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COMMITTEE ON PROGRAMME AND BUDGET
PROVISIONAL MINUTES OF THE TWELFTH MEETING

University City, Mexico, D.F.
Monday, 23 May 1955, at 2.00 p.m.

CHAIRMAN: Professor G.A. CANAPERIA (Italy)

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Note: Corrections to these provisional minutes should reach Chief, Documents and Official Records Section, World Health Organization, Palais des Nations, Geneva, Switzerland, by 30 June 1955.

1. REVIEW AND APPROVAL OF THE REGULAR PROGRAMME AND BUDGET ESTIMATES FOR 1956:
Item 7.5 of the agenda (Official Records Nos. 58, 60, and 61; Documents A8/P&B/10, Add 1, and A8/P&B/24, Rev.1).

The CHAIRMAN observed that, now that the Committee had made its recommendation for the budget ceiling, it remained to discuss in detail the programme figuring in Official Records No. 58. Since the estimates for "Part I: Organizational Meetings" had already been considered by the Committee on Administration, Finance and Legal Matters, he suggested that the Committee pass to "Part II: Operating Programme".

Central Technical Services (Official Records No. 58, pages 22-34)

Epidemiological and Health Statistical Services

Mr JOLL (United Kingdom of Great Britain and Northern Ireland) drew attention to the provision in sub-paragraph (c) under "Consultants". He presumed that the word "application" meant working out and implementation.

It was hardly necessary to emphasize the intrinsic importance of the International Lists of Diseases and Causes of Death in the compilation of internationally comparable health statistics. However, Chart 9, on page 59 of Official Records No. 61, contained real extrinsic evidence of the practical value of the lists to the world, since it showed that by the end of 1954 some 28,000 copies had been sold of the English version of the Manual in which the lists were published by WHO. It would therefore not be amiss to refer briefly to the latest revision of the lists, dealt with by the international conference convened by WHO in Paris in February 1955. Incidentally, he wished to congratulate the Secretariat on the fact that the report of the conference had already been circulated to Member governments.

All the Member governments of WHO had been invited to send delegates to the conference, and twenty-four had been represented. The amendments proposed to the lists had been adopted unanimously. Those amendments had been based on detailed proposals made first by an advisory group and later by the Expert Committee on Health Statistics. On both occasions the proposals had been circulated to governments for comment. The new revision was to come into force from the beginning of 1958.

It had been agreed at the conference that the amendments to the lists and the necessary alteration to the rules for classification should be embodied in a fresh edition of the Manual (comprising both Part I, containing the lists and the rules, and Part II containing the index) in three official languages. It was also agreed that, as the new revision was to operate from the beginning of 1958, the new edition could be available early in 1957. That was necessary for a number of reasons: it would be necessary to instruct coding personnel of changes well in advance; new coding instructions would have to be issued; in federal countries it would be necessary to circulate the new edition to States and provinces; it might take months for the new edition to reach some countries from Geneva; and, finally, some countries might need to translate the Manual into their own languages.

His delegation would therefore be grateful if the representative of the Director-General could say whether, although the report of the revision conference had not been formally put before the Health Assembly, everything was in train to ensure that the new edition would be in the hands of administrations early in 1957. In particular, his delegation wished to be assured that provision for the actual printing of the new edition

in 1956 had been, or would be, taken care of despite the apparent lack of specific reference to the matter in the programme and budget estimates.

His Government attached the greatest importance to the International Statistical Classification, and had always done its best to apply it, in the letter and the spirit, in the production of its vital and health statistics. It noted with satisfaction the increasing use of the classification by national and local administrations, hospitals, research institutions and private individuals. At an earlier meeting the delegate of France had mentioned the difficulty of applying the classification in areas where diagnostic facilities were rare. While the special needs of such areas required further study, he was sure that the delegate of France would not wish anything to be done that would detract from the authority and increased use of the classification, whose origin, it would be remembered, owed much to French genius. Since the Health Assembly was meeting in Mexico, it might not be out of place to recall that the international classification prepared by Dr Jacques Bertillon in 1893 had first been used by Dr Jesús E. Monjaras for the statistics of San-Luis-Potosi.

In conclusion, he would remind the Committee that the classification provided an indispensable framework, adaptable to various needs, in which Member countries of WHO would be able gradually to paint in reliable colours the picture of health and disease throughout the greater part, if not the whole, of the world.

Dr GEAR (Assistant Director-General, Department of Central Technical Services), Secretary, said that the United Kingdom delegate was right in his interpretation of the word "application". It referred to the work of preparing the revision and not to its application within Member countries.

With regard to a new edition of the Manual, the work would be undertaken by the Division of Epidemiological and Health Statistical Services, and was reflected in Official Records No. 58. The Director-General was aware of the importance of keeping to the timetable laid down to enable governments to initiate the use of the new edition on 1 January 1958. The report of the revision conference had already been circulated to governments, as the United Kingdom delegate had said, together with not only the amendments to WHO Regulations No. 1, but also proposals for various studies on the problem raised by the French delegation, namely the problem of areas where full diagnostic facilities were not available. He could assure the Committee that in 1956, and also in 1957 as far as provision was already made, everything possible would be done to meet the timetable.

Dr JOLL (United Kingdom of Great Britain and Northern Ireland) said that his delegation was entirely satisfied with the Secretary's reply.

Dr WARE (United States of America) said that as a federal country, which would have to distribute the new edition of the Manual to a large number of political divisions, his country was particularly anxious that the timetable should be met. If there seemed to be a danger that it would not be possible to distribute the Manual early in 1957, he felt that it might be of advantage to omit, for the time being, the revised WHO Regulations No. 1 and print them separately at a later date.

Therapeutic Substances

The CHAIRMAN noted that in examining the proposed programme and budget estimates under "Therapeutic Substances" the Executive Board had discussed at some length the Tuberculosis Research Office at Copenhagen. The report of the discussion was contained on pages 20-23 of Official Records No. 61. The Board had also adopted resolution EB15.R20.

Dr EVANG (Norway) wished to ask the representative of the Executive Board a question touching the Tuberculosis Research Office. The first paragraph of the preamble to resolution EB15.R20 read:

"Considering that at the present stage of the development of the Tuberculosis Research Office its activities could now appropriately conform more closely to the research policies of the Organization;"

He wondered exactly what the research policies of the Organization were and how the activities of the Tuberculosis Research Office did not conform to them.

Dr van Zile HYDE, representative of the Executive Board, recalled that the Second World Health Assembly had decided, in resolution WHA 2.19, that the activities of WHO in the domain of research should be mainly limited to stimulation and co-ordination, and that the Organization should not establish international research institutions under its own auspices. That policy had been confirmed by the Seventh World Health Assembly and also in the new "general programme of work for a specific period" adopted a few days before.

The Executive Board had felt that the Tuberculosis Research Office did not quite fit in with the policies of WHO as it was actually carrying on research as an institution financed by the Organization. He referred the committee to Official Records No. 60, Annex 4, where it would be seen that the activities of the Tuberculosis Research Office included such matters as publications and work on tissue cultures and biochemistry, which did not quite fit in with the policy of confining WHO's role to stimulation and co-ordination. However, what had really started the discussion in the Executive Board had been the decision of the Tuberculosis Research Office to undertake field studies of the use of new drugs in the control of tuberculosis. The proposal had been that the Office should actually carry on direct research in various Member countries of WHO.

The Board had felt that such work should be done by the Member governments themselves with the leadership of the Regional Office, and that by embarking on such projects the Office was becoming even more entrenched as an independent research unit.

The Executive Board had been anxious not to damage the work being done by the Office, and that was why it had requested the Director-General to study how the programme of the Office could best be adjusted to the general policies of WHO, and to report to the Board at its seventeenth session. That was why the Board had decided that for the time being the five posts that had remained vacant throughout 1954 should not be filled.

Dr EVANG (Norway) felt that the attitude taken by the Executive Board corresponded closely enough to what had up to the present been WHO's policy in regard to research. He would, however, invite the Board, when it discussed the question again at its seventeenth session, to look closely at two aspects.

First, the Board might consider the increasing degree to which WHO was encouraging and stimulating inter-country programmes. In view of that fact, it was not natural that the Organization should ask any one government to undertake research in a particular field where it was needed. That, indeed, was why the necessary research work on the large international programme of BCG vaccination had been entrusted to such a body as the Tuberculosis Research Office.

Secondly, the Organization ought to support any body, national or international, that was working on the methodology of research. The Tuberculosis Research Office had begun extremely interesting work on that question, and it would be unfortunate if it were postponed.

He did not wish to change WHO's established research policies, but he did ask the Executive Board to take a broad view of the question and consider the two aspects that he had mentioned.

Editorial and Reference Services

No comments.

Advisory Services (Official Records No. 58, pages 35 - 50)

Communicable Disease Services

The CHAIRMAN suggested that, as there existed special documents on the subject of malaria, it should be dealt with after the other aspects of the programme in Communicable Disease Services.

Dr WILLIAMS (United States of America) said that he wished to speak on two questions: tuberculosis and diarrhoeal diseases.

The Annual Report of the Director-General contained a very interesting chapter on tuberculosis, but some of the thoughts and ideas with regard to the possibilities offered by new drugs were not so well reflected in the proposed programme and budget. In saying that, he was not overlooking the discussion regarding the Tuberculosis Research Office, nor the provision on page 182 of Official Records No. 58 for a European study group on tuberculosis control. Either or both of those activities might involve the question of the advisability of employing to the full the new drugs available. However, since his delegation felt that those new drugs offered a possible means of control, perhaps even of eradication, which should on no account be overlooked, and that field studies were therefore urgently needed, he would ask the Director-General to follow the most aggressive possible policy.

In his own country, before the introduction of streptomycin and isonicotinic acid, the death rate from tuberculosis had been declining steadily by about 3 per cent. a year. Since then, it had declined by 13 per cent. in a single year, and in one place, Philadelphia, by as much as 30 per cent. Of course, it was not yet known whether the improvement was permanent or whether deaths had merely been postponed, but that was all the more reason why field studies should be pursued energetically. He was not making any specific budgetary proposals, but merely asking that the matter should be borne in mind.

The other subject on which he wished to speak, namely shigellosis, although not mentioned either in the Annual Report or in the budget, was a major health problem in many countries, where it caused most of the deaths under one year of age.

Two United States epidemiologists, Albert Harding and James Watt, had done important work on shigellosis during the past seven years. In the first place, they had established the importance of the quantity of water available for personal hygiene, showing that where that quantity exceeded five gallons per person per day, the incidence of the disease was significantly lower. That discovery was particularly important in that it perhaps pointed to the direction in which some of WHO's sanitation programmes should go. Their second discovery concerned the dehydration, with depletion of electrolytes, which was the main cause of death from shigellosis. They had found a method of replacing electrolytes in babies that could be carried out by auxiliary workers with medical supervision. It promised to be a life-saving discovery.

It was noteworthy that the Regional Office for the Americas had taken note of those discoveries, and that they had been the subject of some of the technical discussions held at the Pan American Sanitary Conference in 1954. The Regional Office was considering the stimulation of control programmes, and he felt that technical

knowledge was now sufficient for pilot projects in other parts of the world as well. Again, he made no specific budgetary proposals, but would ask the Director-General to bear the matter in mind.

Finally, he would mention that the United States bilateral health programme was very much concerned with both the subjects to which he had referred, and would be glad to collaborate with WHO.

Dr RICHMAN (International Union against the Venereal Diseases and the Treponematoses), speaking at the invitation of the Chairman, said that his organization was proud of the achievements of the World Health Organization, through whose assistance 25,000,000 people had already been examined for venereal or treponemal infection.

Never before had there been such cause to feel optimistic about the eventual control of venereal diseases and treponematoses. At least there was reliable diagnosis and effective treatment, there was an increasing supply of skilled technicians, and UNICEF and WHO were there to make those important control services widely available.

Nevertheless, real problems remained. The supply of technicians was not inexhaustible, and other deserving programmes competed for it. Furthermore, budgets were necessarily restricted. However, more serious than either of those problems was the dangerous tendency to assume that penicillin and other drugs had already signed the death warrant of the treponemes. Experience in several countries had shown that where control efforts had been even temporarily relaxed, there had been a tendency for venereal-disease rates to rise; one could imagine what would happen if control measures were completely abandoned.

In helping to meet those problems, the affiliates of the International Union had shown themselves able to render important services. For example, the affiliate in the United States of America, the Social Hygiene Association, working with the American Venereal Disease Association and the Association of State and Territorial Health Officers, had helped to stabilize the federal venereal-disease budget over the past two years by demonstrating to Congress and the people the need for additional venereal-disease control funds. In Mexico, a branch of the International Union had been established in recent months, and was already at work on the important problem of public education. During the present Assembly, in conversations with delegates from many countries, the representatives of the International Union had been urged to encourage with every means at their disposal the establishment of active affiliates throughout the world. They would, of course, do their best, and the results of studies and evaluations of both programmes and problems would be placed at the disposal of WHO and health officials.

The International Union realized that successful venereal-disease control required more than mere case-findings and antibiotics. It required an awareness of and sensitivity to the socio-economic realities of life. The Union was essentially a protector of the home and the family. It worked for the control of venereal diseases and treponematoses as a public health measure and with public health methods, but at the same time it sought to support those methods by working with educators, community leaders and social agencies to improve the health and stability of the family. It realized that the home was a powerful teaching institution and that the venereal diseases especially were not likely to be controlled permanently without its help. Principles of conduct taught in the home and approved in the community were the background for any continuing success in venereal disease control.

The International Union wished to thank all delegates for the friendly interest they had expressed in its programme and to pledge its support to them whenever they might request it.

Dr SICAUT (Morocco-French Zone) wished to second the United States suggestion that field studies should be carried out on the use of antibiotics in the mass control of tuberculosis. Incidentally, he wondered whether in under-developed countries, where the number of persons with bacilli in their sputum was high and hospital facilities were inadequate, it would not be possible to use certain antibiotics for reducing the transmission of infection. It was a possibility well worth investigating.

Dr SUTTER (Assistant Director-General, Department of Advisory Services), Secretary said that negotiations were already proceeding with a view to carrying out pilot surveys on the use of new anti-tuberculosis drugs in two areas.

With regard to shigellosis, he hoped that the action planned in the Region of the Americas could soon be extended to other regions. He added that WHO already had a shigella centre in London, and was in contact with another centre in Atlanta, Georgia.

The CHAIRMAN, noting that there were no further comments on other aspects of the programme of communicable-disease services, invited the committee to consider the question of malaria. He drew attention to document AS/P&B/10 Add.1, containing a draft resolution proposed by a number of delegations, and to document AS/P&B/24 Rev.1, containing certain amendments to that draft resolution proposed by three delegations.

Dr DUREN (Belgium) felt that it might seem presumptuous on the part of the delegations of Belgium, Morocco (French Zone) and Tunisia to propose amendments to a draft resolution submitted by 28 delegations. He therefore wished to explain the reasons for their action.

In the first place, the three delegations were in sympathy with the plan for the eradication of malaria, even though it seemed to them more of an ideal than something practically realizable in all malarious areas. In the second place, they agreed that WHO should retain the technical supervision and co-ordinating role in the plan, without infringing the rights of Member States. In the third place, they wished, by introducing certain modifications into the resolution, particularly the part dealing with the establishment of a special account, to win over the support of certain delegations rather put off by the too marked idealism of the plan and its somewhat premature application on a world-wide basis.

The first modification transferred the plan, and in particular part of its financing, to the regional level, since some regions were clearly more ready than others for its execution. The second modification, which followed logically from the first, introduced the idea of progressive implementation.

Dr JAFAR (Pakistan) said that his delegation also had a number of amendments to propose to the draft resolution in document A8/P&B/10 Add.1:

In paragraph I. 1, omit all after the word "achieved";

Amend paragraph II. 1 to read:

DECIDES that the World Health Organization should take the initiative, provide technical advice, and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria;

Omit paragraph II. 2;

In paragraph III. 2 (1), insert the word "voluntary" before the word "contributions" in the first line;

In paragraph III. 2 (3)(a), omit the last four lines;

In paragraph III. 2 (3)(b), omit the words "or by bilateral or multilateral agencies".

His reason for the last change was that if the original wording were strictly applied, WHO would not be called on to give any assistance. Countries where malaria was a problem were usually receiving assistance from one organization or another, but that was no reason why, where supplementary assistance was required, WHO should not provide it.

Professor FERREIRA (Brazil) remarked that the present discussion was rather more satisfactory than that which had previously been held on the subject. The eradication of malaria had already been discussed by three of the regions: the Americas, the Western Pacific and South-East Asia. All three regions had established the principle that the emphasis in the campaign against malaria should be changed from control to eradication. He had recently attended the session of the UNICEF/WHO Joint Committee on Health Policy which had had the co-operation of many WHO experts on malaria. At that session, UNICEF had asked many complex and specific questions, such as whether it was sound and feasible from the technical point of view to plan and carry out a malaria eradication campaign on a world-wide scale. The discussion had been very thorough and, at the conclusion of the session, a joint report had been adopted for submission to the UNICEF Executive Board. As both UNICEF and WHO were represented equally on the Joint Committee, they were both equally committed by the contents of the report. He quoted the following passages from the report, dealing with malaria eradication:

"The Committee recognized two outstanding recent developments in the fight against malaria. In the first place, it has been shown that it is technically and financially feasible to eradicate malaria in large areas, regardless of latitude, primarily by using residual insecticides. In the second place, it has now become apparent that there may be a time-limit beyond which the insecticides no longer kill the mosquitos that carry malaria, owing to the development of resistance in the mosquito vector or to changes in its behaviour..."

"Resistance to chlorinated hydrocarbon insecticides has appeared in several species of anopheline malaria vectors after some six years of residual spraying programmes. As the Committee believes that it is possible in most circumstances, with proper planning and organization of the programme, to eradicate malaria before this time-limit, it recommends that nationwide and regional malaria eradication projects be encouraged and that present malaria control plans be converted into eradication plans as soon as possible."

In his opinion, residual insecticides were a powerful weapon which had been somewhat abused. In certain countries, the malaria control campaigns had been very successful and malaria had now been reduced to a very low level. Governments were apt to be satisfied with that situation and they might reduce their efforts if they failed to realize the danger of resistance to insecticides and the urgent need for complete eradication of the disease.

The Joint Committee on Health Policy had concluded its report on the subject by recommending that UNICEF and WHO should use their full influence to convert presently supported malaria control programmes into eradication programmes as rapidly as possible. Consequently, WHO was committed, to a certain extent, to embark on a programme for eradication. He emphasized that the draft resolution before the Committee (A8/P&B/10 Add.1) did not involve any specific financial commitments. It simply made it clear that WHO intended to play its part and was not asking UNICEF and governments to embark upon a programme in which it would have no share. He therefore urged the adoption of

the draft resolution. He was not yet in a position to state his views on the various amendments, which required careful consideration.

Colonel GARCIN (France) said that he wished to clear up any possible misunderstanding of his previous statement on the subject. His delegation was in no way against the programme for the eradication of malaria. The idea was very praiseworthy and did credit both to WHO and to the sponsors of the draft resolution. He did not wish his delegation's attitude to be classified as negative or pessimistic and he was sorry if his statement had caused any of the shocks to which Dr Russell had referred during the general discussion. His previous statement had been dictated purely by a desire for prudence particularly as far as Africa was concerned. His sole aim had been to keep the realities in sight and his only objection was to the proposed method of financing. He would have preferred regional to global financing. However, as the principle was humanitarian and as he had full confidence in the Director-General, he would vote in favour of the draft resolution (A8/P&B/10 Add.1), together with the amendments in document A8/P&B/24 Rev.1 and those submitted verbally by the delegate of Pakistan.

Dr WILLIAMS (United States of America) said that he had been very pleased that the approval of a sum of approximately \$309,000 to begin the campaign for the eradication of malaria. He would also support enthusiastically the first part of the draft resolution before the Committee. However, there were certain points in the draft resolution which he could not support. His approach was not really negative, since it was based on other positive considerations which were perhaps of greater weight.

He could not agree to the establishment of a special account or to the suggestion that the Director-General should address appeals for financial assistance to governmental and private sources. In the first place, it was beneath the prestige and dignity of the Organization to appeal for money. That point had often been made in past Health Assemblies and it had been argued that WHO should receive its main support from compulsory contributions from governments. Secondly, the procedure for accepting and administering gifts and bequests was clearly laid down in Article 57 of the Constitution. Over a period of years certain safeguards had been evolved in order to prevent the acceptance of gifts with any improper conditions attached. Those safeguards were essential and should be maintained. Thirdly, there were already a large number of special accounts and he felt it was both unnecessary and undesirable to add another. Finally, if the Director-General were to appeal to governments for contributions for malaria eradication, that might have the unfortunate effect of absorbing some of the support which governments normally gave to the voluntary funds, such as UNICEF and the Expanded Programme of Technical Assistance. Consequently, he would support the preamble and sections I and II of the draft resolution but he proposed the deletion of sections III and IV.

Dr MACLEAN (New Zealand) fully agreed with the United States delegate that it would be undesirable to establish a special account to be financed by voluntary contributions.

Dr CURTIS (Canada) also agreed with the United States delegate and suggested that, in view of the important financial implications, section III of the draft resolution should be referred to the Committee on Administration, Finance and Legal Matters.

Dr LAKSHMANAN (India) recalled that, during the previous discussion on the subject, there had been general agreement that WHO should do everything in its power to achieve the ultimate goal of malaria eradication. A sum of approximately \$309,000 had been added to the 1956 budget for that purpose.

He assumed that paragraph I.1 of the draft resolution was based on paragraph 9 of document A8/P&B/10. That paragraph stated that it was now generally considered that routine spraying would be necessary for four years, after which spraying could be terminated if there was adequate evidence that transmission had been completely blocked, providing that the area was kept under strict surveillance by trained vigilance teams. He was not sure whether it was really practicable to terminate routine spraying after four years, particularly in countries where the health services were hardly adequate to perform the type of strict surveillance envisaged. The document suggested that all cases of fever must be investigated, but that would hardly be possible in a country like India with a population of 360,000,000 where the health services were not fully developed. In such cases it would be better, after the three or four years intensive spraying, to maintain the spraying at a lower level and at the same time to have a checking programme to see if there was any tendency for resistance to develop to the insecticides. It might be possible to experiment with complete termination of spraying in a small area. The WHO malaria conference held in the Western Pacific and South-East Asia had referred to the ultimate goal of malaria eradication, but had made no recommendation that spraying should be terminated. He therefore agreed with the delegate of Pakistan that the last part of paragraph I.1 of the draft resolution should be deleted.

He also agreed that the references to bilateral or multilateral agencies should be deleted from sub-paragraphs (3) (a) and (b). As the delegate of Pakistan had stated, the retention of those phrases would mean that any country asking for assistance would have to apply to all other possible sources before applying to WHO.

Dr SICAULT (Morocco - French Zone) referred to the amendment submitted by his delegation together with those of Belgium and Tunisia (AS/P&B/24 Rev.1). As the Belgian delegate had stated, the sponsors of the amendment were not in any way hostile to the draft resolution (AS/P&B/10 Add.1). On the contrary, they supported the draft resolution but simply wished to make it rather more realistic. He did not see how the terms of sub-paragraph III (3) (a) could be implemented immediately. That was the reason for the reference to "progressive implementation" in the amendment. In that connexion, he referred to the eloquent figures given in document AS/P&B/10 regarding the average cost of the programme per head and the size of the population in the areas concerned. The amendment also introduced a reference to regional planning, which many delegations had advocated.

He therefore urged the adoption of the amendment, which would not in any way hinder the campaigns of other agencies and would simply bring the programme into line with reality as far as WHO's contribution was concerned.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) said that his delegation was unable to support section III of the draft resolution, as it considered that there were some objections on financial grounds to the setting up of special funds for special purposes. His delegation also had serious objections to the

suggestion that the Director-General should invite contributions from governments. Many governments, including his own, were already contributing voluntarily and generously to other international organizations, such as UNICEF and the Expanded Programme of Technical Assistance. Furthermore, he considered it undesirable for WHO also to appeal for voluntary contributions from governments which already contributed to its regular budget.

Dr EVANG (Norway) stated that, although there was no malaria in Norway, his country was pleased to be one of the co-sponsors of the draft resolution. The situation as regards malaria was unique and WHO must rise to the occasion. Health administrators were like the general staff of an army. If the enemy changed its attack, the health administrator must also be in a position to change his tactics.

He would have preferred the programme to be financed by an increase in the regular budget and he pointed out that that approach also had been open to the delegations which now opposed the special account. Those delegations, however, had objected to any increase in the budget and had even favoured a reduction. They could not have it both ways and the money must be made available from some source. Consequently, he would support the establishment of the special account.

Professor JULIUS (Netherlands) said that the project must either be to cover an emergency situation, in which case it should not be left to voluntary contributions; or else it was not an emergency, in which case there was no reason for a special account. The draft resolution appeared to hesitate between the two approaches and he therefore supported the United States delegate's proposal for the deletion of sections III and IV.

Professor FERREIRA (Brazil) did not see why the fact that special accounts had been created in the past should be used as an argument against the proposal for a new one, particularly as such accounts were provided for in the Organization's Financial Regulations. Furthermore, he saw no reason why voluntary contributions should be the prerogative of UNICEF or the Technical Assistance Programme. In view of the importance of the programme, he considered it perfectly proper for WHO to seek voluntary contributions, particularly as such contributions would act as a stimulant to the governments of countries where malaria was endemic. Consequently, he was not convinced that there were any sound reasons for deleting section III.

With regard to the point made by the Indian delegate, he emphasized that residual spraying should be terminated only in cases where malaria had almost been eradicated.

He therefore urged the adoption of the draft resolution as it stood.

Dr MONTALVAN (Ecuador), speaking as one of the co-sponsors of the draft resolution, said that it was essential to keep the last part of paragraph I.1 and not to delete it as was suggested by the delegate of Pakistan. That part of the paragraph referred to the potential danger of a development of resistance to insecticides and thus stressed the urgency of the eradication programmes. It also made it clear that insecticide-spraying was the only economic and effective way of eliminating malaria.

He could not agree to the reference to "progressive implementation" in the amendment submitted by the delegations of Belgium, Morocco (French Zone) and Tunisia (A8/P&B/24 Rev.1), because that would simply perpetuate the existing control programmes when the purpose was to switch from control to eradication.

Dr van Zile HYDE, representative of the Executive Board, said that the possibility of appealing to governments for contributions outside the normal methods of financing had been considered at the Board's most recent meeting. The main argument against the idea had been the lack of precedent. A similar idea had now been advanced in the draft resolution and he hoped it would be made clear under what particular constitutional authority the appeal for contributions was to be made and to what extent it could be interpreted as a precedent in WHO's methods of financing.

The CHAIRMAN asked the Committee to decide first on the Canadian delegate's proposal that section III of the draft resolution should be referred to the Committee on Administration, Finance and Legal Matters.

Professor FERREIRA (Brazil) pointed out that the creation of special accounts was provided for in Regulations 6.6 and 6.7 of the Financial Regulations. Consequently, there was no reason to refer the matter to the other main Committee.

Dr JAFAR (Pakistan) supported the Canadian proposal, which he considered sound in principle and in line with the Rules of Procedure. It was the duty of the Committee on Administration, Finance and Legal Matters to deal with financial questions, while the Committee on Programme and Budget dealt with questions of substance.

Dr JALLAD (Syria) said that, while he supported the malaria eradication project, he objected to the proposed method of financing. He therefore supported the Canadian proposal.

The CHAIRMAN put the Canadian proposal to the vote.

Decision: The Canadian proposal to refer section III of the draft resolution (AS/P&B/10 Add.1) to the Committee on Administration, Finance and Legal Matters was rejected by 26 votes to 20 with 9 abstentions.

Dr WILLIAMS (United States of America) said that, as the Canadian proposal had been rejected, he would be obliged to raise the constitutional issue in the Committee on Programme and Budget. The Brazilian delegate had referred to the Financial Regulations, but neither they nor the Constitution made any mention of the Director-General's soliciting contributions from governments or private concerns. He therefore doubted whether such a procedure would be constitutional. He did not know what the response from governments would be, but it seemed unlikely that private concerns would contribute money without making any conditions about the way in which it was spent. That would lead to a debate in order to decide whether such contributions could be accepted. Consequently, he felt it would be better for contributions from private concerns to be made through governments, and he felt sure that the money would find its way equally well into malaria eradication programmes by that method. Accordingly, he urged the deletion of sections III and IV of the draft resolution.

The DIRECTOR-GENERAL said that the important point was not the creation of the special account, but the question whether the Organization could make appeals for voluntary contributions. That question had been raised for the first time in 1947, when one of the regional organizations had suggested voluntary contributions as a method of financing the campaign for the control of yellow fever. It had also been considered in 1949 as a method of increasing WHO's budget, but the decision had been to wait for funds from the Technical Assistance Programmes. Now the same

problem had arisen once more. The right to receive gifts was clearly established in Article 57 of the Constitution, but such gifts had to be approved by the Executive Board. He believed that the authors of the draft resolution had had that procedure in mind when drafting section IV.

Dr HURTADO (Cuba) said that the matter had already been clarified and it had been clearly demonstrated that the proposal in the draft resolution was constitutional. The United States delegate had argued that there was no specific provision authorizing the Director-General to seek contributions from private organizations, but what was more important was the fact that there was no provision to preclude that procedure. In his opinion, the matter was perfectly clear and he suggested that the Committee should vote immediately on the draft resolution and the various amendments.

The CHAIRMAN suggested that delegates should think the matter over and take a decision at the following meeting.

The meeting rose at 4.45 p.m.