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OF THE
WORLD HEALTH ORGANIZATION
No. 240

THIRTIETH
WORLD HEALTH
ASSEMBLY

GENEVA, 2-19 MAY 1977

PART I

RESOLUTIONS AND DECISIONS
ANNEXES



WORLD HEALTH ORGANIZATION
GENEVA
1977

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

ACABQ	— Advisory Committee on Administrative and Budgetary Questions
ACAST	— Advisory Committee on the Application of Science and Technology to Development
ACC	— Administrative Committee on Coordination
CIDA	— Canadian International Development Agency
CIOMS	— Council for International Organizations of Medical Sciences
DANIDA	— Danish International Development Agency
ECA	— Economic Commission for Africa
ECE	— Economic Commission for Europe
ECLA	— Economic Commission for Latin America
ECWA	— Economic Commission for Western Asia
ESCAP	— Economic and Social Commission for Asia and the Pacific
FAO	— Food and Agriculture Organization of the United Nations
IAEA	— International Atomic Energy Agency
IARC	— International Agency for Research on Cancer
IBRD	— International Bank for Reconstruction and Development
ICAO	— International Civil Aviation Organization
ILO	— International Labour Organisation (Office)
IMCO	— Inter-Governmental Maritime Consultative Organization
ITU	— International Telecommunication Union
NORAD	— Norwegian Agency for International Development
OAU	— Organization of African Unity
PAHO	— Pan American Health Organization
PASB	— Pan American Sanitary Bureau
SIDA	— Swedish International Development Authority
UNCTAD	— United Nations Conference on Trade and Development
UNDP	— United Nations Development Programme
UNDRO	— Office of the Disaster Relief Coordinator
UNEP	— United Nations Environment Programme
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNFDAC	— United Nations Fund for Drug Abuse Control
UNFPA	— United Nations Fund for Population Activities
UNHCR	— Office of the United Nations High Commissioner for Refugees
UNICEF	— United Nations Children's Fund
UNIDO	— United Nations Industrial Development Organization
UNITAR	— United Nations Institute for Training and Research
UNRWA	— United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSCEAR	— United Nations Scientific Committee on the Effects of Atomic Radiation
USAID	— United States Agency for International Development
WFP	— World Food Programme
WHO	— World Health Organization
WIPO	— World Intellectual Property Organization
WMO	— World Meteorological Organization

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Where the designation "country or area" appears in the headings of tables, it covers countries, territories, cities or areas.

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The Thirtieth World Health Assembly, held at the Palais des Nations, Geneva, from 2 to 19 May 1977, was convened in accordance with resolution EB58.R12 of the Executive Board (fifty-eighth session).

The proceedings of the Thirtieth World Health Assembly are published in two parts. The resolutions and decisions, with annexes, are contained in this volume. The records of plenary and committee meetings will be published, along with the list of participants, the agenda and other material, in Official Records No. 241.

In this volume the resolutions appear in the order in which they were adopted. In the table of contents, however, they have been grouped under the subject headings of the *Handbook of Resolutions and Decisions*, of which Volumes I and II (second edition) together contain most of the resolutions adopted between 1948 and 1976 (i.e., up to and including the Twenty-ninth World Health Assembly and the fifty-eighth session of the Executive Board). In addition, each resolution in the present volume has been cross-referenced to the relevant volume and section of the *Handbook*.

The resolution symbols used at the various sessions, and the *Official Records* volumes in which the resolutions were originally published, are shown below.

<i>Resolution symbol</i> ¹	<i>Official Records No. and year of session</i>	<i>Resolution symbol</i> ¹	<i>Official Records No. and year of session</i>
WHA1.-	13 (1948)	EB31.R-	124 (1963)
EB1.R-	14 (1948)	WHA16.-	127 (1963)
EB2.R-	14 (1948)	EB32.R-	129 (1963)
EB3.R-	17 (1949)	EB33.R-	132 (1964)
WHA2.-	21 (1949)	WHA17.-	135 (1964)
EB4.R-	22 (1949)	EB34.R-	137 (1964)
EB5.R-	25 (1950)	EB35.R-	140 (1965)
WHA3.-	28 (1950)	WHA18.-	143 (1965)
EB6.R-	29 (1950)	EB36.R-	145 (1965)
EB7.R-	32 (1951)	EB37.R-	148 (1966)
WHA4.-	35 (1951)	WHA19.-	151 (1966)
EB8.R-	36 (1951)	EB38.R-	153 (1966)
EB9.R-	40 (1952)	EB39.R-	157 (1967)
WHA5.-	42 (1952)	WHA20.-	160 (1967)
EB10.R-	43 (1952)	EB40.R-	162 (1967)
EB11.R-	46 (1953)	EB41.R-	165 (1968)
WHA6.-	48 (1953)	WHA21.-	168 (1968)
EB12.R-	49 (1953)	EB42.R-	170 (1968)
EB13.R-	52 (1954)	EB43.R-	173 (1969)
WHA7.-	55 (1954)	WHA22.-	176 (1969)
EB14.R-	57 (1954)	EB44.R-	178 (1969)
EB15.R-	60 (1955)	EB45.R-	181 (1970)
WHA8.-	63 (1955)	WHA23.-	184 (1970)
EB16.R-	65 (1955)	EB46.R-	186 (1970)
EB17.R-	68 (1956)	EB47.R-	189 (1971)
WHA9.-	71 (1956)	WHA24.-	193 (1971)
EB18.R-	73 (1956)	EB48.R-	195 (1971)
EB19.R-	76 (1957)	EB49.R-	198 (1972)
WHA10.-	79 (1957)	WHA25.-	201 (1972)
EB20.R-	80 (1957)	EB50.R-	203 (1972)
EB21.R-	83 (1958)	EB51.R-	206 (1973)
WHA11.-	87 (1958)	WHA26.-	209 (1973)
EB22.R-	88 (1958)	EB52.R-	211 (1973)
EB23.R-	91 (1959)	EB53.R-	215 (1974)
WHA12.-	95 (1959)	WHA27.-	217 (1974)
EB24.R-	96 (1959)	EB54.R-	219 (1974)
EB25.R-	99 (1960)	EB55.R-	223 (1975)
WHA13.-	102 (1960)	WHA28.-	226 (1975)
EB26.R-	106 (1960)	EB56.R-	228 (1975)
EB27.R-	108 (1961)	EB57.R-	231 (1976)
WHA14.-	110 (1961)	WHA29.-	233 (1976)
EB28.R-	112 (1961)	EB58.R-	235 (1976)
EB29.R-	115 (1962)	EB59.R-	238 (1977)
WHA15.-	118 (1962)	WHA30.-	240 (1977)
EB30.R-	120 (1962)	EB60.R-	242 (1977)

¹ The resolution symbols in italics were not used in the original *Official Records* volumes but were added later for convenience of reference in using the *Handbook*.

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RESOLUTIONS AND DECISIONS

WHA30.1 Amendment to the Rules of Procedure of the Health Assembly: Increase in the membership of the General Committee

The Thirtieth World Health Assembly

DECIDES to amend Rule 31 of the Rules of Procedure of the Health Assembly by substituting in the first sentence the word "twenty-four" for the word "twenty-two".

Handb. Res., Vol. II (2nd ed.), 4.1.3

First plenary meeting, 2 May 1977

WHA30.2 Seventy-fifth anniversary of the Pan American Health Organization

The Thirtieth World Health Assembly,

Considering that 2 December 1977 will mark the seventy-fifth anniversary of the foundation of the Pan American Health Organization, the oldest intergovernmental public health organization in the world;

Considering that the Pan American Health Organization is the regional organization for the Americas of the World Health Organization;

Bearing in mind resolution XXX of the XXIV Meeting of the Directing Council of the Pan American Health Organization/twenty-eighth session of the WHO Regional Committee for the Americas;

RESOLVES:

(1) to congratulate all the Member governments of the Pan American Health Organization on the occasion of its seventy-fifth anniversary;

(2) to congratulate the Pan American Health Organization on this special occasion for its accomplishments as part of the World Health Organization;

(3) to urge Member governments of both the Pan American Health Organization and the World Health Organization to recognize this special event in the life of the Pan American Health Organization.

Handb. Res., Vol. II (2nd ed.), 9.3

Eighth plenary meeting, 10 May 1977

WHA30.3 Financial Report on the accounts of WHO for 1976, and report of the External Auditor

The Thirtieth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1976 and the report of the External Auditor for the same financial period, as contained in *Official Records* No. 237;

Having considered the report of the Ad Hoc Committee of the Executive Board ¹ on its examination of these reports;

ACCEPTS the Director-General's Financial Report and the report of the External Auditor for the financial year 1976.

Handb. Res., Vol. II (2nd ed.), 7.1.11

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

¹ See Annex 2, part 1.

WHA30.4 Status of collection of annual contributions and of advances to the Working Capital Fund

The Thirtieth World Health Assembly

1. NOTES the status, as at 30 April 1977, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;
2. CALLS THE ATTENTION of Members to the importance of paying their annual contributions as early as possible in the Organization's financial year, in order that the approved annual programme can be carried out as planned;
3. URGES Members in arrears to make special efforts to liquidate their arrears during 1977;
4. REQUESTS the Director-General to communicate this resolution to Members in arrears and to draw their attention to the fact that continued delay in payment could have serious financial implications for the Organization.

Handb. Res., Vol. II (2nd ed.), 7.1.2.4

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.5 Method of establishment of the WHO scale of assessment

The Thirtieth World Health Assembly,

Having considered the recommendations of the Executive Board ¹ on the method of establishment of the WHO scale of assessment;

Recalling resolutions WHA8.5, WHA24.12 and WHA26.21;

Noting resolution 3228 (XXIX) adopted by the United Nations General Assembly at its twenty-ninth session;

DECIDES to abolish the per capita ceiling principle in the formulation and establishment of rates of assessment, commencing with the WHO scale of assessment for 1978.

Handb. Res., Vol. II (2nd ed.), 7.1.2.1

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.6 Assessment of the Comoros, Cape Verde, Mozambique, Sao Tome and Principe, Surinam, and Papua New Guinea

The Thirtieth World Health Assembly,

Recalling that the Health Assembly, in resolutions WHA29.6, WHA29.7, WHA28.15, WHA29.8, WHA29.9, and WHA29.10, fixed provisional assessments for the Comoros, Cape Verde, Mozambique, Sao Tome and Principe, Surinam, and Papua New Guinea, to be adjusted to the definitive assessment rates when established;

Noting that the General Assembly of the United Nations, in resolution 31/95, established the assessments of those six Members at the rate of 0.02% for the years 1975, 1976 and 1977;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessment should be used as a basis for determining the scale of assessment to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessment in WHO should follow as closely as possible that of the United Nations;

¹ Resolution EB59.R18.

DECIDES that the Comoros, Cape Verde, Mozambique, Sao Tome and Principe, Surinam and Papua New Guinea shall be assessed as follows:

	1975	1976 and subsequent years
Comoros	0.02 %	0.02 %
Cape Verde	—	0.02 %
Mozambique	0.02 %	0.02 %
Sao Tome and Principe . . .	—	0.02 %
Surinam	—	0.02 %
Papua New Guinea	—	0.02 %

Handb. Res., Vol. II (2nd ed.), 7.1.2.2

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.7 Phased extension of the use of the German language in the Regional Office for Europe

The Thirtieth World Health Assembly,

Recalling resolution WHA28.36;

Having considered the report of the Director-General presenting a plan for the phased extension of the use of the German language in the Regional Office for Europe, and the recommendation of the Executive Board thereon; ¹

APPROVES the plan presented by the Director-General in this respect.

Handb. Res., Vol. II (2nd ed.), 5.2.4

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.8 Salaries and allowances : Ungraded categories of post

The Thirtieth World Health Assembly,

Noting the recommendations of the Executive Board ² with regard to remuneration of staff in the ungraded posts,

1. CONCURS in the recommendations of the Board; and, in consequence,
2. ESTABLISHES the salary for the post of Deputy Director-General at US \$77 100 per annum before staff assessment, resulting in a revised net salary of US \$44 344 (dependency rate) or US \$40 220 (single rate);
3. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US \$67 430 per annum before staff assessment resulting in a revised net salary of US \$40 269 (dependency rate) or US \$36 661 (single rate);
4. NOTES that, concurrent with the revision of the salary schedules for these officials, appropriate revision will be made of the post adjustment applicable to these posts;
5. DECIDES that these adjustments in remuneration shall be effective from 1 January 1977.

Handb. Res., Vol. II (2nd ed.), 7.2.4.3

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

¹ WHO Official Records, No. 238, 1977, Part I, resolution EB59.R14 and Annex 2.

² Resolution EB59.R36.

WHA30.9 Amendment to the contract of the Director-General

The Thirtieth World Health Assembly

1. AUTHORIZES the President of the World Health Assembly to sign an amendment to the contract of the Director-General to establish the salary of the Director-General at US \$99 350 per annum before staff assessment, US \$53 200 per annum net after staff assessment at the dependency rate and US \$48 079 at the single rate;
2. DECIDES that, in view of the revision of the salary scales and post adjustment classes with effect from 1 January 1977, this change shall also be effective from that date.

Handb. Res., Vol. II (2nd ed.), 7.2.10

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.10 Reimbursement of travelling expenses and payment of per diem for members of the Executive Board

The Thirtieth World Health Assembly,

Noting the discussions in the Executive Board at its fifty-ninth session with regard to travel and per diem payments for members of the Executive Board; ¹

Recalling resolutions WHA22.5 and WHA28.38;

1. DECIDES that, with effect from 1 January 1978, members of the Executive Board be reimbursed for their actual travelling expenses between their normal residence and the place of the meeting of the Executive Board, or its committees, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member State to the place of the meeting, except that reimbursement of actual travel expenses for the Chairman of the Board will continue to be on the basis of a first-class air ticket;
2. DECIDES that per diem payments to members of the Executive Board will, in addition to covering periods of necessary travel to and from the place of the meeting and attendance at the place of the meeting, include an additional day's per diem for those members who arrive at least one full day before the opening of the meeting and up to two additional days' per diem for those members for whom the scheduled flight time to the place of the meeting exceeds eight hours and who make a stop-over during travel or arrive at least two full days before the opening of the meeting.

Handb. Res., Vol. II (2nd ed.), 7.1.13

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

WHA30.11 Reimbursement of travelling expenses for attendance at the Health Assembly

The Thirtieth World Health Assembly,

Noting the discussions in the Executive Board at its fifty-ninth session with regard to travel expenses for attendance at the Health Assembly; ²

Recalling resolution WHA28.38;

DECIDES that, with effect from 1 January 1978, each Member and Associate Member be reimbursed the actual travelling expenses of one delegate or representative only, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session; this provision shall be applied to other representatives entitled to reimbursement of travel expenses for attendance at the Health Assembly.

Handb. Res., Vol. II (2nd ed.), 7.1.13

*Eighth plenary meeting, 10 May 1977
(Committee B, first report)*

¹ WHO Official Records, No. 239, 1977, pp. 103-106 and 145-148.

² WHO Official Records, No. 239, 1977, pp. 103-106 and 148-149.

WHA30.12 Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution

The Thirtieth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board ¹ on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that Bolivia, Chad, Democratic Kampuchea, the Dominican Republic, and Grenada are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Noting the payments now being made by Bolivia;

Noting further that Chad and Grenada have made payments in 1976 since the last Health Assembly;

Recognizing the efforts made by these three countries to liquidate their arrears;

Noting that the Dominican Republic has made no payment to the Organization in respect of its assessed contributions since August 1975, and that as a result the Dominican Republic is in arrears for the balance of its 1972 contribution and its full contributions for the years 1973 to 1976, as well as for annual instalments for the years 1972 to 1975 in respect of consolidated arrears of contributions for the period 1965 to 1970;

1. DECIDES not to suspend the voting privileges of Bolivia, Chad, Democratic Kampuchea and Grenada at the Thirtieth World Health Assembly;
2. URGES all these Members to intensify the efforts now being made in order to achieve regularization of their position at the earliest possible date;
3. DECIDES to suspend the voting privileges of the Dominican Republic at the Thirtieth World Health Assembly;
4. URGES the Dominican Republic to regularize its position at an early date and to implement arrangements for settlement of its arrears as accepted by the Twenty-fifth World Health Assembly, thus enabling the Dominican Republic to resume its full participation in the work of the Health Assembly;
5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Handb. Res., Vol. II (2nd ed.), 7.1.2.4

*Eighth plenary meeting, 10 May 1977
(Committee B, second report)*

WHA30.13 Assessment of the Socialist Republic of Viet Nam

The Thirtieth World Health Assembly,

Recalling that the Twenty-eighth World Health Assembly, in resolution WHA28.14, fixed a provisional rate of 0.02 % for 1975 and future years for the Democratic Republic of Viet Nam, to be adjusted to the definitive assessment rate when established;

Recalling further that the Twenty-ninth World Health Assembly, in resolution WHA29.12, reduced the assessment of the Republic of South Viet Nam for the years 1975, 1976 and 1977 to 0.02 %, pending a review of its assessment by the United Nations Committee on Contributions;

Having noted the unification of the Democratic Republic of Viet Nam and the Republic of South Viet Nam on 2 July 1976 to form the Socialist Republic of Viet Nam;

¹ See Annex 2, part 2.

Noting that the United Nations Committee on Contributions proposes to recommend to the United Nations General Assembly that it establish the rate of assessment for the Socialist Republic of Viet Nam for 1976 at one-half of 0.02% from 1 July 1976 onwards and for 1977 and 1978 at 0.03%;

Having considered the proposal submitted by the Socialist Republic of Viet Nam that its assessment be fixed at the minimum rate in view of its specially difficult situation;

DECIDES:

- (1) that the Socialist Republic of Viet Nam shall be assessed at the provisional rate of one-half of 0.02% for 1976 from 1 July 1976 onwards;
- (2) that the Socialist Republic of Viet Nam shall be assessed at the provisional rate of 0.03% for 1977 and 1978;
- (3) that the Socialist Republic of Viet Nam shall be assessed from 1 July 1976 and for future years at a rate to be fixed by the Health Assembly, as and when the assessment rate for this country has been established by the United Nations, at which time these provisional rates shall be adjusted;
- (4) that, in consequence, the contributions provisionally assessed in respect of the Democratic Republic of Viet Nam and the Republic of South Viet-Nam for the years 1976 and 1977 shall be reduced by the following amounts:

	US \$
1976	13 695
1977	14 640
	<hr/>
	28 335
	<hr/>

- (5) to appropriate from available casual income the sum of US \$28 335 required for this adjustment.

Handb. Res., Vol. II (2nd ed.), 7.1.2.2

*Eighth plenary meeting, 10 May 1977
(Committee B, second report)*

WHA30.14 Scale of assessment for 1978

The Thirtieth World Health Assembly

1. DECIDES that the scale of assessment for 1978 shall, subject to the provisions of paragraph 2 below, be as follows:

Member	Scale (percentage)	Member	Scale (percentage)
Afghanistan	0.02	Canada	2.87
Albania	0.02	Cape Verde	0.02
Algeria	0.10	Central African Empire	0.02
Angola	0.02	Chad	0.02
Argentina	0.81	Chile	0.09
Australia	1.48	China	5.37
Austria	0.61	Colombia	0.11
Bahamas	0.02	Comoros	0.02
Bahrain	0.02	Congo	0.02
Bangladesh	0.04	Costa Rica	0.02
Barbados	0.02	Cuba	0.13
Belgium	1.03	Cyprus	0.02
Benin	0.02	Czechoslovakia	0.85
Bolivia	0.02	Democratic Kampuchea	0.02
Botswana	0.02	Democratic People's Republic of Korea	0.05
Brazil	1.02	Democratic Yemen	0.02
Bulgaria	0.13	Denmark	0.61
Burma	0.02	Dominican Republic	0.02
Burundi	0.02	Ecuador	0.02
Byelorussian SSR	0.40	Egypt	0.08

Member	Scale (percentage)	Member	Scale (percentage)
El Salvador	0.02	Niger	0.02
Ethiopia	0.02	Nigeria	0.13
Fiji	0.02	Norway	0.42
Finland	0.41	Oman	0.02
France	5.53	Pakistan	0.06
Gabon	0.02	Panama	0.02
Gambia	0.02	Papua New Guinea	0.02
German Democratic Republic	1.31	Paraguay	0.02
Germany, Federal Republic of	7.52	Peru	0.06
Ghana	0.02	Philippines	0.10
Greece	0.38	Poland	1.40
Grenada	0.02	Portugal	0.20
Guatemala	0.02	Qatar	0.02
Guinea	0.02	Republic of Korea	0.13
Guinea-Bissau	0.02	Romania	0.26
Guyana	0.02	Rwanda	0.02
Haiti	0.02	Samoa	0.02
Honduras	0.02	Sao Tome and Principe	0.02
Hungary	0.34	Saudi Arabia	0.24
Iceland	0.02	Senegal	0.02
India	0.70	Sierra Leone	0.02
Indonesia	0.14	Singapore	0.08
Iran	0.43	Socialist Republic of Viet Nam	0.03
Iraq	0.10	Somalia	0.02
Ireland	0.14	South Africa	0.40
Israel	0.23	Southern Rhodesia	0.01
Italy	3.21	Spain	1.52
Ivory Coast	0.02	Sri Lanka	0.02
Jamaica	0.02	Sudan	0.02
Japan	8.49	Surinam	0.02
Jordan	0.02	Swaziland	0.02
Kenya	0.02	Sweden	1.16
Kuwait	0.16	Switzerland	0.94
Lao People's Democratic Republic	0.02	Syrian Arab Republic	0.02
Lebanon	0.03	Thailand	0.10
Lesotho	0.02	Togo	0.02
Liberia	0.02	Tonga	0.02
Libyan Arab Jamahiriya	0.17	Trinidad and Tobago	0.02
Luxembourg	0.04	Tunisia	0.02
Madagascar	0.02	Turkey	0.30
Malawi	0.02	Uganda	0.02
Malaysia	0.09	Ukrainian SSR	1.50
Maldives	0.02	Union of Soviet Socialist Republics	11.33
Mali	0.02	United Arab Emirates	0.08
Malta	0.02	United Kingdom of Great Britain and Northern Ireland	4.44
Mauritania	0.02	United Republic of Cameroon	0.02
Mauritius	0.02	United Republic of Tanzania	0.02
Mexico	0.76	United States of America	25.00
Monaco	0.02	Upper Volta	0.02
Mongolia	0.02	Uruguay	0.04
Morocco	0.05	Venezuela	0.40
Mozambique	0.02	Yemen	0.02
Namibia	0.01	Yugoslavia	0.38
Nepal	0.02	Zaire	0.02
Netherlands	1.33	Zambia	0.02
New Zealand	0.28		
Nicaragua	0.02		

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1.

WHA30.15 Appointment of the External Auditor

The Thirtieth World Health Assembly

1. RESOLVES that Mr Sven-Ivar Ivarsson be appointed External Auditor of the accounts of the World Health Organization for the two financial years 1978 and 1979 and that he make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence;
2. EXPRESSES its appreciation to Mr Lindmark for the services rendered to the Organization during the years in which he has served as its External Auditor.

Handb. Res., Vol. II (2nd ed.), 7.1.11

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.16 Organizational study on WHO's role at the country level, particularly the role of the WHO representatives

The Thirtieth World Health Assembly,

Recalling resolution WHA29.33;

Having considered the recommendation made by the Executive Board in its resolution EB59.R33;

1. DECIDES that the study on WHO's role at the country level, particularly the role of the WHO representatives, should be continued for another year;
2. REQUESTS the Executive Board to report on its study to the Thirty-first World Health Assembly.

Handb. Res., Vol. II (2nd ed.), 7.4

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.17 Future organizational study by the Executive Board

The Thirtieth World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB59.R34 on the subject of the next organizational study,

1. DECIDES that the next subject of study shall be "The role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO";
2. REQUESTS the Executive Board to report to the Thirty-second World Health Assembly on the study.

Handb. Res., Vol. II (2nd ed.), 7.4

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.18 Action in respect of international conventions on narcotic drugs: Implementation of the Convention on Psychotropic Substances—Functions and responsibilities of WHO

The Thirtieth World Health Assembly,

Having examined the report of the Director-General on the implementation of the Convention on Psychotropic Substances;

Bearing in mind resolution 4 (XXVII) and decision 6 (XXVII) of the Commission on Narcotic Drugs, endorsed by the Economic and Social Council;

Noting resolutions WHA7.6 and WHA18.46;

Noting in particular Article 2 of the Convention;

Considering the obligation for WHO to share fully the responsibility for the successful implementation of the Convention on Psychotropic Substances;

1. REQUESTS the Director-General to forward to the Secretary-General of the United Nations and to the Commission on Narcotic Drugs such notifications and assessments as WHO is called upon to make under the Convention on Psychotropic Substances;
2. URGES Member States not yet party to the Convention on Psychotropic Substances to take the necessary steps to accede to it.

Handb. Res., Vol. II (2nd ed.), 1.9.5.2

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.19 Nineteenth report of the Committee on International Surveillance of Communicable Diseases

The Thirtieth World Health Assembly,

Having considered the nineteenth report of the Committee on International Surveillance of Communicable Diseases,¹

1. THANKS the members of the Committee for their work;
2. APPROVES the recommendations and views expressed by the Committee on International Surveillance of Communicable Diseases in its nineteenth report.

Handb. Res., Vol. II (2nd ed.), 1.8.1.2

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.20 Biennial programme budget: Introduction of biennial budget cycle

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on the introduction of a biennial budget cycle² as well as the recommendation of the Executive Board in resolution EB51.R51 that a programme and budget for a biennial period be introduced as soon as possible;

Noting that the necessary enabling amendments of Articles 34 and 55 of the Constitution, which were adopted by the Twenty-sixth World Health Assembly in resolution WHA26.37, came into force on 3 February 1977 upon acceptance by two-thirds of the Member States;

Confirming the desirability of introducing biennial budgeting as an integral part of biennial programming in WHO;

Considering that the first biennium for which biennial budgeting could become effective is the 1980-1981 biennium, until which time the transitional measures introduced in resolution WHA26.38 should remain in force;

1. DECIDES that the programme budget of WHO shall cover a two-year period beginning with the biennium 1980-1981 and shall be reviewed and approved by the Health Assembly on a two-year basis;

¹ See Annex 1.

² See Annex 3.

2. DECIDES that all prior resolutions and decisions of the Health Assembly shall be construed as conforming to this resolution.

Handb. Res., Vol. II (2nd ed.), 2.2

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.21 Biennial programme budget : Amendments to the Financial Regulations

The Thirtieth World Health Assembly,

Recognizing the need to adapt the Financial Regulations to the decision taken in resolution WHA30.20 to adopt a biennial budget cycle in WHO;

Considering that the assessed contributions of Member States should be remitted in two annual parts at the beginning of each year of the biennium;

Considering further that the programme budget should provide consolidated budget estimates for the biennium and that interim accounts should be prepared for the first year of the biennium and final accounts should be prepared for the full biennium;

Having considered the amendments to the Financial Regulations proposed by the Director-General;¹

1. ADOPTS the amendments to the Financial Regulations as appended to the Director-General's report;²
2. DECIDES that the amendments shall come into force insofar as shall be required to implement a biennial budget cycle for the biennium 1980-1981, and shall enter fully into force on 1 January 1980.

Handb. Res., Vol. II (2nd ed.), 7.1.1

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

WHA30.22 Biennial programme budget : Amendments to the Rules of Procedure of the Health Assembly

The Thirtieth World Health Assembly,

Recognizing the need to adapt the Rules of Procedure of the Health Assembly to the decision taken in resolution WHA30.20 to adopt a biennial budget cycle in WHO,

ADOPTS the following additions and amendments to the Rules of Procedure of the Health Assembly:

Introductory note: insert: " 'Financial period'—to a period of two consecutive calendar years beginning with an even-numbered year."

Rule 5, paragraph (c): delete and replace by:

"any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;"

Rule 97: in the opening phrase, delete the words "at each regular session";

in paragraph (a) replace "year" by "period";

in paragraph (b) replace "year" by "period";

in paragraph (c) delete the word "annual"; replace "the report of the auditor" by "reports of the auditor"; replace "year" by "year or period".

Handb. Res., Vol. II (2nd ed.), 4.1.3

*Tenth plenary meeting, 12 May 1977
(Committee B, third report)*

¹ See Annex 3, Appendix 1.

² With the exception of the proposed amendment to Regulation 9.2.

WHA30.23 Development of programme budgeting and management of WHO's resources at country level

The Thirtieth World Health Assembly,

Recalling resolution WHA25.23, which adopted for WHO a form of programme budget presentation based on the principles of a programme-oriented approach to planning, budgeting and management;

Recognizing the desirability of extending the principles of such programme budgeting to the planning, development and presentation of technical cooperation programmes with governments and to the management of WHO's resources at country level;

Emphasizing the need for close collaboration between WHO and Member States in the development of well-defined country health programmes within which individual projects and activities can subsequently be planned in detail and implemented in relation to overall programme objectives and in close harmony with national health programme processes;

Recognizing the importance of effective planning, implementation, reporting, accounting and evaluation of individual projects which form the basis of programmes of WHO in accordance with the principles of programme budgeting;

Realizing also the problems of preparing in advance an accurate and realistic list of projects supported by the Organization during the biennial budget cycle, by the time that programme budget is approved;

Having considered the report of the Director-General on the development of programme budgeting and management of WHO's resources at country level, along with the relevant resolutions of the regional committees, and the recommendations of the Executive Board thereon;¹

1. ADOPTS the programme budgeting procedures and the form of budget presentation outlined in the report, whereby:

(1) in the early stages of the programme budget process, WHO and national authorities will collaborate in identifying and developing priority programmes for cooperation, directed towards attaining national health goals defined in country health programmes and expressed in terms of a general programme rather than in the form of individual projects or detailed activities;

(2) technical cooperation programme proposals will be presented in regional programme budgets in the form of narrative country programme statements, supported by budgetary tables in which the country planning figures are broken down by programme so as to facilitate a programme-oriented review by the respective regional committees; this information on country programmes will no longer be republished as an information annex to the Director-General's proposed programme budget, provided that such regional material is available to delegates to the Health Assembly and members of the Board in connexion with the review and approval of the WHO programme budget;

(3) detailed plans of operation or work, and budgetary estimates for individual projects and activities planned within defined health programmes, will be developed at a later stage, closer to and as a part of programme implementation at country level;

(4) adequate information on the implementation and completion of programmes and projects as well as information on their progress, efficiency, and effectiveness, will be made available to the delegates to the Health Assembly and members of the Executive Board in the context of the evaluation system under incremental development in WHO;

2. REQUESTS the Director-General to put the new programme budgeting procedure into effect for the forthcoming programme budget cycle, and to introduce the corresponding form of budget presentation in the proposed programme budget for 1980 and 1981.

¹ WHO Official Records, No. 238, 1977, Part I, resolution EB59.R50 and Annex 7.

WHA30.24 Assistance to newly independent and emerging States in Africa

The Thirtieth World Health Assembly,

Having considered the Director-General's reports submitted in accordance with resolutions WHA29.23 and EB59.R40 on assistance to newly independent and emerging States in Africa;

Bearing in mind the action called for in resolution WHA29.23;

1. NOTES with appreciation the concerted efforts made by the Office of the United Nations High Commissioner for Refugees, the United Nations Development Programme, the Office of the United Nations Disaster Relief Coordinator, the United Nations Children's Fund, the League of Red Cross Societies, and WHO to provide assistance to these States;
2. COMMENDS the action taken to introduce flexible measures to meet the needs of the countries concerned;
3. REQUESTS the Director-General to continue and intensify health assistance to newly independent and emerging States in Africa and to national liberation movements recognized by the Organization of African Unity, and to report to the Thirty-first World Health Assembly on such assistance.

Handb. Res., Vol. II (2nd ed.), 1.4.1

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.25 Special assistance to Democratic Kampuchea, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam

The Thirtieth World Health Assembly,

Having considered the Director-General's report submitted in accordance with resolution WHA29.24 on assistance to Democratic Kampuchea, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam;

Bearing in mind the action called for in resolutions WHA29.24 and EB59.R41;

1. NOTES with appreciation the concerted efforts made, together with other interested agencies, to provide assistance to these States;
2. COMMENDS the Director-General's initiatives and the success that these have encountered in securing financial contributions, particularly for the Socialist Republic of Viet Nam;
3. THANKS Member States and organizations that have contributed to the special assistance programme for their generous donations;
4. APPEALS to those Member States that have not already contributed to support the programme drawn up to meet the special needs of the Lao People's Democratic Republic and the Socialist Republic of Viet Nam;
5. REQUESTS the Director-General:
 - (1) to continue and intensify his efforts to secure the largest possible volume of funds for the benefit of the three countries concerned;
 - (2) to continue to work for the benefit of these countries and to cooperate with them in meeting their many health needs, and especially to assist in the reconstruction of the health services of the Socialist Republic of Viet Nam, in collaboration with the Coordinator for Rehabilitation Assistance to Viet Nam.

Handb. Res., Vol. II (2nd ed.), 1.4.1

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.26 Health assistance to refugees and displaced persons in Cyprus

The Thirtieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47 and WHA29.44;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Thirty-first World Health Assembly on such assistance.

Handb. Res., Vol. II (2nd ed.), 8.1.4.4

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.27 Health and medical assistance to Lebanon

The Thirtieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolution WHA29.40;

Having regard to the aftermath of the tragedy in Lebanon, with its thousands of injured, crippled and handicapped persons and the serious damage suffered by health and medical establishments and facilities in town and country;

1. NOTES with satisfaction the information supplied by the Director-General regarding the health and medical assistance which has already been provided to the categories of victims mentioned above;
2. EXPRESSES its gratitude to the Secretary-General of the United Nations and the Member States that have responded generously to his appeal, thus helping to alleviate the distressing consequences of the conflict in Lebanon;
3. THANKS the International Committee of the Red Cross, the Office of the United Nations High Commissioner for Refugees, and the United Nations Children's Fund for the help they have given WHO in fulfilling its responsibilities for the provision to Lebanon of health and medical assistance;
4. REQUESTS the Director-General to continue and intensify the Organization's health and medical assistance to Lebanon, allocating for this purpose, and to the extent possible, funds from the regular budget and other WHO financial resources, in addition to any sums received from the United Nations Trust Fund for Lebanon, and to report to the Thirty-first World Health Assembly on such assistance.

Handb. Res., Vol. II (2nd ed.), 1.4.2

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.28 Continuation of the Joint Inspection Unit

The Thirtieth World Health Assembly,

Recalling part II of resolution WHA20.22, by which it was decided that the World Health Organization should participate in the Joint Inspection Unit, and resolutions WHA24.53 and WHA26.50 extending the Organization's participation till 31 December 1977;

Noting that the United Nations General Assembly has decided in its resolution 31/192 to approve the Statute of the Joint Inspection Unit¹ established with effect from 1 January 1978, and has invited the other participating organizations in the United Nations system to take similar action;

1. DECIDES to accept the Statute of the Joint Inspection Unit;
2. REQUESTS the Director-General to notify this acceptance to the Secretary-General of the United Nations.

Handb. Res., Vol. II (2nd ed.), 8.1.2.2

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.29 Assessment of Namibia

The Thirtieth World Health Assembly,

Having considered the recommendation of the Executive Board on the assessment of Namibia,²

1. DECIDES to exempt Namibia from payment of its assessed contributions for 1978 and subsequent years until the year it accedes to full membership of the World Health Organization;
2. AUTHORIZES the Director-General to finance those contributions from available casual income.

Handb. Res., Vol. II (2nd ed.), 7.1.2.2

*Twelfth plenary meeting, 16 May 1977
(Committee B, fourth report)*

WHA30.30 Programme budget policy

The Thirtieth World Health Assembly,

Recalling resolutions WHA28.75 and WHA28.76 on technical cooperation with developing countries, and in particular resolution WHA29.48, which requests the Director-General to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980;

Stressing the critical role, for the achievement of the ultimate health objectives of WHO, of socially relevant technical cooperation programmes, directed towards defined national health goals, that further national self-reliance and contribute directly and significantly to the improvement of the health status of the populations served;

Emphasizing the need for Member States to collaborate to increase the effectiveness of technical co-operation and to make better use of WHO;

Having considered the report of the Director-General on policy and strategy for the development of technical cooperation³ and the recommendations of the Executive Board thereon,⁴ and in particular new trends in programme development and implementation in WHO and the proposed reorientation of the programme budget for 1978-1979 as well as the implications for 1980-1981 and later years;

¹ WHO Official Records, No. 238, 1977, Part I, Annex 5.

² Resolution EB59.R44.

³ WHO Official Records, No. 238, 1977, Part II, Appendix 1, Annex I (p. 181).

⁴ WHO Official Records, No. 238, 1977, Part II, Chapter I (p. 114), and resolution EB59.R9.

Noting the phased reduction of posts and of certain establishment and other costs, including the phasing out of projects that have outlived their utility, in order to make substantial resources available for new and expanded programmes of technical cooperation during 1978-1981;

1. APPROVES the programme budget strategy proposed by the Director-General to enhance the coordinating role of WHO and within that approach to reorient the work of the Organization towards increased, effective technical cooperation with and services to governments;
2. AFFIRMS that the proposed strategy provides a basis for full response to the programme budget policy directives of resolutions WHA28.75, WHA28.76 and WHA29.48;
3. REQUESTS the Executive Board to continue in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolutions WHA28.75, WHA28.76 and WHA29.48;
4. REQUESTS the Director-General to continue to develop and orient all the activities of WHO towards increased social relevance and benefit to the populations served;
5. URGES Member States to collaborate and make full use of their Organization for the international promotion of increased, effective technical cooperation in the field of health.

Handb. Res., Vol. II (2nd ed.), 2.1.1

*Twelfth plenary meeting, 16 May 1977
(Committee A, first report)*

WHA30.31 Appropriation resolution for the financial year 1978 ¹

The Thirtieth World Health Assembly

RESOLVES to appropriate for the financial year 1978 an amount of US \$187 215 110 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1	Policy organs	3 056 900
2	General management, coordination and development	17 118 285
3	Development of comprehensive health services	24 527 839
4	Health manpower development	20 873 990
5	Disease prevention and control	36 235 524
6	Promotion of environmental health	8 165 580
7	Health information and literature	15 987 400
8	General service and support programmes	20 800 800
9	Support to regional programmes	18 233 682
	Effective working budget	165 000 000
10	Transfer to Tax Equalization Fund	18 445 900
11	Undistributed reserve	3 769 210
	Total	187 215 110

B. Amounts not exceeding the appropriations voted under paragraph A shall be made available for the payment of obligations incurred during the period 1 January to 31 December 1978, in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1978 to sections 1-10.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount

¹ See Annex 2, part 3.

not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US \$8 516 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. Any other transfers required shall be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

(i)	estimated reimbursement of programme support costs for activities financed from extrabudgetary funds	US \$2 600 000
(ii)	casual income in the amount of	US \$3 000 000
	Total	US \$5 600 000

thus resulting in assessments on Members of US\$ 181 615 110. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Handb. Res., Vol. II (2nd ed.), 2.3

*Twelfth plenary meeting, 16 May 1977
(Committee A, first report)*

WHA30.32 Development of codes of medical ethics

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on coordination within the United Nations system on general matters;

Recalling the invitations addressed to WHO by the United Nations General Assembly in resolutions 3218 (XXIX), 3453 (XXX), and 31/85 on the elaboration of a draft code of medical ethics relevant to the protection of persons subjected to any form of detention or imprisonment against torture and other cruel, inhuman or degrading treatment or punishment;

Further recalling resolutions EB55.R64 and EB57.R47 on this question;

Keeping in mind the document prepared by the Director-General, entitled "Health aspects of avoidable maltreatment of prisoners and detainees", which was submitted to the Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders and to the United Nations General Assembly at its thirtieth session;

Considering that the arrangements made by the Director-General with the Council for International Organizations of Medical Sciences (CIOMS) to undertake, on behalf of WHO, a study on the feasibility of a code of medical ethics relevant to torture, adequately meet the terms of resolution EB57.R47;

REQUESTS the Director-General:

- (1) to transmit the study being undertaken by CIOMS and its conclusions to a future session of the Executive Board for its consideration before being forwarded to the United Nations General Assembly;

- (2) to inform the Secretary-General of the United Nations of this resolution with the request that it be brought to the attention of the United Nations General Assembly at its thirty-second session.

Handb. Res., Vol. II (2nd ed.), 9.2; 8.1.3.5

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

WHA30.33 United Nations Water Conference

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on the United Nations Water Conference;

Noting the recommendations made by that Conference, particularly with respect to community water supply and the priority given to the provision of safe water supply and sanitation for all by the year 1990; the priority areas for action within the framework of the Plan of Action formulated by the United Nations Water Conference; the action to be undertaken at national level as well as through international cooperation; and the proposal that 1980-1990 be designated as the International Drinking-Water Supply and Sanitation Decade;

Recalling resolutions WHA29.45, WHA29.46 and WHA29.47 concerning directly and indirectly the interests of WHO with respect to the provision of adequate and potable water and sanitary disposal of wastes;

Considering that previous mandates of the Organization, as stated most recently by the Twenty-ninth World Health Assembly in the resolutions referred to above, and the ongoing and planned programmes of WHO in the field of community water supply and sanitation enable the Organization, making maximum possible use of national collaborating institutions, to play a leading role in implementing the relevant recommendations of the United Nations Water Conference, including the request to WHO to monitor the progress of Member States towards the attainment of safe water supply and sanitation for all by the year 1990, through technical cooperation with individual Member States and in cooperation with other concerned organizations, institutions and programmes of the United Nations system;

1. URGES Member States:

- (1) to appraise as a matter of urgency the status of their community water supply, sanitation facilities and services and their control;
- (2) to formulate within the context of national development policies and plans by 1980 programmes with the objectives of improving and extending those facilities and services to all people by 1990, with particular attention to specific elements such as:
 - (a) the elaboration of sector development policies and plans through comprehensive studies of the national water supply sector;
 - (b) the development of alternative approaches and materials so as best to suit the particular conditions of the country;
 - (c) the identification and preparation of investment projects;
 - (d) the improvement of the operation and maintenance of facilities, including the surveillance of drinking-water quality;
 - (e) the assessment of water resources, and their conservation;
 - (f) the prevention of pollution of water resources and spread of disease resulting from water resources exploitation;
 - (g) the improvement of manpower and management capabilities;
- (3) to implement the programmes formulated in the preparatory period 1977-1980 during the decade 1980-1990 recommended by the United Nations Water Conference to be designated as the International Drinking-Water Supply and Sanitation Decade;

(4) to ensure that people consume water of good quality, by periodic inspection of water sources and treatment and distribution facilities, by improving public education programmes in the hygiene of water and wastes, and by strengthening the role of health agencies in this respect;

2. REQUESTS the Director-General:

(1) to collaborate with Member States in the above-mentioned activities, including the provision of specialized staff upon the request of Member States, immediate efforts being made for a rapid assessment of ongoing programmes and the extent to which they could usefully be expanded to meet the objectives recommended by the United Nations Water Conference;

(2) to revise as appropriate the review being undertaken in accordance with resolution WHA29.47, operative paragraph 5 (4), with a view to meeting the terms of the recommendation of the United Nations Water Conference concerning country plans for water supply and sanitation, and as a major contribution to the preparations for the proposed International Drinking-Water Supply and Sanitation Decade;

(3) to ensure WHO's fullest participation in implementing the Plan of Action formulated by the United Nations Water Conference and in the action to be undertaken during the proposed International Drinking-Water Supply and Sanitation Decade, in close collaboration with the concerned organizations of the United Nations system, other intergovernmental bodies, and nongovernmental organizations;

(4) to reinforce if necessary WHO's longstanding ability, making maximum possible use of national collaborating institutions, to play a leading role in the field of community water supply and sanitation in cooperation with the other concerned organizations of the United Nations system;

(5) to strengthen collaboration with multilateral and bilateral agencies and other donors regarding the provision of resources to Member States in the development of their water supply and sanitation programmes;

(6) to study the future organizational, staffing, and budgetary implications for the Organization, and the role it should assume in the light of the recommendations of the United Nations Water Conference;

(7) to report on developments occurring in the light of the present resolution to a future Health Assembly, under a separate agenda item.

Handb. Res., Vol. II (2nd ed.), 1.11.2.1; 8.1.3

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

WHA30.34 Coordination within the United Nations system : General matters

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on coordination within the United Nations system on general matters;

Noting those resolutions of direct concern to WHO which were adopted by the United Nations General Assembly at its thirty-first session, and the role which WHO is expected to play in implementing those resolutions;

Noting with satisfaction the improved financial situation of the United Nations Development Programme and endorsing UNDP's continuing central coordination role in technical cooperation;

Mindful that WHO's activities are interrelated with other sectoral activities of the entire United Nations system, and that the Organization has an important contribution to make to these activities;

Underlining the importance it attaches to the use of extrabudgetary funds by WHO for the implementation of specific responsibilities which the Organization is called upon to carry out in accordance with decisions of the Health Assembly;

1. CONCURS in the steps taken by the Director-General to ensure that the United Nations and other organizations and institutions of the United Nations system are aware of the activities of WHO so as to be able to take them into account during the development of their own sectoral programmes;
2. SUPPORTS the concept that coordination between the organizations of the United Nations system should entail closer collaboration between organizations' representatives at the national level, as well as with the appropriate government authorities for the purpose of enhancing joint United Nations system-wide action within Member States;
3. REQUESTS the Director-General:
 - (1) to further ensure that appropriate support is given to the work of the Administrative Committee on Coordination and its subsidiary bodies in the expectation that health and health-related factors may usefully serve as a basis for a more effective coordinated approach to overall development;
 - (2) to ensure that further efforts are made to attract extrabudgetary resources to complement the WHO regular programme activities;
 - (3) to continue to report to the Executive Board or the Health Assembly as appropriate on coordination within the United Nations system, including developments regarding budget harmonization in the United Nations system, the effect of inflation on budgets, and personnel policies and practices.

Handb. Res., Vol. II (2nd ed.), 8.1.1

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

WHA30.35 Assignment of Ethiopia to the African Region

The Thirtieth World Health Assembly,

Having considered the request from the Government of Ethiopia for the inclusion of that country in the African Region,

RESOLVES that Ethiopia shall form part of the African Region.

Handb. Res., Vol. II (2nd ed.), 5.1.3

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

WHA30.36 Leprosy control

The Thirtieth World Health Assembly

1. THANKS the Director-General for the action taken in response to resolution WHA29.70;
2. REQUESTS the Director-General, in continuing to implement resolution WHA29.70, to lay stress more particularly on research at the national and international levels and to give more encouragement to education of the population;
3. REQUESTS the Director-General to keep the Health Assembly informed on future developments in this field by including a progress report on this programme in his report on the work of WHO, as and when appropriate.

Handb. Res., Vol. II (2nd ed.), 1.8.4.1

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

WHA30.37 Health assistance to refugees and displaced persons in the Middle East

The Thirtieth World Health Assembly,

Recalling resolution WHA29.69 and the previous resolutions of the Health Assembly concerning the health conditions of refugees and displaced persons, on the one hand, and on the other hand the relevant resolutions adopted by the United Nations General Assembly and the Commission on Human Rights;

Taking note of the report of the Director-General on health assistance to refugees and displaced persons in the Middle East, concerning the assistance provided to the Palestinian population;

Having examined the report of the Special Committee of Experts set up to study the health conditions of the inhabitants of the occupied territories in the Middle East, and having noted that the Special Committee of Experts has not, up till now, been able to carry out its mandate owing to the refusal of the occupying authorities to grant it permission to visit the occupied Arab territories;

Convinced that the occupation of territories by force gravely affects the physical, mental and social health conditions of the population under occupation, and that this can be rectified only by the cessation of such occupation;

Bearing in mind that the liberation of all peoples is fundamental to the attainment of a just peace;

Deeply concerned at the forms of pressure practised by the occupying authorities, such as the eviction and deportation of medical and auxiliary staff from the occupied territories, with resulting deterioration of health conditions and services within the occupied territories;

Deeply concerned at the continuation in the occupied Arab territories of Israeli practices such as:

- (a) the eviction and deportation of Arab populations and the resettlement in their homes of non-Arab inhabitants;
- (b) the destruction and demolition of Arab houses and the confiscation and expropriation of Arab lands and properties;
- (c) the detention and ill-treatment of persons, resulting in numerous deaths;

Considering that proper adherence to the mandate conferred on the Special Committee of Experts by the Health Assembly is essential for the implementation of the Committee's mission;

1. DENOUNCES the procrastination and obstinacy of the Israeli occupying authorities and their obstruction of the mission of the Special Committee of Experts, and considers unacceptable all the excuses to which the authorities have resorted for refusing to grant the Committee permission to visit the occupied Arab territories;
2. CONSIDERS that the data which the Israeli occupying authorities have submitted to the Committee concerning the health conditions of the Arab population in the occupied Arab territories, without permitting the Committee to visit those territories, are inconsistent with resolution WHA26.56 and hence irrelevant;
3. CONDEMNS Israel for ignoring the previous resolutions adopted by the Health Assembly;
4. DEMANDS that the Israeli occupying authorities permit the Special Committee of Experts as such to visit all the occupied Arab territories and guarantee the Special Committee freedom of movement so that it can directly contact the Arab population under Israeli occupation, Arab institutions and specific target groups within the population; and, in the event of failure on the part of Israel to comply with the Assembly's request, that consideration be given by Member States to appropriate action to be taken under the Constitution of the World Health Organization, after a report has been presented by the Director-General;
5. REQUESTS the Special Committee of Experts to carry out its mandate as set forth in section B of resolution WHA26.56, and to take into consideration the deteriorating health conditions of the detainees which are resulting in many deaths, bearing also in mind the resolution of the thirty-third session of the Commission on Human Rights;

6. NOTES with appreciation the role played by the Director-General in implementing resolution WHA29.69, and requests him to continue collaborating with the Palestine Liberation Organization in providing technical and material assistance to raise the level of health of the Palestinian population;
7. REQUESTS the Director-General to continue to allocate the necessary funds for the improvement of the health conditions of the population in the occupied Arab territories and to ensure that such funds are used under the direct supervision of WHO through its representative in the occupied Arab territories;
8. REQUESTS the Director-General to report to the Thirty-first World Health Assembly on the execution of the mandate of the Special Committee of Experts;
9. DECIDES that the title of the relevant item be amended to read "Health conditions of the Arab population in the occupied Arab territories including Palestine" in the provisional agenda for the Thirty-first World Health Assembly.

Handb. Res., Vol. II (2nd ed.), 8.1.4.4

*Thirteenth plenary meeting, 18 May 1977
(Committee B, sixth report)*

WHA30.38 Mental retardation

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on mental retardation,

1. THANKS the Director-General for his report;
2. URGES Member States to accord adequate priority in their health policies and development plans to actions that will prevent mental retardation and provide necessary care and support for mentally retarded individuals and their families, mainly through non-institutionalized community action;
3. REQUESTS the Director-General to follow the policy set out in his report in developing activities concerned with the care of the mentally retarded, giving priority to action within existing services and to interventions concerned with children, and stressing simple methods of detection and care.

Handb. Res., Vol. II (2nd ed.), 1.9.5

*Thirteenth plenary meeting, 18 May 1977
(Committee B, sixth report)*

WHA30.39 Système international d'Unités : Use of SI units in medicine

The Thirtieth World Health Assembly,

Having considered the report of the Director-General¹ submitted in accordance with resolution WHA29.65;

¹ This report contained the following paragraphs:

"When chemical substances interact, either *in vitro* or *in vivo*, the proportions in which they do so are related to their relative molecular mass ('molecular weight'). This is measured in terms of 'amount of substance' by means of the mole. For a proper understanding of chemical reactions, therefore, whether they occur in the laboratory or in the body, the use of the mole is essential. The use of mass units (such as milligrams per litre) serves no purpose other than the purely arbitrary one of deciding whether or not a given value is greater or less than a certain reference value. The expression of concentrations of substances in body fluids in molecular terms also serves this purpose, but in addition gives valuable insight into the balance of the constituents. Such insight cannot be obtained from mass units.

"The use of the mole for the reporting of values in clinical chemistry has been endorsed by virtually all the relevant international organizations, including the International Committee for Standardization in Hematology, the International Federation of Clinical Chemistry, the International Union of Biochemistry, and the International Union of Pure and Applied Chemistry (Section on Clinical Chemistry). For the past five years or so it has been used in WHO publications."

Operative paragraph 1 of the resolution should therefore be considered as endorsing the expression of concentration in terms of the mole and *not* in terms of mass units.

Noting the wide endorsement that has been given by international scientific organizations to the *Système international d'Unités* (SI) developed by the *Conférence générale des Poids et Mesures*, the intergovernmental body responsible for units of measurement;

Noting further that the change to the use of SI units in medicine has already taken place or is now under way in several countries;

Mindful nevertheless of the confusion that can arise if new units of measurement are introduced without adequate preparation;

1. RECOMMENDS the adoption of the SI by the entire scientific community, and particularly the medical community throughout the world;
2. RECOMMENDS that, to minimize any confusion due to the simultaneous use of more than one system of units, the period of transition to the new system should not be unduly prolonged;
3. RECOMMENDS that, in addition to the scale in kilopascals, the millimetre (or centimetre) of mercury and the centimetre of water be retained for the time being on the scales of instruments for the measurement of the pressure of body fluids, pending wider adoption of the use of the pascal in other fields;
4. RECOMMENDS that, in making the change, institutions, scientific associations, and the like secure the best available advice and information, and give their personnel or members a course of intensive instruction in the theory and application of the SI prior to the time when the change takes effect;
5. RECOMMENDS that all medical schools, and schools providing training in disciplines related to medicine, include courses on the theory and use of the SI in their curricula;
6. REQUESTS the Director-General to assist the change by preparing a succinct, simple, and authoritative account of the SI that could be made available to Member States, medical associations, and medical journals.

Handb. Res., Vol. II (2nd ed.), 1.13.5

*Thirteenth plenary meeting, 18 May 1977
(Committee B, sixth report)*

WHA30.40 Development and coordination of biomedical and health services research

The Thirtieth World Health Assembly,

Having considered the Director-General's report on the development and coordination of biomedical and health services research,

1. THANKS the Director-General for his report;
2. NOTES with satisfaction the orientation of WHO's research promoting and coordinating activities in conformity with the Sixth General Programme of Work;¹
3. ENDORSES the research policy guidelines outlined by the Director-General, with particular attention to:
 - (1) the role of WHO in strengthening national research capabilities, promoting international cooperation, and ensuring the appropriate transfer of existing and new scientific knowledge to those who need it;
 - (2) the emphasis on greater regional involvement in research, with the active participation of regional advisory committees on medical research;
 - (3) the setting of research goals and priorities in the regions in response to the expressed needs of Member States;
 - (4) the concept of special programmes for research and training in major mission-oriented programmes of the Organization;
 - (5) the keeping of an appropriate balance between biomedical and health services research;

¹ WHO Official Records, No. 233, 1976, Annex 7.

4. REAFFIRMS that effective biomedical and health services research activities aimed at the solution of major health problems of Member States, especially of developing countries, play an important role in technical cooperation between WHO and Member States;

5. CONFIRMS the need to strengthen further the research development and coordination mechanisms outlined by the Director-General, with emphasis on:

- (1) close coordination between the regional and the global advisory committees on medical research in the long-term planning and development of the WHO research programme;
- (2) collaboration with medical research councils or analogous national research bodies to ensure effective coordination of national, regional and global research programmes;
- (3) utilization of research promotion mechanisms, such as scientific working groups, to ensure broadly based participation of the scientific community in the planning, implementation and evaluation of WHO's research programmes;
- (4) increased technical cooperation with, and between, research institutions of Member countries to carry out collaborative research and training and improve communication between scientists;
- (5) developing and strengthening of research into the more efficient deployment of resources within health care delivery systems, especially on a national and regional basis;
- (6) broadening the basis of advice and support for health services research by extending the membership of the Advisory Committee on Medical Research and related committees and the WHO collaborating centres to include representatives of social, management and other sciences;
- (7) increasing the number of collaborating centres in the field of health services research, and ensuring the strengthening of this research;
- (8) achieving a balanced geographical distribution of collaborating centres for biomedical and health services research;

6. REQUESTS the Director-General to further elaborate the WHO long-term programme in the field of development and coordination of biomedical and health services research, taking into account the suggestions of the Advisory Committee on Medical Research, of regional committees and regional advisory committees on medical research, as well as the forecasts of developments in medical science and health practice in Member States; and to report his further proposals to the Executive Board and to the Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.1.3

*Thirteenth plenary meeting, 18 May 1977
(Committee A, second report)*

WHA30.41 Long-term planning of international cooperation in cancer research

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on long-term planning of international cooperation in cancer research, prepared in accordance with resolution WHA28.85;

Noting the establishment of an Ad Hoc Committee of the Executive Board to make recommendations with respect to all activities of WHO in the field of cancer and to base such recommendations on the Organization's medium-term programme on cancer as described in the Sixth General Programme of Work, these recommendations also to cover the distribution of activities in the field of cancer research between WHO including the International Agency for Research on Cancer, and other international organizations, as well as measures to ensure the best possible coordination of these activities; and awaiting the results of consideration of this question by the Executive Board;

Bearing in mind the growing significance of the cancer problem for developing countries, as well as for developed countries;

1. REQUESTS the Executive Board and the Director-General to continue their respective efforts in the field of cancer, including the development of health services, cancer control and research, the training of qualified oncologists, and the establishment of favourable conditions for exchange of experience on all aspects of the problem, at international and country levels;
2. REQUESTS the Director-General to present a special report on further progress and on the evaluation results of this work to a future Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.9.1

*Thirteenth plenary meeting, 18 May 1977
(Committee A, second report)*

WHA30.42 Special Programme for Research and Training in Tropical Diseases

The Thirtieth World Health Assembly,

Having considered the progress report submitted by the Director-General, pursuant to resolution WHA29.71, on the Special Programme for Research and Training in Tropical Diseases;

Having further taken cognizance of the views expressed by the Executive Board on this programme and of the recommendations made in resolution EB59.R31;

Considering that the most appropriate environment to conduct research and training activities is in the countries affected by the diseases in question;

Emphasizing again the need for national research and training institutions in every region to participate fully in the global networks of collaborating centres of the Special Programme;

1. NOTES with satisfaction the progress made towards the establishment of the programme and in the development of its initial activities in cooperation with the United Nations Development Programme, the World Bank, and the Member States;
2. EXPRESSES its appreciation of the generous contributions to the Special Programme made so far or pledged for the future;
3. URGES the Governments of Member States (a) to maximize their contributions, and, on the other hand, (b) to develop to the fullest possible extent national research and training institutions and facilities in support of the programme;
4. REQUESTS the Director-General to identify and develop such institutions and facilities in countries of each region;
5. INVITES the Director-General:
 - (1) to use the budgetary provisions made for the 1978-1979 biennium according to priorities approved within the Special Programme;
 - (2) to use in the same way any budgetary provisions for the Special Programme which may be included in future programme budgets, starting with the 1980-1981 biennium;
 - (3) to endeavour to ensure that contributions to the Special Programme originating from (a) the Tropical Diseases Research Fund which the World Bank has been requested to consider establishing and managing, (b) the WHO Voluntary Fund for Health Promotion, and (c) other agency funds such as the contributions made by the United Nations Development Programme, be made to the greatest extent possible without restrictions on the uses to which they may be put among the activities approved within the programme;
6. FURTHER REQUESTS the Director-General to continue to report on the development of the Special Programme to the Executive Board and the Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.8.5

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.43 Technical cooperation

The Thirtieth World Health Assembly,

Faced with the magnitude of health problems and the inadequate and intolerably inequitable distribution of health resources throughout the world today;

Considering that health is a basic human right and a worldwide social goal, and that it is essential to the satisfaction of basic human needs and the quality of life;

Reaffirming that the ultimate constitutional objective of WHO is the attainment by all peoples of the highest possible level of health;

Recalling resolutions WHA28.75, WHA28.76 and WHA29.48 on the principles governing technical cooperation with developing countries;

1. DECIDES that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;
2. CALLS UPON all countries urgently to collaborate in the achievement of this goal through the development of corresponding health policies and programmes at the national, regional and interregional level and the generation, mobilization and transfer of resources for health, so that they become more equitably distributed, particularly among developing countries;
3. REQUESTS the Executive Board and the Director-General to pursue the reorientation of the work of WHO for the development of technical cooperation and transfer of resources for health in accordance with one of the Organization's most important functions as the directing and coordinating authority in international health work.

Hand. Res., Vol. II (2nd ed.), 1.4.1

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.44 Health legislation

The Thirtieth World Health Assembly,

Considering that appropriate health legislation is of paramount importance in the strengthening of health services, and in particular in assuring primary health care for rural and otherwise underserved populations;

Recognizing that health legislation adapted to national requirements can serve to protect and improve the health of the individual and of the community;

Noting that many Member States still have limited health legislation that may date back to the colonial era, or no legislation at all, and that this situation needs to be remedied by adapting legislation to present needs in these countries and developing new health laws to deal with new requirements;

Bearing in mind the need for Member States to be informed of the health legislation of other countries, particularly that concerning drugs, foodstuffs, and toxic chemicals crossing national frontiers;

Recognizing the fact that national health services require appropriate health legislation to ensure their adequate implementation;

Noting further the recommendations on legislation adopted by various United Nations conferences, notably the Stockholm Conference on the Human Environment, the United Nations Conference on Human Settlements (Habitat), and the recent United Nations Water Conference;

Bearing in mind that no country can solve its health problems in isolation and that a sharing of experience in the health legislation field is of considerable value, notably for the developing countries;

Recalling resolutions by previous Health Assemblies and Executive Board sessions concerning the Organization's overall programme in health legislation;

1. URGES Member States to fulfil their obligations under Article 63 of the Constitution to forward their important health laws and regulations to the Organization;
2. REQUESTS the Director-General:
 - (1) to strengthen WHO's programme in the field of health legislation, with a view to assisting Member States, upon their request, in the development of appropriate health legislation adapted to their needs, and to enhance technical cooperation in health legislation and its administration, particularly in developing countries;
 - (2) to strengthen collaboration with other specialized agencies concerned in the development of guidelines for health legislation on the various subjects of health policies;
 - (3) to study and implement the optimum means for the dissemination of legislative information in Member countries to serve as guides for the development of new or revised health laws;
 - (4) to submit a report on developments in this sphere to the Health Assembly as soon as possible;
3. REQUESTS the Executive Board to re-examine the criteria for the *International Digest of Health Legislation* approved by the sixth session of the Board, with a view to updating them to meet the present needs of technical cooperation designed to serve developing countries.

Handb. Res., Vol. II (2nd ed.), 1.13.4

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.45 Special programme of technical cooperation in mental health

The Thirtieth World Health Assembly,

Noting with concern the magnitude and severity of psychosocial stresses currently facing many populations of the developing countries and especially the high-risk populations in southern Africa;

Recognizing that existing services are unable to provide necessary preventive and curative care for the broad range of mental health problems exacerbated by such stresses;

Further recognizing that in some cases there are no relevant infrastructures on which a viable programme could be built;

Affirming the need to take immediate preventive, curative and rehabilitative measures if irreversible damage to social and productive aspects of individuals and communities is to be prevented;

1. URGES Member States to support action coordinated by WHO to solve these problems through increased cooperative efforts and by voluntary contributions;
2. REQUESTS the Director-General to combat these problems:
 - (1) by working with countries concerned in the development of plans for relevant mental health action within general health and other social services;
 - (2) by facilitating cooperation between countries that will strengthen human resources and ensure the application of appropriate technologies from the field of mental health and behavioural sciences;
 - (3) by making activities which deal with these problems a special focus of the WHO mental health programme.

Handb. Res., Vol. II (2nd ed.), 1.9.5

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.46 Information systems and services

The Thirtieth World Health Assembly,

Recalling resolutions WHA27.32 and EB55.R56;

Recognizing the necessity for rationalization and reallocation of the Organization's resources;

Bearing in mind the emphasis of WHO policy on improved planning of health services and the dependence of such progress on information systems and services;

1. EMPHASIZES the importance of adequate systems and services for the generation, collection and dissemination of statistical and other relevant information on health and socioeconomic matters, as the basis of better planned and effective health services;
2. URGES Member States to develop appropriate national health information systems and services to support the development, implementation and evaluation of their health services;
3. REQUESTS the Director-General:
 - (1) to ensure that the activities of WHO in the fields of statistical and other information systems and services will continue to have the necessary priority at headquarters and in the regions;
 - (2) to collaborate with Member States in the development of national health information systems and services;
 - (3) to report in his annual report on progress in this field to a future Assembly.

Handb. Res., Vol. II (2nd ed.), 1.1.4

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.47 Evaluation of the effects of chemicals on health

The Thirtieth World Health Assembly,

Recalling resolutions WHA26.58, WHA27.49, WHA28.63, WHA29.45 and WHA29.57;

Considering that the growing use of chemicals in public health, industry, agriculture, food production and in the home, together with environmental pollution resulting from rapid industrialization and new technologies, will need recognition in the health policies and strategies of all countries, as has already been the case in several Member States that have introduced new legislation in this field;

Concerned at the acute and especially the chronic or combined toxic effects, not only on present but on future generations, that may result from exposure to chemicals in air, water, food, consumer products and at the place of work, particularly if combined with exposure to other chemicals, infectious agents and physical factors;

Disturbed by the increasing number of accidental releases of chemicals into the environment, resulting in adverse effects on health of epidemic proportions;

Aware of the progress made by WHO and its International Agency for Research on Cancer, with the active cooperation of Member States, in evaluating health hazards from exposure to chemicals; and bearing in mind the activities being carried out by other organizations, in particular the United Nations Environment Programme's International Register of Potentially Toxic Chemicals;

Recognizing, however, that so far existing national or international programmes have not been able to deal adequately with the long-term aspects of human exposure to chemicals;

REQUESTS the Director-General:

- (1) to study the problem and long-term strategies in this field; and, in collaboration with appropriate national institutions and international organizations, to examine the possible options for international cooperation, including the financial and organizational implications, with a view to:

- (a) accelerating and making more effective the evaluation of health risks from exposure to chemicals, and promoting the use of experimental and epidemiological methods that will produce internationally comparable results;
 - (b) exchanging information on new chemical hazards to public health;
 - (c) providing rapid and effective response in emergencies and in developing arrangements for mutual assistance between Member States;
 - (d) developing manpower in this field;
- (2) to report the results of this study, together with his recommendations, to the Executive Board and the Health Assembly as soon as possible.

Handb. Res., Vol. II (2nd ed.), 1.11.3

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.48 The role of nursing/midwifery personnel in primary health care teams

The Thirtieth World Health Assembly,

Bearing in mind resolution WHA28.88 on the development of primary health care;

Reaffirming the main principles contained in resolution WHA29.72 on health manpower development;

Having examined the report of the Director-General on the work of WHO in 1976, and noting particularly the expressed priority to be given to the rapid balanced increase in the numbers of health personnel and to the strengthening of facilities for this purpose;

Considering that comprehensive primary health care services involve not only treatment of the ill but also, and more so, the prevention of disease as well as the promotion and maintenance of health;

Considering that nursing/midwifery personnel as part of the health team have provided and continue to provide the greater part of health care in most health systems;

Considering that many Member States already have a sizeable pool of nursing/midwifery personnel possessing the necessary managerial, supervisory and teaching skills from which may be drawn teachers and supervisors of primary health care workers;

Considering that most of the primary health services, particularly in developing countries, are in the field of maternal and child health care and family planning, in which different categories of nursing/midwifery personnel have traditionally been the primary sources of such services, under the general supervision of qualified physicians;

Considering that within the range of nursing/midwifery skills and knowledge should be the ability to plan and organize with individuals and communities health care including vaccination programmes as well as aspects of self-care enabling them to become self-reliant;

Recognizing that there are many alternatives that may be considered in the development of primary health care workers, one cost-effective alternative being the redefinition and restructuring of nursing/midwifery roles and functions in relation to those of other members of the health team, in order to optimize their contribution to primary health care, including the implementation of programmes for immunization of babies and infants;

1. RECOMMENDS that Member States:

- (1) undertake a comprehensive review of the roles and functions of the different types of personnel, including nursing/midwifery personnel, within the context of national health programmes, particularly the aspects relating to health teams in primary health care, to achieve a satisfactory balance;
- (2) redress the imbalance in the production and utilization of different types of health manpower in such a way that a more rational increase is effected in the supply of the different types of nursing/

midwifery personnel, to be developed in harmony with that of other categories of health manpower so as to respond to the pressing needs of primary health care, including vaccination programmes;

(3) utilize more effectively existing nursing/midwifery personnel by involving them, together with the representatives of other categories of health manpower, in the planning and management of primary health care and vaccination programmes and as teachers and supervisors of primary health care workers;

2. REQUESTS the Director-General:

(1) to cooperate with Member States in redefining and restructuring the roles and functions of the different categories of nursing/midwifery personnel in the health team so that they can meet, in an interdisciplinary approach, the needs of communities for primary health care as part of total community development;

(2) to intensify efforts to develop retraining and continuing education programmes for nursing/midwifery personnel consistent with the redefined and restructured roles and functions of the different members of the health team;

(3) to provide nursing/midwifery personnel with the opportunities to develop the skills required to participate effectively in a multidisciplinary approach to the planning, management and execution of primary health care and vaccination programmes;

(4) to promote the further development of appropriate technologies, studies, research and experimentation;

(5) to re-examine and, if necessary, develop within the structure of WHO the mechanisms through which the planning and implementation of such technical cooperation may be effected with Member States;

(6) to report on the progress made to a future Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.7; 1.5.2

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.49 Promotion and development of training and research in traditional medicine

The Thirtieth World Health Assembly,

Noting that the primary health care in developing countries has not reached the bulk of populations;

Realizing that in developing countries it is important to make use of available health resources;

Recognizing that traditional systems of medicine in developing countries have a heritage of community acceptance, and have played and continue to play an important part in providing health care;

Noting that there are institutions of traditional systems of medicine in some developing countries engaged in providing health care, training and research;

Noting that WHO has already initiated studies on the use of traditional systems of medicine in its efforts to find alternative approaches to meet the basic health needs of the people in developing countries;

Considering that immediate, practical and effective measures to utilize traditional systems of medicine fully are necessary and highly desirable;

1. RECORDS with appreciation the efforts of WHO to initiate studies on the use of traditional systems of medicine in conjunction with modern medicine;

2. URGES interested governments to give adequate importance to the utilization of their traditional systems of medicine, with appropriate regulations as suited to their national health systems;

3. REQUESTS the Director-General to assist Member States to organize educational and research activities and to award fellowships for training in research techniques, for studies of health care systems and for investigating the technological procedures related to traditional/indigenous systems of medicine;
4. FURTHER REQUESTS the Director-General and the Regional Directors to give high priority to technical cooperation for these activities and to consider their appropriate financing.

Handb. Res., Vol. II (2nd ed.), 1.5; 1.7

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.50 Method of work of the Health Assembly and of the Executive Board

The Thirtieth World Health Assembly,

Having considered the recommendations of the Executive Board¹ concerning the method of work of the Health Assembly;

Noting with satisfaction the conclusions and decisions of the Board on the method of work of the Executive Board and related matters;

Believing that the proposed changes in respect of the proceedings of the Health Assembly would contribute towards further rationalizing and improving the work of the Assembly;

1. DECIDES that:

- (1) the subitem of Committee A's agenda dealing with the review of the proposed programme budget and of the Executive Board's report thereon should be entitled "Review of the proposed programme budget and of the report of the Executive Board thereon";
- (2) Committee A, in its review of the proposed programme budget, should concentrate its attention on this programme budget and on the report containing the Executive Board's comments and recommendations on the programme budget proposals of the Director-General;
- (3) Committee A should consider simultaneously the subitems on its agenda that relate to the effective working budget and to the Appropriation Resolution under a single subitem named "Consideration of the budget level and Appropriation Resolution for the financial year...", and should adopt a single draft resolution on this subject;
- (4) the Board's representatives in Committee A should play a more active role in the discussion of matters relating to the proposed programme budget and to the views of the Executive Board thereon; and that this approach to the participation of the Board's representatives in the Health Assembly should apply to other items on which there are recommendations by the Board to the Health Assembly;

2. DECIDES further that:

- (1) the adoption by the Health Assembly and the Executive Board of resolutions relating to certain reports, elections, appointments and procedural decisions should be discontinued and replaced by "decisions" recorded in the *Official Records* under a collective heading;
- (2) when the Director-General is requested by the Health Assembly to submit new reports on subjects under discussion, the Assembly should in each case specify whether the response should be included in the Director-General's report on the work of WHO or in a separate document;
- (3) chairmen of the main committees of the Health Assembly should be requested to bear in mind the need to guide the proceedings of their respective committees in such a way as to prevent the discussion on a particular agenda item straying from the substance of the matter under consideration, as provided for in the Rules of Procedure;

¹ Resolution EB59.R8.

3. DECIDES also that this resolution supersedes those provisions of previous resolutions on the method of work of the Health Assembly which may be inconsistent with the terms of the present resolution.

Handb. Res., Vol. II (2nd ed.), 4.1.4; 4.2.4

*Fourteenth plenary meeting, 19 May 1977
(Committee A, third report)*

WHA30.51 The role of the health sector in the development of national and international food and nutrition policies and plans

The Thirtieth World Health Assembly,

Having reviewed in detail the background document for the Technical Discussions on the importance of national and international food and nutrition policies for health development, and having reviewed the report of the Technical Discussions held on this subject at the current session;

Recognizing that malnutrition is one of the major health problems in the world, becoming all the more evident as some communicable diseases are being controlled; and that dietary deficits in the developing countries and excesses and imbalances in developed countries continue to affect adversely the health of large sectors of the population in both groups of countries;

Recognizing the need also for improved quality and safety of food, particularly in relation to the process of industrialization;

Concerned at the inadequate attention and commitments being given by the health and other sectors in a great number of countries to improve this critical situation;

1. EXPRESSES its general agreement with the conclusions and recommendations that have emerged from the Technical Discussions;
2. URGES governments:
 - (1) to give higher priority to food and nutrition problems within their health programmes;
 - (2) to further develop multisectoral programmes specifically oriented to improve the nutritional situation of the population, and to improve the quality of food;
 - (3) to consider the food and nutritional implications of their development policies and plans;
 - (4) to give to these actions greater political, technical and financial support than heretofore;
 - (5) to pay attention to both qualitative and quantitative aspects of nutrition;
3. REQUESTS the Director-General:
 - (1) to take the additional necessary steps to strengthen the WHO nutrition programme in order that the Organization may play its legitimate role in the development and implementation of national and international food and nutrition policies and plans, with the aim of:
 - (a) providing the necessary stimulus and technical cooperation to Member countries for improving the efficiency and effectiveness of their health services in health-related nutritional programmes;
 - (b) strengthening the research capacity and education and training in nutritional programmes, with priority in the developing countries;
 - (c) eliminating the florid forms of malnutrition such as kwashiorkor, marasmus and keratomalacia as public health problems at least by the turn of this century;
 - (d) identifying problem areas such as the interaction between malnutrition on the one hand and infection and productive capacity on the other, and hence integrating relevant action programmes;
 - (e) determining the most vulnerable population groups (groups at risk) in relation to the programmes for protecting the health of mothers and children and of the working population;

- (f) establishing priorities in regard to health-related nutritional problems, according to the particular conditions of the country;
 - (g) developing systems for nutritional surveillance as a basis for action programmes and for their evaluation;
 - (h) developing systems for the control of contamination of foodstuffs by pesticides, mycotoxins, and other toxic substances;
 - (i) supporting ministries of health in their efforts to introduce nutritional objectives in the national development plans, and to develop and implement multisectoral food and nutrition policies and programmes;
- (2) to consult with Member States and relevant national and international agencies in order to obtain assistance in the development of intensified nutrition programmes, including the technical and financial aspects;
- (3) to report on the progress being made on the implementation of this programme to the sixty-first session of the Executive Board and to the Thirty-first World Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.6.2

*Fourteenth plenary meeting, 19 May 1977
(Committee B, seventh report)*

WHA30.52 Smallpox eradication

The Thirtieth World Health Assembly,

Having considered the Director-General's report on the smallpox eradication programme;

Recognizing that, while smallpox is now reported from only a single country in north-eastern Africa, continuing smallpox transmission in that area represents a considerable danger for adjacent countries owing to nomadic population movements;

Stressing the importance of establishing data in respect of previously endemic areas, for review by an independent group of experts, in order to document the absence of smallpox transmission for a period of two years or more;

Noting that 18 laboratories are currently registered as retaining stocks of variola virus or specimens from smallpox cases;

Noting also that the Organization's vaccine reserves for use in an unforeseen emergency are not yet at a level sufficient to permit the vaccination of 200 to 300 million persons as envisaged in resolution WHA29.54;

1. CONGRATULATES Afghanistan, Bhutan, India, Nepal, and Pakistan, where smallpox eradication has been certified during the last six months;
2. REQUESTS governments and laboratories to continue to cooperate in preparing the international register of laboratories retaining stocks of variola virus or specimens from smallpox cases, and to ensure that, in accordance with the recommendation of the Committee on International Surveillance of Communicable Diseases endorsed by the Executive Board in resolution EB59.R28, these stocks and specimens are retained only by WHO collaborating centres under conditions ensuring maximum safety;
3. REQUESTS all Member States to continue to give financial support to the smallpox eradication programme, either through the Special Account for Smallpox Eradication of the Voluntary Fund for Health Promotion or on a bilateral basis, in order that the last known smallpox foci can be eliminated as rapidly as possible;
4. REQUESTS all Member States to consider their vaccination programmes and requirements and whether any unnecessary vaccination requirements can be reduced;

5. URGES all governments to make full use of the expertise of international and national personnel with experience in smallpox surveillance and in containment measures as may be required effectively to interrupt transmission of the disease and to prepare for independent assessment in those countries where the eradication of smallpox has not yet been certified;
6. INVITES Member States to continue to donate smallpox vaccine to the Voluntary Fund for Health Promotion until reserves sufficient to vaccinate 200 to 300 million persons have been built up;
7. REQUESTS the Director-General to report to the Thirty-first World Health Assembly on the progress made in this programme during the next 12 months.

Handb. Res., Vol. II (2nd ed.), 1.8.3.1

*Fourteenth plenary meeting, 19 May 1977
(Committee B, seventh report)*

WHA30.53 Expanded Programme on Immunization

The Thirtieth World Health Assembly,

Having considered the Director-General's progress report on the Expanded Programme on Immunization, and taken cognizance of the funds allocated to the combined smallpox eradication and expanded immunization programme contained in the proposed programme budget for 1978 and 1979,¹

1. NOTES the continuing efforts made to develop the programme at country, regional, and global levels and the progress accomplished in pursuance of resolutions WHA27.57 and WHA29.63;
2. APPROVES the programme objectives and policy statement presented in the above progress report and particularly emphasizes the importance of the social and technical desiderata as inherent elements of effective and well-managed immunization programmes;
3. RECOMMENDS that Member States formulate specific plans for the development or maintenance of immunization activities on a long-term basis;
4. URGES governments and appropriate scientific institutions to intensify scientific research in respect of the development of better and more stable vaccines, the improvement of vaccination techniques, including combined vaccination, and the diagnosis, prophylaxis and treatment of post-vaccination complications;
5. URGES governments and agencies in a position to contribute funds or their equivalent in equipment and supplies to consider the limited resources available under the regular budget of the Organization and the continuous nature of the programme, and to provide maximum longterm support through the Voluntary Fund for Health Promotion (Special Account for the Expanded Programme on Immunization) or on a bilateral basis, to ensure country programming on a five- to ten-year basis;
6. RECOMMENDS that the Organization intensify its activities in coordinating, with the United Nations Children's Fund and donor sources, the procurement and distribution of vaccines used in the programme and in ensuring that these vaccines meet minimum standards of potency and stability;
7. REQUESTS the Director-General to collaborate closely with Member States in research and health education, and in developing, through training and field support, the management capabilities of senior and middle-level supervisory personnel in order to establish effective and continuing systems of vaccine delivery that will lead to complete immunization coverages, particularly of the rural populations;
8. REQUESTS the Director-General to keep the Health Assembly regularly informed of the progress made in the programme, particularly with regard to the number of countries having participated therein and its coverage of children.

Handb. Res., Vol. II (2nd ed.), 1.8.3.2

*Fourteenth plenary meeting, 19 May 1977
(Committee B, seventh report)*

¹ WHO Official Records, No. 236, 1976, p. 185.

WHA30.54 Regional production of vaccines for the Expanded Programme on Immunization

The Thirtieth World Health Assembly,

Noting that the children in developing countries constitute a significant proportion of the population, that the infant morbidity and mortality are high in these areas, and that a very large proportion of these deaths are due to preventable communicable diseases;

Realizing that these morbidity and mortality rates can be effectively reduced by immunization as highlighted by the resolutions WHA27.57 and WHA29.63;

Considering that the production of vaccines for immunization is inadequate to meet the global requirements and that regions should be self-sufficient in vaccine production to effectively implement the Expanded Programme on Immunization;

1. **DRAWS ATTENTION** to the importance of the policies of the Expanded Programme on Immunization with respect to promoting regional and national self-reliance as regards vaccine production, as expressed in the progress report prepared by the Director-General;
2. **URGES** the Director-General and the Regional Directors to implement these policies as quickly as possible, taking particular note of the need to identify the centres which should develop regional vaccine production capabilities and to ensure that the latest technical expertise and the necessary resources are made available to them.

Handb. Res., Vol. II (2nd ed.), 1.8.3.2

*Fourteenth plenary meeting, 19 May 1977
(Committee B, seventh report)*

DECISIONS

(i) Composition of the Committee on Credentials

The Thirtieth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Members: Algeria; Australia; Bangladesh; Botswana; Brazil; Burundi; Cape Verde; El Salvador; Luxembourg; Oman; Poland; and Tunisia.

First plenary meeting, 2 May 1977

(ii) Composition of the Committee on Nominations

The Thirtieth World Health Assembly elected a Committee on Nominations consisting of delegates of the following 24 Members: Angola; Barbados; Bulgaria; China; Democratic People's Republic of Korea; Ecuador; France; Ghana; Iceland; Iraq; Ivory Coast; Jamaica; Nepal; New Zealand; Nicaragua; Pakistan; Rwanda; Senegal; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Cameroon; United States of America; and Yemen.

First plenary meeting, 2 May 1977

(iii) Verification of credentials

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

Members

Afghanistan; Albania; Algeria; Angola; Argentina; Australia; Austria; Bahrain; Bangladesh; Barbados; Belgium; Benin; Bolivia; Botswana; Brazil; Bulgaria; Burma; Burundi; Canada; Cape Verde; Central African Empire; Chad; Chile; China; Colombia; Congo; Costa Rica; Cuba; Cyprus; Czechoslovakia; Democratic People's Republic of Korea; Democratic Yemen; Denmark; Ecuador; Egypt; El Salvador; Ethiopia; Fiji; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Israel; Italy; Ivory Coast; Jamaica; Japan; Jordan; Kenya; Kuwait; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Romania; Rwanda; Samoa;¹ Sao Tome and Principe; Saudi Arabia; Senegal; Sierra Leone; Singapore; Socialist Republic of Viet Nam; Somalia; Spain; Sri Lanka; Sudan; Surinam; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Cameroon; United Republic of Tanzania; United States of America; Upper Volta; Uruguay; Venezuela; Yemen; Yugoslavia; Zaire; and Zambia.

Associate Member

Namibia.

Fourth, ninth and thirteenth plenary meetings, 4, 11 and 18 May 1977

(iv) Election of officers of the Thirtieth World Health Assembly

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

¹ Credentials provisionally accepted.

President: Dr S. Tapa (Tonga);

Vice-Presidents: Dr R. I. Husain (Iraq), Dr E. Schultheisz (Hungary), Mr H. K. M. Kyemba (Uganda), Dr C. L. Ortega (Argentina), Mrs S. Obeyesekera (Sri Lanka).

Second plenary meeting, 3 May 1977

(v) Election of officers of the main committees

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

COMMITTEE A: *Chairman*, Dr Méropi Violaki-Paraskeva (Greece);

COMMITTEE B: *Chairman*, Dr M. L. Ibrahim (Egypt).

Second plenary meeting, 3 May 1977

The main committees subsequently elected the following officers:

COMMITTEE A: *Vice-Chairman*, Dr J. Wright (Niger); *Rapporteur*, Dr A. S. Hassoun (Iraq).

COMMITTEE B: *Vice-Chairman*, Mr F. V. Cabo (Mozambique); *Rapporteur*, Dr C. J. Herrarte (Guatemala), *later*, Dr E. A. Pinto (Honduras).

First meetings of Committees A and B, 4 May 1977

(vi) Establishment of the General Committee

The Thirtieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 16 countries as members of the General Committee: Bahrain; Benin; Botswana; Burma; China; Cuba; Ecuador; France; Gabon; Gambia; Nicaragua; Niger; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; United States of America; and Yemen.

Second plenary meeting, 3 May 1977

(vii) Adoption of the agenda

The Thirtieth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its fifty-ninth session, with the addition of one item and the deletion of four items.¹

Third and eighth plenary meetings, 3 and 10 May 1977

(viii) Annual report of the Director-General for 1976

The Thirtieth World Health Assembly, after reviewing the report of the Director-General on the work of the World Health Organization during 1976, noted with satisfaction the manner in which the programme had been planned and carried out in 1976, in accordance with WHO's established policies, and commended the Director-General for the work accomplished.

Eighth plenary meeting, 10 May 1977

(ix) Election of Members entitled to designate a person to serve on the Executive Board

The Thirtieth World Health Assembly, after considering the recommendations of the General Committee,² elected the following as Members entitled to designate a person to serve on the Executive Board:

¹ For definitive agenda, see WHO Official Records, No. 241, 1977.

² For report of the General Committee, see WHO Official Records, No. 241, 1977.

Angola; Bolivia; Botswana; Cuba; German Democratic Republic; India; Libyan Arab Jamahiriya; Portugal; Tunisia; and United States of America.

Ninth plenary meeting, 11 May 1977

(x) Award of the Léon Bernard Foundation Medal and Prize

The Thirtieth World Health Assembly, after considering the reports of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Medal and Prize for 1977 to Professor G. A. Canaperia, and paid a tribute to him for his outstanding contribution to public health and social medicine.

Ninth plenary meeting, 11 May 1977

(xi) Award of the Dr A. T. Shousha Foundation Medal and Prize

The Thirtieth World Health Assembly, after considering the reports of the Dr A. T. Shousha Foundation Committee, awarded the Dr A. T. Shousha Foundation Medal and Prize for 1977 to Dr Ahmed Abdallah Ahmed, and paid a tribute to him for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.

Tenth plenary meeting, 12 May 1977

(xii) Annual report of the United Nations Joint Staff Pension Board for 1975

The Thirtieth World Health Assembly noted the status of the operation of the Joint Staff Pension Fund as indicated by its annual report for the year 1975 and as reported by the Director-General.

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

(xiii) Appointment of representatives to the WHO Staff Pension Committee

The Thirtieth World Health Assembly appointed the member of the Executive Board designated by the Government of Bolivia as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of India as alternate member of the Committee, the appointments being for a period of three years.

*Thirteenth plenary meeting, 18 May 1977
(Committee B, fifth report)*

(xiv) Reports of the Executive Board on its fifty-eighth and fifty-ninth sessions

The Thirtieth World Health Assembly, after reviewing the Executive Board's reports on its fifty-eighth ¹ and fifty-ninth ² sessions, approved the reports, commended the Board on the work it had performed, and requested the President to convey the thanks of the Health Assembly to those members of the Board who would be completing their terms of office immediately after the closure of the Health Assembly.

Thirteenth plenary meeting, 18 May 1977

(xv) Selection of the country in which the Thirty-first World Health Assembly will be held

The Thirtieth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Thirty-first World Health Assembly would be held in Switzerland.

Thirteenth plenary meeting, 18 May 1977

¹ WHO Official Records, No. 235, 1976.

² WHO Official Records, No. 238 and No. 239, 1977.

(xvi) Date and duration of sessions of the Health Assembly

The Thirtieth World Health Assembly, after considering the recommendation of the General Committee, requested the Executive Board, in determining the date of sessions of the Health Assembly in accordance with Article 15 of the Constitution, to fix also the duration of each session.

Thirteenth plenary meeting, 18 May 1977

ANNEXES

Annex 1

NINETEENTH REPORT OF THE COMMITTEE ON INTERNATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES ¹

[A30/26 — 29 March 1977]

The Director-General has the honour to submit to the Thirtieth World Health Assembly the nineteenth report of the Committee on International Surveillance of Communicable Diseases.

The Committee considered the report of the Director-General on the functioning of the International Health Regulations (1969) for the period 1 January 1973—31 December 1975. Reservations previously accepted by the Health Assembly for a specified period, vaccination certificate requirements for international travel, and the experience of "diseases under surveillance" were reviewed. The frequency of meetings of the Committee on International Surveillance of Communicable Diseases, the control of variola virus in laboratories, and vector biology aspects of the International Health Regulations were other subjects considered by the Committee.

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[WHO/IQ/76.155 Rev.1]

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The Committee on International Surveillance of Communicable Diseases held its nineteenth session at WHO headquarters, Geneva, from 22 to 26 November 1976.

Members

Dr. J. M. Borgoño, Chief, Environmental Health Services, Ministry of Public Health, Santiago de Chile, Chile

Dr P. N. Burgasov, Deputy Minister, Ministry of Health of the USSR, Moscow, Union of Soviet Socialist Republics (*Vice-Chairman*)

Dr J. S. Gill, Acting Regional Medical Officer, Community Health Services, Department of Public Health, Port Hedland, Australia

Dr J. L. Kilgour, Head of International Health Division, Department of Health and Social Security, London, United Kingdom of Great Britain and Northern Ireland (*Chairman*)

Dr W. Koinange Karuga, Director, Division of Communicable Diseases Control and Epidemiology, Ministry of Health, Nairobi, Kenya (*Rapporteur*)

Dr D. J. Sencer, Assistant Surgeon General, Director, Center for Disease Control, Department of Health, Education and Welfare, Atlanta, Georgia, United States of America

Dr M. Thaung, Deputy Director (Epidemiology), Department of Health, Ministry of Health, Rangoon, Burma

Professor M. H. Wahdan, Head, Department of Epidemiology, and Vice-Dean, High Institute of Public Health, Alexandria, Egypt

Representatives of other organizations

Dr G. Bergot, Airport Association Coordinating Council

Mr R. W. Bonhoff, Director—Facilitation, Government and Public Affairs, International Air Transport Association

Mr H. A. Seidemann, Chief, Facilitation Section, International Civil Aviation Organization

¹ See resolution WHA30.19.

Secretariat

Dr H. Bijkerk, Head, Section of Infectious Diseases, Ministry of Public Health and Environmental Protection, Leidschendam, Netherlands (*Temporary adviser*)

Dr J. O. Bond, Department of Communicable Diseases, Regional Office for the Americas/Pan American Sanitary Bureau

Dr I. D. Carter, Medical officer, Epidemiological Surveillance of Communicable Diseases (*Secretary*)

Mr C.-H. Vignes, Chief, Constitutional and Legal Matters

Dr W. C. Cockburn, Director, Division of Communicable Diseases, opened the meeting on behalf of the Director-General. He pointed out that the meeting was taking place at a time when smallpox was virtually eradicated. However, the recent outbreak of a Marburg-like disease emphasized the need for continual alertness.

He noted that there had not been any major problems in administering the Regulations during the

three years that had elapsed since the previous meeting.

Although the imminent eradication of smallpox might justify revision of the Regulations, it was considered that the time had not yet come for radical changes. The Committee had to bear in mind the need for arrangements which would accommodate unexpected situations like the recent outbreak of Marburg-like disease and, at the same time, not be so rigid as to hamper day-to-day administration, particularly in view of the rapid growth in the numbers of the travelling public. International control of communicable diseases could only be effective if it was based on prompt and accurate information distributed to all concerned.

Special reference was made to the need for controlling variola virus in laboratories because of the danger of accidental infection.

Dr J. L. Kilgour was elected Chairman; Dr P. N. Burgasov, Vice-Chairman; and Dr W. Koinange Karuga, Rapporteur. The draft agenda was adopted.

A. Functioning of the International Health Regulations (1969) for the Period 1 January 1973—31 December 1975

The Committee considered the report of the Director-General on the functioning of the International Health Regulations (1969). The report is reproduced below, the various sections being followed, where appropriate, by the comments and recommendations of the Committee (in italics).

INTRODUCTION

1. This report on the functioning of the International Health Regulations (1969) and their effects on international traffic has been prepared in accordance with the provisions of Article 13, paragraph 2, of the Regulations (1969). It covers three years: the periods from 1 January to 31 December 1973, from 1 January to 31 December 1974 and from 1 January to 31 December 1975.¹

2. This report follows the same general lines as its predecessors and considers the application of the Regulations from two aspects: as seen by the Organization in administering the Regulations, and as reported by States in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations. For ease of reference the two aspects are consolidated and presented in the numerical order of the Articles of the Regulations.

THE INTERNATIONAL HEALTH REGULATIONS (1969)

PART II — NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

Article 11

3. *Seychelles*. The Government reports that no information was received, under Article 11, paragraph 1, regarding the cholera epidemic in the Comoros. (A similar situation had been the subject of correspondence with respect to Sri Lanka, Malawi and Kenya in January 1975. The availability of the

Automatic Telex Reply Service (ATRS) had been drawn to the attention of the Health Authorities in the

¹ Previous reports were published in WHO Official Records, No. 56, 1954, p. 3; No. 64, 1955, p. 1; No. 72, 1956, p. 3; No. 79, 1957, p. 493; No. 87, 1958, p. 397; No. 95, 1959, p. 471; No. 102, 1960, p. 35; No. 110, 1961, p. 31; No. 118, 1962, p. 35; No. 127, 1963, p. 27; No. 135, 1964, p. 29; No. 143, 1965, p. 41; No. 168, 1968, p. 51; No. 176, 1969, p. 127; No. 193, 1971, p. 124; No. 209, 1973, p. 71; No. 217, 1974, p. 52.

Seychelles. The presence of cholera in the above-mentioned countries was reported in the ATRS service.)

4. Epidemiological notes on diseases subject to the Regulations or under international surveillance (resolutions WHA22.47 and WHA22.48) and other communicable diseases were published in the *Weekly Epidemiological Record*. With the cooperation of several health administrations which authorized the Organization to reproduce or summarize notes published in their national communicable disease reports, a variety of notes were published between 1973 and 1975 on the following subjects: accident research, actinomycosis, acute haemorrhagic conjunctivitis, adenovirus infections, Altamira haemorrhagic syndrome, amoebiasis, antenatal urinary infections, anthrax, arbovirus, babesiosis, *Bacteroides* bacteraemia, botulism, brucellosis, Caribbean Epidemiological Centre (information), Chagas' disease, cholera, choriomeningitis, ciguatera poisoning, *Clostridium welchii* outbreaks, Cocksackie infections, dengue fever, dengue haemorrhagic fever, diarrhoeal diseases, diphtheria, dysentery, *Echinococcus granulosus* infections, echovirus 9, echovirus 11, echovirus 19, eczema vaccinatum and vaccinia, encephalitis (Eastern equine encephalitis — Equine encephalitis — Japanese encephalitis — St Louis encephalitis — Venezuela encephalitis — Western equine encephalitis), enteric infections, enteroviruses, food poisoning, foodborne disease outbreaks, gastroenteritis, gonorrhoea, *Haemophilus influenzae* infections, haemorrhagic fever, hand-foot-and-mouth disease, health hazards associated with pets, hepatitis, *Herpes simplex*, *Herpes zoster*, hydatid disease, immunization against measles, mumps and rubella, importation of nonhuman primates, infectious mononucleosis, influenza, Lassa fever, leprosy, leptospirosis, listeriosis, malaria, Marburg virus disease, *Mastomys*, measles, meningitis, meningococcal infections, meningococcal meningitis, microbiological standards for meat products, milk-borne infection, mumps, *Mycoplasma pneumoniae*, mycoses surveillance, neurological disease associated with viruses, neuropathology in newborn infants bathed with hexachlorophene, nitrite poisoning, onchocerciasis, ornithosis, *Pasteurella* and *Yersinia* infections, pertussis, pesticide poisoning, pesticides, plague, poliomyelitis, primate zoonoses surveillance, *Pseudomonas* dermatitis, psittacosis, Q fever, quality of food and water and handling of wastes in international traffic (informal consultation), rabies, radiation exposure, relapsing fever, respiratory infections, rhinovirus infections, Rocky Mountain spotted fever, rodenticides, rubella, rubella antibodies, *Salmonella* surveillance, schistosomiasis, sexually transmitted

diseases, *Shigella* surveillance, shipping of pathological specimens for laboratory examination, skin infections in meat handlers, smallpox surveillance, staphylococcal food poisoning in international air travel, staphylococcal foodborne infection, staphylococci surveillance, *Staphylococcus aureus* bacteraemia, streptococcal sore throat, streptococci group B infections, syphilis, tetanus, toxoplasmosis, training courses in epidemiology and communicable disease control, trichinosis, tuberculosis, typhoid and paratyphoid fevers, typhus, vaccinations, vaccinia infections, venereal diseases, veterinary bacterial products, *Vibrio parahaemolyticus*, viral diseases surveillance, wild rodent plague, yaws, yellow fever, *Yersinia enterocolitica* infections.

5. *Union of Soviet Socialist Republics*. The Government draws attention to the fact that it would be desirable for the *Weekly Epidemiological Record* to include at least once a month cumulative totals, from the beginning of the year and in comparison with the previous year, of the number of cases of plague, cholera and yellow fever, as is done with smallpox

6. In its resolutions WHA22.47 and WHA22.48, the World Health Assembly made it incumbent upon the Organization and Member States to institute epidemiological surveillance, at the international and national levels, of selected communicable diseases (viral influenza, paralytic poliomyelitis, louseborne typhus and relapsing fever, and malaria, in addition to the four diseases subject to the Regulations).

7. To assist governments in improving existing surveillance activities and in implementing new ones, technical guides on plague and poliomyelitis were prepared.

8. The comments and suggestions of governments, based on operational experience with these guides, would permit their periodic review.

The Committee considered the suggestion that monthly cumulative totals, by country, of the number of cases reported of plague, cholera and yellow fever be published. It considered, however, that prompt notification of new cases was of paramount importance; this was not being achieved in many instances, and the change proposed might make the situation even worse. It was therefore recommended that Member States should be once again encouraged to report quickly and fully cases of these diseases and to establish or improve surveillance activities, including the provision of adequate laboratory facilities. The Committee concluded that no change should be made in the presentation in the Weekly Epidemiological Record.

Article 13

9. In accordance with Article 13, paragraph 1, of the Regulations and Article 62 of the Constitution, the following 87 States or areas for the period 1 January to 31 December 1973, 84 States or areas for the period 1 January to 31 December 1974, and 83 States or areas for the period 1 January to 31 December 1975, have submitted information concerning the occurrence of cases of diseases subject to the Regulations due to or carried by international traffic, and/or the functioning of the Regulations and difficulties encountered in their application during these periods:

Afghanistan (1974)
 Algeria (1973)
 Angola (1974)
 Antigua (1974)
 Argentina (1973, 1975)
 Australia (1973, 1975)
 Austria (1973)
 Bahamas (1974, 1975)
 Bahrain (1973, 1974, 1975)
 Bangladesh (1973, 1975)
 Barbados (1973, 1974, 1975)
 Belgium (1973, 1975)
 Bermuda (1974)
 Brazil (1974, 1975)
 British Virgin Islands (1975)
 Brunei (1975)
 Bulgaria (1975)
 Burundi (1973)
 Cambodia (1973)
 Canada (1973, 1974, 1975)
 Cayman Islands (1974, 1975)
 Central African Republic (1973, 1974)
 Chile (1973, 1975)
 Colombia (1973, 1974)
 Congo (1973, 1975)
 Costa Rica (1973, 1974, 1975)
 Cuba (1974, 1975)
 Cyprus (1973, 1974, 1975)
 Czechoslovakia (1973, 1974, 1975)
 Dahomey (1973)
 Democratic Yemen (1973, 1974, 1975)
 Denmark (1973, 1974)
 Dominican Republic (1973, 1975)
 Egypt (1973, 1974, 1975)
 El Salvador (1973, 1974, 1975)
 Ethiopia (1974, 1975)
 Falkland Islands (Malvinas) (1975)
 Faroe Islands (1973)
 Fiji (1974, 1975)
 Finland (1973, 1974)
 France (1973, 1974, 1975)
 French Polynesia (1975)
 French Territory of the Afars and the Issas (1975)
 Gabon (1973)
 German Democratic Republic (1973, 1974)
 Germany, Federal Republic of (1973, 1974, 1975)
 Ghana (1973)
 Gibraltar (1974, 1975)
 Gilbert and Ellice Islands (1974, 1975)
 Greece (1973, 1974, 1975)
 Greenland (1973)

Guatemala (1973, 1974, 1975)
 Guinea-Bissau (1974, 1975)
 Guyana (1973, 1974, 1975)
 Honduras (1974)
 Hong Kong (1974, 1975)
 Hungary (1973, 1974, 1975)
 Iceland (1973, 1975)
 India (1973, 1974, 1975)
 Indonesia (1973, 1975)
 Iran (1973, 1974, 1975)
 Iraq (1973, 1975)
 Ireland (1973, 1974, 1975)
 Israel (1973, 1974, 1975)
 Jamaica (1974, 1975)
 Japan (1974, 1975)
 Jordan (1974, 1975)
 Kenya (1974, 1975)
 Kuwait (1973, 1975)
 Laos (1974)
 Lebanon (1973)
 Liberia (1973)
 Libyan Arab Republic (1973, 1975)
 Luxembourg (1973)
 Macao (1974)
 Madagascar (1973)
 Malaysia (1975)
 Maldives (1973)
 Mali (1973)
 Malta (1973, 1974, 1975)
 Mexico (1973, 1974)
 Morocco (1973, 1974)
 Mozambique (1974)
 Nepal (1975)
 Netherlands (1973, 1974, 1975)
 New Caledonia (1975)
 New Hebrides (1974, 1975)
 New Zealand (1973, 1974, 1975)
 Nicaragua (1974)
 Nigeria (1973, 1975)
 Norway (1973, 1975)
 Pakistan (1973, 1975)
 Panama (1973, 1974, 1975)
 Paraguay (1973, 1975)
 Philippines (1973, 1974)
 Poland (1973, 1974, 1975)
 Portugal (1973, 1974, 1975)
 Republic of South Viet-Nam (1974)
 Romania (1973, 1974)
 Rwanda (1974, 1975)
 Sao Tome and Principe (1974)
 Saudi Arabia (1973, 1975)
 Senegal (1973, 1974)
 Seychelles (1974, 1975)
 Sierra Leone (1973, 1974)
 Singapore (1973, 1974, 1975)
 Southern Rhodesia (1974)
 Spain (1973, 1975)
 Sri Lanka (1973)
 St Helena (1974)
 St Kitts-Nevis-Anguilla (1974)
 St Lucia (1974)
 Sudan (1973, 1975)
 Swaziland (1974)
 Sweden (1973, 1975)
 Switzerland (1973, 1974)
 Syrian Arab Republic (1973)
 Thailand (1973, 1974)

Timor (1974)
 Togo (1974)
 Trinidad and Tobago (1973)
 Turkey (1974)
 Uganda (1974, 1975)
 Union of Soviet Socialist Republics (1973, 1974, 1975)
 United Arab Emirates (1974, 1975)
 United Kingdom of Great Britain and Northern Ireland (1973, 1974, 1975)
 United Republic of Cameroon (1973, 1974, 1975)
 United Republic of Tanzania (1973, 1975)
 United States of America (1973, 1974, 1975)
 Upper Volta (1973, 1974, 1975)
 Venezuela (1973, 1974, 1975)
 Yemen (1973)
 Yugoslavia (1973, 1974, 1975)
 Zaire (1975)
 Zambia (1973)

10. *Union of Soviet Socialist Republics.* The Government states that, in accordance with Article 13 of the Regulations, WHO should prepare an annual report on their functioning. Unfortunately, since the Committee meets once every two years, Member countries do not in fact receive such a report annually. It is therefore desirable that the material should be dis-

tributed to Member countries even in those years when the Committee does not meet. In addition, it would be advisable to revert to the pre-1971 practice, with Member countries submitting a report on the functioning of the Regulations for the period 1 July—30 June, as this would allow the Committee's consideration of the information to be more effective.

The Committee noted that only 33 countries had submitted their annual reports as required by Article 13 of the Regulations. A further 49 countries and areas reported on one of the three years, and another 53 on two of the years under review. Fifty-two made no report at all. The Committee considered that the work of the Organization would be improved if more States and areas reported as required. It was appreciated that some countries use for their own purposes a different reporting year but, for the purpose of reporting to WHO, it was recommended that the calendar year (1 January to 31 December) be used.

The Committee considered that it would be useful to have an annual summary report on the functioning of the Regulations in the Weekly Epidemiological Record.

PART III — HEALTH ORGANIZATION

Article 14

11. *Japan.* The Government has drawn attention to problems in recent years with respect to the result of the increased volume of international air traffic, the safety of foodstuff and drinking-water, as well as insect control on board aircraft. Data from countries regarding health measures concerning foodstuff and water, as well as reports on research on insect infestation of aircraft, are very scarce. In view of the growing importance of those problems, some surveys have been carried out in Japan, an account of which is given below.

(a) Examination of food served in international aircraft

Bacteriological examination was performed by the Tokyo Airport Quarantine Station on a total of 232 samples of different types of foodstuff and eight samples of milk taken from 40 aircraft in international traffic which arrived at Tokyo International Airport during the period September 1973—February 1974. In 230 instances coliform organisms were detected of which two were pathogenic. Pathogenic staphylococci were identified on 15 occasions.

(b) Examination of drinking-water in international aircraft

Laboratory examination was performed by the Tokyo Airport Quarantine Station on a total of

76 samples of drinking-water taken from aircraft in international traffic which arrived at Tokyo International Airport during the period of April 1973—March 1974. Only 32 samples met prescribed standards. Twenty samples did not pass bacteriological tests, 15 did not pass physico-chemical tests and nine failed both tests.

The Committee recalled its full discussion on this subject during its eighteenth session,¹ which is still relevant. All national health administrations should be requested to ensure the quality of food and water provided in airports and aircraft. It was noted that the International Air Transport Association had already issued a useful publication entitled Food Hygiene in Air Transport—Recommended Code of Practice.² The Committee recommended that Member States inform the World Health Organization about the standards and methods they are using for food and water quality control. Useful further documentation on the subject will be published early in 1977 by WHO (Guide to Hygiene and Sanitation in Aviation (Second edition))

Article 15

12. *Japan.* The Government reports that a survey of 42 international aircraft (38 passenger aircraft and

¹ WHO Official Records, No. 217, 1974, p. 65.

² Montreal (Canada), May, 1976.

four cargo aircraft) which arrived at Tokyo International Airport during the period July 1972—August 1973 revealed the following insect infestation.

INSECT PESTS OF MEDICAL IMPORTANCE CAPTURED IN INTERNATIONAL AIRCRAFT AT TOKYO INTERNATIONAL AIRPORT, 1972-1973

Species	Male	Female	Larva	Egg capsule	Total
<i>Musca domestica</i>	27	32			59
<i>Culex fatigans</i> *	9	15			24
<i>Culex gelidus</i> **	0	2			2
<i>Culex pseudovishnui</i> *	0	1			1
<i>Culex sitiens</i> group **	0	1			1
<i>Culex</i> spp. **	—	—			3
<i>Aedes aegypti</i> **	0	1			1
<i>Mansonia uniformis</i> *	0	1			1
<i>Anopheles subpictus</i> **	0	1			1
<i>Supella longipalpa</i> **	1	0	1	1	3
<i>Blatella germanica</i>	0	(3)	1		1
<i>Blatta</i> spp. **	0	—	3		3
Unknown flies **	—	—			2
Total					• 102

* Species not occurring in Tokyo area.

** Species not occurring in Japan.

() Number of dead collected.

The Committee noted the inadequate disinsecting measures which these results indicate and considered that the attention of carriers should be drawn to the need for closer compliance with the national regulations of the Member States concerned relating to disinsecting.

Article 17

13. *Japan.* The Government reports that some ships arrived at Japanese ports with deratting certificates or deratting exemption certificates issued by seaports of non-Member States or ports that were not included among those authorized by the respective health authorities to issue such certificates. It is recommended that those countries should be requested to abide by the provisions of Article 17 and to inform WHO of such authorization.

The Committee noted the difficulty reported and considered that the best solution would be achieved through bilateral action between the States concerned.

PART IV — HEALTH MEASURES AND PROCEDURES

Chapter I — General Provisions

Article 28

14. *Union of Soviet Socialist Republics.* The Government reports that notifications regarding medical surveillance in accordance with this Article are rarely sent to other countries. It would be advisable for WHO to study the possibility of devising standard forms for sending these notifications (preferably coded to make them cheaper) by various means of communication. This should encourage the sending of such notifications.

The Committee discussed the need for Member governments to expedite and facilitate the international transmission of urgent epidemiological information by giving names, office and home telephone and telex numbers of the responsible persons to whom information could be given even out of official working hours or days. It was noted that such a list has already been completed for one region, and it was hoped that other regions would follow this example as soon as possible.

Chapter III — Health Measures Applicable between Ports or Airports of Departure and Arrival

Article 35

15. *Union of Soviet Socialist Republics.* The Government states that in view of the deletion of paragraph 1 (c) of Article 21, a certain vagueness has arisen in the application of the concept "direct transit area", since

the other articles referring to such areas have been retained. Those most affected (the health services in the countries in which travellers who have passed through direct transit areas arrive) will not know that a traveller has been in a direct transit area, since the health authorities are not now bound to inform WHO of the establishment of such areas.

In view of the fact that Article 35, which defines the measures laid down in regard to persons who have passed through direct transit areas, makes no distinction between such persons and those who have made a landing or transfer under the supervision of the health authorities at airports not having such areas, the need to preserve the concept of "direct transit areas" is doubtful.

The Committee appreciated that direct transit areas served more than a purely medical function. However, any amendment could be considered with the other changes which would be needed when smallpox was eradicated.

Chapter IV — Health Measures on Arrival

Article 37

16. *Union of Soviet Socialist Republics.* The Government reports that many years of experience indicate that, as a result of the constant increase in the number of international travellers, oral questioning about where they have stayed before arriving in the country

is becoming more and more difficult and the checking of passports for the same purpose also entails difficulties and does not always provide the necessary information. In view of this, a health and quarantine questionnaire has been formulated for completion by persons arriving in the country.

It would therefore be advisable to introduce in this Article the following new paragraph 3 (the present paragraph 3 being renumbered as paragraph 4):

“The health authority shall have the right to require from any person arriving a written statement of the places in which that person has stayed during the 14 days preceding arrival.”

The Committee recognized the need for information on the movements of a traveller during the previous 14 days in smallpox surveillance. However, it felt that there was no need at the moment to change this section, particularly in view of the state of smallpox eradication.

PART V — SPECIAL PROVISIONS RELATING TO EACH OF THE DISEASES SUBJECT TO THE REGULATIONS

Chapter I — Plague

1973

17. *United States of America.* The Government reports the following:

(a) *Human cases*

Two nonfatal cases of human plague were diagnosed in the United States in 1973. In the first, a nine-year-old female from Payson, Arizona, became ill and a blood specimen yielded a gram-negative organism identified as *Yersinia pestis*. In 1972 *Y. pestis* had been detected in the animals of the area near her mountain home when a single plague case resulted from direct contact with a wild bobcat.

The second case occurred in a 64-year-old male from Lincoln, New Mexico. Blood specimens were positive for *Y. pestis*. Epidemiological investigation revealed contact with dead mice at a ranch in Lincoln, New Mexico. Sylvatic plague has been reported in most New Mexico counties in recent years.

(b) *Surveillance*

In 1973 epizootic plague among wild rodents occurred in Siskiyou, Tulare, and Riverside counties in California. These areas are of no significance to international travel. An epizootic among prairie dogs near Shiprock, New Mexico, also occurred. As with the epizootics in California, the area was of no significance to international travel and appropriate surveillance and control measures were implemented.

1974

18. *United States of America.* The Government reports the following:

(a) *Human cases*

Eight cases of human plague were reported in the United States in 1974, seven from New Mexico and one from Utah. There was one death in New Mexico. These areas were of no significance to international travel.

(1) The first case in the United States, which resulted in the first death due to plague since 1970, occurred in a 12-year-old female from Mentmore, New Mexico. Fluorescent antibody stains of blood and cerebrospinal fluid were positive for *Y. pestis*. The phage reaction for plague and biochemical tests on the blood isolate were consistent with *Y. pestis*. Two weeks prior to her illness the patient had spent several nights at a sheep camp one mile from her home. It was not determined whether insect bites on her lower legs had occurred at home or at the sheep camp. None of the domestic dogs at either site had fleas. Near the sheep camp a prairie dog colony and recently deserted pack rat nests were found. In the spring of 1974, dogs with positive serological tests for plague were found in the vicinity of Mentmore and plague surveillance in 1973 showed plague-infected prairie dogs in an area 10 km to the north.

(2) The second case occurred in a five-year-old male in Salt Lake County, Utah. When hospitalized, a large tender node in the left axilla was noted. Aspiration of the bubo revealed gram-negative rods. The organism was confirmed as *Y. pestis*. The boy had not travelled to mountainous or rural areas in the previous month, but had spent time in an economically depressed neighbourhood in the county where there were rabbits, guinea-pigs, dogs, cats and an owl. The children collected Norway rats and field-mice to feed the owl and had captured ground squirrels in the past. No further cases were reported. This was the first case of plague in Utah since 1966.

(3) The third case occurred in a five-year-old female in McKinley County, New Mexico. She had had no recent contact with prairie dogs or other small rodents. However, she had daily contact with feral and domestic dogs near Rock Springs, New Mexico, and also had visited the Tohatchi, New Mexico area, during the five days preceding onset of illness.

(4) The fourth case occurred in a 19-year-old male from Santa Fe, New Mexico. An incision over a mass in the right femoral region revealed a large, haemor-

rhagic, gangrenous lymph node. A bipolar gram-negative rod was identified from the lymph-node culture. A fluorescent antibody test for *Y. pestis* was positive. Prior to his illness the man had spent time near his home in an arid pinon-juniper habitat on the outskirts of Santa Fe. Many rabbits and small rodents had been noted in the area, but there were no indications of a local plague epizootic in these animals.

Nausea and vomiting were present in three of the first four cases of bubonic plague reported in 1974 from the south-western United States. Two of the three cases with lower extremity buboes had abdominal pain or tenderness, possibly related to extension of lymphadenitis into the mesenteric lymph nodes.

(5) The fifth case occurred in a six-year-old female in Los Alamos, New Mexico. Confirmation included fluorescent antibody, phage sensitivity and haemagglutination tests. There was no apparent exposure to wild rodents, but the girl did have contact with the family's cats and dogs. Fleas were removed from field-mice and chipmunks trapped near the girl's home.

(6) The sixth case occurred in a 28-year-old physician in McKinley County, New Mexico. An aspirate of the inguinal node produced a small amount of sero-sanguinous fluid. A gram stain of this material demonstrated bipolar staining gram-negative rods, and a fluorescent antibody test for *Y. pestis* was positive. The physician had been on a camping trip near Little Molas Lake and Mesa Verde National Park, Colorado. He was accompanied by two dogs which chased chipmunks, ground squirrels and other small rodents. After he returned to Gallup, he and the dogs frequently took walks in a pinon-juniper area near the city.

(7) The seventh case occurred in a 62-year-old female who had been on a rabbit hunting trip to Rio Arriba County, New Mexico. The patient apparently acquired her infection from cleaning two wild rabbits which had been shot. A blood culture isolate from the woman was identified as *Y. pestis*. The isolates recovered from the rabbits were bacteriologically confirmed as *Y. pestis*. Rabbit-associated human plague cases have been described for many years but their role in the ecology and epidemiology of plague was not emphasized until recently.

(8) The eighth case occurred in a 25-year-old male in Bernalillo County, New Mexico, who lives in a semi-rural area on the outskirts of Albuquerque. He denied insect bites or exposure to rodents or rabbits during the week prior to the onset of symptoms. He had two dogs and five cats in his home. About two weeks prior

to the onset of symptoms, he noticed multiple insect bites on his trunk and extremities which appeared to be flea-bites, but he did not actually see any fleas on the cats. This area has had recurrent plague over the years. Deer mice are usually responsible.

(b) Surveillance

In 1974 epizootic plague among wild rodents, including prairie dogs, occurred in Arizona, California, Colorado, Montana, New Mexico, Oregon, Texas and Utah. In Montana and Texas plague was detected by a surveillance programme based on the interpretation of serological specimens taken from carnivores. These areas in the United States are of no significance to international travel and appropriate surveillance and control measures were implemented.

1975

19. *United States of America.* The Government reports the following:

Twenty cases of human plague resulting in four deaths were bacteriologically confirmed in the United States. Three cases were from Arizona, one from California, one from Colorado, 14 from New Mexico, and one from Utah. Eight additional suspect cases were reported, three from Arizona and five from New Mexico; none was bacteriologically confirmed as plague.

Information on location, age and sex, and date of onset of the confirmed cases is shown in the table below. Death occurred in a one-year-old female (Ventura County, California); a two-year-old female (McKinley County, New Mexico); a 14-year-old male (Bernalillo County, New Mexico); and an 80-year-old female (Custer County, Colorado). All other patients recovered.

The human plague cases represent the largest number of cases reported in a single year since 1924. In the last 11 years the number of reported cases has increased, with a tendency to peak every five or six years.

There was extensive epizootic plague among wild rodents in Arizona, California, Colorado, southern Idaho, eastern-central Montana, New Mexico, eastern Oregon, Texas, and Washington.

The bulk of surveillance activities is the ongoing study based on the interpretation of serological specimens obtained from carnivores. There were a number of positive serological specimens obtained from badgers in Idaho, the first since 1968. Extensive epizootics occurred on the Navajo Reservation in the States of Arizona, Colorado, New Mexico, and Utah which required insecticidal control of flea plague vectors on prairie dogs.

HUMAN PLAGUE IN THE UNITED STATES OF AMERICA, 1975

State	County	Age/sex	Onset	Classification	Outcome
New Mexico	Bernalillo	11/male	11 February	bubonic with meningeal involvement	recovered
Arizona	Navajo	31/female	6 May	bubonic	recovered
Arizona	Navajo	3/female	10 May	bubonic	recovered
California	Ventura	1/female	14 May	bubonic	fatal
Arizona	Yavapai	23/male	11 June	bubonic with secondary pneumonia	recovered
Utah	San Juan	3/female	26 June	bubonic	recovered
New Mexico	San Juan	12/female	9 July	bubonic	recovered
New Mexico	San Miguel	15/male	18 July	meningitis	recovered
New Mexico	San Miguel	9/male	24 July	bubonic	recovered
New Mexico	McKinley	2/female	2 August	bubonic	fatal
New Mexico	Sandoval	3/female	4 August	bubonic	recovered
New Mexico	Sandoval	64/female	8 August	bubonic	recovered
New Mexico	Bernalillo	14/male	25 August	bubonic and pneumonia	fatal
New Mexico	Santa Fe	28/female	14 September	bubonic	recovered
New Mexico	Lincoln	30/female	13 September	probable septicaemic and pneumonia	recovered
Colorado	Custer	80/female	18 September	septicaemic and pneumonia	fatal
New Mexico	Rio Arriba	12/female	20 September	bubonic	recovered
New Mexico	Rio Arriba	3/female	20 September	bubonic	recovered
New Mexico	Rio Arriba	10/female	20 September	bubonic	recovered
New Mexico	Santa Fe	8/female	21 September	bubonic	recovered

The areas from which plague cases were reported are of no significance to international travel. Appropriate surveillance and control measures were implemented.

The Committee noted that there was no evidence of the international transmission of plague in the three years under review. The Committee appreciated the detailed presentation of cases described by the United States of America and recommended it to other Member States as a model notification.

Article 54

20. *Japan.* In view of the presentation of deratting and deratting exemption certificates which have exceeded the accepted six-months period, it is suggested that appropriate guidance be given by WHO to avoid this practice.

The Committee suggested that problems arising out of deratting exemption certificates should be notified directly to the other States concerned, and WHO need only be brought in where a satisfactory result was not obtained bilaterally.

Chapter II — Cholera

1973

21. *Algeria.* The Government reports that, independently of the action taken to protect people in Algeria, measures were applied at the frontiers to give effect to Article 31, and travellers leaving the country were required to be vaccinated.

22. *Bahrain.* The Government reports that the outbreak of cholera in Bahrain in October and November 1973 (37 cases, no deaths) was caused by symptomless vibrio excretors returning from infected areas in neighbouring countries. Excessive measures applied to travellers by some neighbouring countries at the time of this outbreak created a few problems which were to some extent settled by bilateral contacts.

23. *France.*¹ The Government reports that during 1973 four cases of cholera occurred in French territory, all related to international traffic.

(a) A traveller from Abidjan who arrived in France on 26 May was hospitalized on 29 May for suspected cholera. The illness started about midday on 28 May and was characterized by symptoms typical of the disease. The cholera vibrio was not identified because samples were not taken until after 16 hours of antibiotic treatment, but the clinical diagnosis was retained.

(b) On 24 August an 11-year-old girl of Algerian nationality had highly suspicious dysentery on arrival in Marseilles. The family, which came from a *douar* (rural district) in Mers-el-Kebir, had embarked in Oran. The diagnosis was confirmed: *Vibrio cholerae*, biotype eltor, serotype Ogawa, was identified.

(c) On 25 August, a 25-year-old Frenchwoman living in Reims, on arriving from Tunis after a fortnight's stay in Tunisia, had to be hospitalized in Marseilles. Coprocultures revealed the presence of *V. cholerae*, biotype eltor, serotype Ogawa.

¹ See Appendix, p. 63.

(d) On 15 September a seven-month-old-girl of Algerian nationality, arriving from Oran with her family by plane, had to be hospitalized in Paris. She had spent one month in Algeria at Ghazouet (Tlemcen Department). On 24 September the diagnosis was confirmed: *V. cholerae*, biotype eltor, serotype Ogawa, was identified.

No secondary cases occurred.

24. *Germany, Federal Republic of*.¹ The Government reports that in 1973 five cholera cases were notified.

(a) The first case was a tourist, 52-years old, who arrived on 27 July at Aachen from Tunisia. He was hospitalized on 2 August and on 6 August the bacteriological diagnosis made at the Robert Koch Institute was *V. cholerae*, biotype eltor, serotype Ogawa.

(b) The second case was a tourist, 55-years old, who arrived on 7 August in Berlin (West) from Tunisia (Djerba). He was hospitalized on 8 August for severe diarrhoea and on 9 August the bacteriological diagnosis made at the Robert Koch Institute was *V. cholerae*, biotype eltor, serotype Ogawa.

(c) The third case was a tourist, 19-years old, who arrived in Alsfeld (Hesse) from Tunisia. He was hospitalized on 28 August and the bacteriological diagnosis made at the Robert Koch Institute was *V. cholerae*, biotype eltor, serotype Ogawa.

(d) The fourth case was a 53-year-old Italian who arrived at Offenbach (Hesse) from Naples on 2 September. He was hospitalized the same day and the bacteriological diagnosis made at the Robert Koch Institute was *V. cholerae*, biotype eltor, serotype Ogawa.

(e) The fifth case was a 61-year-old woman who departed from Frankfurt am Main to Turkey, passing through northern Italy, Yugoslavia and Bulgaria. She stayed in Istanbul on 26 and 27 August and in Izmir and Ankara from 28 to 30 August. She returned by air from Ankara to Frankfurt am Main and first experienced symptoms aboard the plane. She was hospitalized on 3 September and the bacteriological diagnosis made at the Robert Koch Institute was *V. cholerae*, biotype eltor, serotype Inaba.

The cholera epidemic in Italy was due to the serotype Ogawa, while the serotype Inaba was formerly prevalent in Turkey.

25. *Sri Lanka*. The Government reports that the actual source of the cholera epidemic which occurred during the latter part of 1973 has not been determined.

26. *Sweden*.¹ The Government reports that during

intensified investigation of tourists returning from Tunisia at the end of July and beginning of August *V. cholerae*, biotype eltor, serotype Ogawa, was isolated from 10 tourists, only one of whom showed classical symptoms.

Swedish laboratories reported that 710 tourists had been investigated for cholera, salmonellosis and shigellosis; 7% of these were found to excrete pathogenic enteric bacteria which included *V. cholerae* vibrio.

27. *Union of Soviet Socialist Republics*. The Government draws attention to the fact that in Article 65, paragraph 2, it would be advisable to omit the words "on an international voyage, who has come from an infected area within the incubation period of cholera and", since in practice detection of cases has often served as an indication for the detection of cholera infection in the country from which the patient had come and which had been considered officially as uninfected.

After discussion on the need for amendment of Article 65, the Committee decided that there is no need at the moment for modification.

28. *United Kingdom of Great Britain and Northern Ireland*.¹ The Government reports that during 1973 five cases of cholera, all imported, were notified.

29. *United States of America*. The Government reports the following:

During 1973, the first naturally acquired case of cholera reported in the United States since 1911 occurred in a 51-year-old resident of Port Lavaca, Texas. The World Health Organization was notified, although the case had no significance for international travel. Extensive epidemiological investigation of the patient's contacts and environment did not uncover a cholera carrier or elucidate the manner of transmission. No secondary spread resulted from this case and its occurrence did not endanger the community at large.

Consistent with the amendment of the International Health Regulations that took effect on 1 January 1974, the United States does not require cholera vaccination as a condition of entry. This has been the policy since December 1970.

1974

30. *Bahrain*. The Government reports that a neighbouring country required cholera vaccination certificates from arrivals from Bahrain, despite repeated assurances that there was no cholera in Bahrain.

31. *Canada*.¹ The Government reports the importation of one isolated cholera case, biotype eltor, serotype Inaba, in March.

¹ See Appendix, p. 63.

32. *Denmark.* The Government reports the introduction of one case of cholera. The case was detected in August in a traveller coming from Portugal.

33. *France.*¹ The Government reports five cases of cholera connected with international traffic.

(a) A 45-year-old man of French nationality returning overland from Portugal had to be hospitalized for a cholera-like illness on his arrival in the Department of Hauts-de-Seine. On 19 August stool cultures revealed the presence of *V. cholerae*, biotype eltor, serotype Inaba.

(b) On 27 August a 29-year-old man of Algerian nationality, who had arrived at Marseilles by air from Algiers where he had spent one month, began to suffer a few hours after landing from a suspicious type of diarrhoea. He was hospitalized the same day in Marseilles. Laboratory examination confirmed the presence of *V. cholerae*, biotype eltor, serotype Ogawa.

(c) On 20 and 25 September two local cases of cholera were reported in Marseilles. The patients were two brothers, Algerian workers, who lived with their parents and seven brothers and sisters in a shantytown. The patients and the other members of the family had not been out of France for several months, but at the beginning of September they had given board and lodging to relatives from Algeria and had consumed food which those relatives had brought with them. The presence of *V. cholerae*, biotype eltor, serotype Ogawa was confirmed in the two patients and in the other members of the family (nine healthy carriers in all).

(d) On 1 October a 14-year-old boy of Portuguese nationality was hospitalized with cholera in Paris. He lived in the Department of Val-de-Marne and was coming back to France after one month's holiday in Portugal. The onset of the disease occurred in the train during the night of 30 September. Strains of *V. cholerae*, biotype eltor, serotype Ogawa, were isolated from the patient, his mother and two brothers, who had been staying in Portugal at the same time.

None of the cases gave rise to secondary cases. The whole of the patients' entourage was kept under medical surveillance and given preventive treatment.

34. *Germany, Federal Republic of.*¹ The Government reports that in 1974 three cholera cases were notified.

(a) A 42-year-old Portuguese arrived in Bremerhaven on 2 August from Oporto. He was hospitalized the same day for diarrhoea, and on 8 August the confirmation of the bacteriological diagnosis *V. cholerae*,

biotype eltor, serotype Inaba, was made at the Robert Koch Institute.

(b) A 22-year-old German tourist returned on 18 August to Rheine (Westphalia) following three weeks' holiday in Albufeira (Portugal). He had his first symptoms on the day of his return but then improved slightly. On 22 August, however, he was hospitalized, suffering from nausea, drowsiness and diarrhoea. The confirmation of the bacteriological diagnosis *V. cholerae*, biotype eltor, serotype Inaba, was made at the Robert Koch Institute.

(c) A 36-year-old Portuguese left Mirandela (near Bragança, Portugal) on 12 September, and was hospitalized on his arrival in Hanover the following day. The bacteriological presence of *V. cholerae*, biotype eltor, serotype Inaba, was confirmed by the Robert Koch Institute on 17 September.

35. *India.* The Government reports the introduction of a case of cholera at Madras Port on 20 July. The traveller, a repatriate from Burma, was discharged from hospital on 23 July.

36. *Portugal.* The Government reports that a cholera epidemic took place in 1974, and information was sent to WHO at regular intervals followed by a final report at the end of the epidemic. This outbreak was not related to international traffic, nor was such traffic affected by the disease. In view of the entry-into-force on 1 January 1974 of the Additional Regulations amending the International Health Regulations (1969), deleting Article 63, it was merely recommended that all travellers should be vaccinated against cholera.

Control measures continued, using all the resources available to the administration, such as the isolation and treatment of patients, chemotherapy of contacts, sanitation measures and health education.

37. *Southern Rhodesia.* The Government reports that the movement of people across common borders due to tribe affiliations makes surveillance of the diseases subject to the International Health Regulations (1969), cholera in particular, very difficult.

38. *United Kingdom of Great Britain and Northern Ireland.*¹ The Government reports that three cases of cholera were imported into England.

39. *United Republic of Cameroon.* The Government reports two epidemics of cholera which were rapidly brought under control. The first one broke out in the Department of Ocean at Kribi and surrounding districts, the second in the Department of the Logone-and-Chari at Kousseri and neighbouring villages. Both these epidemics started in mid-July. Fishing boats which cannot easily be kept under surveillance

¹ See Appendix, p. 63.

were the main cause of the spread of the disease, and it is therefore very difficult to apply the prescribed measures to suspected passengers coming from infected areas. The measures applied during these epidemics were as follows: follow-up of contacts of primary cases, hospitalization and isolation of patients, vaccination in infected localities, chemoprophylaxis of contacts, health education of the public and notification to WHO.

40. *United States of America.* The Government reports the following:

The United States has no cholera vaccination requirement. There were no cases of indigenous or imported cholera in the United States in 1974.

On 19 July a 57-year-old male resident of Guam became ill with abdominal cramps, profuse watery diarrhoea and vomiting. After hospitalization and treatment he developed congestive heart failure, pulmonary oedema and an intracranial haemorrhage, and died on 27 July. Stool cultures obtained prior to death grew no pathogens; however, cultures obtained from the intestinal tract at autopsy were confirmed as *V. cholerae*, biotype eltor, serotype Ogawa. A stool specimen taken from a male who became ill on 20 July was also confirmed as *V. cholerae*, eltor, Ogawa. The two cases and four suspected cases were co-workers on a construction site in Harmon, Guam. Environmental studies revealed the presence of *V. cholerae*, eltor, Inaba, in storm drains that empty into Agana Bay and in a sewage line adjacent to the Bay. *V. cholerae*, eltor, Ogawa, was also isolated from the sewer line. No additional cases of cholera were reported and epidemiological investigation suggested that this was a common source outbreak involving only this group of workers. The finding of an Inaba serotype in Agana Bay suggested either that this serotype and the Ogawa serotype that caused the outbreak may have been simultaneously present in the community or that a seroconversion occurred.

1975

41. *Australia.* The Government reports that 89 persons were vaccinated against cholera on arrival in Australia.

42. *France.*¹ The Government reports the importation of nine cases of cholera into the country. All the affected persons had been detected within days of their arrival in France and no secondary cases occurred.

43. *Japan.*¹ The Government reports that three cholera cases were imported by a cargo ship which arrived at Kan-Mon port on 18 August from Madras,

India. As a result of the isolation of patients and adequate preventive measures, no secondary cases occurred. The source of the infection was unknown.

Difficulties have been encountered since some countries which are not bound by the International Health Regulations (1969), as amended in 1973, are requiring Japanese passengers to be in possession of a cholera vaccination certificate. Certain countries are requesting a cholera vaccination certificate on the basis of the International Health Regulations (1969), even though bound by the International Health Regulations as amended in 1973. Moreover, certain countries do not accept Japanese certificates issued in a simplified form for passengers travelling to these countries. Guidance is sought on this matter.

44. *Nepal.* The Government reports that there was a total of 260 cases of cholera.

45. *Portugal.* The Government reports that two cholera epidemics occurred.

46. *Saudi Arabia.* The Government reports a cholera outbreak in Mecca and Medina during the pilgrimage season 1974 which continued until February 1975.

47. *Uganda.*¹ The Government reports that three cholera cases occurred in early January in Kampala, imported from Kisumu, Kenya. Following laboratory confirmation, they were notified to WHO as being *V. cholerae*, biotype eltor, serotype Inaba. The three patients all recovered at Mulago hospital and there were no secondary cases.

48. *United Kingdom of Great Britain and Northern Ireland.*¹ The Government reports one case of cholera (imported).

49. *United States of America.* No case of cholera occurred in the United States. The United States has no cholera vaccination requirement. Vaccination against cholera is not routinely recommended for travel to countries which do not require an international certificate of vaccination against cholera as a condition for entry.

The requirement for cholera vaccination for international travellers was eliminated by the 1973 amendment to the International Health Regulations. However, according to the WHO publication, *Vaccination Certificate Requirements for International Travel (1 January 1976)*, 29 countries have some type of cholera vaccination requirement. This is the same number of countries which had a cholera vaccination requirement as of 1 January 1975.

In July 1975, the Government contacted WHO for clarification of contradictory information on vaccination requirements issued to travellers by the Embassy of the Libyan Arab Republic in Washington, D.C.,

¹ See Appendix, p. 63.

and the Consulate General of Saudi Arabia, New York, N.Y. WHO is in contact with the health administrations and will advise the Government of any further development. One problem is that embassies do not always follow the directives of their national authorities.

The Committee noted that this issue has been the subject of previous detailed discussions,¹ and stressed again that vaccination, while it provides limited individual protection to the traveller who may be exposed to the disease, is irrelevant to the problem of protecting a community from importation of the vibrio.

Chapter III — Yellow Fever

1973, 1974 and 1975

50. *United States of America.* The Government reports the following:

(a) *Occurrence*

No case of yellow fever occurred in the United States.

(b) *Vaccination*

The United States abolished its yellow-fever vaccination requirement in November 1972, but vaccination is recommended for persons travelling to yellow-fever infected areas of the world.

(c) *Surveillance*

Surveillance of mosquito activity continues at United States air- and seaports which serve international traffic and are located in yellow-fever receptive areas. Entomological surveys are conducted periodically to identify insect breeding potential and the extent, distribution, and severity of infestation. Deficiencies are reported to local port authorities and to tenants for corrective action. (During 1975, 85 entomological surveys, 31 at airports and 54 at seaports, were conducted to identify potential insect breeding sites, and the extent, distribution, and severity of infestation; *Aedes aegypti* was identified at seven ports.)

1975

51. *Australia.* The Government reports that 67 persons who had not been vaccinated against yellow fever were detained in Australian quarantine stations.

52. *Pakistan.* The Government reports that infants less than one year of age coming from yellow-fever areas had to be quarantined for want of yellow-fever inoculation. The parents explained that the health

authorities of their country had advised them that yellow-fever inoculation was not essential for infants less than one year old. According to the health regulations of Pakistan no age limit exemption for yellow fever is granted and infants have to be quarantined—leading to frustration for parents and embarrassment for the health authorities.

It is requested that the health authorities of all yellow-fever endemic areas be advised of Pakistan's requirements for yellow-fever inoculation, to avoid unpleasant situations.

The Committee discussed the problem that had been raised and considered that the present Regulations, Article 8, paragraph 1(b) and the appropriate footnote are still adequate to deal with such situations, and consequently no change was recommended.

Chapter IV — Smallpox

Article 78

53. *Australia.* The Government reports that during 1975 6373 persons were vaccinated against smallpox on arrival in Australia and 13 unvaccinated persons were detained on arrival.

54. *Japan.*² During the year 1 January to 31 December 1974, one smallpox case was imported—a Japanese (male, aged 49) who returned from Calcutta, India, on 17 January 1974.

The patient, vaccinated on 20 February 1973, travelled around the northern part of India during the period 5-17 January 1974. The onset of illness occurred on 22 January, five days after his return. Skin eruptions appeared on 28 January, and he was hospitalized and isolated at Tokyo Metropolitan Ebara Infectious Disease Hospital. A clinical diagnosis of smallpox was made on the same day. The diagnosis was confirmed by laboratory examinations (29-30 January) at the National Institute of Health using the fluorescent antibody technique, electron microscopy and tissue culture.

Every effort was made to prevent secondary infection by vaccinating all those who were aboard the same flight (11 crew members and 58 passengers) and all contacts who could be traced, as well as by carrying out all necessary disinfection.

55. *Luxembourg.* The Government reports an increasing number of passengers who refuse vaccination on religious grounds.

56. *Nepal.*² The Government reports that for 1975 there was a total of 95 cases of smallpox, with 15 deaths.

¹ WHO Official Records, No. 209, 1973, pp. 91-92.

² See Appendix, p. 63.

57. *Philippines.* The Government reports that a number of arrivals from abroad do not possess valid certificates of vaccination. Those who had not been vaccinated against smallpox for medical reasons were placed under surveillance and the others were vaccinated on arrival.

58. *Union of Soviet Socialist Republics.* The Government suggests that this Article be supplemented to give the right to health authorities to require that persons who arrive from a smallpox-infected locality be placed under surveillance for the relevant number of days if their certificate has been issued less than 14 days before their arrival. This will make it possible to reduce the risk of smallpox being brought into a country by persons in the incubation period and will help to eliminate the following contradictory situation. If a person leaving an infected locality is inoculated immediately prior to departure and a few hours later arrives in another country, that person, in accordance with Article 78, is not subject to surveillance. If, however, he is inoculated only on arrival, he is subject to surveillance.

The Committee considered that the need for the various changes suggested had been overtaken by the successful development of the smallpox eradication programme.

59. *United States of America.* The Government reports the following:

1973

(a) *Occurrence*

There was no confirmed case of smallpox in the United States. Valid international certificates of vaccination against smallpox are required only from travellers who have been in a country reporting smallpox at any time during the 14 days preceding their arrival in the United States.

(b) *Surveillance*

All persons who are identified on arrival as having a "rash" illness are carefully evaluated. For those in

whom smallpox cannot be ruled out clinically, specimens are taken and flown to the Center for Disease Control for examination by electron microscope. Ninety-four persons with "rash" illness were investigated at ports of entry; 40 had specimens examined at the Center for Disease Control.

A training course which can be given to potential temporary inspectors in less than eight hours has been developed and tested. These temporary employees can augment port health personnel in case of an emergency. A supply of necessary training materials is available at all United States ports of entry.

1974

(a) *Occurrence*

There was no confirmed case of smallpox in the United States. Valid certificates of vaccination against smallpox are required only from travellers who, within the 14 days preceding arrival, have been in a country any part of which is infected with smallpox.

(b) *Surveillance*

There have been no major changes in policies or overall procedures. All persons with a "rash" on arrival were carefully evaluated. Sixty persons were investigated at ports of entry. Of this number, 15 had vesicular rashes and specimens were flown to the Center for Disease Control via a special handling/expediting service. To detect or rule out the presence of smallpox virus, the Viral Exanthems Branch, Bureau of Laboratories, performed the following tests; electron microscopy, agar gel precipitation, embryonic chicken egg chorioallantoic membrane culture, and tissue culture.

1975

No case of smallpox occurred in the United States. International certificates of vaccination against smallpox are required only from travellers who, within the 14 days preceding arrival, have been in a country any part of which is infected with smallpox. There were no major changes in policies or overall procedures.

PART VI — HEALTH DOCUMENTS

Article 86

60. *Australia.* The Government reports that the number of persons arriving in Australia by air from overseas with invalid or no international certificates of vaccination continues to increase. During 1973 4805 persons were vaccinated against smallpox, and 13 808 persons were vaccinated against cholera, on arrival.

In accordance with Australian quarantine requirements, it was necessary to detain in isolation at a quarantine station 338 persons who arrived in Australia by air in an unvaccinated state and who refused vaccination on arrival.

The Committee noted this information and considered that the practice is not in keeping with the current epidemiological situation.

61. *Union of Soviet Socialist Republics.* The Government draws attention to the fact that paragraph 7 stipulates that reasons for contraindication to vaccination should be written in English or French. This raises difficulties among specialists in countries where those languages are not widely spoken. It would be advisable to draw up an international model for such certification with a standard text like the vaccination certificate. Provision should be made for the diagnosis of the disease to be compulsorily indicated in Latin, without excluding the possibility of adding the text in other languages.

Once again the Committee felt that the information here related to smallpox, and, in view of its imminent eradication, there was no need to recommend any changes.

APPENDICES 2 AND 3

63. *Union of Soviet Socialist Republics.* The Government draws attention to the fact that the presence of an approved (official) stamp is obligatory if an international certificate of vaccination or revaccination is to be considered as valid. The International Health Regulations (1969) state that the stamp must be in a form prescribed by the health administration in each country. However, if the text on the stamp is in an unknown alphabet, control on entry is practically impossible. It is therefore proposed that consideration should again be given to the question of adding a further article to the Regulations on this point or

Article 87

62. *India.* The Government reports that the active members of the Armed Forces of India enjoy the facility for issue of vaccination certificates as per Article 87 of the International Health Regulations (1969). The Government proposes to extend this facility to the families of the active members of Armed Forces Personnel, whether accompanied or not by the head of that family, with a view to avoiding unnecessary delay in getting such certificates from civil authorities in their cases. The Government therefore proposes an amendment to the International Health Regulations (1969).

The Committee considered that no amendment was required, as army medical officers could be designated to issue certificates in conformity with Appendices 2 and 3 of the International Health Regulations (1969).

issuing a recommendation that an approved stamp should bear a number in arabic figures; WHO should assign a number to each country.

The Committee saw advantage in nationally uniform stamps being identifiable through a code number or by indicating clearly in English or French the country that issued the certificate. It recommended that all Member States adopt the format of the stamp as shown in Annex IX to the Second Annotated Edition of the International Health Regulations (1969).

OTHER MATTERS

64. *United States of America.* The Government reports as follows:

1973-1975

(1) Procedures for inspection of arriving vessels were modified on 1 July 1973. Vessels which have been in a smallpox-infected country within the past 14 days, a country in which plague is prevalent, or have persons on board who have or have had illness characterized by the following signs or symptoms:

(a) temperature of 38°C (100°F) or greater which persisted for two days or more, or which was accompanied or followed by any one or all of the following: rash, jaundice, glandular swelling; or

(b) diarrhoea severe enough to interfere with work or normal activity,

are required to report that information by radio in advance of arrival to the nearest United States quarantine station.

Except for the 2% sample of all vessel arrivals boarded for quality control purposes, the above are

the only vessels routinely boarded for public health inspection. It is estimated that fewer than 1000 vessels will be boarded in 1974.

(2) A vessel sanitation programme continues. In an effort to obtain baseline data concerning the incidence of gastrointestinal illness aboard passenger cruise vessels, a survey was conducted between July and November 1973. The results of the survey are available, upon request.

(3) No difficulties were encountered with regard to the international transportation of human remains.

A number of Committee members had recently received letters from an association of certain commercial firms on problems related to the international transport of human remains. It was felt that these firms should take the matter up with their national health administrations. The issue was complicated as it involved state regulations and religious practices. It was not considered a significant problem in the international control of communicable diseases.

Potential problems of international transmission of disease agents and vectors arising from the use of containers

65. At its seventeenth session the Committee reconsidered the question of potential health hazards arising from the increasing use of containers in international traffic. The Committee then recommended that the matter be kept under review and that States be encouraged to report to the Organization any problems they might encounter in this respect.

As a result of the inquiry made by the Director-General in his letter C.L.3 of 16 January 1974, 23 governments report that there have been no health problems despite increasing use of containers, but the practice is being kept under surveillance.

66. *France.* The Government reports that, as regards the use of containers in international goods transport, no health measures are taken when they leave metropolitan France.

Control measures against diseases subject to the Regulations or to surveillance are in fact not justified at present in view of the absence of any risk of contamination on French territory.

Moreover, no health checks have so far been made on containers unloaded in France; the provisions of the International Health Regulations on this point are proving extremely difficult to apply.

67. *India.* The Government states that the problems arising in the sanitary control of containers could constitute a risk of international spread of infectious diseases or agents of infection.

68. *Indonesia.* The Government reports that no problems have arisen from the use of containers in international traffic. *Aedes aegypti* control is carried out through surveys, malathion fogging and the application of ABATE to water containers at the international airport of Kemayoran. These activities were carried out within the framework of a pilot project between June 1973 and March 1974. As a result of these activities, the *Ae. aegypti* index was brought down to less than 1%.

69. *Japan.* The Government reports that, in view of the ever-increasing volume of containerization of cargoes and the rapid development of international traffic, the risk of international transfer of pathogenic organisms of various communicable diseases has increased. It is quite impracticable to examine all container cargoes upon arrival at Japanese seaports and airports, and it is also difficult to check the original place of loading. A survey has been carried out since April 1975 to ascertain the actual sanitary status of various types of containers imported. It is necessary

for sanitary measures to be taken by the exporting countries, on their own responsibility, lest any pathogenic organisms be carried through cargo containers to the countries of destination.

70. *Singapore.* The Government reports that the actual port of origin of the containers is identified as far as possible. There is ready information on the port of origin when containers are in transit only through plague-infected ports, but this is not the case with containers which have come from plague-infected ports and have been in transit in intermediary non-infected ports.

71. *Trinidad and Tobago.* The Government reports that *Ae. aegypti* larvae are occasionally discovered in uncovered or unsealed water containers in boats, ships and other vessels passing through or coming from *Aedes*-infested countries. Advice and treatment are given whenever these are discovered.

72. *United States of America.* The Government reports that no significant problems or potential health hazards have arisen because of the increased use of containers or "Lighter aboard ship" (LASH) vessels.

The Committee noted that no significant health hazard has been attributed so far to the use of containers. However, it accepted the need for continued surveillance.

Question of further amendments to the Regulations

The Committee noted that the Working Group established by the Twenty-seventh World Health Assembly to study the Committee's eighteenth report commented "that a broad review of the basic concepts of the International Health Regulations would be timely".¹

A comprehensive discussion ensued during which a consensus emerged that the International Health Regulations will continue to be of value in spite of changing epidemiological circumstances, e.g. smallpox eradication. Since the International Health Regulations represent the maximum measures that should be taken to prevent the spread of disease, Member States should reduce enforcement measures as changes occur, so that only relevant actions are taken.

The Committee further noted the amendments to Articles 18, 19 and 47 discussed by the above-mentioned Working Group, and agreed that there was no need to modify the view that these were of a minor character and "should be kept in abeyance until a further substantial revision was necessary".¹

¹ WHO Official Records, No. 217, 1974, p. 81.

B. International Health Regulations (1969) as amended in 1973: Reservations

Position of States and areas

1. Since the Committee's eighteenth session (February 1974) ¹ the following Member States have become bound, on the dates indicated below, by the International Health Regulations (1969) as amended in 1973:

Bahamas	1 July 1974
Guinea-Bissau	29 October 1974
Grenada	4 March 1975
Botswana	26 May 1975
Tonga	14 November 1975
Surinam	25 November 1975
Mozambique	11 December 1975
Socialist Republic of Viet Nam	22 January 1976 ²
Comoros	9 March 1976
Cape Verde	5 April 1976
Sao Tome and Principe	21 June 1976
Angola	15 August 1976

2. Furthermore, the following States, which were already bound by the original Regulations of 1969, have, since the Committee's last session, also become bound by the Additional Regulations (1973), amending in particular the provisions regarding cholera:

Iraq	30 July 1974
Greece	6 August 1974
Thailand	17 October 1974
Germany, Federal Republic of	22 November 1974

The Committee noted that there had been no major problems arising from the various reservations, and observed with satisfaction that Iraq, Greece, Thailand and the Federal Republic of Germany had acceded to the Additional Regulations. The Committee hoped that other States that had not yet acceded would do so soon.

3. Since the Committee's last session, two States had withdrawn or modified reservations to the International Health Regulations (1969):

- (i) on 21 August 1975 Pakistan withdrew its reservation to Article 69 and, with respect to the reservation to Article 88, reduced the period of nine days to six days;

¹ For the report on that session, see WHO Official Records, No. 217, 1974, p. 52.

² Date at which the former Democratic Republic of Viet Nam, now a part of the Socialist Republic of Viet Nam, became bound. The other part, i.e. the former Republic of South Viet Nam, had already been bound as of 1 January 1971.

- (ii) on 16 June 1976 Surinam, which hitherto was bound subject to a reservation regarding Article 17, paragraph 2, and Article 58, became bound without reservation on the basis of a communication from the Government dated 8 March 1976.

Reservations expiring 31 December 1976

4. On accepting the International Health Regulations (1969), the Governments of Egypt, India and Pakistan had made certain reservations which were accepted by the Twenty-third World Health Assembly (resolution WHA23.57).³ Some of these reservations were, however, accepted only for a period of three years, which was subsequently renewed by the Twenty-sixth World Health Assembly (resolution WHA26.54)⁴ and would expire on 31 December 1976, unless extended.

5. The Committee considered copies of letters of 11 March 1976, by which the Director-General drew the attention of the three Governments to this situation, as well as the replies received from the Governments of India and Pakistan. The exchange of correspondence is reproduced below.

EGYPT

Letter, dated 11 March 1976, from the Director-General of WHO to the Minister of Public Health, Cairo, Egypt

I have the honour to refer to the reservations of your Government to the International Health Regulations (1969) adopted by the Twenty-second World Health Assembly (WHA22.46) and amended by the Twenty-sixth World Health Assembly (WHA26.55).

As you will recall, in a letter of 24 August 1973 (reference No. 8774), your Government has made the following reservations to Article 3, paragraph 1, and Article 4, paragraph 1:

"The Government of Egypt reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1."

These reservations remain effective until 31 December 1976. As you may know, the Committee on International Surveillance of Communicable Diseases will meet in Geneva from 22 to 26 November 1976. In order to enable it to consider the future status of the reservations made by Egypt, it would be very much appreciated if you could inform us in due time whether your Government considers that these reservations may now expire at the end of the period for which they were accepted by the World Health Assembly.

Furthermore, I should like to refer to your Government's reservations to the Additional Regulations (1973) adopted by the Twenty-sixth World Health Assembly (WHA26.55). These

³ WHO Official Records, No. 184, 1970, pp. 31 and 83.

⁴ WHO Official Records, No. 209, 1973, pp. 28 and 91.

reservations set out in your letter of 24 August 1973 mentioned above were, as you know, rejected by the Twenty-seventh World Health Assembly upon the proposal of the Committee on International Surveillance of Communicable Diseases (WHA27.47). Consequently, Egypt has not yet become a party to the Additional Regulations.

While I have noted your letter of 6 January 1975 indicating that your Government was not able, at that time, to withdraw its reservations, I should be grateful if you could advise me of the present position of your Government in order to inform the Committee on International Surveillance of Communicable Diseases in due time.

The Committee noted that Egypt had not yet replied to the Director-General's letter on this issue. However, in the event that a request for further extension of the reservations was received,¹ the Committee felt that such a request could be granted to cover the period until 31 December 1979.

INDIA

Letter, dated 11 March 1976, from the Director-General of WHO to the Minister of Health and Family Planning, New Delhi, India

I have the honour to refer to the reservations of your Government to the International Health Regulations (1969) adopted by the Twenty-second World Health Assembly (WHA22.46) and amended by the Twenty-sixth World Health Assembly (WHA26.55).

Three of these reservations, the text of which is reproduced in the annex to this letter, remain effective until 31 December 1976. As you may know, the Committee on International Surveillance of Communicable Diseases will meet in Geneva from 22 to 26 November 1976. In order to enable it to consider the future status of the reservations made by India, it would be very much appreciated if you could inform me in due time whether your Government considers that those reservations which were accepted by the World Health Assembly for a limited period of time may now expire at the end of that period and whether your Government feels able to withdraw any of the other reservations.

With regard to your Government's reservations to the Additional Regulations (1973) amending the International Health Regulations (1969) which were set out in your letter of 8 May 1974, but could not be considered by the Twenty-seventh World

Health Assembly, I confirm that these reservations will now be put before the forthcoming session of the Committee on International Surveillance of Communicable Diseases and subsequently to the Thirtieth World Health Assembly. In this connexion I should, however, recall that the Twenty-seventh World Health Assembly, when considering the reservations made by other Member States, felt unable to accept them and that the hope was expressed that these reservations would be rapidly withdrawn. Your Government may therefore wish to reconsider its reservations before they are submitted to the Committee, and I should be grateful if you could indicate your Government's position in this respect at your earliest convenience in order to enable me to inform the Committee in due time.

Reservations of India to the International Health Regulations (1969)

I. Reservations effective until 31 December 1976:

Article 3, paragraph 1, and Article 4, paragraph 1

The Government of India reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1.

Article 7, paragraph 2 (b)

The Government of India reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow fever infection has been completely eradicated from that area.

Article 43

The Government of India reserves the right immediately to disinsect on arrival an aircraft which, on its voyage over infected territory, has landed at a sanitary airport which is not itself an infected area, if an unprotected person from the surrounding infected area has boarded the aircraft and if the aircraft reaches India within a period during which such a person is likely to spread yellow fever infection.

This reservation will not apply to aircraft fitted with an approved vapour disinsecting system which is compulsorily operated.

II. Reservations accepted without time-limit:

Article 44

The Government of India reserves the right to apply the terms of Article 69 to the passengers and crew on board an aircraft.

¹ The Thirtieth World Health Assembly, after considering a letter from the Minister of Public Health of Egypt received by the Director-General of WHO on 3 May 1977, confirmed the opinion of the Committee that these reservations should be extended until 31 December 1979 (see WHO Official Records, No. 241, 1977, summary record of the fifth meeting of Committee B, section 2). The text of the letter was as follows (*translation from the Arabic*):

With reference to your letter concerning the reservations of the Arab Republic of Egypt to some articles of the International Health Regulations, we have the honour to inform you that we wish to maintain these reservations in view of the geographical situation of Egypt, the increase in international travel, and the large number of visitors to the Arab Republic of Egypt from countries where some of the diseases subject to the International Health Regulations are endemic.

These reservations are:

1. Part III — Health organization

Article 21. The Arab Republic of Egypt makes a reservation as to the proposed amendment.

2. Part V — Special provisions relating to each of the diseases subject to the Regulations

Chapter II — Cholera. The Arab Republic of Egypt makes a reservation concerning the proposed amendment, and wishes to keep Articles 63 to 71 of the International Health Regulations unchanged.

3. Part VI — Health documents

The Arab Republic of Egypt makes a reservation concerning the amendment and wishes to keep Article 92 and Appendix 2 of the International Health Regulations unchanged.

4. As regards the reservation concerning Article 3, paragraph 1, and Article 4, paragraph 1, viz., "The Government of Egypt reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1", the Arab Republic of Egypt wishes to extend this reservation.

landing in the territory of India who have come in transit through an airport situated in a yellow-fever infected area, not equipped with a direct transit area.

Article 88¹

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 70, information on their movements during the last six days prior to disembarkation.

Letter, dated 20 April 1976, from the Minister of Health and Family Planning, New Delhi, India, to the Director-General of WHO

I am directed to refer to your letter No. ESD-i4/439/2 (3), i4/439/2 (5), dated 11 March 1976, to the Minister of Health and Family Planning regarding the reservations by India to the International Health Regulations (1969), and to say that after having considered the matter very carefully, the Government of India still feels that since there is a very real danger of the importation of yellow fever disease into India through international travellers, it being still prevalent in some countries, the reservations of India to the International Health Regulations (1969) may continue for another three years beyond 31 December 1976. The question of withdrawal of these reservations could be taken up for review after the expiry of the said period of three years.

Government of India is also of the view that the reservations accepted without any time limit should continue.

The Committee noted the correspondence between the national health administration and the Director-General and recommended that the reservations to Article 3, paragraph 1, Article 4, paragraph 1, Article 7, paragraph 2 (b) and Article 43 be extended until 31 December 1979.

PAKISTAN

Letter, dated 11 March 1976, from the Director-General of WHO to the Director-General of Health and Joint-Secretary (ex officio) to the Government of Pakistan, Islamabad, Pakistan

I have the honour to refer to the reservations of your Government to the International Health Regulations (1969) adopted by the Twenty-second World Health Assembly (WHA22.46) and amended by the Twenty-sixth World Health Assembly (WHA26.55).

Four of these reservations, the text of which is reproduced in the annex to this letter, remain effective until 31 December 1976. As you may know, the Committee on International Surveillance of Communicable Diseases will meet in Geneva from 22 to 26 November 1976. In order to enable it to consider the future status of these reservations made by Pakistan, it would be very much appreciated if you could inform me in due time whether your Government considers that those reservations which are effective for a limited period of time may now expire at the end

of that period and whether your Government feels able to withdraw the reservation to Article 44.

The recommendations of the Committee will subsequently be put before the Thirtieth World Health Assembly which will make the final decision regarding the acceptance of any reservations in accordance with Article 95 of the International Health Regulations (1969).

Reservations of Pakistan to the International Health Regulations (1969)

I. Reservations effective until 31 December 1976:

Article 3, paragraph 1, and Article 4, paragraph 1

The Government of Pakistan reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1.

Article 7, paragraph 2 (b)

The Government of Pakistan reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow fever infection has been completely eradicated from that area.

Article 43

The Government of Pakistan reserves the right to disinsect immediately on arrival an aircraft which, on its voyage over infected territory, has landed at a sanitary airport which is not itself an infected area.

This reservation will not apply to aircraft fitted with an approved vapour disinsecting system which is compulsorily operated.

Article 88

The Government of Pakistan 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 70, information on their movements during the last six days prior to disembarkation.

II. Reservation accepted without time-limit:

Article 44

The Government of Pakistan reserves the right to apply the terms of Article 69 to the passengers and crew on board an aircraft landing in the territory of Pakistan who have come in transit through any airport situated in a yellow-fever infected area, not equipped with a direct transit area.

Letter, dated 14 April 1976, from the Director-General of Health, Ministry of Health and Social Welfare, Government of Pakistan, Islamabad, Pakistan

I have the honour to refer to your letter No. ESD-i4/439/2 (3), dated 11 March 1976, regarding reservations made by the Government of Pakistan, to the International Health Regulations.

I am sure you will appreciate that since Pakistan is still free of yellow fever, it will be necessary to continue maintaining these reservations, which apply to travellers coming from countries infected with yellow fever. Our Government still feels it is unable to withdraw our reservations made earlier.

The Committee noted the correspondence between the national health administration and the Director-

¹ The Government of India has been requested by the Twenty-sixth World Health Assembly to reconsider its position with regard to this reservation.

General and recommended that the reservations to Article 3, paragraph 1, Article 4, paragraph 1, Article 7, paragraph 2 (b), Article 43, and Article 88 be extended until 31 December 1979.

Reservations to the Additional Regulations (1973)

6. It was recalled that, by resolution WHA27.45, the Twenty-seventh World Health Assembly, acting upon the recommendations made by the Committee at its eighteenth session, had rejected a number of reservations to the Additional Regulations.¹ The Committee had expressed the hope that these reservations would be rapidly withdrawn and that all possible measures would be taken to persuade Member States to become parties to the Regulations as modified in 1973.

7. In accordance with the wishes of the Committee, the Director-General wrote to all governments concerned in July 1974, and again in March 1976. As has been indicated in section 2 above, four of the governments concerned adhered to the Additional Regulations in 1974. The remaining governments either stated that they wished to maintain their reservations or did not reply.

8. The position of India with regard to the Additional Regulations (1973) had not yet been determined, as reservations made by the Government in this respect by letter of 8 May 1974, reproduced below, were received only after the Committee's last session. The Government has consequently been advised by letter of 10 October 1974 that these reservations would be submitted to the present nineteenth session for consideration and for recommendation to the World Health Assembly.

INDIA

Letter, dated 8 May 1974, from the Deputy Secretary, Ministry of Health and Family Planning (Department of Health), New Delhi, India, to the Director-General of WHO

Subject: Additional Regulations to International Health Regulations (1969) — Reservations thereto

With reference to your letter No. i4/439/2(2) dated 17 September 1973 on the subject mentioned above, I am directed to

notify the Director-General, World Health Organization, of India's reservations in respect of Article 21 (1) (c) of the International Health Regulations (1969) as specified under Part III of Article I of the Additional Regulations and Article II of the Additional Regulations to the International Health Regulations adopted by the Twenty-sixth World Health Assembly as shown in annexure to this letter. I am also directed to convey acceptance of Articles III and IV of the Additional Regulations and of Article I under Part I, Article 21 (1) (b) under Part III, Articles 63 to 71 under Part V and Article 92 under Part VI of International Health Regulations as specified under Article I of the Additional Regulations adopted by the Twenty-sixth World Health Assembly.

I am to request that the reservations referred to above may kindly be placed for consideration before the Twenty-seventh World Health Assembly.

The receipt of this letter may kindly be acknowledged.

Reservations of India to the Additional Regulations as adopted by the Twenty-sixth World Health Assembly

Article 21 (1) (c) of the International Health Regulations (1969)

The subparagraph provides that each health administration shall send to the Organization a list of airports in its territory provided with direct transit area. The deletion of this provision will mean that India, which is very susceptible to the introduction of yellow fever, will not be in a position to know which airport is provided with a direct transit area; quarantine or otherwise is to be determined by the fact whether a passenger, while in transit through the airport situated in a yellow fever endemic area, was in the direct transit area during the period of stay or not, and we will not be in a position to apply our reservations under Article 44. This paragraph should not be deleted.

Article II of the Additional Regulations

It is difficult to collect and examine information from different parts of a vast country like India and to complete subsequent formalities in a period of three months. WHO may consider the desirability of extending this period to six months.

The Committee considered the correspondence between the national health administration and the Director-General. The Committee noted that the Twenty-sixth World Health Assembly in its resolution WHA26.55 had agreed to the deletion of Article 21 (1) (c) of the International Health Regulations (1969). The Committee recommended that in the event of subsequent amendments it may be advisable to prolong the period for consideration of such amendments.

C. Vaccination Certificate Requirements for International Travel

1. The Committee was informed of the current situation relating to Member States' vaccination certificate requirements. It noted with regret the difference in many States between the requirements for vaccination certificates as published by WHO and the actual reported performance at sea- and airports.

The Committee considered that Member States should do more to correct this and to ensure consistency of requirements in their area.

The Committee took note of evidence that embassies and consulates were often insufficiently aware of the country's requirements for vaccination certificates for travellers, and recommended improvements.

¹ WHO Official Records, No. 217, 1974, pp. 21 and 66.

2. *Cholera*. After a long discussion on the issue, the Committee noted with regret that, despite epidemiological irrelevance and the decision of the Twenty-sixth World Health Assembly, 29 States still required certificates from international travellers. It was felt that there was a need for improvement in the distribution by governments of information on national requirements to foreign missions and travel agents.

3. *Smallpox*. The Committee noted with satisfaction that already a substantial number of Member States had followed the recommendation contained in

resolution WHA29.54 that the request for a valid vaccination certificate be restricted to those travellers who had been in a country with an infected area within the previous 14 days. The Committee urged Member States that had not already done so to follow this practice, thereby reducing the volume of unnecessary vaccination and the consequential adverse complications.

4. *Yellow fever*. The Committee noted that no particular difficulty had been experienced with the administration of the relevant certificate.

D. Review of Experience of "Diseases under Surveillance"

The Committee considered at length the desirability of recommending the inclusion of various other diseases such as Lassa fever and Marburg-like disease in the existing list of diseases under surveillance, but decided against this. The principal reason was the difficulty of excluding other diseases causing great morbidity and mortality. The Committee was strongly of the opinion that prompt reporting of significant outbreaks of communicable diseases is the best foundation for their international control, irrespective of whether or not they are on any particular list. The Committee urged all Member States to evolve feasible and adequate systems of surveillance that can meet the varying demands that are likely to arise. Furthermore, Member States should make more suitable material available for inclusion in the *Weekly Epidemiological Record* and the Organization should do more to stimulate such contributions of international significance.

The Committee received a detailed oral report on the current situation relating to the outbreaks of Marburg-like disease in southern Sudan and northern Zaire. It welcomed the initiative of the Organization and the Member States who had collaborated with the governments of the two countries affected to help control the outbreak, undertake epidemiological studies and collect immune plasma for future use.

The Committee strongly urged the Director-General to take immediate steps to publish guidelines for health administrations regarding systems for dealing with cases and outbreaks in keeping with the resources and facilities available in the Member States concerned. Such guidelines should be in line with those already issued in the *Weekly Epidemiological Record* regarding Lassa fever.¹ In addition, the Director-General should establish a list of facilities available for accepting

specimens for diagnostic purposes, along with instructions on how to secure their services.

The Committee considered resolution XXXI adopted on 6 October 1976 by the twenty-eighth session of the WHO Regional Committee for the Americas/XXIV Meeting of the Directing Council of PAHO, concerning the need for increased surveillance of air travellers, which reads as follows:

NEED FOR INCREASED SURVEILLANCE OF AIR TRAVELERS THE DIRECTING COUNCIL,

Considering the ever increasing volume of persons traveling by air and the expansion of air transport networks and inter-linkage of local and international flights;

Cognizant therefore of the increased danger of the importation of new diseases, for which no preventive measures are taken at present, such as Lassa fever, into countries where the knowledge of these diseases is limited and urgent laboratory diagnosis may not be possible; and

Noting the recommendations of the Executive Committee contained in Document CD24/23 on the termination of compulsory smallpox vaccination for international travelers in the Americas,

RESOLVES:

1. To request the Director to take steps to maintain and expand the system of disease surveillance and rapid exchange of information between Member Countries of the Region, and to bring this matter of new diseases and their special problem for the countries to the attention of the WHO Committee on International Surveillance of Communicable Diseases.

2. To urge Governments to liaise with airlines to ensure the availability of necessary information relating to passengers who may have been exposed to communicable disease during travel and to improve the training of airline personnel regarding the importance of illness occurring among passengers.

3. To request the Director to provide updated guidelines and training manuals to enable Governments to revise their protection procedures and reorient their port-health personnel in order to reflect the new requirements which may be necessary to prevent the spread of dangerous diseases by air travelers.

(Approved at the fourteenth plenary session, 6 October 1976)

¹ *Weekly epidemiological record*, 21: 177 (1977); 22: 185 (1977).

After a detailed discussion of practical problems raised by recent needs to trace Lassa fever and Marburg-like disease contacts, the Committee emphasized once more the value of quick exchange of information between health administrations, the World Health Organization and other organizations, such as IATA, and its member airlines which could provide essential assistance.

The Committee was acutely aware of the difficulties imposed by the length of time often necessary to establish a positive diagnosis.

There was a need to avoid over-reaction, and the Committee considered that the rapid dissemination of full details of outbreaks together with the guidelines already recommended would do much to achieve this.

The Committee expressed reservations on the usefulness of specific training for aircraft crew in the context of Lassa fever and Marburg-like disease.

The Committee considered the need for guidance on the disinfection of aircraft after carriage of a case of highly contagious disease. It urged that WHO should collate information on current practices in Member States.

Louse-borne typhus. The Committee felt the need for drawing attention of Member States to the fact that, although this disease may be mainly of regional importance, its prevalence was of great concern in these areas. Further, despite the fact that control is scientifically feasible, lack of funds and locally available resources had so far prevented effective progress.

Louse-borne relapsing fever. The Committee noted

that, although the problem was of less significance than louse-borne typhus, continued surveillance was recommended.

Influenza. The Committee noted with interest the report on influenza surveillance, and the activities of the Organization in response to a localized outbreak of A/New Jersey/76 influenza in the United States of America.

Poliomyelitis. The Committee noted with appreciation that Member States report to WHO the occurrence of poliomyelitis in their respective countries. The Committee observed the continuing prevalence of the disease in many areas; it pointed out that adequate immunization programmes would be effective in controlling this disease, and hoped that this would be accomplished with the help of the Expanded Programme on Immunization.

Malaria. The Committee wished to draw the attention of Member States to the very serious situation that exists in some regions. It noted with concern the trend of malaria even in some areas that had once been freed of the disease, and the consequences that might follow unless effective control measures were instituted. The Committee complimented the World Health Organization for the regularly updated information on "Malaria risk for international travellers" published in the *Weekly Epidemiological Record*.

The Committee once again stressed the responsibility of the health authorities to continue efforts to educate the medical profession and the travelling public about the risks of contracting malaria in endemic areas.

E. Frequency of Meetings of the Committee on International Surveillance of Communicable Diseases

The Committee considered the question of how often the Committee should meet, in the light of available information from the Director-General and the views expressed at the meeting. It was recommended that the Committee should meet only as necessary, and that budgetary provision should be made by the Director-General to cover a meeting convened at short notice. It was considered that, while some issues might be settled by correspondence between the Director-General and the members of the expert advisory panel, this would only be complementary to, and not a substitute for, a meeting.

The Committee recommended that Articles 1 and 5 of the Regulations for the Committee on International Surveillance of Communicable Diseases¹ be amended as follows:

¹ These Regulations, as originally adopted by the Seventh World Health Assembly (resolution WHA7.56), were published in WHO Official Records, No. 56, 1954, pp. 70-73 and 92. They

Article 1: Purposes and Functions

1. The purposes and functions of the Committee are:

- (a) to review the application of the International Health Regulations and other related legislation;

.....

Article 5: Secretaryship

.....

4. The Director-General, or his representative, shall determine the time and place of each session; he shall convene a meeting of the Committee when he considers it necessary.

were amended by the Fifteenth World Health Assembly (resolution WHA15.36) with respect to the periodicity of meetings of the Committee. The Regulations as amended by the Committee at its eighteenth session and adopted by the Twenty-seventh World Health Assembly (resolution WHA27.45) were published in WHO Official Records, No. 217, 1974, p. 73.

F. Control of Variola Virus in Laboratories

The Committee was informed of the activities of the Organization following the adoption by the Twenty-ninth World Health Assembly of resolution WHA29.54, requesting all governments and laboratories to co-operate fully in preparing an international registry of laboratories retaining stocks of variola virus, and urging all laboratories which do not require stocks of variola virus to destroy them—particularly in view of laboratory infections which have occurred.¹

The Committee observed with interest the results obtained so far. Those laboratories or countries which had not yet provided the necessary information should once more be asked to do so as a matter of urgency.

The Committee appreciated that many laboratories had already destroyed their stocks of variola virus, but believed that it was of the utmost importance for this example to be followed by all other laboratories except those designated as WHO collaborating centres in this field.

¹ *Weekly epidemiological record*, 48: 146, 161, 186 (1973).

G. Vector Biology Aspects of the International Health Regulations (1969)

Aircraft disinsecting. In addition to the aerosol formulations already approved, the Committee recommended a new one consisting of 2 % (+)-phenothrin in a propellant mixture of 50 % R 11 and 50 % R 12 without added solvent and agreed to the consequential amendment of Annex VI to the Second Annotated Edition of the Regulations.

H. Yellow Fever Vaccine

The Committee was informed of the development of a more stable vaccine, but considered that no change should be made to the International Health Regulations relating to storage and use until its characteristics had been fully evaluated by the WHO Expert Committee on Yellow Fever.

Appendix

CASES OF DISEASES SUBJECT TO THE REGULATIONS, DUE TO OR CARRIED BY INTERNATIONAL TRAFFIC, AS NOTIFIED TO WHO, 1 JANUARY 1973—31 DECEMBER 1975

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
1. CHOLERA					
Africa	1973				
By air	23 November	South Africa (Johannesburg)	Portugal (Lisbon)	1 (eltor, Inaba)	The patient, who was immunized in Lisbon, spent four days in Angola on his way to South Africa.
Europe					
By air	7 August	Berlin (West)	Tunisia (Djerba)	1 (eltor, Ogawa)	A tourist aged 55 returned from holiday in Tunisia on 7 August. He was admitted to hospital the next day, and the diagnosis was confirmed on 9 August.
By air	26 May	France (Dumes, Landes)	Ivory Coast (Abidjan)	1 (eltor)	A traveller arrived from Abidjan on 26 May, fell ill on 28 May and was hospitalized on 29 May.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By boat	24 August	France (Marseilles)	Algeria	1 (eltor, Ogawa)	An 11-year-old Algerian girl who had been staying in Algeria since 20 July had diarrhoea on arrival in Marseilles on 24 August.
By boat	25 August	France (Marseilles)	Tunisia	1 (eltor, Ogawa)	A 25-year-old Frenchwoman returning from holiday in Tunisia was hospitalized on arrival in Marseilles.
By air	15 September	France (Le Blanc-Mesnil)	Algeria	1 (eltor, Ogawa)	A seven-month-old Algerian girl arrived in Paris by air from Oran, Algeria, on 15 September and was hospitalized with diarrhoea. Cholera was confirmed on 24 September.
By air	27 July	Germany, Federal Republic of (Aachen)	Tunisia	1 (eltor, Ogawa)	A tourist aged 52 arrived in Aachen from Tunisia on 27 July and fell ill on 29 July. He was hospitalized on 2 August and the diagnosis was confirmed on 6 August.
By air	20 August	Germany, Federal Republic of (Alsfeld, Hesse)	Tunisia (Monastir)	1 (eltor, Ogawa)	A tourist aged 19 returned from holiday in Tunisia on 20 August, and was hospitalized on 28 August.
By land	2 September	Germany, Federal Republic of (Offenbach)	Italy (Naples)	1 (eltor, Ogawa)	An Italian worker aged 53 was hospitalized on 2 September. The diagnosis was confirmed the same day.
By car and by air	30 August	Germany, Federal Republic of (Bad Vilbel)	Turkey	1 (eltor, Inaba)	A woman aged 61 fell ill during her return flight from Turkey to Frankfurt. Cholera was diagnosed on 5 September.
By air	18 July	Sweden (Malmohus county)	Tunisia	2 (eltor, Ogawa)	Two women, aged 56 and 30 years, were members of a group of tourists who had visited Tunisia. Onset of disease 18/19 July.
By air	24 July	Sweden (Sodermanland, Vasterbotten, Vastmanland counties)	Tunisia	3 (eltor, Ogawa)	Two women, aged 59 and 47 years, and a man aged 22, had been in Tunisia on holiday.
By air	25/26 July	Sweden (Goteborg, Malmohus, Ostergotland, Stockholm)	Tunisia	5 (eltor, Ogawa)	One woman, aged 45 years, and four men, ranging in age from 33 to 58, had been in Tunisia on holiday.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By air	4 April	United Kingdom (London)	India (Calcutta)	1 (eltor, Ogawa)	An airline captain travelling from Calcutta as a passenger on 3 April had mild diarrhoea during flight.
By air	30 July	United Kingdom (Luton)	Tunisia (Hammamet)	1 (eltor, Ogawa)	The man was a member of a group of tourists who had visited Tunisia. Onset of symptoms 26 July.
By air	1 August	United Kingdom (Kent)	Tunisia	1 (eltor, Ogawa)	A man returning from Tunisia on 1 August had onset of diarrhoea on 4 August.
By air	5 August	United Kingdom (Yorkshire)	Tunisia	1 (eltor, Ogawa)	A man aged 28 returning from Tunisia on 5 August experienced intermittent diarrhoea during his holiday and after his return.
By air	20 August	United Kingdom (Tooting, London)	Tunisia	1 (eltor, Ogawa)	A five-year-old boy developed diarrhoea on 19 August the day before his return from holiday in Tunisia.
1974					
America					
By air	24 March	Canada (Montreal)	South Africa (Johannesburg)	1 (eltor, Inaba)	A 27-year-old man left Johannesburg on 23 March and travelled via Luanda, Lisbon and New York and arrived in Montreal on 24 March. Diarrhoea began next day when he arrived in Kingston, and he was hospitalized on 27 March.
Europe					
By land	16 August	France (Boulogne)	Portugal	1 (eltor, Inaba)	A 45-year-old Frenchman returned from holiday in Portugal and was hospitalized on 17 August. The diagnosis was confirmed on 19 August.
By air	27 August	France (Marseilles)	Algeria (Algiers)	1 (eltor, Ogawa)	A 29-year-old Algerian was hospitalized in Marseilles on 27 August.
By land	1 October	France (Paris)	Portugal	1 (eltor, Ogawa)	A 14-year-old boy from Portugal was hospitalized in Paris with cholera.
By air	2 August	Germany, Federal Republic of (Bremerhaven)	Portugal (Oporto)	1 (eltor, Inaba)	A 42-year-old Portuguese sailor arrived in Bremerhaven by air from Oporto on 2 August, and was hospitalized for diarrhoea. The diagnosis was confirmed on 8 August.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By air	18 August	Germany, Federal Republic of (Rheine)	Portugal (Faro District, Albufeira)	1 (eltor, Inaba)	A 22-year-old tourist first experienced symptoms when he returned from holiday in Albufeira to Rheine via Frankfurt on 18 August. He was hospitalized on 22 August.
By land	13 September	Germany, Federal Republic of (Hanover)	Portugal	1 (eltor, Inaba)	A Portuguese worker, aged 36 years, left Mirandela near Bragança on 12 September. He travelled by bus via Cologne, Duisburg, Düsseldorf, Münster and Osnabrück and continued by rail to Hanover where he was hospitalized in isolation on 13 September. The diagnosis was confirmed on 17 September.
By land	9 September	Sweden (Stockholm)	Portugal	1 (eltor, Inaba)	A man, aged 72, visited different areas in Portugal between 12 August and 8 September. Diarrhoea began during his journey and he was hospitalized the day after his return and cholera was bacteriologically confirmed on 17 September. He had been vaccinated against cholera on 23 and 30 July.
By boat	17 August	United Kingdom (Southampton)		1 (eltor, Inaba)	A 66-year-old woman was on a Mediterranean cruise. Last port of call was Lisbon, 14 August. Patient developed diarrhoea on 17 August after disembarking.
	23 August	United Kingdom (Bexley)	Portugal	1 (eltor, Inaba)	A woman who returned from Portugal.
By land	25 August	United Kingdom (Birmingham)	Pakistan	1 (eltor, Ogawa)	A two-year-old Pakistani child born in Birmingham who had been to Pakistan for one year where she had been sick intermittently during that time.
1975					
Africa					
By land	2 January	Uganda (Kampala)	Kenya (Kisumu)	1 2 carriers (eltor, Inaba)	Three members of a family of Jaluos returning from Kisumu were treated in Mulago Hospital and fully recovered.
Asia					
By land	31 December 1974	Kuwait	Saudi Arabia (Mecca)	3 (eltor, Inaba)	Part of a group of 38 Iraqi pilgrims who crossed the Saudi Arabia Kuwait border on 31 December 1974. A 77-year-old man died the same day and two other cases were confirmed on 2 January 1975.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By boat	18 August	Japan (Kan-Mon port)	India (Madras)	3 (eltor, Inaba)	Cases found among crew aboard a Japanese cargo boat which arrived at Kan-Mon port on 18 August after having left Madras on 5 August.
Europe					
By air	5 January	France (Paris)	Saudi Arabia (Mecca)	1 (eltor, Inaba)	A 50-year-old Algerian man returning from the Mecca pilgrimage was hospitalized in Paris on 5 January.
By boat	18 August	France (Cannes)	Spain (Malaga, via Palma)	1 (eltor, Ogawa)	A Canadian woman tourist arrived in Cannes on 18 August by ship.
By boat	26 August	France (Marseilles)	Algeria (Mostaganem)	1 (eltor, Ogawa)	A 46-year-old Algerian man arrived on 26 August from Mostaganem and was hospitalized. Five carriers found in family.
By boat	27 August	France (Marseilles)	Algeria (Algiers)	1 (eltor, Ogawa)	A 7-year-old Algerian child arrived from Algiers on 27 August and was hospitalized on 2 September.
By land	3 September	France (Orthez)	Portugal	1 (eltor, Inaba)	A 20-month-old Portuguese child arrived via Spain on 3 September and was hospitalized the same day.
By land	4 September	France (Bayonne)	Portugal	1 (eltor, Inaba)	A 39-year-old Portuguese man from Viana do Castelo district (Minho province) was hospitalized on 4 September.
By boat	12 September	France (Marseilles)	Algeria	1 (eltor, Ogawa)	A 58-year-old Frenchwoman returned by ship from holiday in Algeria and was hospitalized on her arrival in Marseilles on 12 September.
By air	16 September	France (Saint-Just-sur-Loire)	Algeria	1 (eltor, Ogawa)	An Algerian man, after having spent some time in Algeria (Maison-Carrée) returned on 16 September, and was hospitalized on 18 September with diarrhoea. The diagnosis was confirmed the same day.
By boat	24 October	France (Bayonne)	Morocco (Oujda)	1 (eltor, Ogawa)	A man coming from Morocco was hospitalized on arrival, with diarrhoea.
By boat	17 August	Italy (Civitavecchia)	Spain (Malaga)	1 (eltor, Ogawa)	A Canadian woman tourist, aged 82 years, arrived by a cruise ship.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By car and by air	20 August	United Kingdom (London)	Iraq (Al Bakr)	1 (eltor, Ogawa)	An English oil engineer stayed at Al Bakr for three weeks before travelling by landrover to Baghdad on 18/19 August, stopping briefly at Fao and Basra. He stayed overnight in Baghdad and returned to the United Kingdom by air on 20 August. He fell ill on 21 August and the diagnosis was confirmed on 29 August.
2. SMALLPOX					
Africa	1973				
By land	February/December	French Territory of the Afars and the Issas	Ethiopia	14	Including secondary cases.
By land	5 May	Somalia	Ethiopia	1	
By land	17 June	Somalia	Ethiopia	3	
By land	11 August	Somalia	Ethiopia	1	
By land	13 September	Somalia	Ethiopia	2	
Asia					
By air	18 March	Japan (Tokyo)	Bangladesh	1	A Japanese man, aged 33, was in Bangladesh from 8 February until 16 March. He returned to Tokyo via Bangkok on 18 March. He fell ill on 23 March and smallpox was diagnosed on 1 April.
By land	January/December	Nepal	India (Uttar Pradesh and Bihar States)	277	Including secondary cases.
Europe					
By air	24 February	United Kingdom (London)	India (Calcutta)	1	A 60-year-old Indian living in London went on holiday to Calcutta for two weeks. A rash was noticed on 8 March and the diagnosis confirmed by virus isolation. He had been vaccinated as a child and was said to have been revaccinated in September 1971.
Africa	1974				
By land	February/April	French Territory of the Afars and the Issas	Ethiopia	13	Including secondary cases.
By land	January	Kenya	Ethiopia	1	A 25-year-old male from a village 150 km inside Ethiopia. Onset of illness 26/27 December 1973.

Means of transport	Date of arrival	Place of arrival	From	Number of cases	Remarks
By land	February	Kenya	Ethiopia	3	
By land	January/ November	Somalia	Ethiopia	11	
Asia					
By air	17 January	Japan (Osaka airport)	India	1	A 49-year-old Japanese visited a number of cities in the endemic northern states of India during the period 5-17 January. On 28 January a skin eruption appeared. Smallpox was diagnosed clinically and the patient was isolated in an infectious disease hospital in Tokyo.
By land	January/ December	Nepal	India (Uttar Pradesh and Bihar States)	1 550	A large number of these were secondary cases but all outbreaks could be traced to initial importation from northern India.
Africa	1975				
By land	18 January	Somalia	Ethiopia	5	
By land	31 January	Somalia	Ethiopia	1	
By land	25 February	Somalia	Ethiopia	1	
By land	9 March	Somalia	Ethiopia	1	
By land	26 April	Somalia	Ethiopia	1	
By land	31 May	Somalia	Ethiopia	1	
By land	26 July	Somalia	Ethiopia	4	
Asia					
By land	January/April	Nepal	India (Uttar Pradesh and Bihar States)	95	A large number of these were secondary cases but all outbreaks could be traced to initial importation from northern India.

AD HOC COMMITTEE OF THE EXECUTIVE BOARD TO EXAMINE THE FINANCIAL REPORT
AND THE REPORT OF THE EXTERNAL AUDITOR ON THE ACCOUNTS OF THE ORGANIZATION

1. FIRST REPORT - FINANCIAL REPORT ON THE ACCOUNTS OF WHO
FOR 1976 AND REPORT OF THE EXTERNAL AUDITOR¹

[A30/41 - 2 May 1977]

1. At its fifty-ninth session (January 1977), the Executive Board in resolution EB59.49 established an Ad Hoc Committee consisting of Dr S. Butera, Dr R. W. Cumming, Professor J. J. A. Reid and Dr R. Valladares to consider, inter alia, the Financial Report of the Organization for 1976 and the Report of the External Auditor, and in accordance with Financial Regulation 12.9, to submit to the Thirtieth World Health Assembly on behalf of the Board such comments as it deemed necessary. The Committee met on 2 May 1977 and Dr Valladares was elected Chairman.

2. The Committee reviewed the Financial Report of the Director-General for 1976 and the Report of the External Auditor as contained in Official Records, No. 237. It noted that against an approved budget level of US\$ 138 910 000 obligations totalling \$ 138 789 525 had been incurred resulting in a budgetary surplus of \$ 120 475. The Committee noted that although some Members had paid their contributions more promptly in 1976, the total amount of contributions in arrears at 31 December 1976 was \$ 12 965 614. As a result of these arrears the Working Capital Fund of the Organization had been depleted and the Director-General had been required to borrow from other funds at his disposal an amount of \$ 3 831 970 pursuant to the authority granted to him in resolution WHA29.27. The Committee urges all Members to pay their contributions promptly so as to avoid the need for an increase in the Working Capital Fund.

3. The Committee reviewed comments made by the External Auditor in respect of evaluation of projects and programmes of the Organization; aware that evaluation is a difficult subject, the Committee felt that some progress in identifying criteria and phases in the evaluation process was necessary. The Committee was assured by the Director-General that practical guidelines for evaluation were now being developed; these guidelines were to be applicable to the complex field of public health programmes, with the understanding that for different types of programmes specific adaptations would be necessary.

4. Also in connexion with the Report of the External Auditor, the Committee considered the scope of the audit activities taking place in WHO. The progressive reorientation of the Organization's activities away from headquarters towards projects of technical cooperation in the developing countries would require increased attention by the auditors to activities taking place in the regions. The External Auditor had made a detailed review of the financial and accounting practices at the Regional Office for Africa. The Committee was pleased to note that the External Auditor had concluded that the Regional Office had successfully coped with a difficult budgetary situation in 1975. The Committee was aware of the size and complexity of the Organization's activities in the African Region; it was informed that staffing and other administrative problems received close attention from WHO headquarters and that, in fact, substantial administrative back-up services were provided whenever necessary.

5. Pursuant to paragraph 2(1) of resolution EB59.R49 the Committee considered the transfers between sections of the Appropriation Resolution for 1976 which the Director-General had made in connexion with the closure of the accounts for the financial year 1976. The Committee on behalf of the Executive Board took note of these transfers which had been made within the Director-General's authority as set forth in paragraph C of the Appropriation Resolution for the financial year 1976 (WHA28.86).

¹ See resolution WHA30.3.

2. SECOND REPORT - MEMBERS IN ARREARS IN THE PAYMENT
OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH MAY INVOKE
THE PROVISIONS OF ARTICLE 7 OF THE CONSTITUTION¹

[A30/42 - 2 May 1977]

1. At its fifty-ninth session (January 1977), the Executive Board, in resolution EB59.R49 established an Ad Hoc Committee consisting of Dr S. Butera, Dr R. W. Cumming, Professor J. J. A. Reid and Dr R. Valladares to consider, *inter alia*, the subject of "Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution". The Committee met on 2 May 1977, and Dr R. Valladares was elected Chairman.

2. The Committee had before it the report of the Director-General, which is appended, and was informed that six Members, Bolivia, Central African Empire, Chad, Democratic Kampuchea, Dominican Republic and Grenada were on 29 April 1977 in arrears to an extent which might invoke the provisions of Article 7 of the Constitution.

3. However, the Committee was advised that a payment of US\$ 43 253 had been received from Bolivia on 2 May 1977, as well as a communication from the Pan American Health Organization's representative in Bolivia advising that an additional cheque for US\$ 29 303 which he had received from the Ministry of Health of Bolivia was being transmitted to WHO headquarters. These two payments would remove Bolivia from the position whereby the provisions of Article 7 of the Constitution could apply. Additionally, a communication had been received from the Minister of Public Health of the Central African Empire informing the Director-General that a payment of CFA francs 4 431 500 (US\$ 17 725) had been made on 26 April. This payment, when received, would be sufficient to remove the Central African Empire from the list of countries subject to provisions of Article 7 of the Constitution.

4. The Committee noted that two of the remaining four Members from the original list as shown in the table in section 2 of the Director General's report, Chad and Grenada, had both made payments after the closure of the Twenty-ninth World Health Assembly, following a communication from the Director-General advising them of resolutions concerning their arrears which had been adopted by the Twenty-ninth World Health Assembly. The Committee also noted that further communications had been sent to all Members on the list in April 1977; however, neither replies nor payments had been received from Chad, Democratic Kampuchea, Dominican Republic or Grenada.

5. Taking into account the payments that had been made by Chad and Grenada since the Twenty-ninth World Health Assembly, the Committee decided to recommend to the Assembly that their voting privileges be not suspended at the Thirtieth World Health Assembly. However, the Committee requested the Director-General to communicate by cable on its behalf with these two Members advising them of the Committee's recommendation and requesting that they intensify their efforts to settle all outstanding arrears.

6. The Committee was advised that no replies had been received from Democratic Kampuchea during the past two years in response to the Director-General's communications in regard to its contributions and arrears. The Committee requested the Director-General to communicate with the Government by cable, on its behalf, requesting a reply prior to 9 May concerning its arrears and any proposals for payment thereof.

7. Taking into account the large amount of the arrears due from the Dominican Republic, including four annual instalments payable in accordance with a proposal submitted by the Dominican Republic which had been agreed by the Twenty-fifth World Health Assembly, the Committee decided to recommend the suspension of the voting privileges of the Dominican Republic at the Thirtieth World Health Assembly if it had not settled its arrears by the time the Assembly considered the matter. The Committee requested the Director-General to communicate this decision to the Government concerned and to request the Government to advise him prior to 9 May 1977 of the action being taken to pay the arrears.

¹ See resolution WHA30.12.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE AD HOC COMMITTEE

[EB59/Ad Hoc Committee/Fin/3 - 28 April 1977]1. Introduction

The Eighth World Health Assembly (May 1955) resolved in resolution WHA8.13 that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the opening of the World Health Assembly in any future year, the Assembly shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member shall be suspended.

Pursuant to resolution WHA16.20 of the Sixteenth World Health Assembly (May 1963), the Executive Board, at its sessions when the agenda of the World Health Assembly is prepared, is to make specific recommendations, with the reasons therefor, to the Health Assembly with regard to any Members in arrears in the payment of contributions to the Organization to an extent which would invoke the provisions of Article 7 of the Constitution.

In the same resolution, the Health Assembly invited those Members concerned to submit to the Executive Board a statement of their intentions of payment in order to enable the Health Assembly, when it considers the matter in accordance with the provisions of resolution WHA8.13, to make its decision on the basis of the statements of such Members and the recommendations of the Executive Board.

Finally, under the terms of the resolution, the Director-General was requested to study their difficulties with the Members concerned and to report to the appropriate sessions of the Executive Board and the World Health Assembly.

2. Members concerned

As at 26 April 1977, when this report was prepared, the following six Members were in arrears for amounts which equalled or exceeded their contributions for two full years prior to 1977: Bolivia, Central African Empire, Chad, Democratic Kampuchea, Dominican Republic and Grenada. One of those Members, the Dominican Republic, had not fulfilled the conditions previously accepted by the Twenty-fifth World Health Assembly (May 1972) in resolution WHA25.6 for the settlement of its arrears, namely, that the consolidated arrears of contributions for the period 1965-1970 were to be paid in four equal instalments during the years 1972-1975. The status of the arrears of contributions of the six Members concerned is as shown in Table 1 below.

3. Action taken by the Director-General

Following the adoption by the Executive Board in January 1977 of separate resolutions for each individual Member concerned, the Director-General, as requested, communicated the text of those resolutions (EB59.R20 - Bolivia; EB59.R21 - Central African Empire; EB59.R22 - Chad; EB59.R23 - Democratic Kampuchea; EB59.R24 - Dominican Republic; and EB59.R25 - Grenada) to those Members, urging them to pay their arrears or, if they were unable to do so before the opening of the Thirtieth World Health Assembly, to provide a statement of their intentions of payment for presentation to the Ad Hoc Committee of the Executive Board. Further communications were sent by the Director-General in April 1977 to the Members concerned.

At the time this report was prepared no replies had been received from any of the Members concerned.

Table 1: Status of arrears of contributions at 26 April 1977

Members	Amounts payable during					Total
	1972	1973	1974	1975	1976	
	US\$	US\$	US\$	US\$	US\$	US\$
Bolivia	-	5 588 ^a	42 870	23 060	27 390	98 908
Central African Empire	-	-	17 308 ^a	23 060	27 390	67 758
Chad	-	-	13 540 ^a	23 060	27 390	63 990
Democratic Kampuchea .	-	-	26 288 ^a	23 060	27 390	76 738
Dominican Republic . .	(25 950 ^a (32 882.50 ^b	36 960 32 882.50 ^b	42 870 32 882.50 ^b	23 060 32 882.50 ^b	27 390 - }	287 760
Grenada	-	-	-	23 060	27 390	50 450

^a Balance of contribution.

^b Annual instalment payable by the Dominican Republic in the years 1972-1975 in accordance with resolution WHA25.6 of May 1972 in respect of its consolidated arrears of contributions for the period 1965-1970.

4. Payments received since the closure of the Twenty-ninth World Health Assembly

Payments received since the closure of the Twenty-ninth World Health Assembly and reflected in Table 1 above have been applied as follows:

<u>Member</u>	<u>Date</u>	<u>Amount in US\$</u>	<u>Representing</u>
Chad	26 November 1976	25 858	part of the contribution for 1974
Grenada	14 June 1976	1 020	balance of the contribution for 1974

3. THIRD REPORT - ADJUSTMENTS TO THE PROGRAMME BUDGET PROPOSALS FOR 1978¹

[A30/43 - 3 May 1977]

1. At its fifty-ninth session (January 1977), the Executive Board in resolution EB59.R49 established an Ad Hoc Committee consisting of Dr S. Butera, Dr R. W. Cumming, Professor J. J. A. Reid and Dr R. Valladares to consider inter alia the subject of "Adjustments to the programme budget proposals for 1978 to maintain the status quo regarding verbatim records and summary records of the World Health Assembly and the Executive Board during 1978". The Committee met on 2 May 1977, and Dr R. Valladares was elected Chairman.

2. The Committee had before it the report of the Director-General which is appended. The Director-General proposed that the requirements amounting to US\$ 670 000 be met through reductions in the proposed 1978 regular budget provision for the International Conference on Primary Health Care in view of the announced contribution by the United Nations Children's Fund towards the cost of holding the International Conference - \$ 100 000; economies in the reimbursement of travelling expenses for members of the Executive Board and delegates of the Health Assembly - \$ 167 000, and the balance of \$ 403 000 as part of the expected contribution to the International Conference on Primary Health Care by the host government.

3. The Committee on behalf of the Executive Board endorsed the proposals of the Director-General subject to the Health Assembly approving the recommendations made by the Executive Board in resolutions EB59.R10 and EB59.R11 regarding the reimbursement of travelling expenses of members of the Executive Board and delegates of the Health Assembly and in the confident anticipation that the generously promised contribution of the Government of the Union of Soviet Socialist Republics will fully cover the balance required.

4. The amount of \$ 670 000 is required under Appropriation Section 1 (Policy Organs) and would be offset by the expected saving of \$ 167 000 in respect of travel for members and delegates under the same Appropriation Section. The balance of \$ 503 000 would be transferred from Appropriation Section 3 (Development of Comprehensive Health Services), under which the budgetary provision is made for the International Conference on Primary Health Care, and would not affect the programme of the Organization under this Appropriation Section.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE AD HOC COMMITTEE

[EB59/Ad Hoc Committee/Fin/4 - 25 April 1977]

1. The Executive Board at its fifty-ninth session (January 1977) decided in resolution EB59.R17 to maintain the status quo regarding verbatim records and summary records of the Health Assembly and the Executive Board during 1978, and requested the Director-General to make the appropriate adjustments to the programme budget proposals within the budget level for 1978 recommended by the Executive Board to the Thirtieth World Health Assembly, and to submit a report on this matter to the Thirtieth World Health Assembly (May 1977) and to identify alternative economies within the budget level for 1978 in order that the proportion allocated to technical cooperation remains unchanged, bearing in mind the terms of resolution WHA29.48. By resolution EB59.R49 the Executive Board requested the Ad Hoc Committee to consider on behalf of the Board, inter alia, adjustments to the programme budget proposals for 1978 in order to maintain the status quo regarding verbatim records and summary records of the Health Assembly and the Executive Board during 1978.

2. The estimated cost of maintaining during 1978 the status quo regarding verbatim records and summary records is US\$ 670 000, of which \$ 432 000 relate to the records of the Health Assembly and \$ 238 000 to those of the Executive Board.

¹ See resolution WHA30.31.

3. The Director-General has been able to identify the following possible economies within the proposed 1978 regular budget level which would not reduce the proportion of the proposed budget to be allocated to technical cooperation activities:

(a) In view of the announced contribution of \$ 100 000 by the United Nations Children's Fund towards the cost of holding the International Conference on Primary Health Care in 1978, as noted by the Executive Board in resolution EB59.R16, it is proposed to reduce the regular budget provision for the International Conference by that amount.

(b) In resolution EB59.R10 the Executive Board made certain recommendations regarding the reimbursement of travelling expenses and payment of per diem for members of the Executive Board which, if approved by the Thirtieth World Health Assembly, would result in economies in 1978 of approximately \$ 41 000.

(c) In resolution EB59.R11 the Executive Board made certain recommendations regarding the reimbursement of travelling expenses for attendance at the Health Assembly which, if approved by the Thirtieth World Health Assembly, would result in economies in 1978 estimated to be of the order of \$ 126 000.

4. The economies listed in section 3 above would, if realized, total \$ 267 000, leaving a balance of \$ 403 000 to be found. In resolution EB59.R16 the Executive Board noted with gratitude the confirmation by the Government of the Union of Soviet Socialist Republics of a contribution to the International Conference on Primary Health Care, and while at the time of preparation of this report the nature and exact amount of the contribution had not yet been determined, it appears that the value of the contribution might be sufficient to cover the balance of the economies required.

5. Subject, therefore, to the approval by the Thirtieth World Health Assembly of the recommendations made by the Executive Board in resolutions EB59.R10 and EB59.R11 and the receipt of further information from the Government of the USSR concerning its contribution to the International Conference on Primary Health Care, the Director-General suggests that the proposed Appropriation Resolution for 1978, as recommended by the Executive Board, be amended as follows:

Appropriation Section	Purpose of Appropriation	Increase (Decrease) US \$	Revised Appropriation US \$
1.	Policy organs	503 000	3 056 900
3.	Development of comprehensive health services	(503 000)	24 527 839

6. The Director-General will report to the Thirtieth World Health Assembly any information relevant to this matter which he may obtain prior to the adoption by the Health Assembly of the proposed Appropriation Resolution for 1978.

BIENNIAL PROGRAMME BUDGET: INTRODUCTION OF BIENNIAL BUDGET CYCLE¹

[A30/24 - 29 March 1977]

Report by the Director-General

1. BACKGROUND OF DECISIONS ON BIENNIAL PROGRAMME BUDGETING

1.1 The Twenty-second World Health Assembly (July 1969), when it considered the need for long-term planning in the field of health, decided in resolution WHA22.53 that "in principle, the World Health Organization should adopt a system of biennial programming." Considering that biennial budgeting would be highly compatible with a biennial programming system, the Executive Board, in resolution EB49.R31 (January 1972), requested the Director-General "to pursue the examination of the feasibility of introducing a biennial programme and budget." In May of that year the Director-General submitted to the Twenty-fifth World Health Assembly a legal and procedural feasibility report² concluding that biennial budgeting would require amendment of the Constitution of WHO by deleting reference to "annually" and "annual" in Articles 34 and 55.³ The Twenty-fifth World Health Assembly in resolution WHA25.24 agreed in principle to amend the Constitution and requested the Director-General to initiate steps necessary for amendment.

1.2 In 1973 the Director-General submitted to the Executive Board at its fifty-first session and to the Twenty-sixth World Health Assembly a report on the feasibility of introducing a biennial programme and budget,⁴ summarizing (a) the experience of other major agencies in the United Nations system, all of which have by now adopted biennial programme budgets; (b) the advantages and disadvantages of biennial programme budgeting; and (c) various practical aspects and implications of introducing a biennial programme budget. The Executive Board, in resolution EB51.R51, recommended that "a programme and budget for a biennial period be introduced as soon as possible." The Twenty-sixth World Health Assembly, in resolution WHA26.37, adopted amendments to Articles 34 and 55 of the Constitution, deleting reference to "annually" and "annual", and, in resolution WHA26.38, "considering the desirability of proceeding as soon as possible to a biennial budget cycle and of preparing for it without delay," decided that, pending the coming-into-force of the amendments, WHO should introduce biennial programming, but as a transitional measure the Executive Board should continue to consider, and the Health Assembly should review and approve, on an annual basis the portion of the biennial budget corresponding to each financial year.

2. COMING-INTO-FORCE OF CONSTITUTIONAL AMENDMENTS

2.1 In accordance with Article 73 of the Constitution of WHO, constitutional amendments come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes.⁵ The Twenty-sixth World Health Assembly adopted the necessary amendments to Articles 34 and 55 as set forth in the annexes to resolution WHA26.37. The amendments came into force on 3 February 1977 upon receipt of the hundredth acceptance from a Member.

3. DECISION ON AND DATE OF INTRODUCTION OF BIENNIAL BUDGETING

3.1 The coming-into-force of the constitutional amendments deleting reference to "annually" and "annual" in Articles 34 and 55 permits the introduction of biennial programme budgeting which has been recommended by the Executive Board, and deemed desirable by the World Health Assembly. It is for the Health Assembly now to take a formal decision as to whether and, if

¹ See resolutions WHA30.20, WHA30.21 and WHA30.22.

² WHO Official Records, No. 201, 1972, p. 68.

³ WHO Basic Documents, 27th ed., 1977, pp. 10 and 13.

⁴ WHO Official Records, No. 206, 1973, p. 121.

⁵ WHO Basic Documents, 27th ed., 1977, p. 16.

so, on what date, biennial budgeting should be introduced. The proposed biennial programme for 1978-1979¹ was prepared by the Director-General and reviewed by the Executive Board prior to the coming-into-force of the amendments to the Constitution and in accordance with the transitional measures set forth in resolution WHA26.38, which permitted the Executive Board at its fifty-ninth session in January 1977 to consider and submit to the Thirtieth World Health Assembly only the budget estimates for 1978. The Executive Board at its sixty-first session in January 1978 will therefore have to consider and submit to the Thirty-first World Health Assembly the budget estimates for 1979, together with any recommendations the Board may deem advisable. Thus the first biennium for which biennial budgeting could become effective, as part of the already existing biennial programming, would be, in the light of the legal and practical considerations, the 1980-1981 biennium. If the Health Assembly should decide to adopt biennial budgeting beginning with the 1980-1981 biennium, the transitional measures for annual budgeting pursuant to resolution WHA26.38 would thus remain in effect for 1978 and 1979.

4. PRACTICAL ASPECTS AND IMPLICATIONS OF BIENNIAL PROGRAMME BUDGETING

4.1 Amendment of the Financial Regulations of WHO, Rules of Procedure of the World Health Assembly and past decisions of the policy organs of WHO will become necessary as a result of a decision of the Health Assembly to introduce biennial programme budgeting in 1980-1981. As previously reported to the Executive Board and Health Assembly,² it will be necessary to amend the Financial Regulations, which currently specify one calendar financial year, by replacing throughout the text references to "financial year" and "annual budget" by the terms "financial period" and "budget". Article V of the Financial Regulations should also be amended to make it clear that, while Members' contributions are based on a full biennium, they are payable in annual instalments. The proposed amendments to the Financial Regulations are contained in Appendix 1.³ They are designed solely to facilitate biennial budgeting and do not otherwise alter the substantive content of the Financial Regulations; they would come into force on 1 January 1980. The proposed amendments to the Rules of Procedure of the Health Assembly (Rule 5, paragraph (c) and Rule 97) replace references to "financial year" by "financial period" and make the changes necessary to facilitate biennial budgeting.⁴ No amendments to the Rules of Procedure of the Executive Board would be required. The proposed resolution on the introduction of a biennial budget cycle provides that all prior resolutions and decisions of the Health Assembly henceforth would be construed as conforming to this resolution.⁵

4.2 The establishment of scales of assessment will be affected by a decision of the Health Assembly to introduce biennial programme budgeting. Under present procedures, and in accordance with the principle established by resolution WHA8.5 (May 1955) and reiterated in resolution WHA24.12 (May 1971), the latest available United Nations scale of assessment is used as a basis of determining the WHO scale of assessment, taking account of differences in membership between the United Nations and WHO. As any change in the United Nations scale of assessment can be reflected in the WHO scale of assessment only one year later, for practical reasons the WHO scale of assessment follows or lags behind the United Nations scale by one year, and this practice would continue under the proposed procedure. The report by the Director-General on the feasibility of introducing a biennial programme and budget, which was considered by the Executive Board at its fifty-first session in January 1973 and by the Twenty-sixth World Health Assembly in May 1973, suggested that "under the proposed biennial programme and budget system, scales of assessment and total assessments on Members would be approved by the Health Assembly for the full biennium".⁶ The practice of other organizations in the United Nations system which have adopted biennial budgeting is not entirely uniform with respect to scale of assess-

¹ WHO Official Records, No. 236, 1976.

² WHO Official Records, No. 206, 1973, p. 124.

³ The proposed changes were adopted by the Health Assembly (resolution WHA30.21) with the exception of the proposed amendment to regulation 9.2.

⁴ Adopted by the Health Assembly as resolution WHA30.22, with the addition of "financial period" to the terms listed in the introductory note to the Rules.

⁵ Adopted by the Health Assembly, without change, as resolution WHA30.20.

⁶ WHO Official Records, No. 206, 1973, p. 124.

ment. UNESCO adopts a single scale of assessment for the full biennium based on the latest available United Nations scale of assessment, and does not modify its own scale until the next biennium. FAO normally adopts a single scale of assessment for the full biennium, but reserves the possibility of applying two annual scales if it is evident that there will be a change in the United Nations scale during the biennium, in which case the new United Nations scale can be used as a basis for the FAO scale in the second year of the biennium. The ILO adopts an annual scale of assessment each year, a practice which has facilitated changes in the ILO scale to adjust it to the United Nations scale and to include in the scale for the second year of the biennium the assessment of new Members joining the Organisation in the first year of the biennium.

4.3 It would not be feasible for WHO under existing budgetary procedures to adopt a total budget level for the full biennium and at the same time adopt only an annual scale of assessment for the first year of the biennium, because the WHO budget, unlike that of other organizations, includes an "Undistributed reserve" for contributions of non-participating, inactive Member States. The provision for this "Undistributed reserve" is dependent on the scale of assessment for the budgetary period and affects the level of the total WHO regular budget. Although the simplest solution would be to adopt a single scale of assessment for the full biennium, it would be desirable to leave open the possibility of changing the scale of assessment for the second year of the biennium. It is therefore recommended that the Health Assembly should in odd-numbered years initially adopt a single scale of assessment and approve a total regular budget level for the following full biennium, with the proviso that the Health Assembly at its session the following year may, if necessary and if it so decides, amend the scale of assessment to be applied for the second year of the biennium (e.g., to adjust it to any new scale of assessment adopted by the United Nations, and/or to take into account the assessment of any new Members or Associate Members which have joined WHO prior to the end of the session of the Health Assembly in the first year of the biennium). Such a decision to amend the WHO scale of assessment could affect the level of the total WHO regular budget for the biennium and the Appropriation Resolution, but it would affect the contributions of Member States only for the second year of the biennium.

4.4 With regard to contributions of Member States, the approach followed by all organizations of the United Nations system which have adopted biennial budgeting is to determine the budget level and total contributions for the full biennium, but require remittance of contributions by Members in two annual payments. In accordance with this common practice, after the Health Assembly has adopted the WHO regular budget for the biennium the Director-General would inform Members of their commitments in respect of annual contributions, and request Members to remit the first part of their contributions at the beginning of the first year and the second part of their contributions at the beginning of the second year of the biennium in accordance with financial regulations 5.3 and 5.4.¹ The contributions of Members would be paid in two equal annual amounts, unless there was a change in the scale of assessment which would affect the apportionment of contributions among Members in the second year of the biennium, or unless there was a revision of the budget affecting the level of contributions to be paid in the second year.

4.5 The form of presentation of the programme budget would be affected by a decision of the Health Assembly to introduce biennial programme budgeting. As reported to the fifty-first session of the Executive Board and to the Twenty-sixth World Health Assembly in 1973,² it is proposed, in conformity with the practices of other major organizations in the United Nations system which have adopted biennial programme budgeting, to introduce a financial period covering two fully consolidated calendar years. The budgetary tables and summaries of the future programme budget documents would contain three columns of figures, each representing data for a full biennium, without breakdown by component year. The first column would show the programme level for the past biennium. The second column would show the amount approved for the current biennium. The third column would show the proposed budget for the biennium for which approval of the governing bodies was sought. A schematic illustration of the biennial budget presentation is contained in Appendix 2. In accordance with resolution WHA28.69 (May 1975) on the method of work of the Health Assembly, the Health Assembly would undertake in odd-numbered years

¹ See Appendix 1 below.

² WHO Official Records, No. 206, 1973, p. 124.

a full review of the proposed programme budget for the following biennium. In even-numbered years, the Health Assembly would undertake a brief review of significant programme changes or revisions affecting the level of the programme budget.

4.6 The financial reports of WHO would be affected by a decision of the Health Assembly to introduce biennial programme budgeting. As reported to the fifty-first session of the Executive Board and to the Twenty-sixth World Health Assembly in 1973,¹ it is proposed that in the year following each biennium the Director-General would submit to the Health Assembly a financial report covering the preceding full biennium. It is further proposed, in accordance with the practices of other major organizations in the United Nations system which have adopted biennial programme budgeting, to establish at the end of the first year of each biennium an interim financial report showing the contributions and other income received and expenditure incurred during the first year, together with a statement of assets and liabilities at the close of the first year of the biennium, for submission to the Health Assembly. The interim and full biennium financial reports would be accompanied by the External Auditor's reports thereon, and transmitted through the Executive Board to the Health Assembly.

Appendix 1

PROPOSED AMENDMENTS TO THE FINANCIAL REGULATIONS OF THE WORLD HEALTH ORGANIZATION

Article I - Applicability

[No change]

Article II - The Financial Period

2.1 The financial period shall be two consecutive calendar years beginning with an even-numbered year.

Article III - The Budget

3.1 The budget estimates for the financial period shall be prepared by the Director-General.

3.2 The budget estimates shall cover income and expenditures for the financial period to which they relate, and shall be presented in US dollars.

3.3 The budget estimates shall be divided into parts, sections and chapters, and shall be accompanied by such information annexes and explanatory statements as may be requested by, or on behalf of the Health Assembly, and such further annexes or statements as the Director-General may deem necessary and useful.

3.4 The Director-General shall submit the budget estimates to the Executive Board for examination at least twelve weeks prior to the opening of the regular session of the Health Assembly and prior to the appropriate meeting of the Executive Board. At the same time, the Director-General shall transmit these estimates to all Members.

3.5 The Executive Board shall prepare a report to the Health Assembly on the budget estimates submitted by the Director-General and shall submit these estimates, accompanied by its report, to the Health Assembly.

3.6 The budget estimates and the report of the Executive Board shall be transmitted by the Director-General to all Members at least five weeks prior to the opening of the regular session of the Health Assembly.

¹ WHO Official Records, No. 206, 1973, p. 125.

3.7 The budget for the following financial period shall be approved by the Health Assembly after consideration and report on the estimates by the appropriate main committee of the Assembly.

3.8 Should the Director-General, at the time of the session of the Executive Board that submits the budget estimates and its report thereon to the Health Assembly, have information which indicates that there may, before the time of the Health Assembly, be a need to alter the estimates in the light of developments, he shall report thereon to the Executive Board, which shall consider including in its report to the Health Assembly an appropriate provision therefor.

3.9 Should there be developments, subsequent to the session of the Executive Board that considers and submits the budget estimates and its report thereon to the Health Assembly, which might necessitate an alteration in the budget proposals, the Director-General shall report the facts to the Health Assembly.

3.10 Supplementary estimates may be submitted to the Board by the Director-General whenever necessary to increase the appropriations previously approved by the Health Assembly. Such estimates shall be submitted in a form and manner consistent with the budget estimates for the financial period.

Article IV - Appropriations

4.1 [no change]

4.2 Appropriations shall be available for obligation for the financial period to which they relate. The Director-General is authorized to charge as an obligation against the appropriations:

- (a) the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to the last day of the financial period;
- (b) the costs of publications for which complete manuscripts shall have been delivered to and received by the printer prior to the last day of the financial period;
- (c) the entire costs relating to short-term consultants whose period of assignment may not have been completed by the end of the financial period;
- (d) the full estimated cost of a fellowship.

The unobligated balance of the appropriations shall be surrendered.

4.3 Appropriations shall remain available for twelve months following the end of the financial period to which they relate, to the extent that they are required to discharge obligations in respect of goods supplied and services rendered in the financial period and to liquidate any other outstanding legal obligations of the period. The obligations established under 4.2(a), (b), (c) and (d) shall remain available for expenditure until these obligations have been fully liquidated. The cash balance of the appropriations shall be surrendered.

4.4 At the end of the twelve-month period provided in regulation 4.3 above, the then remaining balance of any appropriations retained will be surrendered. Any unliquidated prior period obligations shall at that time be cancelled or, where the obligation remains a valid charge, transferred as an obligation against current appropriations.

4.5 [no change]

Article V - Provision of Funds

5.1 [no change]

5.2 In the assessment of the contributions of Members, adjustments shall be made to the amount of the appropriations approved by the Health Assembly in respect of:

- (a) Supplementary appropriations for which contributions have not previously been assessed on Members;
- (b) Miscellaneous income for which credits have not previously been taken into account, and any adjustments in estimated miscellaneous income previously taken into account;
- (c) Contributions resulting from the assessment of new Members under the provisions of regulation 5.10;
- (d) Any balance of the appropriations surrendered under regulations 4.3 and 4.4.

5.3 The Health Assembly shall adopt a total budget level and scale of assessments for the following financial period. The assessed contributions of Members based on the scale of assessments shall be divided into two equal annual instalments, the first of which shall relate to the first year and the second of which shall relate to the second year of the financial period. In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period.

5.4 After the Health Assembly has adopted the budget and determined the amount of the Working Capital Fund, the Director-General shall:

- (a) Transmit the relevant documents to Members;
- (b) Inform Members of their commitments in respect of contributions for the financial period and advances to the Working Capital Fund;
- (c) Request them to remit the first and second instalments of their contributions for the financial period together with their advances, if any, to the Working Capital Fund.

5.5 If the Health Assembly decides to amend the scale of assessments to be applied to the second year, or to adjust the amount of the appropriations to be financed by contributions from Members for the financial period, the Director-General shall inform Members of their revised commitments in respect of contributions for the financial period and shall request Members to remit the revised second instalment of their contributions.

5.6 Instalments of contributions and advances shall be considered as due and payable in full within thirty days of the receipt of the communication of the Director-General referred to in regulation 5.4 or 5.5 above, or as of the first day of the year to which they relate, whichever is the later. As of 1 January of the following year, the unpaid balance of such contributions and advances shall be considered to be one year in arrears.

5.7 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 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.

5.8 [previously 5.6: no change]

5.9 [previously 5.7: no change]

5.10 New Members shall be required to make a contribution for the financial period in which they become Members and to provide their proportion of the total advances to the Working Capital Fund at rates to be determined by the Health Assembly.

Article VI - Funds

[no change]

Article VII - Other Income

7.1 All other income, except:

- (a) Contributions to the budget;
- (b) Direct refunds of expenditures made during the financial period; and
- (c) Advances or deposits to funds,

shall be classed as miscellaneous income, for credit to the General Fund.

7.2 ☒no change

7.3 ☒no change

7.4 ☒no change

Article VIII - Custody of Funds

☒no change

Article IX - Investment of Funds

9.1 ☒no change

9.2 At least once in a financial period the Director-General shall include in the financial statements submitted to the Health Assembly a statement of the investments currently held.¹

9.3 ☒no change

Article X - Internal Control

☒no change

Article XI - The Accounts

11.1 ☒no change

11.2 ☒no change

11.3 At the end of the first year of the financial period the Director-General shall establish interim accounts, showing the actual income received and expenditure incurred during the year, together with a statement of assets and liabilities at the close of the year.

11.4 The interim and final accounts of the Organization shall be presented in US dollars. The accounting records may, however, be kept in such currency or currencies as the Director-General may deem necessary.

11.5 The interim and final accounts shall be submitted to the External Auditor(s) not later than 31 March following the end of the year or financial period to which they relate.

Article XII - External Audit

12.1 ☒no change

12.2 ☒no change

12.3 ☒no change

¹ This amendment was rejected by Committee B (see WHO Official Records No. 240, 1977, Committee B, summary record of the sixth meeting, section 1).

12.4 ☒ no change

12.5 ☒ no change

12.6 ☒ no change

12.7 ☒ no change

12.8 The Auditor(s) shall issue a report on the audit of the interim accounts and on the final financial statements and relevant schedules which shall include such information as he/they deem necessary in regard to financial regulation 12.3 and the Additional Terms of Reference.

12.9 The report(s) shall be transmitted through the Executive Board, together with the audited financial statements, to the Health Assembly not later than 1 May following the end of the year or financial period to which the accounts relate. The Executive Board shall examine the financial statements and the audit report(s) and shall forward them to the Health Assembly with such comments as it deems necessary.

Article XIII - Resolutions involving Expenditures

☒ no change

Article XIV - Delegation of Authority

☒ no change

Article XV - General Provisions

15.1 These regulations shall be effective as of the date of their approval by the Health Assembly, unless otherwise specified by the Health Assembly. They may be amended only by the Health Assembly.

15.2 ☒ no change

Article XVI - Special Provisions

☒ no change

Appendix

ADDITIONAL TERMS OF REFERENCE GOVERNING THE EXTERNAL AUDIT OF THE WORLD HEALTH ORGANIZATION

.....

5. The Auditor(s) shall express and sign an opinion in the following terms:

I/We have examined the following appended financial statements, numbered ... to ... properly justified, and relevant schedules of the World Health Organization for the year/financial period ended 31 December My/Our examination included a general review of the accounting procedures and such tests of the accounting records and other supporting evidence as I/we considered necessary in the circumstances. As a result of my/our examination I/we am/are of the opinion that the financial statements properly reflect the recorded financial transactions for the year/financial period, which transactions were in accordance with the Financial Regulations and legislative authority and present fairly the financial position as at 31 December

adding, should it be necessary:

subject to the observations in my/our foregoing report.

.....

Appendix 2

BIENNIAL BUDGET PRESENTATION

Appropriation section	(Past) 1976-1977		(Present) 1978-1979		(Future) 1980-1981	
1. Policy organs	(level for the last biennium)	(level for the current biennium)	(proposed budget for the next biennium)			
2. General management, coordination and development						
3. Development of comprehensive health services						
4. Health manpower development .						
5. Disease prevention and control						
6. Promotion of environmental health						
7. Health information and literature						
8. General service and support programmes						
9. Support to regional programmes						
Effective working budget						
10. Transfer to Tax Equalization Fund						
11. Undistributed reserve						
Total - All sections	\$ -----		\$ -----		\$ -----	
	1976	1977	1978	1979	1980	1981

1980-1981 budget preparation year

1980-1981 budget approval year

The above is a schematic illustration of the biennial budget presentation as it would look in the proposed programme and budget document for the financial period 1980-1981. Arrows indicate the year in which the proposed budget is prepared and the year in which the proposed budget is submitted to the Executive Board and Health Assembly.

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