use, which was to meet the cost of work that could really not have been foreseen.

Mainly as a result of delays in the supply of metal framing arising from the steel shortage that followed the outbreak of war in Korea, work could only begin late in 1950, and, although contracts for about Sw. fr. 2,500,000 were placed before the end of that year, there remained a considerable number whose conclusion fell at a time when the cost of building materials was soaring, so that they could be concluded only at prices far in excess of those upon which the original estimate of May 1950 was based. The increase in the cost of building materials in Switzerland at that time was about 8 per cent; in France, where a number of contracts were concluded, it was much more pronounced. With regard to the increase in labour costs, it will be remembered that contracts could be concluded only subject to allowance being made for this increase; the resulting additional expense is about Sw. fr. 78,000.

This does not, however, explain all the cases in which the credits were exceeded. As indicated above, the additional amounts include the sum of Sw. fr. 263,500 representing the cost of extra work carried out by order of the architect but covered neither by the original contracts with the contractors nor by the orders supplementary thereto approved by the United Nations and WHO. With respect to two of the main contractors, the architect gave the committee detailed explanations of the various additional works, most of which were done on his orders while building was in progress; these cases being urgent, he had not asked for advance authorization, which, in this opinion, would have involved a delay seriously interfering with the regular execution of the work. Some of this work was done by the contractors “en régie” and was notified to the architect while building was in progress, but the architect omitted to notify the United Nations.
because he considered it unforeseen work that should be covered by the sum earmarked for the purpose.

While noting the architect's explanations, the committee was unable to finish its detailed study of all cases of such additional work, since this examination will require considerable time. It proposes to continue its study in order to ascertain, to its satisfaction, not only that all this work was necessary but also that it is in accordance with the plans approved by WHO and therefore a financial obligation of the Organization.

As regards the contractors' claims disputed by the United Nations, amounting to Sw. fr. 158,000, the committee understands that what is involved here is, to a considerable extent, work carried out by the contractors but without the authorization of the architect, while part of the claims is to cover increases in the cost of materials not provided for in the contract. Discussions with the contractors about these claims have hardly begun, so that the committee is not able to express any opinion on the matter. These discussions are being conducted by the United Nations; WHO will of course take part in them from the outset, and the Director-General intends to keep the Building Committee informed of their progress.

8. The Building Committee, basing its view on the legal situation created by the agreement of February 1950 concluded with the United Nations, feels that WHO must be placed in a position to discharge the obligations arising therefrom at whatever time the United Nations is called upon to meet the engagements entered into with the contractors. WHO cannot evade its obligations. WHO wishes it to be clearly established, however, (1) that all claims made on it be indeed part of its obligations; (2) that the total sums involved be definitely fixed beforehand, in agreement with the Organization. It is impossible to ask this Assembly to approve credits covering expenses which can be finally calculated only during the coming months. Nevertheless, in view of the fact that the United Nations will in all probability be called upon to make certain payments during the present year, or at the latest at the beginning of 1953, and that consequently WHO will be required to supply the necessary funds, it is essential that steps be taken immediately to enable WHO to satisfy such claims at the proper moment without having to wait for the Sixth World Health Assembly to approve the necessary credits.

9. In his report to the Fifth World Health Assembly, the Director-General suggested that the supplemental credit of $24,780 he requested could be financed either by a supplemental budget or by utilizing savings in the 1952 budget, and recommended that the latter method be used. The Building Committee understands that the Director-General expects that there may be savings in the 1952 budget, but at this time it is not possible to predict what amounts additional to the $24,780 can thus become available for this purpose.9

9 In the last part of its report, not reproduced here, the Building Committee proposed the draft resolution that was adopted as WHA5.54.

Annex 7

PROPOSALS FROM THE REPUBLIC OF CHINA REGARDING ITS FINANCIAL CONTRIBUTIONS TO WHO 1

Letter from the Minister for Foreign Affairs, Republic of China, to the Director-General of the World Health Organization 2

Taipei, 10 May 1952

Sir,

With reference to the letter from the Acting Director-General, Dr. P. Dorolle, No. OD 2-1

1 See resolution WHA5.56 and ninth meeting of the Committee on Administration, Finance and Legal Matters, section 3.
2 This letter was preceded by a telegram to the same effect.

(Fifth), dated 5 March 1952, to Dr. T. Hsiang Wang, the Director of the Department of Health Administration of the Ministry of the Interior, Republic of China, I have the honour to state that, despite her withdrawal from the World Health Organization two years ago, China has kept a sustained interest in the work of the Organization. The possibility of China's resuming her membership of the Organization has always been under consideration in conjunction with the extent to
which she may fulfil her financial obligations resulting from such resumption. Consequently, I have
the honour to submit, on behalf of the Government of the Republic of China, the following proposals,
which, if accepted by the World Health Organization, will enable China to participate again in the Organization as a Member:

(1) China will pay US $15,000 (fifteen thousand United States dollars) as a token payment of her arrears to the World Health Organization, and the payment of the balance of the arrears will be subject to future arrangements when China's financial condition improves.

(2) China's contribution from 1953 onward to be reassessed and reduced to an amount not exceeding US $10,000 (ten thousand United States dollars) per annum, payable in Philippine pesos or in any other soft currency acceptable to the Organization.

It will be greatly appreciated if you will kindly transmit the above proposals to the Fifth World Health Assembly for favourable consideration.

I have the honour further to inform you that the Chinese Government has appointed Dr. Jui Heng Liu as the representative of the Republic of China, and Mr. Tsing Chang Liu as the adviser to the representative, to attend the said Assembly for consultation in this respect, without prejudice to China's non-Member status, which will remain unchanged until otherwise notified by the Chinese Government.

Accept, sir, the assurance of my highest consideration.

(signed) GEORGE K. C. YEH,
Minister for Foreign Affairs

Annex 8

SCALE OF ASSESSMENTS FOR 1953

NOTE BY THE DELEGATION OF THE UNION OF SOUTH AFRICA

1. Financial Regulation 5.1 requires that the scale of assessments to be applied in respect of individual Member States for the purpose of computing their contributions to the regular budget shall be determined by the Health Assembly.

2. Subject to adjustments resulting from the limitation of the contribution of the United States of America to 33\(\frac{1}{3}\) per cent of the total gross assessment budget, as agreed to by the Fourth World Health Assembly (resolution WHA4.47, Official Records No. 35), the Health Assembly and the General Assembly of the United Nations have both expressed themselves in favour of the adoption of common principles and of the same data for the purpose of determining the assessments of individual Member States.

3. The assessment of the Union of South Africa in units has, for the years 1948 to 1952, remained unaltered at 134. This represents a percentage assessment of 1.006 in respect of 1948 and 1.108 in respect of 1952.

4. At the last session of the General Assembly of the United Nations, however, the percentage assessment for the Union was reduced from 1.04 to 0.90.

5. Bearing in mind that the assessment of the United States of America was fixed at 33\(\frac{1}{3}\) per cent at the last session of the Health Assembly, and that its contribution to the United Nations budget is 3.57 per cent higher, it follows that in the World Health Organization this difference had to be distributed over other Member States, and it may be argued that in consequence their percentage contribution should be somewhat higher than in the United Nations. On the other hand it should be borne in mind that WHO has a larger membership than the United Nations and that on that account percentage contributions should be somewhat lower than in the United Nations.

6. But taking even the extreme example where the entire difference of 3.57 percentage points is to be

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1 See resolution WHA5.57 and minutes of the ninth meeting of the Committee on Administration, Finance and Legal Matters, section 3.
distributed on a proportionate basis among Member States (i.e. ignoring the fact of the larger WHO membership), the Union's share of this burden would be approximately 0.04 per cent. Added to the Union's United Nations contribution it gives a theoretical assessment in WHO of 0.94 per cent as compared with the present 134 units which amount to approximately 1.11 per cent.

7. Since the membership of WHO is not the same as that of the United Nations it is not possible to draw final conclusions purely on the percentage contributions in the two organizations. But the relative burden can be ascertained by comparing a country's allocations with those of countries which are Members of both the United Nations and the World Health Organization.

8. The delegation of the Union of South Africa therefore suggests that the Fifth World Health Assembly review the scale of assessments for 1953, and requests an adjustment in the Union's assessment to reduce it to an amount in line with its assessment in the United Nations.

Annex 9

[See resolution WHA5.58 and minutes of the seventh meeting of the Committee on Administration, Finance and Legal Matters, section 6.]

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EXCEPTIONAL CONTRIBUTION FROM THE KINGDOM OF LAOS

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1. Letter from the Minister of Foreign Affairs of the Royal Government of Laos to the Director-General of the World Health Organization (translation from the French)

16 August 1951

Sir,

I have the honour to acknowledge receipt of your letter of 7 June 1951 concerning a recent WHO resolution proposing the institution of a national tax, the proceeds of which would be passed to your Organization to enable it to implement supplementary programmes.

This resolution has been carefully considered by the Royal Government of Laos, which would be happy to make its modest contribution to the World Health Organization.

Nevertheless, the institution of a new tax in the form suggested would present particular difficulties in view of the present administrative organization of the Kingdom of Laos. My country has only recently acquired its independence and its main efforts are directed towards the organization and putting into operation of its institutions and the regulation of its internal affairs. To this end, the Royal Government has introduced a new fiscal system which places a somewhat heavy burden on taxpayers who are still unaccustomed to heavy taxes. For this reason, the Royal Government could not look very favourably upon the institution of new fiscal impositions as an addition to the recently established provisions.

The Royal Government would, therefore, prefer to subscribe an extraordinary contribution or a subsidy from the national budget, if such a provision were within its budgetary possibilities. I shall be in a position to put before you more precise proposals on this subject when the final allocations are established in the draft budget for 1952, which is about to be prepared.

I have the honour to be, etc.

(signed) OUTHONG SOUVANNAVONG
Minister of Foreign Affairs

2. Letter from the Ministry of Foreign Affairs of the Royal Government of Laos to the Director-General of the World Health Organization (translation from the French)

17 April 1952

Sir,

With reference to my letter No. 818/AF of 16 August 1951, in reply to yours of 7 June concerning a proposal for the institution of a national tax the proceeds of which would be passed to the World Health Organization, I have the honour and
pleasure of informing you that an extraordinary contribution of 100,000 piastres has been allocated to the World Health Organization in our national budget for 1952-1953.

I shall be obliged if you will inform me to which account this sum, which is already at your disposal, should be passed.

I have the honour to be, etc.

for the Minister of Foreign Affairs
(signed) PHOM SANANIKONE,
Vice-President of the Council for Current Affairs,
Ministry of Foreign Affairs

Annex 10

REPORT OF THE WORKING PARTY ON THE PARTICIPATION OF MEMBER STATES IN CERTAIN COSTS INCURRED BY WHO

The working party, which was established by the Committee on Administration, Finance and Legal Matters, consisted of the following: Australia, Brazil, Canada, Ceylon, Lebanon, Liberia, New Zealand, United States of America, Yugoslavia.

The working party met on 15 and 17 May 1952. Dr. W. H. McMillan (Canada) was elected Chairman. The delegate of the Hashemite Kingdom of the Jordan, although not a member of the working party, attended both meetings.

The working party, in accordance with the instructions of the committee, considered two questions:

(1) reconsideration of the policy on participation of Member States in certain costs incurred by WHO;

(2) policy for working out health projects in certain under-developed countries, in relation to the question of local contributions of governments and the provision of equipment and supplies.

The working party had before it the note by the Director-General; the resolution proposed by the delegation of Brazil; the proposal made by the delegate of the Lebanon; and the proposal of the delegation of the Hashemite Kingdom of the Jordan.

The working party recalled the information contained in the report of the ninth session of the Executive Board regarding estimated contributions from governments in local funds toward the implementation of projects within their countries. It was recalled that, although it had not been possible to obtain the necessary information to provide complete data in respect of the 1953 budget estimates, of the 89 countries and territories in which activities were proposed for 1953 the requested information had been received from 33, i.e., from 37 per cent.

The working party noted that, on the basis of information available when the budget was prepared, the total amounts to be contributed to these projects by the 33 governments which reported were as follows: for 1951, US $4,630,000 (equivalent); for 1952, US $9,012,600 (equivalent); for 1953, US $9,208,679 (equivalent).

The working party also noted some of the complications that had arisen in the implementation of the existing policy, resulting from differing requirements by the various organizations that provide services to governments. It believed that it would be desirable

1 See resolution WHA5.59 and minutes of the ninth meeting of the Committee on Administration, Finance and Legal Matters, section 7.

2 Unpublished working document

3 See minutes of the fifth meeting of the Committee on Administration, Finance and Legal Matters, section 2.

4 This read: “In view of the urgent necessity to carry out health programmes in certain under-developed countries whose finances are very poor, it is suggested that the Organization should, on the recommendation of the Director-General, carry out, on its own initiative and at the request of the government concerned, the health projects of the country.”

5 Off. Rec. World Hith Org. 40, 40, section 3
to attain uniformity as far as practicable in the application of these policies where comparable services are being furnished to governments.

The working party also noted that the difficulties encountered by some governments in meeting certain of the costs normally required of them were so serious as to make it impossible for advisory and demonstration services to be accepted by governments.6

6 In the last part of its report, not reproduced here, the working party proposed the draft resolution that was adopted as WHA5.59, adding in a footnote that the delegate of the Hashemite Kingdom of the Jordan had indicated that the resolution appeared to meet the problem raised by his Government.

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Annex 11

CO-OPERATION WITH UNICEF

I. REPORT OF THE WHO MEMBERS OF THE JOINT COMMITTEE ON HEALTH POLICY, UNICEF/WHO

The following members met in New York daily from 8 to 11 April 1952: Dr. J. Allwood-Paredes, Dr. J. A. Höjer, Dr. H. van Zile Hyde, Professor M. De Laet and Dr. M. Mackenzie. Dr. Hyde presided. The discussion centred about the year’s developments in co-ordination and co-operation between the World Health Organization and UNICEF, as well as the agenda items before the joint committee. This report is particularly concerned with the more general policy developments between the two organizations rather than with specific agenda items.

1. Importance to WHO Programmes of the Continuation of UNICEF

The committee took note of the statement by the Director-General,4 which refers to the importance of the continuation of UNICEF and the effective prosecution of the WHO programme. It was noted that, according to information contained in the Director-General’s proposed programme and budget for 1953, UNICEF had contributed about $4,500,000 in 1951 towards joint health programmes which had received the technical approval of WHO and in most instances were supervised by WHO personnel. In 1952, it is estimated that governments will request UNICEF to provide over $5,000,000 in order to make it possible to carry out the same kind of programmes.

In 1953, health programmes carried on by governments with the assistance of WHO may well require even larger quantities of imported supplies and equipment. Some of these funds, which will make certain supplies and equipment available, have already been approved by the Executive Board of UNICEF. A perusal of the budget document shows that the scope of WHO programmes is to a considerable extent widened by the availability of funds from sources other than the WHO regular budget or the expanded programme of technical assistance. If such imported supplies and materials are not made available by UNICEF, many programmes important to children cannot be carried on.

The question was raised of whether the expanded programme of technical assistance could contribute sums for the necessary equipment and supplies for these programmes. It was pointed out that there were limitations upon the amount and proportion of money from the technical assistance programme that could be used for these purposes, as well as on the types of programme that could be carried on. The underlying objective of UNICEF is to improve the health of children; of the expanded

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1 See resolution WHA5.71.
2 See appendix on following page.
programme, to contribute to general economic development in the highly undeveloped areas. These various considerations clearly showed the committee the importance of the continuation of UNICEF or a similar organization which will be able to provide supplies and equipment for certain important programmes that have the technical approval of the World Health Organization. The WHO members of the Joint Committee on Health Policy believe that the World Health Assembly might wish to adopt a resolution indicating the value to WHO’s work of the continuation of UNICEF.

2. Criteria for determining Priority among UNICEF/WHO Projects

The committee’s attention was drawn to the report of the Executive Board of UNICEF, particularly that section giving the criteria for determining priority among UNICEF projects. While these criteria were drawn up for all types of UNICEF operations, they are generally suitable criteria for health programmes.

The committee wishes to emphasize, however, certain criteria for health programmes which are of paramount importance:

(1) It is necessary for the World Health Organization to study proposed projects to ascertain that they are designed to strengthen the national health services of the country concerned, since this is an established, basic policy of the World Health Organization. It was the feeling of the committee that this objective is sometimes overlooked in the approval of joint projects.

(2) Joint projects should be examined more carefully and in more detail, with a view to assuring that the country will be able to continue the work after international assistance is withdrawn. Programmes should not be started unless there is some assurance that enough interest in improved health will be generated in the country to ensure that the government will carry on the programme after outside assistance ceases. This question must also be examined from the standpoint of economics: whether the recipient government is financially able to provide the services, equipment and supplies for continuing the project.

3. Joint Committee on Health Policy: Report on the Fifth Session

The attention of the World Health Assembly is directed particularly to paragraphs 11, 20 and 21 of that report.4

4. Co-ordination and Co-operation between the Agencies

The committee has noted increasing improvement in the co-ordination between the two agencies. Negotiations in regard to health programmes are now to an increasing extent being carried out jointly by UNICEF and WHO with the governments, through regional representatives of the two agencies.

With the exception of BCG projects, WHO is now providing all technical personnel to the governments in carrying out joint programmes.

The committee noted that the UNICEF administration had provided assistance to the World Health Organization in preparing its budget estimates for 1953, including information on the cost of supplies and equipment for projects already approved by the UNICEF Executive Board. There is also increasing co-ordination at regional and local levels between WHO and UNICEF personnel.

5. Future Work of the Joint Committee on Health Policy

If UNICEF is re-financed, there should be a re-examination of the terms of reference of the Joint Committee on Health Policy to determine its future role. It is suggested that the committee consider the general question of WHO/UNICEF relations and make appropriate recommendations to both organizations. This examination should include: (a) procedure for review and approval of specific joint health programmes; (b) need for a joint committee or similar joint machinery; (c) structure, functions and procedure of any joint machinery recommended.

Appendix

STATEMENT BY THE DIRECTOR-GENERAL OF WHO IN CONNEXION WITH UNICEF

With the large programmes under our regular budget and under technical assistance arrangements, both bilateral and international, and also with the programmes that are being

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4 See part II of this annex.
developed with other agencies such as UNICEF and CARE, it is quite clear that having staffs on the spot in each region, immediately available to each country, is a tremendous advantage. WHO is increasingly dependent upon help being given by other agencies as well.

One of the major obligations of WHO is the co-ordination of all international health work. This responsibility belongs to the Organization by general consent and is being carried out by it; it takes up an increasing share of the money and efforts of WHO. This fact has certain implications. The programmes are being started and carried on with other organizations, and any failure of other organizations to continue their work would be very unfortunate indeed. This applies most particularly, perhaps, to the Children’s Emergency Fund, and the point has been reached now where WHO is highly dependent on the continuity of contributions to the Children’s Emergency Fund so that the Fund may be able to carry on its supply work which is so closely integrated with the work of the WHO.

II. JOINT COMMITTEE ON HEALTH POLICY, UNICEF/WHO: REPORT ON FIFTH SESSION

Held at United Nations Headquarters, 9-11 April 1952

This report read as follows:

Present:

UNICEF

Representatives:

Professor R. Debré (Chairman)
Mrs. D. B. Sinclair
Mr. A. R. Lindt
Dr. S. Daengsvang (Rapporteur)
Dr. A. Davalos

Secretaries:

Dr. B. Borčić

WHO

Dr. J. Allwood-Paredes
Dr. J. A. Höjer
Dr. H. Hyde
Professor M. De Laet
Dr. M. Mackenzie (Rapporteur)

Secretariat:

Mr. M. Pate
Mr. E. J. R. Heyward

Also present:

Dr. F. J. Brady; Mr. E. Jorgensen, Social Affairs Division; Dr. L. Eloesser, Consultant, UNICEF; Mr. R. L. Davee, Director, UNICEF Latin America Regional Office; Dr. C. A. Egger, Director, UNICEF Europe and Eastern Mediterranean Regional Office; Mr. S. M. Keeny, Director, UNICEF Asia Regional Office.

Approval of Report of the Fourth Session

1. The Chairman drew attention to the report of the fourth session of the Joint Committee on Health Policy, which met in Geneva on 30 and 31 May 1950. He pointed out that action had been taken on a number of the items discussed at that time, and that progress reports were being presented to the present session of the committee.

2. The committee noted that the members of the Technical Advisory Committee of the International Children’s Centre in Paris had been informed of the discussion which took place during the fourth session, reported in paragraph 5 of the report of that session. The members of the Technical Advisory Committee of the International Children’s Centre now act as experts in their personal capacities and not as representatives of their respective organizations.

3. The report of the fourth session of the Joint Committee on Health Policy was formally approved.

Agenda

The committee adopted the provisional agenda, as follows:

1. Formal approval of the report of the fourth session

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5 Reproduced in Off. Rec. World Hlth Org. 29, 19
2. Adoption of the agenda

3. Information on criteria established by the Executive Board of UNICEF

4. BCG

4.1 Progress report on BCG campaigns

4.2 Progress report on the "pilot station" in Paris

4.3 Progress report on the Tuberculosis Research Office in Copenhagen

4.4 Assistance to Tuberculosis Research Office for "Skive" project

5. Progress report on DDT and antibiotics production

6. Assistance to countries for campaigns and long-range programmes:

6.1 In prevention of blindness and control of conjunctivitis and trachoma

6.2 Against kala-azar

6.3 Against intestinal parasitic infestations

6.4 Against leprosy, including production of antileprosy drugs

7. Other business

**Criteria Established by the Executive Board of UNICEF**

4. An excerpt from the report of the Executive Board of UNICEF was presented to the committee for its information. The excerpt dealt with the decisions of the Executive Board on:

1. the broad categories of programmes upon which the Fund will concentrate assistance;

2. basic principles dealing with the application of assistance;

3. criteria for assessing relative needs;

4. criteria for determining priority among projects; and

5. policy regarding expenditures of resources for capital investments.

The committee noted with appreciation these statements of UNICEF policy, drawing attention particularly to the decision of the UNICEF Board (paragraph 19 of its report) that UNICEF, so far as its normal programmes are concerned, should endeavour to limit its activities to a small number of types of projects.

5. It was also suggested in connexion with the policy on capital investment that the state of relevant research should be emphasized. This might be expressed by modifying paragraph 31 (f) of the Board's report as follows (words to be added indicated by italics):

The technical soundness of the project with particular reference to the state of relevant research should be approved by the appropriate United Nations department or specialized agency, and the project as a whole should conform to the standards formulated by the competent authority.

**Progress Report on BCG Campaigns**

6. The committee noted the progress report on BCG campaigns and the final report of the International Tuberculosis Campaign (July 1, 1948-June 30, 1951). During the period of International Tuberculosis Campaign (ITC) operations, 23 countries in Europe, Africa, Asia and Latin America were assisted in BCG antituberculosis campaigns. Over 29 million persons were tested and nearly 14 million vaccinated. In addition to the expenses incurred by the assisted countries, $3,201,000 were spent by UNICEF and about 9,900,000 Danish kroner by the Scandinavian partners in the Joint Enterprise. Some 1,500 physicians, nurses and BCG vaccinators, both international and national, took part in the campaign.

7. After July 1951 the technical functions previously assumed by Scandinavian partners with UNICEF in the BCG campaigns were taken over by WHO. Campaigns formerly assisted by ITC in India, Pakistan and Egypt were continued under WHO technical sponsorship, while the International Children's Centre in Paris, on behalf of WHO, aided campaigns in Morocco, Tunisia and Algeria. New BCG campaigns were started in eight countries: Jamaica, Burma, Aden, Iran, China (Taiwan), El Salvador, Thailand and the Philippines. Preparations were being made to start campaigns in the near future in Costa Rica, Trinidad, Indonesia, Hong Kong and Iraq.

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6 UN document E/2013

7 Document JC5/UNICEF-WHO/8
8. Since January 1952, WHO has been financing expert personnel to assist in the organization, guidance and evaluation of BCG campaigns, namely, one medical adviser, with appropriate assistants, in Geneva, and three medical advisers for the regional offices. Research, statistical analysis, and training of field personnel are being conducted by the WHO Tuberculosis Research Office (TRO) in Copenhagen. Supplies for the campaigns (except BCG and PPD) are handled by the UNICEF Regional Office in Paris.

9. The committee expressed its appreciation of the work accomplished by ITC.

10. The committee considered it important that progress reports on BCG campaigns in the future should contain information on difficulties, possible complications and accidents encountered in carrying out the BCG campaigns, and also on the position of BCG campaigns within the framework of general antituberculosis control in the respective countries. In addition the committee would particularly appreciate a detailed report on similar problems which have arisen during the extensive BCG campaigns undertaken by ITC in the past.

11. The committee noted with satisfaction the fact that WHO had taken over the financial responsibility for all technical personnel dealing with BCG at its headquarters and regional offices. The committee, however, noted that the international field personnel in BCG campaigns still remained the financial responsibility of UNICEF; it suggested that consideration be given to the possibility of WHO’s taking over this responsibility.

**Progress Report of the “Pilot Station”, Paris**

12. The Secretary gave a short outline of the history of the pilot station, and its activities. Started as a UNICEF-assisted project in connexion with the activities of ITC, the pilot station later became a part of the International Children’s Centre in Paris. The station makes field studies on the comparison of qualities of vaccine from various sources. Extensive studies on the usefulness of dry vaccine are being conducted with encouraging results. A comparative study on post-vaccinal axial and mediastinal gland reactions as related to various vaccines and to the age of vaccinated persons is being undertaken. Studies on variations of allergy as a family characteristic are under way. The station is undertaking the compilation of current bibliography on literature relating to BCG and is also extending training facilities for interested medical groups. The station has given, and is currently giving, technical assistance to BCG campaigns in Morocco, Tunisia and Algeria. In February of this year the station invited a working group of leading persons in this field to discuss current problems with the intention of stimulating cooperation and co-ordination of studies with institutions working in the same field. Representatives of the pilot station, TRO and the Medical Research Council of Great Britain will meet in Copenhagen during the month of April to draw up a co-ordinated plan of studies.

13. The committee noted the important value of the pilot station in solving field problems and expressed appreciation of the work. The committee noted with interest the results of experiments with dry BCG vaccine and the effects this might have on simplifying the work in the field and reducing transportation and storage costs. The committee also expressed its satisfaction at the co-operation established between the Tuberculosis Research Office in Copenhagen and the pilot station in Paris.

**Progress Report on the WHO Tuberculosis Research Office in Copenhagen**

14. The WHO Tuberculosis Research Office has been in existence for 3 years and has developed an international programme of studies in connexion with BCG campaigns. The studies pertain to BCG vaccine and its efficacy, tuberculin tests and the problems of TB allergy.

15. In studying the variations of post-vaccination allergy in various countries, TRO noted a fact which is of great importance in field work, i.e., that the exposure of the vaccine to direct sunlight, or even daylight, for a relatively short time results in reduction in the size of the post-vaccination tuberculin reactions, and local vaccination lesions, as well as in the number of viable BCG organisms. Studies of variations in the allergy-producing capacity of different batches of vaccine, from the same or different laboratories, are continuing. Work is also
being done to determine the allergy-producing capacity of killed vaccines mixed with small amounts of living vaccines. TRO observations have failed to show any apparent reduction in the allergy-producing capacity of vaccine after storage in the dark at refrigeration temperatures for at least 2½ months or at room temperature (20°C) for 1 month. These results indicate that the fresh vaccine for use in the field could be transported at monthly rather than weekly intervals, provided it is kept cold and not exposed to light.

16. Studies on the effect of the depth of injection, racial differences in tuberculin sensitivity, specific tuberculin reaction, and family differences in the capacity of children to develop tuberculin allergy after vaccination, are being carried out.

17. In the conduct of BCG campaigns, TRO has also assumed certain responsibilities for technical advice, training of field personnel and supervision of statistical work.

18. The Danish Government is collaborating with TRO in laboratory research in the field of tuberculosis immunization.

19. The committee took note of the activities of TRO and expressed its appreciation of the work being done by this office. The committee emphasized the importance of studies made both by TRO and the pilot station in Paris in the application of BCG.

Assistance to the Tuberculosis Research Office for "Skive" Project

20. The Tuberculosis Immunization Research Centre, a joint undertaking of the Danish Government and WHO, financed in part by Danish UNAC (United Nations Appeal for the Children) funds, is carrying out studies in BCG. WHO is contributing laboratory equipment and is also financing the salaries of some of the international staff. In the past, ITC has paid the salaries and expenses of personnel engaged in field work connected with this research. Owing to the discontinuance of ITC, no funds are now available for continuing this essential field work. UNICEF has been asked to contribute to the support of this activity. Members of the committee representing UNICEF indicated that it has not been the policy of UNICEF to allocate funds for research. The proposal, however, will be submitted to the Programme Committee and Executive Board of UNICEF at its current session.

21. The committee stressed the value of the field work and emphasized the importance of its continuity and the contribution it will make toward the use of BCG in the control of tuberculosis in different parts of the world.

Progress Report on DDT and Antibiotics Production

22. The committee was informed that in the field of insecticides the UNICEF- and WHO-assisted projects for DDT plants in Ceylon and Pakistan have reached the stage of implementation. The equipment has been ordered and it is expected that by the middle of 1953 production can be started. The plants in Egypt and India will be behind the above schedule, but it is expected that full production will start by the end of 1954. All four plants are of a capacity of 700 tons per year of technical DDT and the main basic raw materials are available in all four countries.

23. The committee was informed that WHO and UNICEF are also assisting governments in establishing plans for the production of antibiotics. Assistance has been approved for aid to India and Yugoslavia in this field and a recommendation is before the current session of the Executive Board of UNICEF to assist the Government of Chile with a similar project.

24. In Yugoslavia, the project involves the modernization of an already existing penicillin plant. The equipment, valued at $80,000, is on order and delivery will start about May 1952. Arrangements have been made for training local personnel.

25. In India, $850,000 had been voted for the erection of a penicillin plant, and $350,000 allowed for technical assistance by WHO. Work has progressed to the point that a site had been selected, blueprints made and construction begun. It is hoped that by the summer of 1953 the major part of the equipment will be ready for installation.

26. The technical appraisal and the recommendations to modernize and expand the existing penicillin factory in Chile have been carried out, and the request of the Government for UNICEF assistance to the extent of $285,000 is being submitted to the current session of the UNICEF Executive Board. The present pilot plant in Chile has a capacity of approximately 500 mega-units daily and the project proposes to expand this capacity fivefold.

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10 Document JC5/UNICEF-WHO/11

11 Document JC5/UNICEF-WHO/12
WHO plans to finance further technical assistance for this project from technical assistance funds.

27. Discussions are now being conducted between the United Nations Technical Assistance Administration (TAA) and WHO as regards the transfer of technical responsibilities in the fields of DDT and antibiotics production from WHO to TAA. The Executive Board of WHO at its meeting on 9 February 1952 decided to recommend to the Fifth World Health Assembly the following resolution:

The Fifth World Health Assembly
APPROVES in principle the transfer to the United Nations Technical Assistance Administration of individual activities hitherto undertaken by WHO in the manufacture of antibiotics and insecticides, it being understood that WHO must still maintain the functions of providing scientific advice in its specific fields of responsibility as opposed to undertaking industrial activities.

28. In the development of these programmes there is a relationship involving three parties: WHO, the government and UNICEF. The committee agreed with WHO and TAA that a transfer of responsibility must be achieved in such a way that it would not interfere with the development of projects for which commitments have been made.

29. Members of the committee pointed out the differences between the establishment or expansion of penicillin and insecticide plants. It may not be difficult to train personnel for insecticide plants, but in view of the constantly changing developments it is much more difficult either to find or to train suitable personnel to run antibiotics plants. Reference was also made to the danger that might result from the construction of a plant which might be outmoded before it was ready for operation. WHO and UNICEF in considering requests or tentative requests for capital equipment have had in mind these difficulties; a number of requests have been discouraged owing to the lack of a sufficient reservoir of professional and scientific personnel, particularly in the field of production of antibiotics.

Prevention of Blindness and Control of Conjunctivitis and Trachoma

30. The committee was informed that a number of governments have requested assistance from WHO and UNICEF in the field of trachoma.

31. In a general discussion of the problem of trachoma the medical members of the committee stressed the complexity of the problems involved in trachoma control. The disease occurs very widely in both temperate and hot climates and is almost invariably associated with other inflammatory eye conditions. Moreover, trachoma has serious secondary results including corneal ulcer and scarring, resulting in blindness. In most areas children constitute an important reservoir of the acute form of the disease, which is generally associated with bad environment, poverty and ignorance. Success of treatment depends on the close co-operation of the patient in coming for treatment. Moreover, it requires education of the public generally and the establishment of good environmental conditions. Treatment with antibiotics not only results in the improvement of trachoma, but many acute ophthalmias respond to the same drugs. In some severe ophthalmias sight can be saved only if the patient is treated in the first hours of the disease.

32. In the light of these conditions, it is useless to attempt to combat trachoma alone, and any work to this end must include action against infective ophthalmias generally. Moreover, only temporary results in the alleviation of suffering could be expected unless very long-term work was undertaken covering both education of the public and improvement of environmental conditions.

33. The committee carefully considered the technical difficulties inherent in trachoma work, particularly the necessity for the improvement of environment and public education if the work was to have permanent effect. Nevertheless, it agreed to advise in favour of action against trachoma; provided this was in carefully selected and limited areas. The committee expressed the opinion that such activities could not be expected to result in more than an immediate relief of suffering unless they developed into a long-term programme, covering education of the public and environmental hygiene over many years.

34. The committee emphasized that any programme for trachoma control must be directed not only against the disease itself, but also against secondary and associated eye conditions, particularly epidemic conjunctivitis.

35. Such work should be regarded as a pilot project and should be closely watched and evaluated, the results being brought to the committee for their guidance in developing further policies regarding trachoma control.

Assistance in the Field of Kala-azar

36. Kala-azar is a widespread disease caused by a parasitic protozoon, Leishmania donovani, and is transmitted by the bite of sandflies (Phlebotomus). The disease appears occasionally in serious epidemic
form with a very high incidence rate in children. It is a serious illness, often with a high fatality rate, and consequently its incidence may affect the economic conditions in an area.

37. Attempts to control the disease should cover:

(1) the specific treatment of affected persons;
(2) the destruction of the insect vector.

38. Although there may be some cases resistant to the drugs now available for treating this disease, it appears that careful administration of these drugs through health services could give to thousands of persons immediate relief which may in some be temporary. It is advisable, however, that in addition to therapy the programme include an attack on the insect vector; systematic spraying may interrupt the cycle of transmission of kala-azar and help in its control.

39. The committee felt that if the aim of assistance is to give relief (although in some cases this may be temporary) and to save the lives of thousands of people in endemic areas, then the careful administration of antimonials, even through mass application in selected areas, would be feasible and could be recommended. If, however, ultimate control, if not eradication, of the disease is to be achieved, then the necessity for insect destruction and reservoir suppression must be considered; in this connexion, much experience has yet to be gained.

40. The committee expressed the opinion that it would be appropriate for UNICEF to extend assistance to governments in this field, and recommended further that, before a specific project is approved by WHO, a careful study of the actual situation in the field should be carried out by competent specialists. The possibility of achieving satisfactory results, the advisability of undertaking such measures and the relative importance of this disease in the community would be explored by these specialists. Countries undertaking such work should be in a position to assure the continuation of the activity. The committee emphasized the importance of vector-control measures which should be carried out simultaneously with treatment.

Intestinal Parasitic Infestations

41. Intestinal parasites include a great variety of infestations which differ with geographical distribution and in susceptibility to drugs.

42. The control of intestinal parasites is a complicated public-health problem dependent mainly on the improvement of environmental sanitation and public education. Treatment of infested cases is only a temporary relief measure which has to be repeated at intervals and which does not lead to the final goal of elimination of infestation from an area or community.

43. It was brought out in discussion that previous efforts to organize intestinal parasitic infestation campaigns through mass treatment only had proved largely unsuccessful.

44. The committee therefore agreed to advise against mass campaigns of treatment for the present. It agreed, however, to the administration of appropriate drugs through maternal and child welfare centres for the purpose of giving temporary relief to children and mothers.

45. Some members of the committee felt strongly that, not only for the ultimate effective control of intestinal parasitic infestations, but also for other infections like infant diarrhoea and dysenteries which take a very heavy toll of infant life, it would be appropriate for UNICEF to consider assisting programmes of environmental sanitation. If environmental hygiene measures were part of intestinal parasitic infestation campaigns, the policy in such campaigns could be reconsidered.

Leprosy

46. The control of leprosy offers very complex problems. While the treatment of cases is of undoubted value, emphasis must be laid on the importance of education, proper housing, and general development of the level of life of the population.

47. Although UNICEF has not received concrete requests, governments of certain countries in which leprosy is an important problem have expressed interest in receiving UNICEF assistance. Inasmuch as this subject has never been discussed by the Joint Committee on Health Policy, the Programme Committee and Executive Board of UNICEF wished to have the committee’s opinion on the advisability of assisting countries with modern drugs for the suppression and cure of leprosy.

48. The committee felt that it could recommend in principle that assistance be given to countries in this field by the supply of drugs, making it quite clear, however, to the governments concerned that leprosy could not be controlled by the use of drugs known at the present time.
Production of Antileprosy Drugs

49. Sulfone drugs are of undoubted value in the treatment of leprosy, and constitute the best therapeutic means for treating the disease available at the present time.

50. The question of local production of sulfones has many implications. It is obviously desirable only where a local need is very great and cannot be supplied from other sources. Moreover, local production may necessitate the importation of raw materials, whereas the finished material itself, in the amounts required, may be as cheap to import as the raw material.

51. Perhaps, however, the most important point is the fact that intensive research work is at present going on in relation to the value of a number of different sulfones and allied products, and an expensive plant erected at present might be outmoded in a very short time.

52. Finally, the difficulty of finding and training organic chemists and other highly technical personnel would also offer an obstacle.

Other Business

54. It was agreed that the next meeting of the joint committee should examine the relationships between the two organizations with a view to making recommendations to both organizations regarding possible revision in present joint operating procedures and joint policy forming machinery.

Annex 12

AGREEMENT WITH THE WORLD METEOROLOGICAL ORGANIZATION

The Fifth World Health Assembly, in resolution WHA5.74, approved the agreement between the World Meteorological Organization and the World Health Organization, consisting of the letters reproduced below.

1. Letter dated 26 February 1952 from the Deputy Director-General of the World Health Organization to the Secretary-General of the World Meteorological Organization

   I have the honour to refer to the recent conversation held between representatives of this organization and of the World Meteorological Organization concerning the principles which should govern the relations between our two organizations.

   In confirmation of this conversation, it is my understanding that the basis for the relations between the World Health Organization and the World Meteorological Organization is as follows:

   (a) The secretariats of the organizations, with a view to facilitating the effective attainment of the objectives set forth in their respective constituent instruments within the general framework established by the Charter of the United Nations, will act in close co-operation with each other and will consult each other regularly in regard to matters of common interest and to this end agree to keep each other informed concerning all programmes of work and projected activities in which there may be mutual interest and to exchange pertinent information and documents.

   (b) Suitable arrangements will be made for the participation of each organization in sessions and meetings of the assemblies, executive bodies and other organs and committees of the other organization with respect to items to be discussed presenting an agreed common interest, and where appropriate for the convening of a joint committee or committees of the two organizations.

   (c) Subject to such preliminary consultation as may be necessary, each organization shall include on the agenda of the bodies mentioned in paragraph (b) above, items proposed by the other organization.

   If these principles are acceptable to your organization, may I, on behalf of the Director-General, propose that this letter and your reply in similar terms, be considered as establishing the basis for the relations between the World Health Organization and the World Meteorological Organization.
2. Letter dated 25 April 1952 from the Secretary-General of the World Meteorological Organization to the Director-General of the World Health Organization

I have the honour to acknowledge receipt of your letter of the 26 February 1952, concerning the principles which will govern the relations between our two Organizations, as follows:

(a) The secretariats of the organizations, with a view to facilitating the effective attainment of the objectives set forth in their respective constituent instruments within the general framework established by the Charter of the United Nations, will act in close co-operation with each other and will consult each other regularly in regard to matters of common interest and to this end agree to keep each other informed concerning all programmes of work and projected activities in which there may be mutual interest and to exchange pertinent information and documents.

(b) Suitable arrangements will be made for the participation of each organization in sessions and meetings of the assemblies, executive bodies and other organs and committees of the other organization with respect to items to be discussed presenting an agreed common interest, and where appropriate for the convening of a joint committee or committees of the two organizations.

(c) Subject to such preliminary consultation as may be necessary, each organization shall include on the agenda of the bodies mentioned in paragraph (b) above, items proposed by the other organization.

I have, therefore, pleasure in informing you that I accept these principles on behalf of the World Meteorological Organization. The present letter and your letter of the 26 February 1952, may, therefore, be considered as establishing the basis for the relations between the World Health Organization and the World Meteorological Organization.

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Annex 13

AGREEMENT BETWEEN THE INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY AND THE WORLD HEALTH ORGANIZATION

Article I — Co-operation and Consultation

1. To facilitate the accomplishment of their respective tasks as set forth in their Constitutions, the International Committee of Military Medicine and Pharmacy, hereinafter referred to as “ICMMP”, and the World Health Organization, hereinafter referred to as “WHO”, agree to act in close collaboration and to consult each other regularly on all matters of common interest.

2. To this end, ICMMP recognizes WHO as the directing and co-ordinating authority on international health work, without prejudice to the right of ICMMP to maintain and to strengthen the links of continual collaboration between those whose task it is to care for the sick and injured of the armed forces in accordance with its Statutes and with the Geneva Conventions.

3. In case of doubt as to the division of responsibility of the two organizations concerning any projected activity or programme of work, the organization initiating such activity or programme shall consult the other in order to determine by mutual agreement the respective responsibilities of each.

Article II — Reciprocal Representation

1. Representatives of ICMMP shall be invited to attend the meetings of the Executive Board of WHO and of the World Health Assembly and to participate, without vote, in the deliberations of these bodies, and of their commissions and committees, with respect to items on their agendas in which ICMMP has an interest.

2. Representatives of WHO shall be invited to attend the meetings of the Council, General Assembly, Congress and International Documentation Office of ICMMP and to participate, without vote, in the deliberations of these bodies, and of their commissions and committees, with respect to items on their agendas in which WHO has an interest.

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1 See resolution WHA5.75; and minutes of the fourth and sixth meetings of the Committee on Administration, Finance and Legal Matters, the third meeting of the Legal Subcommittee, and the fourteenth meeting of the Committee on Programme and Budget.
Article III — Exchange of Information and Documents

1. The Secretariat of each organization agrees to keep the other fully informed concerning all projected activities and programmes of work in which there may be mutual interest.

2. Subject to such arrangements as may be necessary for the safeguarding of confidential material, the fullest and promptest exchange of documents shall be made between ICMMP and WHO.

3. The President of ICMMP and the Director-General of WHO, or their representatives, shall, upon the request of either party, consult each other regarding the provision by either organization of such special information as may be of interest to the other.

Article IV — Registration

On the entry-into-force of this Agreement, it shall be communicated to the Secretary-General of the United Nations for filing and recording, in pursuance of Article 10 of the Regulations to give effect to Article 102 of the Charter of the United Nations adopted by the General Assembly on 14 December 1946.

Article V — Revision and Review

This Agreement may be revised by agreement between ICMMP and WHO.

Article VI — Entry-into-Force

This Agreement shall come into force on its signature by the President of ICMMP and after approval by the World Health Assembly.

Annex 14
COST-OF-LIVING ADJUSTMENTS

NOTE BY THE DIRECTOR-GENERAL

The Fourth World Health Assembly considered the subject of cost-of-living adjustments in general in connexion with a proposal to apply a minus five per cent differential to the salaries of internationally recruited staff in Geneva, and adopted a resolution (WHA4.53) recommending to the General Assembly of the United Nations certain broad principles to govern the application of such adjustments. These principles were in accord with, and based upon, decisions taken by the Administrative Committee on Co-ordination (ACC) in early May 1951. These decisions were reaffirmed and amplified at the meeting of the ACC in October 1951, and the resolution of the Fourth World Health Assembly was conveyed to the sixth session of the United Nations General Assembly by the Secretary-General in a document dealing with “Co-ordination between the United Nations and the Specialized Agencies”. At the same time, the Secretary-General made proposals to the General Assembly regarding a cost-of-living adjustment for the United Nations staff in New York and a general system for such adjustments in the future. The Secretary-General’s proposals were, in several respects, different from those reached in the ACC and from the principles recommended by the Fourth World Health Assembly. The General Assembly approved an adjustment in New York but took no decision on a general system of cost-of-living adjustments for the future. Because of the differences between the ACC decisions and the action of the United Nations General Assembly, the Director-General felt it necessary to lay the whole problem of cost-of-living adjustments before the Executive Board at its ninth session. In

1 See minutes of the seventh and eighth meetings of the Committee on Administration, Finance and Legal Matters.


doing so, he reviewed the entire history of this problem and, taking into account its importance to all the offices of WHO, presented to the Board ten questions of principle on which decisions were needed in order to establish a system for dealing with such adjustments throughout the Organization. The decisions taken by the Board confirmed the principles previously agreed upon in the ACC and dealt with a few other principles. All these principles were consistent with those adopted by the Fourth World Health Assembly.

At the same time, the Director-General requested the Board’s decision regarding an adjustment in Geneva, and recommended that no adjustment should be applied, since principles adopted by the Fourth World Health Assembly, agreed upon in the ACC and confirmed again by the Board itself, made such an adjustment inappropriate.

The problem of devising a system of cost-of-living adjustments suitable for uniform application in all agencies was again considered by the ACC at a meeting held in New York in April 1952. The ACC considered that a uniform system of cost-of-living adjustments for application in all United Nations organizations was essential if any reasonable degree of co-ordination on salary policy were to be achieved. It therefore established a special committee composed of representatives of the Secretary-General of the United Nations and the executive heads of the specialized agencies, empowered to act for it in arriving at decisions on this subject. This committee met in New York from 8 to 11 April and reached agreement on the major questions of principle involved. Its report is appended.

The Health Assembly will note that the decisions taken by the special committee fully confirm the decisions taken by the Executive Board at its ninth session, except on two points on which the special committee postponed a decision. These two questions relate to the application of a maximum cash limit on plus adjustments and the recognition of a maximum practical limit on minus adjustments. The first was discussed by the special committee but it was decided to postpone the decision. The second point was not discussed at that time.

In considering detailed procedures for computing cost-of-living adjustments the special committee agreed upon one point of practice different from that contemplated by the Director-General when the subject was discussed in the Executive Board: that is, the definition of the salary to which adjustments will be applied. It had been the Director-General’s intention, in the interest of simplicity of procedure, to apply such adjustments to 75 per cent of basic salary in all cases. The special committee decided that initial adjustments should be so applied but that subsequent adjustments, reflecting changes in local costs of living, in order to be technically correct, should be applied to 75 per cent of salary as modified by the initial adjustment. Since this decision involves only variation in detailed application and is not contrary to any of the principles laid down by the Executive Board, the Director-General intends to apply it to adjustments made by WHO, provided the Health Assembly confirms the principles established by the Executive Board.

With regard to the application of a maximum cash limit, the Director-General requests that he be authorized to continue the Organization’s present practice, as authorized by the Executive Board, pending a decision on this point by the ACC, at which time he would expect to recommend the application in WHO of whatever conclusion the ACC reached.

Appendix

COST-OF-LIVING ADJUSTMENTS FOR PROFESSIONAL AND HIGHER GRADES

REPORT OF SPECIAL COMMITTEE APPOINTED BY THE ADMINISTRATIVE COMMITTEE ON CO-ORDINATION

1. The Administrative Committee on Co-ordination at its fourteenth session, on 6 April 1952, considered the question of compensation for cost-of-living increases.

2. Being keenly aware of the desire expressed by governments and various competent organs of the United Nations and specialized agencies that the United Nations family of organi-
zations make every effort to achieve the maximum co-ordination in administrative as well as in programme matters, the Administrative Committee on Co-ordination considered it desirable to review the question of salary differentials and cost-of-living adjustments for the staff in the professional and higher grades of the various organizations.

3. It was decided to establish a special committee, composed of representatives of the Secretary-General and the executive heads of the agencies directly concerned, to make this review and to formulate, without being limited by existing practices, principles and procedures designed to secure maximum uniformity of practice.

4. The special committee was composed of representatives of the United Nations, ILO, UNESCO, ICAO, FAO and WHO. It held a series of meetings between 8 and 11 April 1952 under the chairmanship of the representative of ICAO, at which all important aspects of the problem were examined. The special committee observes that the factors of the problem are all interrelated and should not be dealt with in isolation.

5. While not fully convinced of the desirability of fixing maxima in the case of subsequent adjustments, the special committee observes that the competent bodies of some organizations have approved maxima while others have not.

6. The special committee recommends that the plan it now outlines should be put into operation as rapidly as possible. In this context, it notes that the Administrative Committee on Co-ordination decided that its members wishing to participate in any accepted plan would take appropriate steps to submit to their competent bodies the necessary proposals.

7. The principles and procedures which follow represent the agreement of the special committee.

Principles to govern Cost-of-Living Adjustments for Professional and Higher Grades

8. The basic salary schedule for professional staff should be established for New York, the present schedule being considered to date from May 1950 (the base date). This schedule should at appropriate times be revised to reflect changed economic conditions and to incorporate temporary cost-of-living adjustments.

9. In any other locality where there is an established office of the United Nations or one of the specialized agencies, the basic salary schedule should be adjusted for significant differences between the cost of living in that locality and the cost-of-living in New York as of the date of establishment or revision of the basic salary schedule.

10. Such adjustments should be established initially on the basis of a comparison between the cost of living, standards of living, and other appropriate factors affecting the staff members concerned, in that locality and in New York. Where possible, this comparison should be made on the basis of conditions prevailing in both localities on the base date. Where data for the locality in question are available only as of current date, these data should be compared to those for New York on the base date.

11. Such comparison should be based upon actual surveys of cost-of-living and family expenditure patterns. The results should be expressed as a ratio, the conditions in New York on the base date being considered as 100.

12. Subsequent adjustments should be made when there is a significant change in the cost of living in the locality in question. These changes in cost of living should normally be assessed on the basis of movements in the cost-of-living index for the locality. Where such an index does not exist or is not considered suitable, changes should be assessed on the basis of periodic re-surveys (which may not need to cover all items originally priced).

13. Both initial and subsequent adjustments should be applied only in multiples of 10 per cent.

14. The initial adjustment should be applied to 75 per cent of base salary. Subject to a revision of the initial adjustment from time to time on dates to be determined by the Administrative Committee on Co-ordination, subsequent adjustments should be applied to 75 per cent of the base salary increased or decreased by any initial adjustment.

Procedures for applying Cost-of-Living Adjustments

15. A cost-of-living survey should be conducted as quickly as possible for any locality where a satisfactory survey has not yet been carried out, and an initial adjustment should be established.

16. The initial adjustment should be established at a multiple of 10 per cent, using the multiple nearest 100.

17. From the date of the initial adjustment, a record should be kept of the movements of the accepted local cost-of-living index. The cost-of-living index would be considered to be 100 on the date of the establishment of the initial adjustment, and, each month, the change in the local cost-of-living index should be converted to a percentage change.

18. Subsequent adjustments in multiples of 10 per cent should be established when the average change in the accepted local cost-of-living index for the preceding six months' period amounts to at least 10 per cent.

19. Normally, adjustments for any locality would not be made at intervals shorter than six months. At the headquarters of each organization the timing of adjustments will depend on the requirements of that organization. In localities where more than one organization has offices the timing of adjustments would be fixed after consultation between the organizations concerned, the requirements of the principal offices (especially headquarters offices) in each locality being entitled to primary consideration.
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