MINUTES OF THE TWENTY-FOURTH MEETING

Palais des Nations, Geneva
Friday, 29 January 1954, at 9.30 a.m.

CHAIRMAN: Dr. F.S. MACLEAN

CONTENTS

1. Technical discussions at Eighth and subsequent Health Assemblies (continuation from previous meeting) ............................................. 4
2. Place of the Eighth World Health Assembly: invitation from the Government of Mexico ................................................................. 9
3. Measures for strengthening occupational health activities ............ 12
4. International regulations concerning the protection of workers and the general public against roentgen and isotopic radiations: Item proposed by the Government of Austria .................. 19
5. Decisions of the sixteenth session of the Economic and Social Council and the eighth session of the General Assembly affecting WHO’s activities .................................................. 22
6. Relations with the League of Arab States ..................................... 24
Twenty-fourth Meeting
Friday, 19 January 1954, at 9.30 a.m.

<table>
<thead>
<tr>
<th>Present</th>
<th>Designating Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. F.S. MACLEAN, Vice-Chairman</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Ambassador F. HURTADO, Vice-Chairman</td>
<td>Cuba</td>
</tr>
<tr>
<td>Professor G.P. ALIVISATOS</td>
<td>Greece</td>
</tr>
<tr>
<td>Dr. S. ANWAR</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Dr. C. van den BERG</td>
<td>Belgium</td>
</tr>
<tr>
<td>Professor M.J. FERREIRA</td>
<td>Brazil</td>
</tr>
<tr>
<td>Dr. S. HAYEK, Rapporteur</td>
<td>Lebanon</td>
</tr>
<tr>
<td>Dr. H. HYDE, Rapporteur</td>
<td>United States of America</td>
</tr>
<tr>
<td>Professor H.M. JETTMAR</td>
<td>Austria</td>
</tr>
<tr>
<td>Dr. L.J. KAHAWITA</td>
<td>Canada</td>
</tr>
<tr>
<td>Dr. P.E. MOORE</td>
<td>Iran</td>
</tr>
<tr>
<td>Professor J.S. SALEH</td>
<td>Denmark</td>
</tr>
<tr>
<td>Professor O. ANDERSEN</td>
<td>Liberia</td>
</tr>
<tr>
<td>Dr. J.N. TOGBA</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>Dr. O. VARGAS-MENDEZ</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Dr. P. VOLLENWEBIDER</td>
<td>Iraq</td>
</tr>
<tr>
<td>Dr. S. AL-WAHHI</td>
<td></td>
</tr>
</tbody>
</table>
Representatives of the United Nations and Specialized Agencies

Technical Assistance Board
Mr. P.R. OBEZ

International Labour Organisation
Mr. M. ROBERT
Mr. H.A. DE BOER
Dr. W.N. TAYLOR
Mr. P. BLAMONT, representing
Mr. P.P. FANO

Representatives of Non-Governmental Organizations

League of Red Cross Societies
Dr. G. ALSTED

World Federation for Mental Health
Dr. E.E. KRAPF

World Medical Association
Dr. J. MAYSTRE

Secretary: Dr. M.G. Candau
Director-General
1. TECHNICAL DISCUSSIONS AT EIGHTH AND SUBSEQUENT HEALTH ASSEMBLIES:
Item 5.1 of the Agenda (Resolution EB12/R7; Document EB13/68)
(contination from previous meeting)

The CHAIRMAN recalled that the Board has been dealing with the subject of technical discussions at future Health Assemblies at its last meeting. He invited further comments.

Dr. VARGAS-MENDEZ referred to previous discussions which had taken place in the Board and the Health Assembly. The recommendations of the Fifth World Health Assembly that preparatory technical discussions should take place at the regional level had been partially acted upon, though none of the regional committees had discussed all the topics suggested by the Assembly. While the regional committees might have much of value to contribute in preparing the discussions, the Health Assembly should not be required to discuss purely local problems.

As a provisional solution, he would submit the following draft resolution:

"The Executive Board,

Having studied the question of technical discussions at future World Health Assemblies along the lines of resolution WHA6.60;

Having considered a report of the Director-General on this subject, including the suggestion made by a number of government delegations at the Sixth World Health Assembly;
Considering that at its twelfth session the Board selected a subject for the Seventh Assembly and established a procedure for the technical discussions at this Assembly,

1. BELIEVES that the discussions which will take place at the Seventh Assembly will provide the Board with accrued experience on the subject; and

2. DÉCIDES to keep the matter under review until the fifteenth session of the Board."

Dr. AL-WAHBI wished to state his complete agreement with what the Chairman had said the previous day on the advisability of keeping the technical discussions informal. He would be grateful to Dr. Maclean for clarification of the point he had made at the previous meeting.

The CHAIRMAN said the opinion of members generally seemed to be that the technical discussions should be held outside the regular meetings of the Health Assembly and the Committee on Programme; in that way delegates could express personal views and be unrestricted by the policy of their governments.

Dr. SUTTER, Assistant Director-General, Advisory Services, said the document before the Board (EB13/68) had been prepared by the Director-General in accordance with resolution EB12.R7. The Board would recall that it had decided at its twelfth session that the topic for the technical discussions at the Seventh Assembly would be: public-health problems in rural areas, with special reference to rural sanitation, zoonoses and the organization of public-health units in rural areas. The subject could thus be introduced by three experts under the three sub-divisions.
In the past, governments had been asked to complete a questionnaire on the subject chosen for discussion. That practice was being discontinued; instead, a preparatory paper would be submitted to governments, but they would not be asked to present comments formally in writing. Two working days in all would be allotted to the discussion. The first meeting would be held on Saturday, 8 May 1954; the discussion would be continued from 8.30 a.m. to 10 a.m. on other mornings, with a maximum time-limit of two working days. The subject would be presented in a plenary meeting and then discussed by three sub-groups; a short final plenary meeting would be held.

The CHAIRMAN suggested that the general feeling was that the discussion should not be a formal part of the Health Assembly or the Committee on Programme, but be on more informal lines.

It was so agreed.

Dr. TOGBA considered that two working days would provide ample time for discussion.

Professor FERREIRA asked if the two-day arrangement were to apply only to the Eighth or to all future Assemblies.

The CHAIRMAN, observing that any decision in that respect could always be modified, proposed that the Board accept two working days as a suitable provision.

It was so agreed.
The CHAIRMAN recalled that the Chairman at the previous meeting had taken the feeling of the Board to be that the technical discussions should be on matters concerning the work of the Organization rather than more academic subjects. The Board might wish to accept that conclusion.

It was so agreed.

Dr. van den BERG referred to the method of conducting the technical discussions. He understood there was to be a detailed study of the chosen topic and a comprehensive report which would be introduced by a highly qualified specialist. He himself would prefer the introduction to be made by an expert, if by expert was meant a specialist who knew slightly more than the other delegates to the Assembly.

Professor JETTMAR felt the specialist should know a good deal more than the others and should be of high standing. He should not only introduce the subject but guide and supervise the discussion. It would be preferable also to have more than one expert speak on the main topic, which was a very broad subject.

Ambassador HURTADO pointed out that the Board had already taken a decision in regard to the procedure to be followed at the forthcoming Health Assembly. It should now be examining the method to be followed at future Assemblies, but in that respect he felt the proposal made by Dr. Vargas-Mendez was perfectly justified. In view of the fact that the membership of the Board changed periodically, he felt they should not discuss arrangements for future Assemblies at that stage; the constitution of the Board would be quite different at the next session.
At the Seventh World Health Assembly the method recommended by the Director-General would be followed. The working of that method in practice could be studied then, and the session of the Board which followed the Assembly could decide whether or not it had been satisfactory. Then would be the time to decide what system should be followed in future.

The CHAIRMAN, referring to the draft resolution put forward by Dr. Vargas-Mendez, wondered if the reference in its last paragraph to the fifteenth session of the Board had been intentional; the session which followed the Health Assembly would be the fourteenth.

Dr. VARGAS-MENDEZ thought the fourteenth session would be too soon to consider the matter; many new members would have joined the Board and they would not be familiar with the procedure.

The DIRECTOR-GENERAL appreciated the point made by Dr. Vargas-Mendez but suggested that it would be advisable nevertheless to have a preliminary discussion at the fourteenth session. The Director-General would need guidance at an early date; the preparation of the discussions for the Assembly took some time, and would be delayed if the Board did not consider the matter before January 1955.

Dr. VARGAS-MENDEZ agreed to the word "fifteenth" in operative paragraph 2 of his draft resolution being amended to read "fourteenth".
The CHAIRMAN pointed out that the resolution, if carried, would to some extent contradict a decision of the Board at its previous session which had recommended that the matter be decided at the thirteenth session.

Dr. ANWAR disagreed with the Chairman in that respect. In view of the fact that there was not full agreement regarding technical discussions in the future he would fully support the draft resolution proposed.

Mr. CALDERWOOD, adviser to Dr. Hyde, suggested that the last paragraph of the draft resolution be amended to read: "DECIDES to resume its review of this matter at the fourteenth session of the Board".

It was so agreed

Decision: The Board adopted the resolution proposed by Dr. Vargas-Mendez, as amended in the course of discussion. (See resolution EB13.R58.)

2. PLACE OF THE EIGHTH WORLD HEALTH ASSEMBLY: INVITATION OF THE GOVERNMENT OF MEXICO: Item 5.3 of the Agenda (Resolution WHA6.42; Document EB13/40)

Mr. SIEGEL, Assistant Director-General, Administration and Finance, recalled that the Mexican delegation to the Sixth World Health Assembly had extended an invitation from its Government to hold the Eighth Assembly in Mexico City. The Health Assembly had indicated its appreciation of the offer and requested the Board to consider the financial, administrative and other implications. Document EB13/40 contained the Director-General's report, and photographs were being handed round showing the site of the new university, outside Mexico City, in which it was proposed to hold the Assembly.

1 Reproduced in Off. Rec. Wld Hlth Org. 52, Annex 16
The Director-General had been in touch with the Mexican Government, which had clearly indicated its willingness to pay all the additional costs which would result from holding the Assembly away from headquarters; the Government was also prepared to pay the additional costs if it was decided to hold in Mexico the session of the Executive Board which normally followed the Assembly. The Government was prepared to make all the necessary services available, and to provide arrangements for the delegates and the Secretariat. Certain negotiations, of course, could not be completed until the Board and the Health Assembly had taken a specific decision. The Director-General saw no obstacle, however, to the holding of a successful Health Assembly in Mexico City.

Dr. van den BERG said that as a general rule he would not be in favour of holding the Health Assembly away from Geneva because of the many technical advantages of meeting at headquarters. There were advantages, however, in holding the Assembly in other parts of the world; that seemed especially true in the present instance where an extremely generous offer had been made. He felt the Board could be confident that the Secretariat would make the necessary arrangements in the same efficient way as it had completed the preliminary negotiations.

Dr. AL-WAHBI did not share Dr. van den Berg's unwillingness to hold Assemblies away from headquarters, and referred to the success of the Second World Health Assembly, which had been held at Rome. He thought, moreover, that the majority of delegates - he was not referring only to members of the Board - believed it was desirable to hold the Assembly and other meetings away from
headquarters from time to time. The generous offer of the Mexican Government should be accepted.

Dr. TOGBA recalled that the present offer was, apart from the one made by Italy, the first definite invitation to hold the Assembly away from Geneva; he believed that it should be accepted, with warm thanks to the Mexican Government.

Ambassador HURTADO agreed with Dr. van den Berg as to the holding of Assemblies away from headquarters. The Second World Health Assembly had been a success; but in general only when the meeting was at Geneva could the Assembly have at its disposal the whole of the Secretariat, the complete archives, and so on. The Assembly was not a congress which could move from one country to another; it was an established organization with headquarters in Geneva. Even the United Nations had encountered difficulties in holding the General Assembly away from New York.

Moreover, the holding of the Assembly elsewhere than at headquarters necessarily entailed expenditure for the host country. He would oppose such a policy because it implied a discrimination against countries which would like to act as host but found it impossible, for financial reasons, to do so. He was making that remark in a general sense, and not in relation to the specific proposal before the Board.

However, since it was the Health Assembly which would decide in the last instance, it was for the Board to put the arguments both for and against. The arguments in favour of holding the Assembly in Mexico were many. It was
an excellent thing to get to know another country. Moreover, delegates would be delighted with Mexico City and with its university buildings, impressed by the effort which had gone into its construction. In addition to the attractions of culture and scenery, an Assembly in Mexico would be a link between the Old World and the New. For those reasons he would recommend that the invitation be accepted.

Professor ALIVISATOS shared the opinion of previous speakers, and felt that the invitation reflected the Mexican Government's appreciation of the work accomplished by the Organization.

Dr. van den BERG referred to Dr. Al-Wahbi's disagreement with his statement of principle. He would like to repeat that he thought the generous offer of the Mexican Government provided a good reason for making an exception to the general rule he wished to see adopted.

Decision: The Board being of the unanimous opinion that the Eighth Health Assembly should be held in Mexico City in 1955, the Rapporteurs were asked to draft a suitable resolution, recommending that the Health Assembly accept the invitation, and expressing thanks to the Government of Mexico. (See resolution EB13/R59.)

3. MEASURES FOR STRENGTHENING OCCUPATIONAL HEALTH ACTIVITIES: Item 2.9 of the Agenda; (Resolution EB12/R23; Document EB13/311)

The CHAIRMAN proposed that the Board deal next with item 2.9 of the Agenda, as the representative of the International Labour Organisation was present at the meeting. He invited Dr. Sutter to introduce document EB13/31.

1 Reproduced in Off. Rec. Wld Hlth Org. 52, Annex 20
Dr. SUTTER referred to resolution EB12.R23, adopted by the Board at its twelfth session. The operative part of the resolution requested the Director-General to study with ILO measures for strengthening occupational health activities and to report to the thirteenth session. Previously, at its seventh session, the Board had requested the Director-General to develop co-operation with ILO so as to assure the fullest possible co-ordination of all health activities in accordance with the Constitution of WHO. Each organization had a different approach. WHO was mainly concerned with the integral health protection of the worker and his family; ILO was more concerned with the protection of the worker against sickness, disease and injury arising out of the type and place of his employment.

Three further points should be noted in connexion with the position of WHO. Firstly, it was an organization whose activities were based on requests from governments. Secondly, it was decentralized, and the regional offices would be directly concerned with the carrying out of occupational health programmes in the field. Thirdly, any increase of activity implied an increase in the budget.

In section J (page 10) of document EB13/31, specific measures were proposed with a view to promoting mutual understanding between the two organizations and avoiding duplication.

The CHAIRMAN invited Mr. Robert of the International Labour Organisation to speak.

Mr. ROBERT (International Labour Organisation) said that the Director-General of ILO wished to express his appreciation and thanks for the spirit of co-operation shown by the Director-General of WHO in the discussions regarding the co-ordination
of ILO and WHO activities in the field of occupational health. The problems involved would be insoluble if each organization were to adhere rigidly to the definition of its terms of reference as set out in its Constitution. In fact, it was a question of competences of different natures, the elements of which could not be reconciled unless one of the agencies completely abandoned its competence - which could not reasonably be envisaged. As a consequence, only limited solutions based on practice and expediency would be likely to succeed.

It was in that spirit that the Directors-General of the two organizations had studied the problem under review by the Board. In that connexion, he would draw attention to Section IV (page 8) of document EB13/31, which proposed that there should be mutual consultation and exchange of information before any programmes become final, with a view to achieving maximum effectiveness and to eliminating duplication of initiatives, that full consideration should be given to the possibility of co-operation in carrying out these programmes, and that each organization would refer to the other any questions which called for action but with which the other was better equipped to deal.

He also wished to draw attention to an important passage in Section V, which stated that any general arrangements agreed upon between ILO and WHO would be binding upon the headquarters of the two organizations, as well as upon their regional or field offices. He felt sure that those principles of co-ordination, if accepted by the Board, would be applied in the same spirit of co-operation and understanding which presided over their drafting, and would result in greater concentration of efforts on the part of the two organizations and in more effective action.
Professor ANDERSEN said it would be seen from document EB13/31 that WHO's work in the field of occupational health, despite active interest in the subject, had been somewhat restricted in the past. Specific measures were now being proposed to strengthen those activities (pages 10 and 11) and implementation of the measures was to be carried out at the regional level with the assistance of headquarters, and by headquarters with the help of consultants, where necessary.

While the measures proposed would mean no duplication of the work done by ILO, they would, however, lay a heavy burden on the WHO headquarters staff concerned.

The two medical officers comprising the Social and Occupational Health Section were already charged, in addition to occupational health, with a multiplicity of other subjects counting as medical-social activities, some of which, moreover, were merely of marginal interest in respect of occupational health.

In those circumstances, he entirely failed to see how the section could cope with the extra activities envisaged, and at the same time provide the requisite help to the regions, without the assistance of a medical officer trained in occupational health. Furthermore, the help of such a specialist would be invaluable in relations with ILO, both for avoiding duplication of effort and for strengthening the existing collaboration.

In conclusion, while fully approving the recommended measures, he thought that the Director-General should not be asked to assume those new responsibilities without provision being made to enable him to engage the services of a trained specialist in occupational health. The Director-General himself had referred
at an earlier meeting to the need for some expansion of headquarters staff in the near future. Economic stringency should not, he felt, be allowed to jeopardize effective work even in what might be regarded as a secondary field of work.

Dr. van den BERG commended the report as giving a clear and accurate picture of the position in regard to occupational health activities. In connexion with it, however, he must clear up a most unfortunate misunderstanding. He had learned to his astonishment that the original proposal of Professor Ferreira, made at the twelfth session of the Board, for a study of the matter, had been interpreted in certain circles as an attempt to get part of the functions exercised by ILO transferred to WHO - and that he (Dr. van den Berg) had supported such an attempt.

What Professor Ferreira had in fact maintained was the need for co-operation between WHO and ILO on occupational health activities and that WHO was not in a position to do its share of the work. That was the view he himself had supported. The report before the Board made it abundantly clear that Professor Ferreira had been right.

Dr. van den Berg thought that his own consistent stand in favour of co-operation with other agencies and against duplication of work should have been sufficient to preclude any possible misinterpretation of his attitude in the matter.

There was only one item in the report with which he was not entirely satisfied. The information on the implementation of the suggested measures was somewhat sparse; he hoped fuller details would be made available to a subsequent session of the Board.
In conclusion, he reiterated his agreement with the views of Professor Andersen and Professor Ferreira that the Organization was not in a position to fulfil its functions in respect of occupational health, as laid down in the report.

Dr. HYDE said the existing situation was such that there was no need for ILO to fear any duplication of its work by WHO. He welcomed the wholly co-operative attitude with which the two organizations had tackled the matter, and hoped to see some fruitful developments in the early future.

He called attention to the interest of the World Medical Association in the subject. At its forthcoming session in Zurich, occupational health was to be the major topic for discussion and a meeting of leading industrial and health specialists was shortly to be held in New York in preparation for that discussion. He hoped WHO would be represented at Zurich, and perhaps the Director-General would report to the Health Assembly on any new developments.

Professor FERREIRA expressed his satisfaction with the action taken subsequent to his raising the question of occupational health at the last session of the Executive Board. He was very grateful, too, to Dr. van den Berg for relieving him of some concern as to the possible misinterpretation of his intentions in making the proposal. Those had been made abundantly clear at the time, and the paper now before the Board covered all aspects of the matter to his entire satisfaction.

It was evident that in the wide field of work awaiting action at the international level, the joint effort contemplated by WHO and ILO, far from being
exclusive, would have to be supplemented by the technical and financial help of
other interested bodies, since the stage reached at present was more or less that
of preliminary exploration.

He agreed with previous speakers on the urgent need to have the regional
offices deal with occupational health as one of their routine subjects, so that
both stimulus and help in overcoming their national problems would be amply
available to countries in the course of industrialisation. The proposals in
the report seemed ideally designed to meet that point and his only remaining
desire was to see them put into effect.

Professor JETTMAR also welcomed the proposals and the assurance of continued
coe-operation between ILO and WHO on the subject.

Referring to the latest report of the Joint ILO/WHO Committee on Occupational Health
(Technical Report Series, No. 66), he made a number of suggestions for additional
topics that might be taken up in the future.

Dr. ANWAR wished to express appreciation of Professor Andersen's statement.
At the previous session of the Executive Board, it had been recognized that active
coe-operation on the subject already existed between ILO and WHO. The need to
extend WHO's activities was also evident, however, more especially as the matter
was one of ever-increasing importance and concern to countries in process of
becoming industrialised. However, WHO's more general functions should not be
overlooked and the suggested measures should be viewed in the light of the
financial resources available to meet the obligations imposed.
Speaking at the invitation of the Chairman, Mr. ROBERT said he had nothing to add to his previous remarks. He wished to thank the Executive Board for the spirit in which it had approached the subject, and again to express the hope that the increased co-operation envisaged would lead to more effective action by the two organizations in the field in question.

The DIRECTOR-GENERAL undertook to bear in mind the suggestions made during the discussion.

Decision: The Board approved the suggested measures for strengthening occupational health activities in co-operation with ILO. (See resolution EB13/R79.)

INTERNATIONAL REGULATIONS CONCERNING THE PROTECTION OF WORKERS AND THE GENERAL PUBLIC AGAINST ROENTGEN AND ISOTOPIC RADIATIONS - ITEM PROPOSED BY THE GOVERNMENT OF AUSTRIA: Item 2.10 of the Agenda (Documents EB13/66 and EB13/WP/16)

Dr. DOROLLE, Deputy Director-General, after calling attention to the relative documentation, said that the working paper before the Board (EB13/WP/16) gave the general substance of the Austrian proposal concerning the protection of workers and the general public against roentgen and isotopic radiations, and indicated the legal and procedural points raised by the question.

The Director-General's view, as stated in the working paper, was that the subject did not come within the strictly limited list of subjects, set out in Article 21 of the Constitution, for which the Health Assembly was authorized to adopt regulations. It might, however, be made the subject of a convention or agreement, to be drawn up in accordance with the provisions of Articles 19 and 20 of the Constitution, or simply a recommendation to Member States.
In view of the legal and technical difficulties involved, the Director-General felt that, if the Board decided to take up the matter, he should be instructed to undertake a further study on the subject, within the funds available, in consultation with international and non-governmental organizations and Member States, and to report to a future session of the Board.

Mr. ROBERT (International Labour Organisation), speaking at the invitation of the CHAIRMAN, said that the proposal of the Austrian Government was of particular interest to ILO for two reasons: first, on general grounds, in that numerous references were made to the working conditions of all categories of workers likely to be exposed to ionising radiations; and secondly, from the technical standpoint of protection against a risk which was becoming more and more widespread as the use of X-rays and radioactive substances in industry increased.

With regard to the first, ILO presumed that the regulations contemplated would apply to all categories of workers likely to be exposed to ionising radiations, including the personnel of hospitals, public and private health services and industrial undertakings. It should be remembered that ILO had already given particular attention to the working conditions of nursing staff and had carried out a special study on the matter. ILO had also been asked to co-operate with WHO in a study of the working conditions of hospital and health services personnel, and in particular the measures to be taken to protect the health of such persons.

He would like to draw attention to the "Model Code of Safety Regulations for Industrial Establishments" published by ILO in 1949, which included a section on ionising radiations. This section contained more than 200 provisions; he would not go into details there.
On page 4 of document EBlj/66 it was stated that ILO could not be asked to draw up uniform regulations, since it could lay down safety measures for workers only and not for patients, physicians, etc. He pointed out that although ILO could lay down protective measures for workers only, the term "workers" covered industrial workers and employees in public and private services alike.

Finally, he would mention that ILO, in drawing up the aforesaid Model Code, had taken due account of the recommendations made by the International Congress of Radiology.

This was a typical example of practical action which might become the subject of co-operation between the various interested bodies. To the extent that its resources permitted, and within the limits of its interest in this question, ILO would be glad to contribute to any further action undertaken in this field.

Dr. HYDE remarked that, while all would be agreed on the interest of the Austrian Government's proposals, he was concerned about a possible lack of understanding of the real significance of any regulations that might be adopted by WHO.

Dr. van den BERG said that he had intended to raise that same matter. He pointed out that the Constitution did not provide for regulations in the field in question.

Professor JETTMAR brought some information on technical points to the notice of the Secretariat.
The DEPUTY DIRECTOR-GENERAL explained that the legal expert would undoubtedly wish to stress the very limited nature of the authority entrusted to the Health Assembly respecting the adoption of regulations. Any recommendations to the Health Assembly would be couched in general terms.

Decision: The Board agreed to note the document submitted by the Government of Austria and request the Director-General, subject to availability of funds, to undertake a further study on the subject in consultation with international and non-governmental organizations and Member States and report to a future session of the Board. (See resolution EB13.R54.)

5. DECISIONS OF THE SIXTEENTH SESSION OF THE ECONOMIC AND SOCIAL COUNCIL AND THE EIGHTH SESSION OF THE GENERAL ASSEMBLY AFFECTING WHO'S ACTIVITIES:

Item 9.1 of the Agenda (Document EB13/56)

The DEPUTY DIRECTOR-GENERAL, drawing attention to document EB13/56, said it was issued for information purposes, to keep the Board informed of General Assembly and ECOSOC decisions affecting WHO's activities. The Economic and Social Council had not confined itself to noting the Annual Report of WHO but had noted with approval the continued emphasis on the development of effective public-health services and programmes for the training of health workers.  

Apart from a few reservations formulated regarding the extra cost involved to governments, the Council had in general approved the results obtained under WHO's regional system of operation, in which field it was a pioneer.

---

1 ECOSOC resolution 499 (XVI)
The Council had also discussed the question of co-ordination between the various United Nations agencies, on the basis of the fifteenth report of the Administrative Committee on Co-ordination (E/2512). The Council had directed its attention particularly to the subject of reporting by the specialized agencies and the considerable amount of work required from each of the agencies by the extension of that system as, for example, in respect of the report on the world social situation. As a result, and also on the advice of the Advisory Committee on Administrative and Budgetary Questions, the Council had decided to give serious study at a future session to the possibility of reducing the volume of documentation required of agencies taking part in special studies. It should be noted that such studies were of ever-increasing significance in the social field particularly, and especially in regard to community social development.

The document before the Board also contained a number of decisions relating to UNICEF and Technical Assistance. The Board would probably wish to note the document and ask the Director-General to transmit it to the Health Assembly; no other action appeared to be called for.

Decision: The Board noted the report (EB13/56) and transmitted the information to the Seventh World Health Assembly. (See resolution EB13.R70.)
6. RELATIONS WITH THE LEAGUE OF ARAB STATES: Item 9.6 of the Agenda (Document EB13/51).

The DIRECTOR-GENERAL said that document EB13/51, concerning the request of the League of Arab States for the establishment of working relations with WHO, was self-explanatory. He would be glad to answer any questions raised.

Dr. AL-WAHBI said that the League of Arab States was asking for representation at Health Assembly meetings as an observer, whereas the recommendation of the Secretariat, as set out in the document, was for the establishment of relations at the regional level. The League apparently already enjoyed representation at the regional level. He accordingly wondered whether there was anything in the Constitution or the rules of procedure that would prevent the granting of the original request.

The DIRECTOR-GENERAL answered that there was nothing in the Constitution that would prevent the League of Arab States from sending an observer to the Health Assembly and sessions of the Executive Board.

Dr. HAYEK thereupon asked the Director-General to correct the statement in the last paragraph of document EB13/51 (page 3) before transmitting it to the Health Assembly. There was apparently nothing in Article 70 of the Constitution or in Rule 3 of the Health Assembly's Rules of Procedure to preclude the granting of full relationship to the League of Arab States.

The DIRECTOR-GENERAL thought the question might well be decided in the Board, without going further. He explained that in other regions, the Organization had established informal relationships on a regional basis with a number of intergovernmental organizations of a similar status to the League of Arab States, as for
instance, the Council of Europe, the Commission for Technical Co-operation in Africa South of the Sahara, the South Pacific Commission and the Caribbean Commission. All those bodies had been invited to send observers to Health Assembly and Executive Board sessions. He accordingly saw no need for taking the question to a higher level.

Mr. CALDERWOOD said the Director-General had already made the point that he had intended to mention. The desire of the League of Arab States to establish a form of understanding and co-operation did not, he felt, require any formal agreement. There was provision in the Constitution for co-operation between WHO and intergovernmental organizations by means of agreements, but such action had not even been taken in the case of one United Nations specialized agency: WHO had no formal agreement with ICAO. Relations had already been established between the Regional Director and the League of Arab States and that should be sufficient for the purpose. He accordingly proposed the following draft resolution for the Board's consideration:

"The Executive Board,

Having examined the request made on behalf of the League of Arab States, and more particularly its Health Committee, for the establishment of a form of understanding and co-operation with the World Health Organization,

1. NOTES with approval that co-operative relations have already been initiated between the Director of the Regional Office for the Eastern Mediterranean Region and the Health Committee of the League of Arab States;

2. REQUESTS the Director-General, in collaboration with the Regional Director for the Eastern Mediterranean to take such further steps as may be necessary for continuing this understanding and co-operation".

Dr. ANWAR supported the draft resolution.
Decision: The Board adopted the draft resolution. (See resolution EB13.R75.)

7. REPORT OF THE WORKING PARTY ON INTERNATIONAL QUARANTINE AND YELLOW FEVER: Items 2.5 and 2.6.5 of the Agenda (Documents EB13/23, EB13/24 and EB13/76)

The CHAIRMAN, in calling attention to document EB13/76, expressed the Board's appreciation of the help of the Secretariat in preparing the report, which contained a number of draft resolutions for the Board's consideration.

Decision: The Board adopted the resolutions recommended in the report of its Working Party on International Quarantine and Yellow Fever (document EB13/76). (See resolutions EB13.R48, 49, 50, 51 and 52.)

The meeting rose at 12 noon.
PROVISIONAL MINUTES OF THE TWENTY-FOURTH MEETING

Palais des Nations, Geneva
Friday, 29 January 1954, at 9.30 a.m.

CHAIRMAN: Dr. F.S. MACLEAN

CONTENTS

1. Technical discussions at Eighth and subsequent Health Assemblies (continuation).

2. Place of the Eighth World Health Assembly: invitation from the Government of Mexico.

3. Measures for strengthening occupational health activities.

4. International Regulations concerning the protection of workers and the general public against Roentgen and isotopic radiations: item proposed by the Government of Austria.


6. Relations with the League of Arab States.


Note: Corrections to these provisional minutes should reach the Chief, Documents and Official Records Section, Division of Editorial and Reference Services, World Health Organization, Palais des Nations, Geneva, Switzerland, before 6 March 1954.
## Twenty-fourth Meeting

**Friday, 19 January 1954, at 9.30 a.m.**

<table>
<thead>
<tr>
<th>Present</th>
<th>Designating Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. F.S. MACLEAN, Vice-Chairman</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Professor F. HURTADO, Vice-Chairman</td>
<td>Cuba</td>
</tr>
<tr>
<td>Professor G. ALIVISATOS</td>
<td>Greece</td>
</tr>
<tr>
<td>Dr. S. ANWAR</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Dr. C. van den BERG</td>
<td>Belgium</td>
</tr>
<tr>
<td>Professor M.J. FERREIRA</td>
<td>Brazil</td>
</tr>
<tr>
<td>Dr. S. HAYEK, Rapporteur</td>
<td>Lebanon</td>
</tr>
<tr>
<td>Dr. H. HYDE, Rapporteur</td>
<td>United States of America</td>
</tr>
<tr>
<td>Professor H.M. JETTMAR</td>
<td>Austria</td>
</tr>
<tr>
<td>Dr. D.L.J. KAHAWITA</td>
<td>Ceylon</td>
</tr>
<tr>
<td>Dr. P.E. MOORE</td>
<td>Canada</td>
</tr>
<tr>
<td>Professor J.S. SALEH</td>
<td>Iran</td>
</tr>
<tr>
<td>Professor O. ANDERSEN</td>
<td>Denmark</td>
</tr>
<tr>
<td>Dr. J.N. TOGBA</td>
<td>Liberia</td>
</tr>
<tr>
<td>Dr. G. VARGAS-MENDEZ</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>Dr. P. VOLLENWEIDER</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Dr. S. AL-WAHRBI</td>
<td>Iraq</td>
</tr>
</tbody>
</table>
Representatives of the United Nations and Specialized Agencies

Technical Assistance Board
International Labour Organisation

Mr. P. OBEZ
Mr. M. ROBERT
Mr. H.A. DE BOER
Dr. W. Norman TAYLOR
Mr. P. BLAMONT, representing Mr. P.P. FANO

Observers for Non-Governmental Organizations

League of Red Cross Societies
World Federation for Mental Health
World Medical Association

Dr. G. ALSTED
Professor E.E. KRAPF
Dr. J. MAYSTRE

Secretary: Dr. M.G. CANDAU
Director-General
The Chair was taken by Dr. MACLEAN, Vice-Chairman.

1. TECHNICAL DISCUSSIONS AT EIGHTH AND SUBSEQUENT HEALTH ASSEMBLIES:
   Item 5.1 of the Agenda (Resolution EB12.R7; Document EB13/68)
   (continuation)

The CHAIRMAN recalled that the Board has been dealing with the subject of technical discussions at future Health Assemblies at its last meeting. He invited further comments.

Dr. VARGAS-MENDEZ referred to previous discussions which had taken place in the Board and the Health Assembly. The recommendations of the Fifth World Health Assembly that preparatory technical discussions should take place at the regional level had been partially acted upon though none of the regional committees had discussed all the topics suggested by the Assembly. While the regional committees might have much of value to contribute in preparing the discussions, the Health Assembly should not be required to discuss purely local problems.

As a provisional solution, he would submit the following draft resolution:

   The Executive Board,

   Having studied the question of technical discussions at future World Health Assemblies along the lines of WHA6.60;

   Having considered a report of the Director-General on this subject, including the suggestion made by a number of government delegations at the Sixth Assembly;
Considering that at its twelfth session the Board selected a subject for the Seventh Assembly and established a procedure for the technical discussions at this Assembly;

1. BELIEVES that the discussions which will take place at the Seventh Assembly will provide the Board with accrued experience on the subject; and

2. DECIDES to keep the matter under review until the fifteenth session of the Board.

Dr. AL-WAHBI wished to state his complete agreement with what the Chairman had said the previous day on the advisability of keeping the technical discussions informal. He would be grateful to Dr. Maclean for clarification of the point he had made at the previous meeting.

The CHAIRMAN said the opinion he expressed was that the technical discussions should be held outside the regular meetings of the Health Assembly and the Committee on Programme; in that way delegates could express personal views and be unrestricted by the policy of their governments.

Dr. SUTTER, Assistant Director-General, Advisory Services, said the document before the Board (EB13/68) had been prepared by the Director-General in accordance with resolution EB12.R7. The Board would recall that it had decided at its twelfth session that the topic for the technical discussions at the Seventh Assembly would be: public-health problems in rural areas, with special reference to rural sanitation, zoonoses and the organization of public-health units in rural areas. The subject could thus be introduced by three experts under the three sub-divisions.
In the past, governments had been asked to complete a questionnaire on the subject chosen for discussion. That practice was being discontinued; instead a preparatory paper would be submitted to governments, but they would not be asked to present comments formally in writing. Two working days in all would be allotted to the discussion. The first meeting would be held on Saturday, 8 May 1954; the discussion would be continued from 8.30 a.m. and 10 a.m. on other mornings, with a maximum time-limit of two working days. The subject would be presented in a plenary meeting and then discussed by three sub-groups; a short final plenary meeting would be held.

The CHAIRMAN suggested that the general feeling was that the discussion should not be a formal part of the Health Assembly or the Committee on Programme, but be on more informal lines.

It was so agreed

Dr. TOGBA considered that two working days would provide ample time for discussion.

Professor FERREIRA asked if the two-day arrangement were to apply only to the Eighth or to all future Assemblies.

The CHAIRMAN, observing that any decision in that respect could always be modified, proposed that the Board accept two working days as a suitable provision.

It was so agreed
The CHAIRMAN recalled that the Chairman at the previous meeting had taken the feeling of the Board to be that the technical discussions should be on matters concerning the work of the Organization rather than more academic subjects. The Board might wish to accept that conclusion.

It was so agreed

Dr. van den BERG referred to the method of conducting the technical discussions. He understood there was to be a detailed study of the chosen topic and a comprehensive report which would be introduced by a highly qualified specialist. He was chary of using the word "expert"; an expert could perhaps be defined as a specialist who knew slightly more than the other delegates to the Assembly.

Professor JETTMAR felt the expert should know a good deal more than the others and should be of high standing. He should not only introduce the subject but guide and supervise the discussion. It would be preferable also to have more than one expert speak on the main topic, which was a very broad subject.

Professor HURTADO pointed out that the Board had already taken a decision in regard to the procedure to be followed at the forthcoming Health Assembly. It should now be examining the method to be followed at future Assemblies, but in that respect he felt the proposal made by Dr. Vargas-Mendez was perfectly justified. In view of the fact that the membership of the Board changed periodically, he felt they should not discuss arrangements for future Assemblies at that stage; the constitution of the Board would be quite different at the next session.
At the Seventh World Health Assembly the method recommended by the Director-General would be followed. The working of that method in practice could be studied then, and the session of the Board which followed the Assembly could decide whether or not it had been satisfactory. Then would be the time to decide what system should be followed in future.

The CHAIRMAN, referring to the draft resolution put forward by Dr. Vargas-Mendez, wondered if the reference in its last paragraph to the fifteenth session of the Board had been intentional; the session which followed the Health Assembly would be the fourteenth.

Dr. VARGAS-MENDEZ thought the fourteenth session would be too soon to consider the matter; many new members would have joined the Board and they would not be familiar with the procedure.

The DIRECTOR-GENERAL appreciated the point made by Dr. Vargas-Mendez but suggested that it would be advisable nevertheless to have a preliminary discussion at the fourteenth session. The Director-General would need guidance at an early date; the preparation of the discussions for the Assembly took some time, and would be delayed if the Board did not consider the matter before January 1955.

Dr. VARGAS-MENDEZ agreed to the word "fifteenth" in operative paragraph 2 of his draft resolution being amended to read "fourteenth".
The CHAIRMAN pointed out that the resolution, if carried, would to some extent contradict a decision of the Board at its previous session which had recommended that the matter be decided at the thirteenth session.

Dr. ANWAR disagreed with the Chairman in that respect. In view of the fact that there was not full agreement regarding technical discussions in the future, he would fully support the draft resolution proposed.

Mr. CALDERWOOD, alternate to Dr. Hyde, suggested that the last paragraph of the draft resolution be amended to read: "DECIDESTO resume its review of this matter at the fourteenth session of the Board".

Decision: The Board adopted the resolution proposed by Dr. Vargas-Mendez, as amended in the course of discussion.

2. PLACE OF THE EIGHTH WORLD HEALTH ASSEMBLY; INVITATION OF THE GOVERNMENT OF MEXICO: Item 5.3 of the Agenda (Resolution WHA6.42; Document EB13/40)

Mr. SIEGEL, Assistant Director-General, Administration and Finance, recalled that the Mexican delegation to the Sixth World Health Assembly had extended an invitation from its Government to hold the Eighth Assembly in Mexico City. The Health Assembly had indicated its appreciation of the offer and requested the Board to consider the financial, administrative and other implications. Document EB13/40 contained the Director-General's report, and photographs were being handed round showing the site of the new university, outside Mexico City, in which it was proposed to hold the Assembly.
The Director-General had been in touch with the Mexican Government, which had clearly indicated its willingness to pay all the additional costs which would result from holding the Assembly away from headquarters; the Government was also prepared to pay the additional costs if it was decided to hold in Mexico the session of the Executive Board which normally followed the Assembly. The Government was prepared to make all the necessary services available, and to provide arrangements for the delegates and the Secretariat. Certain negotiations, of course, could not be completed until the Board and the Health Assembly had taken a specific decision. The Director-General saw no obstacle, however, to the holding of a successful Health Assembly in Mexico City.

Dr. van den BERG said that as a general rule he would not be in favour of holding the Health Assembly away from Geneva because of the many technical advantages of meeting at headquarters. There were advantages, however, in holding the Assembly in other parts of the world; that seemed especially true in the present instance where an extremely generous offer had been made. He felt the Board could be confident that the Secretariat would make the necessary arrangements in the same efficient way as it had completed the preliminary negotiations.

Dr. AL-WAHBI did not share Dr. van den Berg's unwillingness to hold Assemblies away from headquarters, and referred to the success of the Second World Health Assembly, which had been held at Rome. He thought, moreover, that the majority of delegates — he was not referring only to members of the Board — believed it was desirable to hold the Assembly and other meetings away from
headquarters from time to time. The generous offer of the Mexican Government should be accepted.

Dr. TOGBA stated that the present offer was, apart from the one made by Italy, the first definite invitation to hold the Assembly away from Geneva; he believed that it should be accepted, with warm thanks to the Mexican Government.

Professor HURTADO agreed with Dr. van den Berg as to the holding of Assemblies away from headquarters. The Second World Health Assembly had been a success, but in general only when the meeting was at Geneva could the Assembly have at its disposal the whole of the Secretariat, the complete archives, and so on. The Assembly was not a congress which could move from one country to another; it was an established organization with headquarters in Geneva. Even the United Nations had encountered difficulties in holding the General Assembly away from New York.

Moreover, the holding of the Assembly elsewhere than at headquarters necessarily entailed expenditure for the host country. He would oppose such a policy because it implied a discrimination against countries which would like to act as host but found it impossible, for financial reasons, to do so. He was making that remark in a general sense, and not in relation to the specific proposal before the Board.

However, since it was the Health Assembly which would decide in the last instance, it was for the Board to put the arguments both for and against. The arguments in favour of holding the Assembly in Mexico were many. It was
an excellent thing to get to know another country. Moreover, delegates would be delighted with Mexico City and with its university buildings, impressed by the effort which had gone into its construction. In addition to the attractions of culture and scenery, an Assembly in Mexico would be a link between the Old World and the New. For those reasons he would recommend that the invitation be accepted.

Professor ALIVISATOS shared the opinion of previous speakers, and felt that the invitation reflected the Mexican Government's appreciation of the work accomplished by the Organization.

Dr. van den BERG referred to Dr. Al-Wahbi's disagreement with his statement of principle. He would like to repeat that he thought the generous offer of the Mexican Government provided a good reason for making an exception to the general rule he wished to see adopted.

Decision: The Board being of the unanimous opinion that the Eighth Health Assembly should be held in Mexico City in 1955, the Rapporteurs were asked to draft a suitable resolution, recommending that the Health Assembly accept the invitation, and expressing thanks to the Government of Mexico.

It was so agreed.

3. MEASURES FOR STRENGTHENING OCCUPATIONAL HEALTH ACTIVITIES;
Item 2.9 of the Agenda; (Resolution EB12.R23; Document EB13/31)

The CHAIRMAN proposed that the Board deal next with item 2.9 of the Agenda, as the representative of the International Labour Organisation was present at the meeting. He invited Dr. Sutter to introduce document EB13/31.
Dr. SUTTER referred to resolution EB12.R23, adopted by the Board at its twelfth session. The operative part of the resolution requested the Director-General to study with ILO measures for strengthening occupational health activities and to report to the thirteenth session. Previously, at its Seventh Session, the Board had requested the Director-General to develop co-operation with ILO so as to assure the fullest possible co-ordination of all health activities in accordance with the Constitution of WHO. Each organization had a different approach. WHO was mainly concerned with the integral health protection of the worker and his family; ILO was more concerned with the protection of the worker against sickness, disease and injury arising out of the type and place of his employment.

Three further points should be noted in connexion with the position of WHO. Firstly, it was an organization whose activities were based on requests from governments. Secondly, it was decentralized, and the regional offices would be directly concerned with the carrying out of occupational health programmes in the field. Thirdly, any increase of activity implied an increase in the budget.

On page 11 of document EB13/31, specific measures were proposed with a view to promoting mutual understanding between the two organizations and avoiding duplication.

The CHAIRMAN invited Mr. Robert of the International Labour Organisation to speak.

Mr. ROBERT (International Labour Organisation) said that the Director-General of the ILO wished to express his thanks for the spirit of co-operation shown by the Director-General and staff of WHO in the discussions regarding
the co-ordination of activities in occupational health. The problems involved would be insoluble if each organization kept strictly to the definition of its terms of reference as set out in its Constitution. Neither could reasonably be expected to renounce the competence allotted to it, and on that particular point it was likely that partial solutions only were possible; but such could be worked out in practice.

It was in that spirit that the two Directors-General had studied the problem under review. In that connexion he would refer to Section IV (page 8) of document EBl3/31, which proposed that there should be "mutual consultation and exchange of information ..... before any such programmes become final, with a view to achieving maximum effectiveness and to eliminating duplication of initiatives" and "full consideration ..... of the possibility of co-operation ..... in carrying them out"; and that each organization would refer to the other any questions which called for action but with which the other was best equipped to deal.

There was a further important passage in Section V reading: "It is understood that any general arrangements agreed upon between WHO and ILO will be binding upon the headquarters of the two organizations, as well as upon their regional or field offices."

He felt those principles of co-ordination, if accepted by the Board, would continue to be applied in the spirit of collaboration in which they had been drawn up, and would lead to the greater efficacity of the work of both organizations.
Professor ANDERSEN said it would be seen from document EB13/31 that WHO's work in the field of occupational health, despite active interest in the subject, had been somewhat restricted in the past. Specific measures were now being proposed to strengthen those activities (pages 10 and 11) and implementation of the measures was to be carried out at the regional level with the assistance of headquarters, and by headquarters with the help of consultants, where necessary.

While the measures proposed would mean no duplication of the work done by ILO, they would, on the other hand, lay a heavy burden on the WHO headquarters staff concerned. The two medical officers comprising the Social and Occupational Health Section were already charged, in addition to occupational health, with a multiplicity of other subjects coming under medical-social activities, some of which, moreover, were merely of marginal interest to WHO.

In those circumstances, he entirely failed to see how the section could cope with the extra activities envisaged, and at the same time provide the requisite help to the regions, without the assistance of a medical officer trained in occupational health. Furthermore, the help of such a specialist would be invaluable in relations with ILO, both for avoiding duplication of effort and for strengthening the existing collaboration.

In conclusion, while fully approving the recommended measures, he thought that the Director-General should not be asked to assume those new responsibilities without provision being made to enable him to engage the services of a trained specialist in occupational health. The Director-General himself had referred
at an earlier meeting to the need for some expansion of headquarters staff in the near future. Economic stringency should not, he felt, be allowed to jeopardize effective work even in what might be regarded as a secondary field of work.

Dr. van den BERG commended the report as giving a clear and accurate picture of the position in regard to occupational health activities. In connexion with it, however, he must clear up a most unfortunate misunderstanding. He had learned to his astonishment that the original proposal of Professor Ferreira, made at the twelfth session of the Board, for a study of the matter, had been interpreted in certain circles as an attempt to get part of the functions exercised by ILO transferred to WHO - and that he (Dr. van den Berg) had supported such an attempt.

What Professor Ferreira had in fact maintained was the need for co-operation between WHO and ILO on occupational health activities and that WHO was not in a position to do its share of the work. That was the view he himself had supported. The report before the Board made it abundantly clear that Professor Ferreira had been right.

Dr. van den Berg thought that his own consistent stand in favour of co-operation with other agencies and against duplication of work should have been sufficient to preclude any possible misinterpretation of his attitude in the matter.

There was only one item in the report with which he was not entirely satisfied. The information on the implementation of the suggested measures was somewhat sparse; he hoped fuller details would be made available to a subsequent session of the Board.
In conclusion, he reiterated his agreement with the views of Professor Andersen and Professor Ferreira that the Organization was not in a position to fulfil its functions in respect of occupational health, as laid down in the report.

Dr. HYDE said the existing situation was such that there was no need for ILO to fear any duplication of its work by WHO. He welcomed the wholly co-operative attitude with which the two organizations had tackled the matter, and hoped to see some fruitful developments in the early future.

He called attention to the interest of the World Medical Association in the subject. At its forthcoming session in Zurich, occupational health was to be the major topic for discussion and a meeting of leading industrial and health specialists was shortly to be held in New York in preparation for that discussion. He hoped WHO would be represented at Zurich, and perhaps the Director-General would report to the Health Assembly on any new developments.

Professor FERREIRA expressed his satisfaction with the action taken subsequent to his raising the question of occupational health at the last session of the Executive Board. He was very grateful, too, to Dr. van den Berg for relieving him of some concern as to the possible misinterpretation of his intentions in making the proposal. Those had been made abundantly clear at the time, and the paper now before the Board covered all aspects of the matter to his entire satisfaction.

It was evident that in the wide field of work awaiting action at the international level, the joint effort contemplated by WHO and ILO, far from being
exclusive, would have to be supplemented by the technical and financial help of other interested bodies, since the stage reached at present was more or less that of preliminary exploration.

He agreed with previous speakers on the urgent need to have the regional offices deal with occupational health as one of their routine subjects, so that both stimulus and help in overcoming their national problems would be amply available to countries in the course of industrialisation. The proposals in the report seemed ideally designed to meet that point and his only remaining desire was to see them put into effect.

Professor JETTMAR also welcomed the proposals and the assurance of continued co-operation between ILO and WHO and the subject.

Referring to the report of the Joint ILO/WHO Committee on Occupational Health (Technical Report Series, No. 66), he made a number of suggestions for additional topics that might be taken up in the future.

Dr. ANWAR wished to express appreciation of Professor Andersen's statement. At the previous session of the Executive Board, it had been recognized that active co-operation on the subject already existed between ILO and WHO. The need to extend WHO's activities was also evident, however, more especially as the matter was one of ever-increasing importance and concern to countries in course of becoming industrialised. However, WHO's more general functions should not be overlooked and the suggested measures should be viewed in the light of the financial resources available to meet the obligations imposed.
Speaking at the invitation of the Chairman, Mr. ROBERT said he had nothing to add to his previous remarks. He merely wished to thank the Executive Board for the spirit in which it had approached the subject, and again to express the hope that the increased co-operation envisaged would lead to effective action.

The DIRECTOR-GENERAL undertook to bear in mind the suggestions made during the discussion.

**Decision:** The Rapporteurs were asked to prepare a suitable draft resolution, approving the suggested measures for strengthening occupational health activities in co-operation with ILO.


Dr. DOROLLE, Deputy Director-General, after calling attention to the relative documentation said that the working paper before the Board (EB13/WP/16) gave the general substance of the Austrian proposal concerning the protection of workers and the general public against Roentgen and isotopic radiations, and indicated the legal and procedural points raised by the question.

The Director-General's view, as stated in the working paper, was that the subject did not come within the strictly limited list of subjects, set out in Article 21 of the Constitution for which the Health Assembly was authorized to adopt regulations. It might, however, be made the subject of a convention or agreement, to be drawn up in accordance with the provisions of Articles 19 and 20 of the Constitution or simply a recommendation to Member States.
In view of the legal and technical difficulties involved, the Director-General felt that, if the Board decided to take up the matter, he should be instructed to undertake a further study on the subject, within the funds available, in consultation with international and non-governmental organizations and Member States, and to report to a future session of the Board.

Speaking at the invitation of the Chairman, Mr. ROBERT, representative of ILO, said that the Austrian Government's proposal was of particular interest to ILO on two counts; first, on general grounds because of the numerous references to the working conditions of all categories of workers likely to be exposed to ionizing radiations; and secondly, from the technical standpoint of protection against the widespread risk arising from the steadily increasing use of x-rays and radioactive substances.

In regard to the first, ILO presumed that any regulations contemplated would apply to all categories of workers likely to be exposed to such radiations, including hospital and public-health staff and industrial workers. ILO had already given particular attention to the working conditions of nursing staff and had carried out a special study on the matter. It had also been asked to co-operate with WHO in studying the working conditions of hospital staffs and possible health protection measures.

It was stated in document EB13/66, page 4, that ILO could not be asked to draw up uniform regulations, since it could lay down safety measures only for workers and not for patients, physicians, etc. He would like in that connexion to draw attention to the "Model Code of Safety Regulations for Industrial Establishments" published by ILO in 1949, which included a section dealing with ionising radiations. Those regulations included more than 200 provisions, into details of which he would not enter. Furthermore, although ILO could only draw up regulations applicable to workers, the term "worker" covered industrial workers and employees in public and private services alike.
The present subject was a typical case where fruitful results could be obtained by collaboration between the bodies interested, and ILO would be glad to contribute in any further action undertaken.

In passing, he would mention that ILO, in drawing up the Model Code, had taken account of the recommendations made by the International Congress of Radiology.

Dr. HYDE remarked that, while all would be agreed on the interest of the Austrian Government's proposals, he was concerned about a possible lack of understanding of the real significance of any regulations that might be adopted by WHO.

The references in the working paper (EB13/WP/16, page 2) to the "abandonment of sovereign rights" by Member States in entrusting legislative power to the Health Assembly in respect of the adoption of regulations, and the possibility of "legally imposing ... regulations" recommended on all Member States, might be open to misinterpretation. Perhaps he might be permitted to make some suggestions to the Secretariat with the object of removing from the documentation anything open to misinterpretation.

Dr. van den BERG said that he had intended to raise that same matter. There was nothing in the Constitution of WHO which constituted an abandonment of sovereign rights on the part of its Member States.

Professor JETTMAR brought some information on technical points that might be of use to the notice of the Secretariat.

The DEPUTY DIRECTOR-GENERAL explained that he was not legally competent to deal with the point raised by Dr. Hyde and Dr. van den Berg. In drawing up the paper, the
legal expert had undoubtedly wanted to stress the very limited nature of the authority entrusted to the Health Assembly respecting the adoption of regulations. The document was merely a working paper and its distribution outside the Executive Board was certainly not contemplated. Any recommendations to the Health Assembly would be couched in more general terms.

**Decision:** The Rapporteur was instructed to prepare a suitable resolution, noting the document submitted by the Government of Austria and instructing the Director-General, subject to availability of funds, to undertake a further study on the subject in consultation with international and non-governmental organizations and Member States, and to report to a future session of the Board.

5. **DECISIONS OF THE GENERAL ASSEMBLY AND THE ECONOMIC AND SOCIAL COUNCIL AFFECTING WHO'S ACTIVITIES:** Item 9.1 of the Agenda (EB13/56)

The **DEPUTY DIRECTOR-GENERAL**, drawing attention to document EB13/56, said it was issued for information purposes, to keep the Board informed of General Assembly and ECOSOC decisions affecting WHO's activities. The Economic and Social Council had not confined itself to noting the Annual Report of WHO but had noted with approval the continued emphasis on the development of effective public-health services and programmes for the training of health workers.

Apart from a few reservations formulated regarding the extra cost involved to governments, the Council had in general approved the results obtained under WHO's regional system of operation, in which field it was a pioneer.

The Council had also discussed the question of co-ordination between the various United Nations agencies, on the basis of a document submitted by the Administrative Committee on Co-ordination (E/2512). The Council had directed its attention particularly
to the subject of continuing reports and the considerable amount of work imposed by the extension of that system on each of the participating organizations as, for example, in respect of the report on the World Social Situation. As a result, and also on the advice of the Advisory Committee on Administrative and Budgetary Questions, the Council had decided to give serious study at a future session to the possibility of reducing the volume of documentation required of participating agencies. It should be noted that those continuing studies were of ever-increasing significance in the social field particularly, and especially in regard to community social development.

The document before the Board also contained a number of decisions relating to UNICEF and Technical Assistance. The Board would probably wish to note the document and ask the Director-General to transmit it to the Health Assembly; no other action appeared to be called for.

The CHAIRMAN, in the absence of further comment, read out the following draft resolution:

"The Executive Board,

1. NOTES the report of the Director-General on the decisions taken by the General Assembly of the United Nations at its eighth session and by the Economic and Social Council at its sixteenth session, on matters which concern the World Health Organization;

2. TRANSMITS this information to the Seventh World Health Assembly so that it may take it into account when examining the programme of the Organization".

Decision: The draft resolution was adopted.
6. RELATIONS WITH THE LEAGUE OF ARAB STATES: Item 9.6 of the Agenda (Document EB13/51)

The DIRECTOR-GENERAL said that document EB13/51, concerning the request of the League of Arab States for the establishment of working relations with WHO, was self-explanatory. He would be glad to answer any questions raised.

Dr. AL-WAHHI said that the League of Arab States was asking for representation at Health Assembly meetings as an observer, whereas the recommendation of the Secretariat, as set out in the document, was for the establishment of relations at the regional level. The League apparently already enjoyed representation at the regional level. He accordingly wondered whether there was anything in the Constitution or the rules of procedure that would prevent the granting of the original request.

The DIRECTOR-GENERAL answered that there was nothing in the Constitution that would prevent the League of Arab States from sending an observer to the Health Assembly and sessions of the Executive Board.

Dr. HAYEK thereupon asked the Director-General to correct the statement in the last paragraph of document EB13/51 (page 3) before transmitting it to the Health Assembly. There was apparently nothing in Article 70 of the Constitution or in Rule 3 of the Health Assembly's Rules of Procedure to preclude the granting of full relationship to the League of Arab States.

The DIRECTOR-GENERAL thought the question might well be decided in the Board, without going further. He explained that in other regions, the Organization had established informal relationships on a regional basis with a number of intergovernmental organizations of a similar status to the League of Arab States, as for
instance, the Council of Europe, the Commission for Technical Co-operation in Africa South of the Sahara, the South Pacific Commission and the Caribbean Commission. All those bodies had been invited to send observers to Health Assembly and Executive Board sessions. He accordingly saw no need for taking the question to a higher level.

Mr. CALDERWOOD said the Director-General had already made the point that he had intended to mention. The desire of the League of Arab States to establish a form of understanding and co-operation did not, he felt, require any formal agreement. There was provision in the Constitution for co-operation between WHO and intergovernmental organizations by means of agreements, but such action had not even been taken in the case of one United Nations specialized agency: WHO had no formal agreement with ICAO. Relations had already been established between the Regional Director and the League of Arab States and that should be sufficient for the purpose. He accordingly proposed the following draft resolution for the Board's consideration:

"The Executive Board,

Having examined the request made on behalf of the League of Arab States, and more particularly its Health Committee, for the establishment of a form of understanding and co-operation with the World Health Organization,

1. NOTES with approval that co-operative relations have already been initiated between the Director of the Regional Office for the Eastern Mediterranean Region and the Health Committee of the League of Arab States;

2. REQUESTS the Director-General, in collaboration with the Regional Director for the Eastern Mediterranean to take such further steps as may be necessary for continuing this understanding and co-operation".

Dr. ANWAR supported the draft resolution.
Decision: The Board adopted the draft resolution.

7. REPORT OF THE WORKING PARTY ON INTERNATIONAL QUARANTINE AND YELLOW FEVER: Items 2.5 and 2.6.5 of the Agenda (Documents EB13/23, EB13/24 and EB13/76)

The CHAIRMAN, in calling attention to document EB13/76, expressed the Board's appreciation of the help of the Secretariat in preparing the report, which contained a number of draft resolutions for the Board's consideration.

Decision: The Board adopted the resolutions recommended in the report of its Working Party on International Quarantine and Yellow Fever (document EB13/76).

The meeting rose at 12 noon.