



COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE TWELFTH MEETING

Vigyan Bhavan, New Delhi  
Tuesday, 21 February 1961, at 9.45 a.m.

CHAIRMAN: Dr W. A. KARUNARATNE (Ceylon)

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Note: Corrections to these provisional minutes should reach the Chief Editor, Official Records, World Health Organization, Geneva, Switzerland, not later than 15 April 1961.

1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1962: Item 2.3 of the Agenda (Official Records Nos. 104 and 107; Documents A14/P&B/7 Rev.1, and A14/P&B/18) (continued)

The CHAIRMAN explained that, since there had not been a quorum at the meeting the previous evening, the Committee would have to vote again on the proposal of the delegation of the USSR that Inter-regional project 115 (Conference on medicine and health aspects related to environmental factors in the Arctic) should be deleted from the programme.

Decision: The proposal was defeated by 29 votes to 10, with 22 abstentions.

2. AGREEMENT WITH THE OFFICE INTERNATIONAL DES EPIZOOTIES: Item 2.12 of the Agenda (Document A14/P&B/8)

Dr KAUL, (Assistant Director-General), Secretary, introducing document A14/P&B/8, explained that the Office International des Epizooties was an inter-governmental organization established by international agreement in 1921. Its objects were:

"To promote and co-ordinate experimental or other research work concerning the pathology or prophylaxis of contagious diseases of livestock for which international collaboration is deemed desirable; to collect and bring to the attention of governments or to their sanitary services all facts and documents of general interest concerning the course of epizootic diseases and the means used to control them; to examine international draft agreements regarding animal sanitary measures and to provide signatory governments with the means for providing their enforcement."

Informal collaboration between WHO and the Office International had existed for several years, and had included attendance at technical meetings of mutual interest, collaboration in the collection and discussion of statistical data on the zoonoses, the fostering of uniform procedures with special reference to zoonoses and food hygiene,

and the establishment of biological standards for preparations for the control and diagnosis of the zoonoses. WHO's collaboration with the Office International des Epizooties had been in full agreement with FAO, which itself collaborated closely with the Office International.

The Agreement placed the relationship between the Organization and the Office International on a formal basis. In accordance with Article 70 of the Constitution, the exchange of letters between the Organization and the Office International had been submitted by the Director-General to the Assembly, and was to be found in document A14/P&B/8. The Agreement would be examined by the Committee on Administration, Finance and Legal Matters if the Committee on Programme and Budget considered that, on technical grounds and for the purposes of the programme, collaboration should be established.

Decision: It was agreed that the Committee on Administration, Finance and Legal Matters, should examine the Agreement.

3. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1962: Item 2.3 of the Agenda (Official Records Nos. 104 and 107; Document A14/P&B/Rev.1) (continued)

Statement by the Observer for the Medical Women's International Association

Speaking at the invitation of the CHAIRMAN, Dr GILL (Medical Women's International Association) conveyed to the Assembly the good wishes of the Association for success in its deliberations. She brought to the attention of the Committee the following resolution, which had been passed by the Association:

The Medical Women's International Association,

having considered the documentation available from various countries on the position of refugee doctors with regard to the exercise of their profession in host countries;

Recognizing that in many countries laws, regulations and administrative practice make it difficult or impossible for refugee doctors to exercise their profession;

Wishing to make a contribution to World Refugee Year by drawing the attention of the medical profession to this problem and thus to promote improvement in the position of refugee doctors,

1. DRAWS THE ATTENTION of its member associations and individual members to the difficult position of refugee doctors;
2. INVITES its member associations and individual members to make every effort with a view to ensuring that:
  - (a) Refugee doctors who have already qualified in their country of origin, be given every facility to qualify for admission to practice in their new country of residence and not be barred from the exercise of their profession solely on grounds of nationality;
  - (b) Where a further training period or professional examination is considered indispensable, refugees be assisted during such periods to get this training and to prepare for, and be admitted to, such examination;
  - (c) Refugee students who have received their medical training in, and passed the qualifying examinations of, the host country should not be debarred from medical practice in that country on grounds of nationality; and
3. RECOMMENDS that this resolution be brought to the attention of international and national medical associations and organizations so that appropriate measures may be adopted for its implementation.

Procedure for Discussion of the Annual Report of the Director-General and the Proposed Programme and Budget Estimates

Professor MUNTENDAM (Netherlands) expressed deep dissatisfaction with the manner in which the previous day's discussions on the programme of work had been conducted, and fully supported the frequently repeated reminders of the importance of practical work. He hoped that a different method of dealing with the Annual Report and the proposed programme and budget estimates would be found for the Fifteenth World Health

Assembly, so that due attention and consideration might be devoted to both items. His remarks were in no way directed against the Chairman, with whose guidance he was entirely satisfied.

Dr TURBOTT (New Zealand) strongly supported the view expressed by the Netherlands delegate. Hours had been spent in discussing the work of the past rather than that of the future, and in less than an hour approval had been given to a budget of some \$ 25 000 000. The procedure should be reconsidered by the Executive Board and the Director-General.

The DIRECTOR-GENERAL said that the discussion the previous day had been confined to the headquarters budget. The programme of the regions had been discussed for several days, together with the Director-General's Report on the work of 1960. Delegates had had the document containing the proposed programme and budget estimates for 1962 in their possession for a long time, and there had been no sign during the previous day's meeting that delegates lacked an opportunity for discussion. On the other hand, there was ample room for improvement in the procedure of discussing the programme of work. Even if the discussion on the past was useful, the discussion on the future was always much more important, and he hoped the remarks of the delegate of New Zealand would be carefully considered.

Professor CANAPERIA (Italy) said the discussion on the programme and budget for 1962 had clearly not been satisfactory, it had come at the end of a long day, when several delegations were absent. As had already been stated it was better to examine together the Director-General's Report and the proposed programme and budget estimates;

while the Organization must base its work on past experience, the Committee's most important task was to examine the programme and budget for the future.

He had been struck by the fact that the Committee had approved the budget ceiling before examining the programme of work for 1962, and thought the Health Assembly had passed a resolution providing that the budget ceiling should be fixed after discussing the main points of the programme. The question touched upon the whole work of the Organization and its method of examining its most important activities. He suggested that it be referred to the Executive Board, which should consider it in the light of the remarks made in the Committee.

Dr TURBOTT (New Zealand) supported the proposal that the Executive Board and the Director-General consider the matter, rather than that the Committee pass a resolution on the subject. The procedure of fixing the budget ceiling first and discussing the details of the programme afterwards was wrong, and he was sure that Treasury departments in most countries were not aware that it was done.

The Director-General had referred to the discussion of the work in the various regions. He was almost certain, however, that nearly all the discussion had referred to the past rather than to the future programme. The emphasis was wrong.

The DIRECTOR-GENERAL said that the procedure to be followed had been set out in resolution WHA13.1, namely, to "recommend the budgetary ceiling after examination of the main features of the programme", the Committee on Administration, Finance and Legal Matters not meeting while the subject was being discussed in the Committee on Programme and Budget. In his introduction of the item in the meeting which had considered the budget ceiling for 1962, he had insisted several times that the main features of the

programme would have to be discussed before the budget ceiling could be established, and he had given much more time to the former in his introduction. But for several years it had been extremely difficult to get any discussion on the main features of the programme, as delegates seemed to have the question of the budget ceiling foremost in their minds. One year, immediately after the Director-General had introduced the subject - and before there had been any discussion at all - a delegation had proposed a draft resolution establishing a ceiling for the budget. The procedure followed had been in accordance with resolution WHA13.1, but the practical result was unsatisfactory.

Dr BRAVO (Chile) thought that much of the lengthy discussion was due to the attitude of delegates. Courteous congratulations and thanks had been expressed at length. Moreover, much of the interesting information given during meetings could have been conveyed in writing. The Executive Board should study the question.

Dr EVANG (Norway) said that the Director-General was quite right in stating that the procedure being followed that delegates discuss only the main features of the programme and budget before fixing the ceiling was that which had been accepted by the Assembly, after a great deal of battle. No decision had ever been taken that every item of the programme should be discussed in detail before the budget ceiling was fixed. He suggested that the Executive Board, in taking up the matter, should consider the proposal, put forward by the Norwegian and other delegations some years previously, that the Committee on Programme and Budget be divided into two committees. That might be difficult, but was perhaps the only solution if Assemblies were not to become more lengthy. At present the Committee on Administration, Finance and Legal Matters completed its work in one and a half weeks or less, while the Committee on Programme and Budget needed more than two weeks.

It was agreed that the subject should be referred to the Executive Board for necessary action.

Continued Assistance by WHO to newly Independent States: Draft Resolution submitted by the Republic of Ghana (Document A14/P&B/15)

Dr ROBERTSON (Ghana) said that, since the Thirteenth World Health Assembly, fifteen new Members and two new Associate Members had been admitted to the Organization. Recognizing the many difficult problems faced by newly independent States, the Thirteenth World Health Assembly had decided to provide an effective working budget for 1961 amounting to \$ 200.000 to finance additional assistance to such States upon their request. He greatly appreciated that fine gesture of co-operation on the part of the Thirteenth World Health Assembly, and the equally humanitarian spirit with which delegates to the present Assembly had accepted the additional financial burden involved.

With the exception of two from the Eastern Mediterranean Region, all the new Members of the Organization were from the African Region - the most under-developed of all the six regions of the Organization. The African Region was also the home of almost every communicable disease known to medicine. The effect of the diseases was all the more serious because of the lack of trained doctors, nurses and other technical personnel. Many of the new Members and Associate Members were already spending considerable sums of money to improve public health and other medical services; but even their best efforts were inadequate, owing to lack of trained personnel.

The draft resolution he was about to introduce sought to stress especially the need for training the indigenous population to become doctors, nurses, technical and allied health personnel. Experience had shown a reduction of costs and swifter progress when the personnel was recruited from amongst the indigenous population. He would propose the following draft resolution:

The Fourteenth World Health Assembly,

Recognizing that there is an increasing number of new Members from under-developed areas being admitted to full membership of WHO; and

Realizing that without adequate numbers of trained doctors, nurses, technical and allied health personnel among the indigenous population, these new States can never hope to achieve the primary objective of WHO - enjoyment of the highest attainable standard of health,

1. NOTES with satisfaction the speedy assistance given by WHO to the Republic of Congo (Leopoldville) along these lines;

2. REQUESTS the Director-General:

(1) to continue to give such speedy assistance to all newly independent States who become Members of WHO, and

(2) to report on these matters to the twenty-eighth session of the Executive Board and to the Fifteenth World Health Assembly.

Dr KIVITS (Belgium) supported the draft resolution.

Dr ABU SHAMMA (Sudan) said that there were many demands on the budgets of the new Member States for such activities as the development of education, agriculture, roads and communications, and for raising the standard of living, the assistance envisaged in the draft resolution was therefore urgently needed. The improvement of health would naturally lead to improvements in other spheres. His delegation strongly supported the draft resolution.

Dr DOLO (Mali) said that 1960 had been described as the African year, and the Health Assembly had recognized that fact by admitting twenty new Member States and by allocating special credits to them. The programme for 1961 had been prepared and discussed in the absence of the many new Members who had since joined the Organization's ranks, so that the assistance given to them had had to be by means of an emergency fund. His delegation warmly supported the draft resolution.

Dr LEE (United States of America) said that at the Thirteenth World Health Assembly his delegation had strongly supported the increase in the budget for the African nations. He commended the Director-General and his staff on the speedy assistance given to the Republic of Congo during recent events. His delegation was pleased with the help given by Member countries in training indigenous personnel in that part of the world, and strongly supported the draft resolution.

Dr ENGEL (Sweden) said that in his country a special commission had been set up to review the requirements for health personnel of all categories, and it had recommended the Government to develop training resources to meet increasing demands not only of Sweden but of other countries, particularly the less-developed ones. Training facilities would be offered in Sweden for health personnel from all parts of the world, and in addition Swedish experts, particularly teachers, would be sent to the less developed countries.

Dr DJUKANOVIC (Yugoslavia) said that the needs of the newly-independent countries should receive priority in the Organization's programme, and his delegation strongly supported the draft resolution.

Dr GODBER (United Kingdom) joined in supporting the draft resolution. His delegation considered assistance to newly-independent States of equal importance with the Organization's world-wide eradication programmes, and he hoped that its future activities would continue to include such assistance.

Dr EL BITASH (United Arab Republic) supported the draft resolution, and said that his country would take its share in training personnel to assist the African countries.

Dr LE CUU TRUONG (Viet Nam) said that his delegation considered the draft resolution to be in conformity with the principles of the Organization, and would support any increase in the budget that might be occasioned by its adoption.

Dr AUJOULAT (France) considered the draft resolution an excellent one, both in its desire to increase the help given to newly-independent States and in its emphasis on training of medical staff, and his delegation supported it.

Decision: The draft resolution was approved.

Planned Parenthood as a Preventive Health Measure: Draft Resolution submitted by the Delegations of Ceylon and Norway (Document A4/P&B/18)

The CHAIRMAN invited the Committee to consider the joint draft resolution proposed by the delegations of Ceylon and Norway on the subject of maternal and child health: planned parenthood as a preventive health measure (document A14/P&B/18).

Dr GUNARATNE (Ceylon), introducing the joint draft resolution on behalf of his own delegation and that of Norway, directed the Committee's attention to Article 2(1) of the Constitution, which stated one function of WHO to be: "to promote maternal and

child health and welfare and to foster the ability to live harmoniously in a changing total environment;". Planned parenthood was an essential measure in the promotion of maternal and child health, since frequent pregnancies undermined the health of the mother and produced a considerable amount of avoidable morbidity, at the same time prejudicing child health by premature births and insufficient care of children born at excessively short intervals. That was particularly so in countries with an undeveloped economy, and he believed that the encouragement of planned parenthood would receive universal acceptance. The main purpose of the joint draft resolution was to request the Director-General to collect information from Member States on the extent to which planned parenthood was being applied as a preventive health measure. He hoped the Committee would approve the draft resolution.

Dr CLAVERO (Spain) said that the subject, which had been introduced at a previous Assembly and subsequently withdrawn, was a source of concern to Catholic countries, whose religious and moral scruples in the matter had so far been respected. With its already overburdened programme, the Organization should leave such controversial questions to be dealt with by governments themselves. Family planning had in reality little to do with maternal and child health and he asked the sponsoring delegations to withdraw their draft resolution.

Dr KIVITS (Belgium) raised the question whether consideration of the joint draft resolution was in order, since it had been introduced as an additional item mentioned neither in the approved agenda nor in the additional agenda. If it were to be accepted for discussion under item 2.3 it would follow that any delegation would be entitled to move new questions which, broadly speaking, might be considered to come under that item. He moved as a formal proposal that the subject be dropped.

Dr EVANG (Norway) said that he understood the Belgian delegate's proposal to have been made on purely procedural grounds, but would like confirmation that his understanding was correct.

The CHAIRMAN confirmed that it had been made on the ground that the item had not been correctly entered on the agenda.

Dr EVANG (Norway) asked whether the matter had been referred to the Committee on Programme and Budget by the General Committee, and whether the latter committee had discussed it.

The CHAIRMAN said that the General Committee had accepted it as an item for discussion but had not itself discussed it.

Dr da SILVA TRAVASSOS (Portugal) supported the Belgian delegate's proposal.

Dr AUJOULAT (France) considered the subject of the joint draft resolution went far beyond the item under which it had been included, and he supported the proposal of the Belgian delegation.

Dr EVANG (Norway) asked whether a decision regarding the acceptability of an item for discussion could be made by one of the main committees or whether it was a matter for the General Committee.

The DIRECTOR-GENERAL said that, as part of item 2.3 of the agenda, the question should be decided by the main committee. If it were considered as a new item, it would have had to go before the general committee, but it would have been received too late for inclusion in the Assembly agenda under the terms of Rule 12 of the Rules of Procedure.

The CHAIRMAN put the Belgian proposal to the vote.

Decision: The proposal was adopted by 31 votes to 13, with 25 abstentions.

Malaria Eradication Programme: Draft Resolution submitted by the Delegation of Peru (Document A14/P&B/19)

The CHAIRMAN invited the Committee to consider the draft resolution submitted by the delegation of Peru on the malaria eradication programme (document A14/P&B/19).

Dr QUIROS (Peru) said that his draft resolution had been submitted with the aim of obtaining more precise information on the future of the malaria eradication programme and of furnishing governments with guarantees that their investments would be rationally and successfully used. He hoped that the draft resolution would be approved.

Dr KIVITS (Belgium) asked whether the Peruvian delegation envisaged the financing of the equipment and supplies mentioned in operative paragraph two of its draft resolution from the regular budget or by means of voluntary contributions.

Dr QUIROS (Peru) replied that financing should be through voluntary contributions.

Dr AFRIDI (Pakistan) commenting on operative paragraph 2 of the draft resolution, asked by whom the suggested study would be made. He considered that the appropriate body would be the regional committee concerned, and suggested the insertion of the words "... by the regional committees for the respective regions ..." after the word "studied" on the third line of the paragraph.

The DIRECTOR-GENERAL said that the draft resolution had occasioned him some surprise, containing as it did several implied criticisms hitherto unvoiced of a programme which more than any other had been discussed and analysed, and which had received guidance from the Assembly and the Executive Board, as well as from the Expert Committee on Malaria. He was confident that no delegation would doubt that the Organization was attempting to make the maximum and most rational use of available resources both in the Malaria Eradication Special Account and under the regular budget. Delegates to the Assembly had praised the way in which work on the programme was being developed.

With regard to the operative paragraph 1 of the draft resolution, he did not consider it a practical possibility to prepare an annual programme and budget for the next five years. The most that could be done was to present some estimates of the trends of the programme. Two years previously he had presented an evaluation for five years on a world-wide scale, and for ten years in certain regions, and he was prepared to bring that evaluation up to date by furnishing estimates of the trends of the programme, but the provision of budget figures was almost impossible. Should the committee approve the draft resolution he would of course do his best, but he would be unable to guarantee the accuracy of any data given.

The suggestion in operative paragraph 2 for reducing technical advisory assistance to those countries whose programmes were making satisfactory progress and which had sufficient trained personnel was a logical one, and indeed that course was already being followed. But with regard to the second part of the paragraph, if the Organization were to become an agency for supplies and equipment even the total estimate of \$ 6 000 000 for the malaria eradication programme would be insufficient

to meet the cost. That aspect of the problem was the task of other agencies and could not be transferred to WHO. The assistance to be given would be related to the needs of the respective countries. He hoped the delegate of Peru would understand his comments as having been made in the best interests of the Organization and in order to explain his position.

Dr QUIROS (Peru) said that, with the transition from financing the malaria eradication programme by means of voluntary contributions to including it in the regular budget, his delegation considered it desirable that governments should have data showing that the increased contributions required of them were to be utilized for the execution of a well drawn up programme. It was, moreover, inadvisable for the programme to be launched in a precipitate manner, which would give no time for adequate preparation and allow vectors to build up resistance to insecticides.

The CHAIRMAN asked if the delegate of Peru agreed to the amendment proposed by the delegate of Pakistan.

Dr QUIROS (Peru) accepted the amendment.

Dr AFRIDI (Pakistan) agreed with the Director-General regarding operative paragraph 1 of the draft resolution, and proposed that that paragraph be amended by replacing the words "... prepare an annual programme and budget ..." by the words "... prepare estimates of the trends ..."

Dr QUIROS (Peru) agreed to the proposed amendment.

The CHAIRMAN read the amended operative paragraphs of the draft resolution,  
as follows:

1. REQUESTS the Director-General to prepare estimates of the trends for the activities of the Organization in respect of malaria for the coming five years, which will make it possible to visualize the future clearly;
2. RECOMMENDS that in those countries whose programmes are making satisfactory progress and which have sufficient trained personnel, the possibility of reducing technical advisory assistance be studied by the regional committees for the respective regions for the benefit of those whose programmes have not yet started or are in their initial stages, as well as in order to make available equipment and supplies, particularly drugs, for use in the consolidation stages.

Decision: The draft resolution, as amended, was adopted.

Critical Appraisal of Budget Proposals: Draft Resolution submitted by the Delegation of New Zealand (Document A14/P&B/22 Rev.1)

The CHAIRMAN invited the Committee to consider the draft resolution submitted by the delegation of New Zealand (document A14/P&B/22 Rev.1).

Dr TURBOTT (New Zealand) said that his Government had made two annual contributions to the Special Malaria Fund in the amount of \$ 28 000 and had intended to continue making a similar contribution for a further three years. However, it had felt that the malaria eradication programme would have better prospects if financed through the regular budget, and had supported its inclusion by stages in that budget although that meant a substantial increase of its contribution in 1962 and further steep increases in the following years.

While the New Zealand delegation had voted for the budget level at the present Health Assembly, he wished it to go on record that it would like to see a more detailed and critical examination made of the annual budgets of the Organization.

Although the Standing Committee on Administration and Finance of the Executive Board, and a working party, had examined the budget for 1962, and although his delegation had no fault to find with the conclusions reached by the working party, he felt that those conclusions did not quite reach the heart of the matter. He would like to see a careful scrutiny of the Organization's budgets made at an inter-governmental level. That could be done by a financial review body set up to help the Executive Board, something along the lines perhaps of the Financial Committee in FAO.

The question of supervision of the financial management and procedures of WHO might have to be thoroughly re-examined in the near future if Member States were to feel assured that the financial affairs were being conducted in such a way as to ensure that the assessed contributions of Members were being used to the best advantage. Such a development might be avoided if the Executive Board carried out a more critical appraisal of programmes, if the Health Assembly expected the Board to do so, and paid careful attention to any financial recommendations the Board made.

WHO had done, and continued to do, work of great value, and with additional funds could undoubtedly do much more in the interests of world health. The New Zealand Government had always strongly supported WHO and contributed to its operations, not only through the regular budget but through voluntary programmes, such as the Expanded Programme of Technical Assistance and the general programmes carried out with UNICEF. However, it had to give very careful consideration to the overall level of its overseas expenditure - as presumably other governments also. His Government felt that it was up to WHO to establish beyond challenge the need for the money it sought.

He recalled the words of the delegate of Pakistan in the plenary meeting during the general discussion on the Report of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (document A14/VR/6, pages 28-29). The

latter had warned against scattering the Organization's limited resources in men and money and had drawn attention to the need for having a well-thought-out order of priority. The New Zealand delegation had been encouraged by those words to suggest that the Director-General should make a more critical appraisal of the future programmes, in consultation with the Executive Board. It further suggested that such an appraisal might avert the growth of a demand for a more thorough review at inter-governmental level. With that in mind, his delegation had submitted the draft resolution now before the Committee.

Dr BUSTAMANTE (Mexico) said that even before WHO's Constitution had been drawn up, it had been known that its work would be very varied; and for fifteen years it had been known that the available funds were insufficient to meet the demand. It was obvious that new needs would develop and that new proposals would be adopted by Health Assemblies. There was a need for care in planning programmes, but it should be remembered that neither the Director-General nor the Executive Board could increase programmes when they knew that funds could not be increased. The malaria eradication programme was essential to WHO's task of improving the standards of health throughout the world, but some of its other programmes were also important. While supporting the intent of the New Zealand draft resolution, he suggested that a second operative paragraph be added to it along the following lines:

2. REQUESTS the Director-General to submit to the Fifteenth World Health Assembly the results of the above-mentioned reappraisal concerning the objectives to be given priority in the light of available funds.

Dr TURBOTT (New Zealand) said that the amendment was acceptable to his delegation.

Dr EVANG (Norway) observed that the draft resolution raised a number of fundamental questions concerning WHO's work, which there was no time to discuss at the present Health Assembly. His delegation would not, therefore, be in a position to vote on it.

The New Zealand delegation had indicated ways in which the scrutiny by the Executive Board of the programme and budget proposals could be made, and had spoken of an inter-governmental body. Two attempts had already been made to change the Executive Board into an inter-governmental body and on both occasions the Health Assembly had refused to agree to such a change. It was a pity a further attempt was being made by indirect means. The Committee on Programme and Budget was not the right body to discuss fundamental questions of that nature.

He asked if the New Zealand delegate could give any examples of the "excessive dispersal of effort" referred to in the second paragraph of the draft resolution. The policy of WHO had been to concentrate its efforts on a few topics such as malaria eradication, communicable disease control, maternal and child health, and fellowships. Health education and the strengthening of national health services had been added later. If that was excessive dispersal of effort, the Organization would have to review its whole programme.

The total budget of WHO amounted to some \$ 25 000 000 and it could hardly be said that national contributions were excessive. Governments spent more than that total amount on one disease in their national health budgets. WHO had won the confidence of its Member States, all of whom had received some service from it. If their support for its programmes was to be maintained, WHO must continue to provide those services. It would be wrong to curtail WHO's activities, especially by putting a ceiling on the budget level at a time when its membership was increasing and when its new Members were the underdeveloped countries which so badly needed its assistance.

He had no objection to discussing the functions of WHO in plenary, although he felt that such discussion was unnecessary. Those who thought otherwise could suggest that the matter be discussed at the next and following World Health Assemblies.

Dr KIVITS (Belgium) fully supported the draft resolution as amended by the delegate of Mexico. His delegation had abstained from voting on the budget level for 1962 because, although it had favoured including the malaria eradication programme in the regular budget, it had felt that compensating reductions should be made elsewhere. There was a tendency to disperse efforts, and if funds were to be used to the best possible advantage, that tendency should be checked. He felt it would be wise to request the Director-General to make a list of priorities from which a choice could be made in the light of available funds.

Dr HOURIHANE (Ireland) recalled that during a joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters, he had spoken about the necessity of concentrating efforts. It had been one thing continuing certain activities under the regular budget when the malaria eradication programme was being financed by voluntary contributions, but it was a totally different matter when that programme was not being so financed. The Health Assembly had been right in deciding to incorporate the costs of the malaria eradication programme into the regular budget by phases rather than abandon it because of lack of voluntary funds. Having done that, however, it would seem prudent to try and spend less on other activities during the years in which the malaria eradication programme would still be a charge on the Organization's budget. When expenses for that programme ended, the activities which had been curtailed could be restored and expanded.

It was unrealistic to say that it should not be difficult for 104 Member States to contribute \$ 25 000 000; the fact was that it was difficult. Although he welcomed all the new Member States to the Organization, he observed that some of them might be a financial liability.

Dr AFRIDO (Pakistan) whole heartedly supported the draft resolution. The remarks he had made in plenary meeting, to which the delegate of New Zealand had referred, concerned the danger not only of a dispersal of effort by WHO, but of a resultant dispersal of efforts in the under-developed countries. It was a question of national prestige to undertake all the programmes suggested by WHO. The under-developed countries might not have the right approach to the matter, but it was difficult to dissuade them from undertaking any programme suggested. With the limited resources in men and money - and he would like to stress the first of these - WHO could not attain all its objectives. An order of priority should be established.

Dr ROBERTSON (Ghana) shared the concern of the New Zealand delegate, but he could not vote for the draft resolution for the same reason as the delegate of Norway. WHO's programmes were most successful but each programme was a single part of an integrated whole.

Dr FISEK (Turkey) said he would vote against the adoption of the draft resolution. He agreed with the delegate of Norway that to adopt it would be harmful to the development of WHO. WHO hoped that a better world could be created through better health, and its Member States should support its efforts to reach that goal. His delegation favoured increasing the budget when necessary, especially to assist the under-developed countries and the newly independent countries.

The DIRECTOR-GENERAL said that he was rather worried at the turn the discussion had taken. He would find it very difficult to consider a stabilization of the budget or a system of priorities that would mean checking the normal development of WHO's programme. It would be impossible to entertain the idea of stopping some activities because the malaria eradication programme had been included in the regular budget. If previous decisions of WHO concerning programmes of assistance to Member States, especially in the field of education, were to be maintained, the inclusion of the malaria eradication programme in the regular budget could not be permitted to stop the normal evolution of WHO's programme.

Dr TURBOTT (New Zealand) said he did think that there was a dispersal of effort. For example, in the Western Pacific Region several countries were carrying out programmes in mental health and physiotherapy when they had no adequate water supplies and sanitation: there was little point in helping people with modern programmes if they were to die later of cholera, dysentery and similar diseases. If the project in sports medicine that was to be considered by the Committee was adopted, it would provide a further example of dispersal of effort.

The whole purpose of the draft resolution was to ask the Executive Board to play a bigger role in the Organization; to ask it to give leadership and make suggestions to the World Health Assembly. There was no sinister intention, no idea of stabilizing the budget level. His delegation believed that WHO's programmes should be planned in the frame-work of a steadily increasing budget.

Dr BUSTAMANTE (Mexico) insisted that no health administration could plan beyond the resources available to it. It was up to WHO to set an example in that respect.

The malaria eradication programme would contribute to the development of the countries where malaria was prevalent and when they were more advanced, they could spend more money on other things. They could not, however, do everything at once; they had to advance step by step.

Dr EVANG (Norway) said that he was fully aware that the position taken up by the New Zealand delegation was not new. Certain countries had made a sacrifice in agreeing to incorporate the malaria eradication programme in the regular budget and, having made that sacrifice, they felt justified in requesting that more modern programmes should not be curtailed in those countries where malaria did not exist. Activities in other fields should not be cut down: medicine was marching forward, and it was impossible to separate one activity from another. WHO had been fortunate in being able to evolve a balanced programme which had kept pace with developments.

In the interests of conciliation, he suggested replacing the wording of the New Zealand draft resolution by the following wording:

The Fourteenth World Health Assembly

REQUESTS the Director-General and the Executive Board to reconsider the question of priorities in the programme and to report thereon to the Fifteenth World Health Assembly.

Dr TURBOTT (New Zealand) said that he could not agree that only the principle of priorities should be discussed.

The meeting rose at 12 noon.