MINUTES OF THE THIRD MEETING

Palais des Nations, Geneva
Wednesday, 27 May 1964, at 9.30 a.m.

CHAIRMAN: Dr H. B. TURBOTT

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Third Meeting
Wednesday, 27 May 1964, at 9.30 a.m.

Present

Dr H. B. TURBOTT, Chairman

Dr T. ALAN (alternate to Dr N. H. Figek) Vice-Chairman

Dr J. KAREFA-SMART, Vice-Chairman

Dr Hurustiati SUBANDRIO, Rapporteur

Dr A. DALY, Rapporteur

Dr J. AMOUZEGAR

Dr A. C. ANDRIAMASY

Professor E. J. AUJALEU

Dr A. K. EL-BORAI

Dr M. DIN bin AHMAD

Dr S. DOLO

Dr A. ESCOBAR-BALLESTAS

Dr K. EVANG

Dr L. FAUCHER

Professor R. GERIĆ

Sir George GODEBER

Dr V. T. Herat GUNARATNE

Dr B. D. B. LAYTON

Professor P. MUNTENDAM

Dr C. L. PRIETO

Designating Country

New Zealand

Turkey

Sierra Leone

Indonesia

Tunisia

Iran

Madagascar

France

Kuwait

Malaysia

Mali

Colombia

Norway

Haiti

Yugoslavia

United Kingdom of Great Britain and Northern Ireland

Ceylon

Canada

Netherlands

Paraguay
### Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Designating Country</th>
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<tr>
<td>Dr S. P. TCHOUNGUI</td>
<td>Cameroon</td>
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<td>Dr T. VIANNA</td>
<td>Brazil</td>
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<td>Professor V. M. ŽDANOV</td>
<td>Union of Soviet Socialist Republics</td>
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### Secretary

- Dr M. G. CANDAU

### Designating Country

- Dr A. T. SHOUSHA

### Representative of Intergovernmental Organizations

- United Nations Children's Fund
- League of Arab States

### Representative of Non-governmental Organizations

- International Committee of the Red Cross
- International Dental Federation
- International Hospital Federation
- International Society of Blood Transfusion
- International Society for Rehabilitation of the Disabled
- International Union for Child Welfare
- International Union of Pure and Applied Chemistry
- League of Red Cross Societies
- Medical Women’s International Association
- World Federation for Mental Health
- World Medical Association

- Sir Herbert BROADLEY
- Dr C. L. BOUVIER
- Mr E. J. FAUCON
- Professor R. FISCHER
- Miss A. E. MOSER
- Miss A. E. MOSER
- Dr R. MORP
- Dr Z. S. HANTCHEF
- Dr Renée VOLUTER de LORIOL
- Dr Anne AUDÉOUD-NAVILLE
- Dr J. MAYSTRE
1. REPORT ON EXPERT COMMITTEE MEETINGS: Item 3.3 of the Agenda (Document EB34/13) (continued)

Expert Committee on Insecticides: Application and Dispersal of Pesticides
Sub-Committee on Non-Proprietary Names of the Expert Committee on Specifications for Pharmaceutical Preparations
Joint Meeting of the FAO Committee on Pesticides in Agriculture and the WHO
Expert Committee on Pesticide Residues (Evaluation of the Toxicity of Pesticide Residues in Food)
Joint FAO/WHO Expert Committee on Brucellosis

There were no comments on the above reports.

Dr DALY, Rapporteur, read out the following draft resolution:

The Executive Board,

Having considered the report of the Director-General on expert committee meetings,

1. NOTES the report of the Director-General; and

2. THANKS those members of the expert advisory panels who have taken part in these meetings.

Decision: The draft resolution was adopted.¹

2. ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC DRUGS: Item 3.4 of the Agenda (Document EB34/5)²

The DEPUTY DIRECTOR-GENERAL said that the item was one that recurred annually on the Board's agenda. Document EB34/5 gave information on the drugs on which the Director-General had taken decisions concerning their status under international control. The report covered the period between the Board's thirty-second session and the present, and it concerned four substances, two of which had been found sufficiently dangerous to warrant international control. Such control had not been considered necessary in the case of the other two substances. The Secretariat was at the Board's disposal for any additional information it might wish.

¹ Resolution EB34.R8.
Dr SUBANDRIO, Rapporteur, read out the following draft resolution:

The Executive Board

NOTES the action taken by the Director-General upon receipt of appropriate expert advice, and in compliance with resolution WHA7.6, with regard to a notification forwarded to the Secretary-General of the United Nations.

Decision: The draft resolution was adopted.¹

3. TECHNICAL DISCUSSIONS: Item 3.6 of the Agenda

Appointment of General Chairman of the technical discussions to be held at the Eighteenth World Health Assembly: Item 3.6.1 of the Agenda (Document EB4/4)

The DEPUTY DIRECTOR-GENERAL said that, as members were aware, resolution WHA10.33 required the Board, at its session following the World Health Assembly, to appoint a General Chairman of the technical discussions, to be nominated by the President of the Health Assembly.

On 19 March 1964 the President of the Seventeenth World Health Assembly had addressed a communication to the Chairman of the Executive Board nominating Dr Karl Evang. Attached to document EB4/4 was the *curriculum vitae* of Dr Evang, who was well known to all members. A draft resolution was contained in document EB4/4, which read as follows:

The Executive Board,

Considering resolution WHA10.33; and

Having received the communication from the President of the Seventeenth World Health Assembly nominating Dr Karl Evang as General Chairman of the technical discussions at the Eighteenth World Health Assembly,

1. APPROVES this nomination; and

2. REQUESTS the Director-General to invite Dr Karl Evang to accept this appointment.

¹ Resolution EB34/R9.
Dr ANDRIAMASY said that Dr Evang was well known for his clear mind, his instructive statements and his wide knowledge of health problems, which would well qualify him to serve as General Chairman of the technical discussions.

Professor ZDANOV expressed his satisfaction at the nomination of Dr Evang, whose knowledge and authority at the international level, together with his personal qualities, made him uniquely fitted for the office.

Decision: The draft resolution was adopted.¹

Selection of a subject for the technical discussions at the Nineteenth World Health Assembly: Item 3.6.2 of the Agenda (Document EB34/18)

The DEPUTY DIRECTOR-GENERAL drew attention to paragraph (3) of resolution WHA10.33, which stated that the selection of the subject for the technical discussions should be made two years in advance by the Executive Board at its session immediately after the World Health Assembly. Document EB34/18 had been drawn up to remind members of the subjects that had been chosen for the technical discussions since their inception at the Fourth World Health Assembly, and to assist them in their choice of a subject for the Nineteenth World Health Assembly.

Two possible subjects were suggested in paragraph 3 of the document, namely (1) the place of nutrition in public health programmes, and (2) the collection and use of health statistics in national and local health services. They were intended merely as suggestions for subjects that could be discussed informally and freely by a group of public health administrators with the other participants, in particular with the representatives of intergovernmental and non-governmental organizations, from the point of view of general interest. The Secretariat was ready to advise on any other suggestions members might wish to make.

¹ Resolution EB34.R10.
Professor ŽDANOV said that the organization of health services and the training of staff had rightly received a great deal of attention in the Organization's activities, much of it reflected in the technical discussions that had taken place. Moreover, communicable diseases and their control formed the Organization's main task, and technical discussions had already been held on tuberculosis, syphilis and the typhoid group of fevers. Certain other world medical problems had, however, received little attention. Among them were cardiovascular diseases and cancer, which held respectively first and second place as the chief cause of mortality in many developed and developing countries. Those problems were not reflected in the list of technical discussions that had taken place, although a whole series of new aspects, from both the scientific and the public health point of view, could well be discussed.

It would be useful to make an analysis and present a clear picture of the scientific view of the origin of cancer, which might well form a subject of technical discussion. The Organization was becoming increasingly concerned with scientific research, and such a discussion would stimulate research by the exchange of information to the benefit of all countries. Certain specific problems existed, such as the high incidence of cancer and leukaemia in India, or the question of virus diseases of a neoplastic nature in certain regions in Africa, which were of great importance for an evaluation of the fundamental problem of cancer. A scientific discussion of the kind envisaged would be of great importance for the dissemination of information on the nature of cancer and for the consolidation of results achieved in that field. There was good reason for the United Nations award of a special prize for research on cancer and for WHO's work in organizing and co-ordinating cancer research. He considered that more light could be thrown on the question by selecting it as a subject for technical discussion.
There was not only the purely scientific problem but also the practical aspects. Certain weapons already existed to combat cancer - surgical intervention, radiology and the use of antibiotics. Early diagnosis of cancer and leukaemia was of great importance for control, and was not merely a question of pure research. The dissemination of knowledge, for example on means of controlling carcinogenic substances in water, air and foodstuffs, was of great importance. Great progress had been made in that respect, and prizes had recently been awarded to a British and a Russian scientist for research in that field. Exchange of knowledge and experience among scientists would stimulate practical measures for a reduction of the suffering and mortality from the disease.

The subject could be discussed in its two aspects - as a scientific study on the one hand and as a study of measures for practical application on the other. He would of course have no objection to those aspects being dealt with as two separate subjects for technical discussion. He appealed to members to support his proposal.

Dr EL-BORAI supported Professor Ždanov's proposal. The subject of cancer was of paramount importance, and it was appropriate that a technical discussion on it should take place as soon as possible.

Sir George GODBER proposed as subject the control of gastro-intestinal infections, which were a major cause of premature death in developing countries.

Professor MUNTENDAM proposed the role of early detection in the control of chronic non-communicable diseases.
Professor GERIC supported Professor Zdanov's proposal.

The CHAIRMAN reminded members of the guidelines laid down in resolution WHA10.33, namely that the subject for discussions should be (a) of international interest, (b) of a general character suitable for group discussion by public health administrators, and (c) clearly defined.

Professor AUJALEU said that it was important to choose a subject in the discussion of which all Members of the Health Assembly could participate. He was not sure that the majority of delegations would have among them a member qualified to deal with the scientific problems of cancer, or even with problems of practical application, since most countries of the world were still only on the threshold of the campaign against cancer. Most European countries could no doubt include specialists on the subject in their delegations, but he had in mind the more distant countries for whom such representation would be difficult. He would therefore prefer a subject more accessible to the majority of Assembly Members.

Dr KAREFA-SMART agreed with Professor Aujaleu's remarks. Although he fully agreed also with Professor Zdanov concerning the importance of cancer, he considered that it could more appropriately be chosen as a subject for emphasis in connexion with World Health Day than as one for the technical discussions. Such a course would have the effect of stimulating interest in the subject in those countries that had hitherto not attached great importance to it.

He proposed that the subject selected should be the second one suggested by the Director-General in document EB34/18, namely, the collection and use of health statistics in national and local health services. Without such statistics the money
spent on public health could not be used to maximum advantage. The subject was one on which all Members could speak of their own experience and to which all public health administrators could contribute. It was very important for countries in which insufficient work was being done in health statistics to be made aware of the shortcomings in their planning that resulted from the lack of that essential base-work, while those countries with more advanced services would be able to fill in any gaps and at the same time have the satisfaction of putting their experience at the disposal of the developing countries. The subject fell into the pattern already set by previous discussions, which had generally been concerned not with the study of one single disease but rather with some general application or general principle of maximum assistance to all participating countries.

Sir George GODBER agreed with Professor Aujaleu concerning the subject proposed by Professor Zdanov. He would have thought it a subject that would be dealt with to a considerable extent in the discussions of the Regional Committee for Europe on pre-symptomatic diagnosis of disease. Cancer was a major problem everywhere as a cause of mortality, and the higher the average age attained in the individual country the greater the importance of the disease: the longer human mortality was delayed the greater were the chances of its being caused by cancer.

The reason for his proposing the gastro-intestinal infections as a subject was that they were one of the greatest causes of premature mortality in the developing countries - greater even than cancer or cardiovascular diseases.
Professor MUNTENDAM said that his country encountered great difficulty in organizing the early detection of chronic diseases such as cancer, cardiovascular diseases, and diabetes. Problems included the means of organization; whether to have full population surveys or to direct them at special population groups; whether to relate such surveys to one or more diseases; and the role of the general practitioner in such organization. Those questions were of such importance to the public health services that he considered the question worthy of inclusion as a subject for technical discussion.

Professor GERIC considered that cancer deserved very considerable attention even in developing countries, since with improvement in the health services, a higher standard of living, and greater life expectancy a higher incidence of cancer might be expected. In addition to the scientific aspect, there were many practical ones, and it was important not to wait for cancer to become as great a problem in the developing as it was in developed countries. He therefore supported Professor Ždanov's proposal.

Dr EVANG said that he would be in favour of the topic proposed by Professor Ždanov on condition that the scientific aspect was excluded from the discussion, since it could more appropriately be dealt with by an expert committee. The discussion of the problem should be rather from the practical and public health angle, and he would like it to include early detection. The title might therefore be: "The prevention and early detection of cancer".

He could not agree with those who considered that the problem was not yet one for the developing countries. The sooner cancer prevention could be included as part of the health services of those countries the more cheaply would they achieve results. The survivors in countries with a high early mortality often died from cancer at the very time when they should be beginning to pay back to that country what had been invested in them. In many countries cancer was the second in importance as a cause of death, after the first year of life.
He did not think that the topic coincided too closely with the one chosen by the Regional Committee for Europe.

Professor ŽDANOV accepted Dr Evang's proposal. Perhaps his remarks concerning research had worried some members of the Board, but it was, of course, the practical application that was important, and all efforts should be concentrated on the early detection and prophylaxis of cancer. Some speakers had considered it a subject for specialists, but he himself was not of that opinion. If attention was concentrated on the practical aspects, it was a problem of vital interest for all doctors, public health administrators and workers in the health services.

Dr ANDRIAMASY, with regard to the criteria that should determine the choice of subject, agreed with Professor Aujaleu and Dr Karefa-Smart that the topic should be of general interest. The previous year, when the Board had been discussing the choice of subject for technical discussions at the Eighteenth World Health Assembly, several speakers had stressed the need to choose a subject of interest to the developing countries: he had then pointed out that it was undesirable to give the technical discussions a bias of that kind and that they should be on a subject of universal interest. The subjects proposed by Professor Ždanov and Professor Muntendam - cancer and chronic non-communicable diseases - seemed difficult to accept for the same reason, namely that they were more interesting for some Member countries than for others, and he would therefore repeat his recommendation of the previous year (though in the opposite sense), namely, that the subject chosen should be of truly general interest.

Professor MUNTENDAM fully supported Dr Evang's compromise suggestion, and withdrew his own proposal regarding chronic non-communicable diseases.
Dr GUNARATNE said that the two subjects proposed in document EB34/18 - "The place of nutrition in public health programmes" and "The collection and use of health statistics in national and local health services" - were both of very wide interest. They were of particular interest to developing countries, and it should be remembered that new Members joining the Organization in the future were likely to belong to that category. The subject of nutrition was of particular importance to those countries, and he would prefer to see it chosen for the technical discussions.

Dr DALY felt that, despite the amendment to Professor Zdanov's proposal, and for the reasons given by Professor Aujaleu, it seemed somewhat premature to choose cancer as a subject for technical discussions at a World Health Assembly. He himself would prefer health statistics: the developing countries were trying to plan health services, although little attention had as yet been given to health statistics.

Dr ALAN agreed that all the subjects suggested were of great importance, but considered that the main criterion in the choice of subject should be its universality. Cancer was a very important problem, and much was being done at both national and international levels with regard to cancer research. It was, however, also a rather technical subject. He would prefer a more general subject, and therefore favoured "The collection and use of health statistics in national and local health services", a subject that seemed to be of great interest to all countries.
Dr AMOUZEGAR supported Professor Ždanov's proposal, since cancer was a problem of universal interest. Some members had expressed the fear that the subject might be too technical, but it should be remembered that the Board was choosing a subject for technical discussions. Moreover, there were many non-technical aspects of the problem - education of the public, for instance. He proposed a further amendment to the suggested title, so that the discussions should cover the epidemiological aspects of cancer, including such factors as air-pollution, diet, sunlight and food additives. The title might be amended to read "The epidemiology, prevention and early detection of cancer".

Professor ŽDANOV accepted the proposed amendment.

Dr EVANG also agreed that it was in line with his own thinking.

Dr DIN bin AHMAD, while appreciating that it was difficult to make a choice between the subjects that had been proposed, favoured the subject of health statistics for the reasons so ably put forward by Dr Karefa-Smart. The value of statistics was sometimes forgotten, and he felt that the selection of that subject for technical discussions would have a stimulating effect on many countries and would improve statistical methods and evaluation.

Dr LAYTON agreed that the choice was difficult. Professor Aujaleu's comments regarding the criteria that should guide the choice of subject for technical discussions were convincing. "The control of gastro-intestinal infections" was a good topic but, as Sir George Godber himself would agree, it was a diffuse one. Nutrition also was an interesting subject. Health statistics, however, was a subject of universal interest, and he therefore preferred it.
Dr SUBANDRIO agreed that the main consideration should be the universality of the subject - universality in the sense that health workers all over the world and delegates to the World Health Assembly should be able to make as large a contribution as possible to the discussions. "The collection and use of health statistics in national and local health services" was a most important subject - but perhaps it was not of such great interest to countries that already had well-established health services. Perhaps it would be possible for that topic to be discussed at a regional level - for example, in the African and South-East Asia Regions. Discussions on cancer were likewise being held in the European Region.

On the other hand, nutrition was a subject of vital importance to public health programmes in all countries, without the exclusion of one group in favour of another. Its universality could not be denied. The discussions could cover maternal and child health services, cardiovascular diseases (education of the public regarding the diet necessary to prevent arteriosclerosis) and eye disease control, and experts from FAO and UNICEF could take part.

Dr EL-BORAI pointed out that "The collection and use of health statistics in national and health services" was closely linked with the subject chosen for discussions at the Eighteenth World Health Assembly (health planning) and there might therefore seem to be repetition. Cancer, on the other hand, was a problem of universal interest, and he supported Professor Zdanov's proposal as amended by Dr Evang.
Dr FAUCHER stressed the importance of nutrition all over the world, particularly in developing countries. Malnutrition was a cause of mortality in many countries.

Dr DOLO supported the proposal regarding health statistics: it was a good subject, and met all the criteria that should determine the choice of subject for technical discussions.

Dr PRIETO felt that the question of nutrition was of supreme importance, and that further study was needed to clarify the functions of the public health services and of industry in solving problems of nutrition.

The CHAIRMAN consulted the Board as to its preference of subject.

It appeared that eleven members preferred "The collection and use of health statistics in national and local health services"; six preferred "The epidemiology, prevention and early detection of cancer"; and five preferred "The place of nutrition in public health programmes". The proposal for discussions on "The control of gastro-intestinal infections" was withdrawn.

He requested the Deputy Director-General to present a suitable draft resolution embodying the decision of the Board.

The DEPUTY DIRECTOR-GENERAL accordingly submitted the following text:

The Executive Board,

Having considered the report of the Director-General on the question of technical discussions at the Nineteenth World Health Assembly; and

Taking into account resolution WHA10.33, paragraph (3), of the Tenth World Health Assembly on technical discussions at future World Health Assemblies,
SELECTS "The collection and use of health statistics in national and local health services" as the subject for technical discussions to be held at the Nineteenth World Health Assembly.

**Decision:** The draft resolution was adopted.¹

Professor ZDANOV proposed that the Board request the Director-General to include among the suggestions for possible subjects for future technical discussions, firstly "The epidemiology, prevention and early detection of cancer", and, secondly, "The place of nutrition in public health programmes".

It was so agreed.

4. PARTICIPATION OF WHO IN A WORLD RESEARCH AGENCY FOR CANCER: Item 3.7 of the Agenda (Document EB34/21)

The DEPUTY DIRECTOR-GENERAL introduced document EB34/21. The document submitted to the Seventeenth World Health Assembly by the delegations of the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland, and the United States of America was reproduced in Annex I; resolution WHA17.49, which had subsequently been adopted by the Assembly, was reproduced in Annex II. The resolution authorized the Director-General to enter into discussions with the countries concerned with a view to the establishment and operation of a World Research Agency for Cancer, and requested him to report on the progress of those discussions at the forthcoming sessions of the Executive Board and the World Health Assembly. Pursuant to that resolution, the Director-General had communicated its contents to the five interested governments, drawing their attention particularly to

¹ Resolution EB34.R11.
operative paragraph 1, which authorized him to enter into discussions. The Director-General had since been notified informally by the Government of France of the intention to convene in the near future a conference at the diplomatic level, to which he would be invited. The date of the conference had not yet been fixed, but it was hoped that the Director-General would be in a position to submit more precise information to the next session of the Board.

Professor MUNTENDAM asked whether it would be possible to have more information on the subject. He had received communications giving the impression that it was open to other countries to join the initiative of the five who had proposed the establishment of a World Research Agency for Cancer. On the other hand, during the Seventeenth World Health Assembly he had understood that other countries should not take any initiative at the moment, but wait until the Director-General reported on further developments.

Dr KAREFA-SMART wondered whether the word "participation" in the title of the draft resolution was not premature. There had been a proposal for the establishment of a World Research Agency for Cancer, and it had been vaguely suggested that WHO might be invited to participate in the discussions. It might be possible to avoid unnecessary commitments at the present stage by changing the wording of the title to read "Proposal for a World Research Agency for Cancer".

The DEPUTY DIRECTOR-GENERAL explained that the wording of the title of the draft resolution was the same as the title of resolution WHA17.49; it was more convenient for reference and record purposes to maintain the same title.
In reply to the query raised by Professor Muntendam, the Director-General was not in a position to give further information. The proposal for the establishment of a World Research Agency for Cancer had been made by five countries at government level, and WHO had merely been invited as an observer. Information could therefore be supplied only by the governments concerned.

Dr EVANG said that the situation at the Seventeenth World Health Assembly had been rather confused because the initiative of the five Member States concerned had been unexpected, their meeting on the subject having taken place only shortly before the Health Assembly.

He suggested that the Board should not adopt a formal resolution on the matter at the present stage. It was his personal hope that the matter of cancer research, which was indeed a world health problem, could be handled within the framework of the World Health Organization. It seemed a strange procedure for health matters to be dealt with through diplomatic channels. In his opinion, therefore, it would be preferable to await a further report on the subject at the thirty-fifth session of the Executive Board in the hope that, in the meantime, the procedure would be normalized.

With regard to the financial commitments on the part of the five countries concerned, he expressed some fear that such commitments might not be in the interest of the work of WHO; one of the countries which had committed itself towards the proposed cancer research agency had voted against an increase in the WHO budget at the Seventeenth World Health Assembly on the grounds that public health commitments were too heavy.
Furthermore, it should not be forgotten that WHO was also, on the initiative of its Director-General, discussing the establishment of a general World Health Research Centre, of whose programme cancer research would no doubt be a very important part.

Professor AUJALEU thought that the present discussion might better have taken place at the World Health Assembly, when the resolution attached to document EB34/21 had been voted.

The Director-General had been unable to provide more precise information in his report to the Board because there had been no change in the situation since the distribution at the Seventeenth World Health Assembly of the document by the five delegations concerned with the proposal for a cancer research agency. The French Government had, however, contacted the governments of the other countries in an endeavour to take the problem a stage further by the convening of a diplomatic conference rather than one of public health experts, to attempt to draw up an international agreement.

In reply to Professor Muntendam, he would say that membership was open to other Member States: no doubt the matter would be discussed at the diplomatic conference, at which time the hope would probably be expressed that other Members should join.

With regard to the initiative not being in the interests of WHO, the Director-General of the Organization had been constantly associated with the matter and had received all the documentation which the experts of the five governments had discussed. He would also be invited to take part in the diplomatic conference. It would be seen that there were no secrets. The Board had sufficient confidence in the Director-General to rest assured that he would defend the interests of the Organization if at any time they were threatened.
Professor ZDANOV commented that reference had been made to defending the interests of the World Health Organization in connexion with the establishment of a World Research Agency for Cancer which had not even been created as yet. It was perhaps the fact that neither the statutes of the proposed centre nor its relations with WHO were clearly defined that gave rise to apprehension. The International Committee of the Red Cross was of course an example of an entirely independent organization with which the World Health Organization had close relations, but there appeared to be very little definite information available and it therefore seemed premature for the Board to take a decision on the subject, further to the action already taken by the Health Assembly.

In his opinion the best course was for the study of the matter to be continued, the Director-General reporting on the subject to a subsequent session of the Executive Board, and taking into account the comments made at the present meeting as well as during the discussions on the subject at the Seventeenth World Health Assembly. When further information was available, the Board would be in a position to ascertain whether the interests and work of WHO were threatened and what its relationship would be with the proposed centre.

The CHAIRMAN pointed out that the meeting should not anticipate the views of the thirty-fifth session of the Executive Board.
Sir George GODBER expressed the same view, adding in confirmation of the remarks made by Professor Aujaleu that the representatives of the five countries concerned had been at great pains to ensure that the whole matter was placed before the Seventeenth World Health Assembly. Now that the attendance of the Director-General at any future conference on the subject had been authorized, he proposed that studies be continued and the Director-General be requested to report to the thirty-fifth session of the Board.

It was so agreed.

5. ALLOTMENTS ISSUED BY THE DIRECTOR-GENERAL AS AT 30 APRIL 1964: Item 4.2 of the Agenda (Document EB34/12)

Mr SIEGEL, Assistant Director-General, introduced the report contained in document EB34/12. He recalled that it was customary for the Director-General to report to the mid-year session of the Board on the individual allotments issued under the regular budget, the Expanded Programme of Technical Assistance, and the Voluntary Fund for Health Promotion. Document EB34/12 gave the situation as at 30 April 1964.

In the absence of comment the CHAIRMAN proposed the following draft resolution:

The Executive Board

NOTES the report of the Director-General on the allotments issued under the regular budget, the Expanded Programme of Technical Assistance and the Voluntary Fund for Health Promotion, as at 30 April 1964.

Decision: The draft resolution was adopted.1

1 Resolution EB34.R12.
6. DUTY TRAVEL - METHODS OF CONTROL, REGULATIONS AND PROCEDURES: REPORT BY THE DIRECTOR-GENERAL: Item 4.3 of the Agenda (Official Records No. 133, Chapter IV, paras. 116 and 117; Documents EB34/16 and Corr.1)

Mr SIEGEL, Assistant Director-General, introducing document EB34/16, summarized its contents and explained that, in accordance with the recommendations of the working party at the thirty-third session of the Executive Board, the Director-General had been required to provide a description of the internal methods of control followed by the Organization in authorizing duty travel and the travel regulations and procedures governing such travel. The Board had asked for such a report to be submitted to its thirty-fourth session, at which time a decision was to be taken on the establishment of a working party if that was found to be the most practicable. Document EB34/16 outlined in section 2 the budgetary controls made; and section 3 gave details of the administrative controls and procedures, specifying that all official travel must be authorized in advance by the responsible official, i.e., the Director-General, the Deputy Director-General, the Assistant Director-General or the Regional Director concerned, who had to satisfy himself that the proposed travel was in accordance with the travel plans and was properly justified.

He believed that the Board's request had been complied with, and he would be glad to answer any further questions that might arise.

Dr LAYTON, speaking as the member of the Standing Committee on Administration and Finance who at the Board's session in January 1964 had raised the matter, expressed his appreciation and gratitude to the Director-General for document EB34/16, which was most informative. By and large he felt that it had been a useful exercise, particularly since the credits for duty

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travel accounted for a substantial part of the budget. He did not wish to pursue
the matter at the present time, but reserved the right to revert to the matter in
the future should he consider it necessary to ask any further questions in connexion
with duty travel.

Dr EVANG associated himself with the remarks just made and thanked the
Secretariat for the informative paper produced. He was fully satisfied that the
necessary controls were being applied, but agreed with Dr Layton that, while it
was not necessary to continue consideration of the subject at present, it might be
desirable to return to it on a later occasion.

Speaking as an administrator, he expressed some concern at the fact that travel
estimates were drawn up some eighteen months in advance; he hoped that a certain
amount of flexibility was maintained.

He had prepared a resolution on the subject which he would pass up to the
Chairman.

Professor AUJALEU also congratulated the Secretariat on the excellence of the
document. Personally, he had never had any doubts as to the correctness of the
procedures followed. The point was essentially to ascertain that each journey was
opportune and whether any savings could be made on the cost of duty travel as a
whole. The Board could express the hope that particular attention would be given to
ensuring that duty travel was thoroughly justified; its members all knew that they
could have full confidence in the Director-General and his staff in that respect.
Mr ZOHRAB, alternate to Dr Turbott, also expressed appreciation of the most valuable information which the Director-General had provided and fully agreed with Dr Layton that it had been a most worthwhile exercise.

Professor GERIĆ also referred to the clarity of the document and agreed that no one had had any doubts as to the correctness of the procedures followed. References were made at each Health Assembly to the amounts spent on duty travel, and a particular effort should be made to ensure that travel was restricted to the minimum that would ensure the success of the projects being carried out, and that where possible more economical means of communication were used. He very much appreciated the efforts of the Director-General in that respect and hoped that they would continue.

Professor ŽDANOV felt that document EB34/16 provided clear answers concerning the procedure for and the authorization of duty travel. With regard to the effectiveness of the missions he wondered whether it might not be worth while in the future for an evaluation to be made of the reports of officials returning from duty travel, to ensure that there was no duplication. He fully supported the comments made by Professor Gerić. The constant aim should be to improve the methods of work of the Organization.

Dr KAREFA-SMART congratulated the Director-General on the praise voiced in connexion with his report in document EB34/16. Speaking personally, he could not see how any Member of the Organization who had studied in detail the documents concerned - which were available to all members of the Executive Board and to Assembly delegations - could raise any valid questions concerning duty travel.
The only criticism that could be made was that there were too few visits of headquarters and regional office staff to countries. Developing countries hoped for more visits not only from advisers but also from senior headquarters staff, who were able by their very presence to do what could not be done on paper: help the governments concerned to obtain all possible assistance from the Organization in planning their health services. Perhaps those members of the Board who were from highly developed countries were not fully aware of the fact that even high-level staff in the developing countries did not always know how WHO could help them with their problems. In congratulating the Director-General, therefore, he stressed that duty travel was a valid function of the Organization, and encouraged him to increase rather than decrease it.

Since the document before the meeting contained all the answers to the questions raised, there appeared to be no need for the establishment of a working party.

Dr AILAN also thanked the Director-General for his valuable document and for his efforts to meet the desires of the Board. He also associated himself with the views expressed by Professor Ždanov and Professor Geric concerning the reduction in the number of journeys in view of the considerable sums involved. He did not wish, however, to minimize the value of duty travel, which was often extremely useful for national public health administrations. As Professor Aujaleu had pointed out, however, the justification of all travel should be carefully weighed beforehand.

He also agreed with Professor Ždanov's point concerning an evaluation of missions by means of reports. He knew the Director-General would make every endeavour to limit duty travel as much as possible in future.
The CHAIRMAN said that it was his experience that the evaluation of missions lay in the hands of the Member States themselves, who could inform the Organization after missions had been carried out whether or not they had proved useful. He then read out the following draft resolution, proposed by Dr Evang:

The Executive Board,

Having considered the report of the Director-General on the budgetary, financial and administrative controls of duty travel, submitted in response to the request of the Board at its thirty-third session;

Noting the detailed examination to which individual requests for duty travel are subjected before they are included in the annual programme and budget estimates; and

Noting further the procedures governing the authorization of duty travel and the strict administrative controls exercised in this connexion,

CONSIDERS that the procedures and the budgetary, financial and administrative controls governing duty travel are satisfactory.

Decision: The draft resolution was adopted.¹

7. PROGRAMME REVIEW - VENERAL DISEASES AND TREPONEMATOSES: Item 3.5 of the Agenda (Document EB34/11)

The CHAIRMAN, further to the discussion in connexion with the adoption of the agenda at the Board's first meeting, said that a decision had to be reached at that juncture as to whether or not the subject would be discussed at the thirty-fourth session of the Board.

On the proposal of Dr EVANG, it was agreed that item 3.5 of the Agenda should be discussed at the current session.

¹ Resolution EB34.R13.
8. DATE AND PLACE OF THE EIGHTEENTH WORLD HEALTH ASSEMBLY: Item 5.1 of the Agenda

Mr SIEGEL, Assistant Director-General, said that it had been hoped that the Eighteenth World Health Assembly would be able to open on 11 May 1965. The ILO Conference was, however, due to begin on 2 June 1965, so that the most practical date would be 4 May 1965. The assurance of the United Nations had been received that the facilities of the Palais des Nations would be available during the required period of time.

In the absence of comment, the DEPUTY DIRECTOR-GENERAL read the following draft resolution:

The Executive Board,

Having noted resolution WHA17.28 on the place of the Eighteenth World Health Assembly; and

Considering the provisions of Articles 14 and 15 of the Constitution,

DECIDES

(1) that the Eighteenth World Health Assembly shall be held in the Palais des Nations, Geneva; and

(2) that, subject to consultation with the Secretary-General of the United Nations, this Assembly shall start on Tuesday, 4 May 1965.

Decision: The draft resolution was adopted.¹

9. DATE AND PLACE OF THE THIRTY-FIFTH SESSION OF THE EXECUTIVE BOARD: Item 5.2 of the Agenda

Mr SIEGEL, Assistant Director-General, explained that it was customary for the Standing Committee on Administration and Finance to meet one week before the session of the Executive Board. It was therefore suggested that the Standing Committee meet on Monday, 11 January 1965, the thirty-fifth session of the Executive Board opening on Tuesday, 19 January 1965.

¹ Resolution WHA17.28
There being no comment, the DEPUTY DIRECTOR-GENERAL read the following draft resolution:

The Executive Board

1. DECIDES to hold its thirty-fifth session in the Palais des Nations, Geneva, commencing on Tuesday, 19 January 1965;

2. DECIDES that its Standing Committee on Administration and Finance shall meet in the same place, commencing on Monday, 11 January 1965; and

3. INVITES those members of the Board who are not members of the Standing Committee, and who may wish to do so, to attend the meetings of this Committee for the purpose of following its deliberations.

Decision: The draft resolution was adopted.¹

10. ANNOUNCEMENT

The CHAIRMAN said that with deep sorrow he must announce that the Prime Minister of the Republic of India, Mr Nehru, had died that morning at 10 o'clock.

The Board stood in silence for one minute.

The meeting rose at 12.25 p.m.

¹ Resolution EB34.R15.
PROVISIONAL MINUTES OF THE THIRD MEETING

Palais des Nations, Geneva

Wednesday, 27 May 1964, at 9:30 a.m.

CHAIRMAN: Dr H. B. TURBOTT

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Note: Corrections to these provisional minutes should reach the Chief Editor,
Official Records, World Health Organization, Palais des Nations, Geneva,
Switzerland, before 10 July 1964.
Third Meeting

Wednesday, 27 May 1964, at 9.30 a.m.

Present

Dr H. B. TURBOTT, Chairman
Dr T. ALAN, Vice-Chairman
Dr J. KAREFA-SMART, Vice-Chairman
Dr Hurustiati SUBANDRIO, Rapporteur
Dr A. DALY, Rapporteur
Dr J. AMOUZEGAR
Dr A. C. ANDRIAMASY
Professor E. J. AUJALEU
Dr A. K. EL BORAI
Dr M. DIN BIN AHMAD
Dr S. DOLO
Dr A. ESCOBAR BALLESTAS
Dr K. EVANG
Dr L. FAUCHER
Professor R. GERIC
Sir George GODBER
Dr V. T. Herat GUNARATNE
Dr B. D. B. LAYTON
Professor P. MUNTENDAM
Dr C. L. PRIETO

Designating Country

New Zealand
Turkey
Sierra Leone
Indonesia
Tunisia
Iran
Madagascar
France
Kuwait
Malaysia
Mali
Colombia
Norway
Haiti
Yugoslavia
United Kingdom of Great Britain and Northern Ireland
Ceylon
Canada
Netherlands
Paraguay
Present

Dr S. P. TCHOUNGUI
Dr T. VIANNA
Professor V. M. ŻDANOV

Designating Country
Cameroon
Brazil
Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

Representatives of Intergovernmental Organizations

United Nations Children's Fund
League of Arab States

Representatives of Non-governmental Organizations

International Committee of the Red Cross
International Dental Federation
International Hospital Federation
International Society of Blood Transfusion
International Society for Rehabilitation of the Disabled
International Union for Child Welfare
International Union of Pure and Applied Chemistry
League of Red Cross Societies
Medical Women's International Association
World Federation for Mental Health
World Medical Association

Sir Herbert BROADLEY
Dr A. T. SHOUSHA
Mr F. de REYNOLD
Dr C. L. BOUVIER
Mr E. FAUCON
Professor R. FISCHER
Miss A. E. MOSER
Miss A. E. MOSER
Dr R. MORF
Dr Z. S. HANTCHEF
Dr Renée VOLUTER DE LORIOL
Dr Anne AUDÉOUD-NAVILLE
Dr J. MAYSTRE
1. REPORT ON EXPERT COMMITTEE MEETINGS: Item 3.3 of the Agenda (Document EB34/13) (continued)

2.10 Expert Committee on Insecticides: Application and Dispersal of Pesticides
2.11 Sub-Committee on Non-Proprietary Names of the Expert Committee on Specifications for Pharmaceutical Preparations
2.12 Joint Meeting of the FAO Committee on Pesticides in Agriculture and the WHO Expert Committee on Pesticide Residues (Evaluation of the Toxicity of Pesticide Residues in Food)
2.13 Joint FAO/WHO Expert Committee on Brucellosis

There were no comments on the above reports.

Dr DALY, Rapporteur, read out the following draft resolution:

The Executive Board,

Having considered the report of the Director-General on expert committee meetings,

1. NOTES the report of the Director-General; and

2. THANKS those members of the expert advisory panels who have taken part in these meetings.

Decision: The draft resolution was adopted.

2. ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC DRUGS: Item 3.4 of the Agenda (Document EB34/5)

The DEPUTY DIRECTOR-GENERAL said that the item was one that recurred annually on the Board's agenda. Document EB34/5 gave information on the drugs on which the Director-General had taken decisions concerning their status under international control. The report covered the period between the Board's thirty-second session and the present, and it concerned four substances, two of which had been found sufficiently dangerous to warrant international control. Such control had not been considered necessary in the case of the other two substances. The Secretariat was at the Board's disposal for any additional information it might wish.
Dr SUBANDRIO, Rapporteur, read out the following draft resolution:

The Executive Board

NOTES the action taken by the Director-General upon receipt of appropriate expert advice, and in compliance with resolution WHA7.6, with regard to a notification forwarded to the Secretary-General of the United Nations.

Decision: The draft resolution was adopted.

3. TECHNICAL DISCUSSIONS: Item 3.6 of the Agenda

Appointment of General Chairman of the technical discussions to be held at the Eighteenth World Health Assembly: Item 3.6.1 of the Agenda (Document EB34/4)

The DEPUTY DIRECTOR-GENERAL said that, as members were aware, resolution WHA10.33 required the Board, at its session following the World Health Assembly, to appoint a General Chairman of the technical discussions, to be nominated by the President of the Health Assembly.

On 19 March 1964 the President of the Seventeenth World Health Assembly had addressed a communication to the Chairman of the Executive Board nominating Dr Karl Evang. Attached to document EB34/4 was the curriculum vitae of Dr Evang, who was well known to all members. A draft resolution was contained in document EB34/4, which read as follows:

The Executive Board,

Considering resolution WHA10.33; and

Having received the communication from the President of the Seventeenth World Health Assembly nominating Dr Karl Evang as General Chairman of the technical discussions at the Eighteenth World Health Assembly,

1. APPROVES this nomination; and

2. REQUESTS the Director-General to invite Dr Karl Evang to accept this appointment.
Dr ANDRIAMASY said that Dr Evang was well known for his clear mind, his instructive statements and his wide knowledge of health problems, which would well qualify him to serve as General Chairman of the technical discussions.

Professor ŽDANOV expressed his satisfaction at the nomination of Dr Evang, whose knowledge and authority at the international level, together with his personal qualities, made him uniquely fitted for the office.

**Decision:** The draft resolution was adopted.

*Selection of a subject for the technical discussions at the Nineteenth World Health Assembly: Item 3.6.2 of the Agenda (Document EB34/18)*

The DEPUTY DIRECTOR-GENERAL drew attention to paragraph (3) of resolution WHA10.33, which stated that the selection of the subject for the technical discussions should be made two years in advance by the Executive Board at its session immediately after the World Health Assembly. Document EB34/18 had been drawn up to remind members of the subjects that had been chosen for the technical discussions since their inception at the Fourth World Health Assembly, and to assist them in their choice of a subject for the Nineteenth World Health Assembly.

Two possible subjects were suggested in paragraph 3 of the document, namely (1) the place of nutrition in public health programmes, and (2) the collection and use of health statistics in national and local health services. They were intended merely as suggestions for subjects that could be discussed informally and freely by a group of public health administrators with the other participants, in particular with the representatives of intergovernmental and non-governmental organizations, from the point of view of general interest. The Secretariat was ready to advise on any other suggestions members might wish to make.
Professor ŽDANOV said that the organization of health services and the training of staff had rightly received a great deal of attention in the Organization's activities, much of it reflected in the technical discussions that had taken place. Moreover, communicable diseases and their control formed the Organization's main task, and technical discussions had already been held on tuberculosis, syphilis and the typhoid group of fevers. Certain other world medical problems had, however, received little attention. Among them were cardiovascular diseases and cancer, which held respectively first and second place as the chief cause of mortality in many developed and developing countries. Those problems were not reflected in the list of technical discussions that had taken place, although a whole series of new aspects, from both the scientific and the public health point of view, could well be discussed.

It would be useful to make an analysis and present a clear picture of the scientific view of the origin of cancer, which might well form a subject of technical discussion. The Organization was becoming increasingly concerned with scientific research, and such a discussion would stimulate research by the exchange of information to the benefit of all countries. Certain specific problems existed, such as the high incidence of cancer and leukaemia in India, or the question of virus diseases of a neoplastic nature in certain regions in Africa, which were of great importance for an evaluation of the fundamental problem of cancer. A scientific discussion of the kind envisaged would be of great importance for the dissemination of information on the nature of cancer and for the consolidation of results achieved in that field. There was good reason for the United Nations award of a special prize for research on cancer and for WHO's work in organizing and co-ordinating cancer research. He considered that more light could be thrown on the question by selecting it as a subject for technical discussion.
There was not only the purely scientific problem but also the practical aspects. Certain weapons already existed to combat cancer - surgical intervention, radiology and the use of antibiotics. Early diagnosis of cancer and leukaemia was of great importance for control, and was not merely a question of pure research. The dissemination of knowledge, for example on means of controlling carcinogenic substances in water, air and foodstuffs was of great importance. Great progress had been made in that respect, and prizes had recently been awarded to a British and a Russian scientist for research in that field. Exchange of knowledge and experience among scientists would stimulate practical measures for a reduction of the suffering and mortality from the disease.

The subject could be discussed in its two aspects - as a scientific study on the one hand and as a study of measures for practical application on the other. He would of course have no objection to those aspects being dealt with as two separate subjects for technical discussion. He appealed to members to support his proposal.

Dr EL BORAI supported Professor Zdanov's proposal. The subject of cancer was of paramount importance, and it was appropriate that a technical discussion on it should take place as soon as possible.

The CHAIRMAN invited members to put forward any further proposals they might wish to make.

Sir George GODBER proposed as subject the control of gastro-intestinal infections, which were a major cause of premature death in developing countries.

Professor MUNTENDAM proposed the role of early detection in the control of chronic non-communicable diseases.
Professor GERIC supported Professor Ždanov's proposal.

The CHAIRMAN reminded members of the guidelines laid down in resolution WHA10.33, namely that the subject for discussions should be (a) of international interest, (b) of a general character suitable for group discussion by public health administrators, and (c) clearly defined.

Professor AUJALEU said that it was important to choose a subject in the discussion of which all Members of the Health Assembly could participate, and he was not sure that the majority of delegations would have among them a member qualified to deal with the scientific problems of cancer, or even with problems of practical application, since most countries of the world were still only on the threshold of the campaign against cancer. Most European countries could no doubt include specialists on the subject in their delegations, but he had in mind the more distant countries for whom such representation would be difficult. He would therefore prefer a subject more accessible to the majority of Assembly Members.

Dr KAREFA-SMART agreed with Professor Aujaleu's remarks. Although he fully agreed also with Professor Ždanov concerning the importance of cancer, he considered that it could more appropriately be chosen as a subject for emphasis in connexion with World Health Day than as one for the technical discussions. Such a course would have the effect of stimulating interest in the subject in those countries that had hitherto not attached great importance to it.

He proposed that the subject selected should be the second one suggested by the Director-General in document EB34/18, namely, the collection and use of health statistics in national and local health services. Without such statistics the money
spent on public health could not be used to maximum advantage. The subject was one on which all Members could speak of their own experience and to which all public health administrators could contribute. It was very important for countries in which insufficient work was being done in health statistics to be made aware of the shortcomings in their planning that resulted from the lack of that essential base-work, while those countries with more advanced services would be able to fill in any gaps and at the same time have the satisfaction of putting their experience at the disposal of the developing countries. The subject fell into the pattern already set by previous discussions, which had generally been concerned not with the study of one single disease but rather with some general application or general principle of maximum assistance to all participating countries.

Sir George GODBER agreed with Professor Aujaleu concerning the subject proposed by Professor Ždanov. He would have thought it a subject that would be dealt with to a considerable extent in the discussions of the Regional Committee for Europe on pre-symptomatic diagnosis of disease. Cancer was a major problem everywhere as a cause of mortality, and the higher the average age attained in the individual country the greater the importance of the disease: the longer human mortality was delayed the greater were the chances of its being caused by cancer.

The reason for his proposing the gastro-intestinal infections as a subject was that they were one of the greatest causes of premature mortality in the developing countries - greater even than cancer or cardiovascular diseases.
Professor MUNTENDAM said that his country encountered great difficulty in organizing the early detection of chronic diseases such as cancer, cardiovascular diseases and diabetes. Problems included the means of organization; whether to have full population surveys or to direct them at special population groups; whether to relate such surveys to one or more diseases; and the role of the general practitioner in such organization. Those questions were of such importance to the public health services that he considered the question worthy of inclusion as a subject for technical discussion.

Professor GERIČ considered that cancer deserved very considerable attention even in developing countries, since with improvement in the health services, a higher standard of living, and greater life expectancy a higher incidence of cancer might be expected. In addition to the scientific aspect, there were many practical ones, and it was important not to wait for cancer to become as great a problem in the developing as it was in developed countries. He therefore supported Professor Ždanov's proposal.

Dr EVANG said that he would be in favour of the topic proposed by Professor Ždanov on condition that the scientific aspect was excluded from the discussion, since it could more appropriately be dealt with by an expert committee. The discussion of the problem should be rather from the practical and public health angle, and he would like it to include early detection. The title might therefore be: "The prevention and early detection of cancer".

He could not agree with those who considered that the problem was not yet one for the developing countries. The sooner cancer prevention could be included as part of the health services of those countries the more cheaply would they achieve results. The survivors in countries with a high early mortality often died from cancer at the very time when they should be beginning to pay back to that country what had been invested in them. In many countries cancer was the second in importance as a cause of death, after the first year of life.
He did not think that the topic coincided too closely with the one chosen by the Regional Committee for Europe.

Professor ZDANOV accepted Dr Evang's proposal. Perhaps his remarks concerning research had worried some members of the Board, but it was, of course, the practical application that was important, and all efforts should be concentrated on the early detection and prophylaxis of cancer. Some speakers had considered it a subject for specialists, but he himself was not of that opinion. If attention was concentrated on the practical aspects, it was a problem of vital interest for all doctors, public health administrators and workers in the health services.

Dr ANDRIAMASY, with regard to the criteria that should determine the choice of subject, agreed with Professor Aujaleu and Dr Karefa-Smart that the topic should be of general interest. The previous year, when the Board had been discussing the choice of subject for technical discussions at the Eighteenth World Health Assembly, several speakers had stressed the need to choose a subject of interest to the developing countries: he had then pointed out that that argument was not altogether valid, and that the technical discussions should be on a subject of universal interest. The subjects proposed by Professor Zdanov and Professor Muntendam - cancer, and chronic non-communicable diseases - seemed to be of somewhat limited interest to the developing countries, and he would therefore repeat his recommendation of the previous year (though in the opposite sense), namely, that the subject chosen should be of truly general interest.

Professor MUNTENDAM fully supported Dr Evang's compromise suggestion, and withdrew his own proposal regarding chronic non-communicable diseases.
Dr GUNARATNE said that the two subjects proposed in document EB34/18 - "The place of nutrition in public health programmes" and "The collection and use of health statistics in national and local health services" - were both of very wide interest. They were of particular interest to developing countries, and it should be remembered that new Members joining the Organization in the future were likely to belong to that category. The subject of nutrition was of particular importance to those countries, and he would prefer to see it chosen for the technical discussions.

Dr DALY felt that, despite the amendment to Professor Ždanov's proposal, and for the reasons given by Professor Aujaleu, it seemed somewhat premature to choose cancer as a subject for technical discussions at a World Health Assembly. He himself would prefer health statistics: the developing countries were trying to plan health services, although little attention had as yet been given to health statistics.

Dr ALAN agreed that all the subjects suggested were of great importance, but considered that the main criterion in the choice of subject should be its universality. Cancer was a very important problem, and much was being done at both national and international levels with regard to cancer research. It was, however, also a rather technical subject. He would prefer a more general subject, and therefore favoured "The collection and use of health statistics in national and local health services", a subject that seemed to be of great interest to all countries.
Dr AMOUZEGAR supported Professor Zdanov’s proposal, since cancer was a problem of universal interest. Some members had expressed the fear that the subject might be too technical, but it should be remembered that the Board was choosing a subject for technical discussions. Moreover, there were many non-technical aspects of the problem - education of the public, for instance. He proposed a further amendment to the suggested title, so that the discussions should cover the epidemiological aspects of cancer, including such factors as air-pollution, diet, sunlight and food additives. The title might be amended to read "The epidemiology, prevention and early detection of cancer".

Professor ZDANOV accepted the proposed amendment.

Dr EVANG also agreed that it was in line with his own thinking.

Dr DIN BIN AHMAD, while appreciating that it was difficult to make a choice between the subjects that had been proposed, favoured the subject of health statistics for the reasons so ably put forward by Dr Karefa-Smart. The value of statistics was sometimes forgotten, and he felt that the selection of that subject for technical discussions would have a stimulating effect on many countries and would improve statistical methods and evaluation.

Dr LAYTON agreed that the choice was difficult. Professor Aujaleu’s comments regarding the criteria that should guide the choice of subject for technical discussions were convincing. "The control of gastro-intestinal infections" was a good topic but, as Sir George Godber himself would agree, it was a diffuse one. Nutrition also was an interesting subject. Health statistics, however, was a subject of universal interest, and he therefore preferred it.
Dr SUEANDRIO agreed that the main consideration should be the universality of the subject - universality in the sense that health workers all over the world and delegates to the World Health Assembly should be able to make as large a contribution as possible to the discussions. "The collection and use of health statistics in national and local health services" was a most important subject - but perhaps it was not of such great interest to countries that already had well-established health services. Perhaps it would be possible for that topic to be discussed at a regional level - for example, in the African and South-East Asia Regions. Discussions on cancer were likewise being held in the European Region.

On the other hand, nutrition was a subject of vital importance to public health programmes in all countries, without the exclusion of one group in favour of another. Its universality could not be denied. The discussions could cover maternal and child health services, cardiovascular diseases (education of the public regarding the diet necessary to prevent arteriosclerosis) and eye disease control, and experts from FAO and UNICEF could take part.

Dr EL BORAI pointed out that "The collection and use of health statistics in national and health services" was closely linked with the subject chosen for discussions at the Eighteenth World Health Assembly (health planning) and there might therefore seem to be repetition. Cancer, on the other hand, was a problem of universal interest, and he supported Professor Ždanov's proposal as amended by Dr Evang.
Dr FAUCHER stressed the importance of nutrition all over the world, particularly in developing countries. Malnutrition was a cause of mortality in many countries.

The CHAIRMAN took the opportunity of welcoming Dr Faucher, who had been unable to be present at the first meeting.

Dr DOLO supported the proposal regarding health statistics: it was a good subject, and met all the criteria that should determine the choice of subject for technical discussions.

Dr PRIETO felt that the question of nutrition was of supreme importance, and that further study was needed to clarify the functions of the public health services and of industry in solving problems of nutrition.

The CHAIRMAN consulted the Board as to its preference of subject.

It appeared that eleven members preferred "The collection and use of health statistics in national and local health services"; six preferred "The epidemiology, prevention and early detection of cancer"; and five preferred "The place of nutrition in public health programmes". The proposal for discussions on "The control of gastro-intestinal infections" was withdrawn.

It was agreed to embody the wishes of the Board in a resolution.

The DEPUTY DIRECTOR-GENERAL accordingly submitted the following draft resolution for the Board's consideration:

The Executive Board,

Having considered the report of the Director-General on the question of technical discussions at the Nineteenth World Health Assembly; and
Taking into account resolution WHA10.33, paragraph (3), of the Tenth World Health Assembly on technical discussions at future World Health Assemblies,

SELECTS "The collection and use of health statistics in national and local health services" as the subject for technical discussions to be held at the Nineteenth World Health Assembly.

Decision: The draft resolution was adopted.

Professor ZDANOV proposed that the Board request the Director-General to include among the suggestions for possible subjects for future technical discussions, firstly "The epidemiology, prevention and early detection of cancer", and, secondly, "The place of nutrition in public health programmes".

It was so agreed.

4. PARTICIPATION OF WHO IN A WORLD RESEARCH AGENCY FOR CANCER: Item 3.7 of the Agenda (Document EB34/21)

The DEPUTY DIRECTOR-GENERAL introduced document EB34/21. The document submitted to the Seventeenth World Health Assembly by the delegations of the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland, and the United States of America was reproduced in Annex I; resolution WHA17.49, which had subsequently been adopted by the Assembly, was reproduced in Annex II. The resolution authorized the Director-General to enter into discussions with the countries concerned with a view to the establishment and operation of a World Research Agency for Cancer, and requested him to report on the progress of those discussions at the forthcoming sessions of the Executive Board and the World Health Assembly. Pursuant to that resolution, the Director-General had communicated its contents to the five interested governments, drawing their attention particularly to
operative paragraph 1, which authorized him to enter into discussions. The Director-General had since been notified informally by the Government of France of the intention to convene in the near future a conference at the diplomatic level, to which he would be invited. The date of the conference had not yet been fixed, but it was hoped that the Director-General would be in a position to submit more precise information to the next session of the Board.

Professor MUNTENDAM asked whether it would be possible to have more information on the subject. He had received communications giving the impression that it was open to other countries to join the initiative of the five who had proposed the establishment of a World Research Agency for Cancer. On the other hand, during the Seventeenth World Health Assembly he had understood that other countries should not take any initiative at the moment, but wait until the Director-General reported on further developments.

Dr KAREPA-SMART wondered whether the word "participation" in the title of the draft resolution was not premature. There had been a proposal for the establishment of a World Research Agency for Cancer, and it had been vaguely suggested that WHO might be invited to participate in the discussions. It might be possible to avoid unnecessary commitments at the present stage by changing the wording of the title to read "Proposal for a World Research Agency for Cancer".

The DEPUTY DIRECTOR-GENERAL explained that the wording of the title of the draft resolution was the same as the title of resolution WHA7.49; it was more convenient for reference and record purposes to maintain the same title.
In reply to the query raised by Professor Muntendam, the Director-General was not in a position to give further information. The proposal for the establishment of a World Research Agency for Cancer had been made by five countries at government level, and WHO had merely been invited as an observer. Information could therefore be supplied only by the governments concerned.

Dr EVANG said that the situation at the Seventeenth World Health Assembly had been rather confused because the initiative of the five Member States concerned had been unexpected, their meeting on the subject having taken place only shortly before the Health Assembly.

He suggested that the Board should not adopt a formal resolution on the matter at the present stage. It was his personal hope that the matter of cancer research, which was indeed a world health problem, could be handled within the framework of the World Health Organization. It seemed a strange procedure for health matters to be dealt with through diplomatic channels. In his opinion, therefore, it would be preferable to await a further report on the subject at the thirty-fifth session of the Executive Board in the hope that, in the meantime, the procedure would be normalized.

With regard to the financial commitments on the part of the five countries concerned, he expressed some fear that such commitments might not be in the interests of the work of WHO; one of the countries which had committed itself towards the proposed cancer research agency had voted against an increase in the WHO budget at the Seventeenth World Health Assembly on the grounds that public health commitments were too heavy.
Furthermore, it should not be forgotten that WHO was also, on the initiative of its Director-General, discussing the establishment of a general World Health Research Centre of which cancer research would no doubt be a very important part.

Professor AUJALEU thought that the present discussion might better have taken place at the World Health Assembly, when the resolution attached to document EB34/21 had been voted.

The Director-General had been unable to provide more precise information in his report to the Board because there had been no change in the situation since the distribution at the Seventeenth World Health Assembly of the document by the five delegations concerned with the proposal for a cancer research agency. The French Government had, however, contacted the governments of the other countries in an endeavour to take the problem a stage further by the convening of a diplomatic conference rather than one of public health experts, to attempt to draw up an international agreement.

In reply to Professor Muntendam, he would say that membership was open to other Member States: no doubt the matter would be discussed at the diplomatic conference, at which time the hope would probably be expressed that other Members should join.

With regard to the initiative not being in the interests of WHO, the Director-General of the Organization had been constantly associated with the matter and had received all the documentation which the experts of the five governments had discussed. He would also be invited to take part in the diplomatic conference. It would be seen that there were no secrets. The Board had sufficient confidence in the Director-General to rest assured that he would defend the interests of the Organization if at any time they were threatened.
Professor ZDANOV commented that reference had been made to defending the interests of the World Health Organization in connexion with the establishment of a World Research Agency for Cancer which had not even been created as yet. It was perhaps the fact that neither the statutes of the proposed centre nor its relations with WHO were clearly defined that gave rise to apprehension. The International Committee of the Red Cross was of course an example of an entirely independent organization with which the World Health Organization had close relations, but there appeared to be very little definite information available and it therefore seemed premature for the Board to take a decision on the subject, further to the action already taken by the Health Assembly.

In his opinion the best course was for the study of the matter to be continued, the Director-General reporting on the subject to a subsequent session of the Executive Board, and taking into account the comments made at the present meeting as well as during the discussions on the subject at the Seventeenth World Health Assembly. When further information was available, the Board would be in a position to ascertain whether the interests and work of WHO were threatened and what its relationship would be with the proposed centre.

The CHAIRMAN pointed out that the meeting should not anticipate the views of the thirty-fifth session of the Executive Board.
Sir George GODBER expressed the same view, adding in confirmation of the
remarks made by Professor Aujaleu that the representatives of the five countries
concerned had been at great pains to ensure that the whole matter was placed before
the Seventeenth World Health Assembly. Now that the attendance of the Director-
General at any future conference on the subject had been authorized, he proposed that
studies be continued and the Director-General be requested to report to the thirty-
fifth session of the Board.

It was so agreed.

5. ALLOTMENTS ISSUED BY THE DIRECTOR-GENERAL AS AT 30 APRIL 1964:
   Item 4.2 of the Agenda (Document EB34/12)

Mr SIEGEL, Assistant Director-General, introduced the report contained in
document EB34/12. He recalled that it was customary for the Director-General to
report to the mid-year session of the Board on the individual allotments issued
under the regular budget, the Expanded Programme of Technical Assistance, and the
Voluntary Fund for Health Promotion. Document EB34/12 gave the situation as at
30 April 1964.

In the absence of comment the CHAIRMAN proposed the following draft resolution:

The Executive Board

NOTES the report of the Director-General on the allotments issued under
the regular budget, the Expanded Programme of Technical Assistance and the
Voluntary Fund for Health Promotion, as at 30 April 1964.

Decision: The draft resolution was adopted.
6. DUTY TRAVEL - METHODS OF CONTROL, REGULATIONS AND PROCEDURES: REPORT BY
THE DIRECTOR-GENERAL: Item 4.3 of the Agenda (Official Records No. 133,
Chapter IV, paras 116 and 117; Documents EB34/16 and Corr. 1)

Mr SIEGEL, introducing document EB34/16, summarized its contents and explained
that, in accordance with the recommendations of the working party at the thirty-third
session of the Executive Board, the Director-General had been required to provide a
description of the internal methods of control followed by the Organization in
authorizing duty travel and the travel regulations and procedures governing such
travel. The Board had asked for such a report to be submitted to its thirty-fourth
session, at which time a decision was to be taken on the establishment of a working
party if that was found to be the most practicable. Document EB34/16 outlined in
section 2 the budgetary controls made; and section 3 gave details of the administrative
controls and procedures, specifying that all official travel must be authorized in
advance by the responsible official, i.e., the Director-General, the Deputy Director-
General, the Assistant Director-General or the Regional Director concerned, who had
to satisfy himself that the proposed travel was in accordance with the travel plans and
was properly justified.

He believed that the Board's request had been complied with, and he would be
glad to answer any further questions that might arise.

Dr LAYTON, speaking as the member of the Standing Committee who at its January
1964 meeting had raised the matter, expressed his appreciation and gratitude to the
Director-General for document EB34/16, which was most informative. By and large he
felt that it had been a useful exercise, particularly since the credits for duty
travel accounted for a substantial part of the budget. He did not wish to pursue the matter at the present time, but reserved the right to revert to the matter in the future should he consider it necessary to ask any further questions in connexion with duty travel.

Dr EVANG associated himself with the remarks just made and thanked the Secretariat for the informative paper produced. He was fully satisfied that the necessary controls were being applied, but agreed with Dr Layton that, while it was not necessary to continue consideration of the subject at present, it might be desirable to return to it on a later occasion.

Speaking as an administrator, he expressed some concern at the fact that travel estimates were drawn up some eighteen months in advance; he hoped that a certain amount of flexibility was maintained.

He had prepared a resolution on the subject which he would pass up to the Chairman.

Professor AUJALEU also congratulated the Secretariat on the excellence of the document. Personally, he had never had any doubts as to the correctness of the procedures followed. The point was essentially to ascertain that each journey was opportune and whether any savings could be made on the cost of duty travel as a whole. The Board could express the hope that particular attention would be given to ensuring that duty travel was thoroughly justified; its members all knew that they could have full confidence in the Director-General and his staff in that respect.
Mr ZOHRAZ, alternate to Dr Turbott, also expressed appreciation of the most valuable information which the Director-General had provided and fully agreed with Dr Layton that it had been a most worthwhile exercise.

Professor GERJČ also referred to the clarity of the document and agreed that no one had had any doubts as to the correctness of the procedures followed. References were made at each Health Assembly to the amounts spent on duty travel, and a particular effort should be made to ensure that travel was restricted to the minimum that would ensure the success of the projects being carried out, and that where possible more economical means of communication were used. He very much appreciated the efforts of the Director-General in that respect and hoped that they would continue.

Professor ÍZDANOV felt that document EB34/16 provided clear answers concerning the procedure for and the authorization of duty travel. With regard to the effectiveness of the missions he wondered whether it might not be worth while in the future for an evaluation to be made of the reports of officials returning from duty travel, to ensure that there was no duplication. He fully supported the comments made by Professor GeriČ. The constant aim should be to improve the methods of work of the Organization.

Dr KAREPA-SMART congratulated the Director-General on the praise voiced in connexion with his report in document EB34/16. Speaking personally, he could not see how any member of the Organization who had studied in detail the documents concerned - which were available to all members of the Executive Board and to Assembly delegations - could raise any valid questions concerning duty travel.
The only criticism that could be made was that there were too few visits of headquarters and regional office staff to countries. Developing countries hoped for more visits not only from advisers but also from senior headquarters staff, who were able by their very presence to do what could not be done on paper: help the governments concerned to obtain all possible assistance from the Organization in planning their health services. Perhaps those members of the Board who were from highly developed countries were not fully aware of the fact that even high-level staff in the developing countries did not always know how WHO could help them with their problems. In congratulating the Director-General, therefore, he stressed that duty travel was a valid function of the Organization, and encouraged him to increase rather than decrease it.

Since the document before the meeting contained all the answers to the questions raised, there appeared to be no need for the establishment of a working party.

Dr ALAN also thanked the Director-General for his valuable document and for his efforts to meet the desires of the Board. He also associated himself with the views expressed by Professor Ždanov and Professor Gerić concerning the reduction in the number of journeys in view of the considerable sums involved. He did not wish, however, to minimize the value of duty travel, which was often extremely useful for national public health administrations. As Professor Aujaleu had pointed out, however, the justification of all travel should be carefully weighed beforehand.

He also agreed with Professor Ždanov's point concerning an evaluation of missions by means of reports. He knew the Director-General would make every endeavour to limit duty travel as much as possible in future.
The CHAIRMAN said that it was his experience that the evaluation of missions lay in the hands of the Member States themselves, who could inform the Organization after missions had been carried out whether or not they had proved useful. He then read out the following draft resolution, proposed by Dr Evang:

The Executive Board,

Having considered the report of the Director-General on the budgetary, financial and administrative controls of duty travel, submitted in response to the request of the Board at its thirty-third session;

Noting the detailed examination to which individual requests for duty travel are subjected before they are included in the annual programme and budget estimates; and

Noting further the procedures governing the authorization of duty travel and the strict administrative controls exercised in this connexion,

CONSIDERS that the procedures and the budgetary, financial and administrative controls governing duty travel are satisfactory.

Decision: The draft resolution was adopted.

7. PROGRAMME REVIEW - VENEREAL DISEASES AND TREPONEMATOSES: Item 3.5 of the Agenda (Document EB34/11)

The CHAIRMAN, further to the discussion at the meeting the previous day, said that a decision had to be reached at that juncture as to whether or not the subject would be discussed at the thirty-fourth session of the Board.

On the proposal of Dr EVANG, it was agreed that item 3.5 of the Agenda would be discussed at the current session.
8. DATE AND PLACE OF THE EIGHTEENTH WORLD HEALTH ASSEMBLY: Item 5.1 of the Agenda (Articles 14 and 15 of the Constitution; Resolution WHA17.28)

Mr SIEGEL said that it had been hoped that the Eighteenth World Health Assembly would be able to open on 11 May 1965. The ILO Conference was, however, due to begin on 2 June 1965, so that the most practical date would be 4 May 1965. The assurance of the United Nations had been received that the facilities of the Palais des Nations would be available during the required period of time.

In the absence of comment, the Deputy Director-General read the following draft resolution:

The Executive Board,

Having noted resolution WHA17.28 on the place of the Eighteenth World Health Assembly; and

Considering the provisions of Articles 14 and 15 of the Constitution,

DECIDES

(1) that the Eighteenth World Health Assembly shall be held in the Palais des Nations, Geneva; and

(2) that, subject to consultation with the Secretary-General of the United Nations, this Assembly shall start on Tuesday, 4 May 1965.

Decision: The draft resolution was adopted.


Mr SIEGEL explained that it was customary for the Standing Committee on Administration and Finance to meet one week before the session of the Executive Board. It was therefore suggested that the Standing Committee meet on Monday, 11 January 1965, the thirty-fifth session of the Executive Board opening on Tuesday, 19 January 1965.
There being no comment, the Deputy Director-General read the following draft resolution:

The Executive Board

1. DECIDES to hold its thirty-fifth session in the Palais des Nations, Geneva, commencing on Tuesday, 19 January 1965;

2. DECIDES that its Standing Committee on Administration and Finance shall meet in the same place, commencing on Monday, 11 January 1965; and

3. INVITES those members of the Board who are not members of the Standing Committee, and who may wish to do so, to attend the meetings of this Committee for the purpose of following its deliberations.

Decision: The draft resolution was adopted.

10. ANNOUNCEMENT

The CHAIRMAN said that with deep sorrow he must announce that the Prime Minister of the Republic of India, Mr Nehru, had died that morning at 10.00 o'clock.

The Committee stood in silence for one minute.

The meeting rose at 12.25 p.m.