



TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

COMMITTEE B

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

Palais des Nations, Geneva
Monday, 13 May 1974, at 2.45 p.m.

CHAIRMAN: Dr M. A. CHOWDHRY (Pakistan)



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1. REPORT ON CASUAL INCOME AND STATUS OF THE ASSEMBLY SUSPENSE ACCOUNT: Item 3.3.4 of the Agenda (Official Records, No. 216, Chapter II, paragraphs 10-13; Documents A27/17 and A27/17 Add.1) (continued)

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) called attention to the increasing importance of casual income in the financing of the Organization's activities. Casual income had now reached the high level of \$ 4 762 047 and if it were regarded as the contribution of a Member State it would rank seventh. It did not, however, receive the keen scrutiny given to other sources of income, and it should be more closely watched.

The CHAIRMAN reminded the Committee that its conclusions on the item would be the subject of a report from Committee B to Committee A. A draft report would be circulated for consideration.

2. SUPPLEMENTARY BUDGET ESTIMATES FOR 1974: Item 3.2 of the Agenda (Official Records No. 215, resolution EB53.R11 and Annex 4)

Dr HENRY, representative of the Executive Board, informed the Committee that at its fifty-third session, the Executive Board had discussed a report of the Director-General proposing supplementary budget estimates for 1974 amounting to \$ 2 471 700 (Official Records No. 215, Annex 4). That figure had been reached after the incorporation of five classes of post adjustment into base salary scales from 1 January 1974, in accordance with the decision of the United Nations General Assembly. In its resolution EB53.R11, the Executive Board had recommended a resolution for adoption by the Twenty-seventh World Health Assembly approving the supplementary estimates proposed by the Director-General and specifying a method of financing those estimates from available casual income that would preclude the need for additional assessments on Member States.

Dr GALAHOV (Union of Soviet Socialist Republics) said that, as a number of delegations had remarked during previous Health Assemblies, supplementary budget estimates had become a habit and were in conflict with the recommendations of the United Nations Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies. His delegation had frequently stressed the need to meet supplementary estimates by making economies in expenditure from the regular budget, and its position in that respect had not changed. Part, if not all, of the supplementary estimates had to be financed from that source.

In connexion with sources of financing the supplementary estimates for 1974, the question of minus post adjustments was relevant. At a time when the rising cost of living in certain areas was involving additional expenditure on staff salaries, there was no reason why minus post adjustments should not be applied in other areas in order to meet at least a part of the additional costs. The Director-General had surely had that in mind when he had stated that the non-application of minus post adjustments in some areas meant that some staff would receive what might be considered an unjustified increase in pay. The introduction of minus post adjustments in such areas would comply with the recommendations of the United Nations General Assembly and restore the common system of salaries and allowances.

The CHAIRMAN put to the vote the draft resolution proposed by the Executive Board in its resolution EB53.R11, drawing attention to the fact that, under Rule 70 of the Rules of Procedure, a two-thirds majority was required for its approval.

Decision: The draft resolution was approved by 81 votes to 3, with 5 abstentions.

3. SALARIES AND ALLOWANCES, UNGRADED POSTS: Item 3.9 of the Agenda (Official Records, No. 215, resolution EB53.R6 and Annex 2)

Dr HENRY, representative of the Executive Board, said that the Board, in resolution EB53.R5, had confirmed amendments to the Staff Rules permitting the incorporation into base salary scales of five classes of post adjustment for grades P.1 to D.2, but it

was the responsibility of the Health Assembly to consider the ungraded posts. In its resolution EB53.R6 the Board had recommended that the Health Assembly should take a similar decision with regard to ungraded posts and had proposed a resolution to that effect. The decision would involve no increase in expenditure for staff with dependents, since the incorporation of post adjustments would be effected by a simple transfer of funds. For staff without dependents, however, the incorporation of post adjustments would involve an increase in expenditure, because such staff received post adjustments at two-thirds of the full rate.

Decision: The draft resolution recommended by the Executive Board in resolution EB53.R6 was approved.

4. CONTRACT OF THE DIRECTOR-GENERAL: Item 1.13 of the Agenda (Resolution EB53.R7)

Dr HENRY, representative of the Executive Board, said that during the Board's discussion on the incorporation of post adjustments at its fifty-third session, a member had asked whether the same consideration should not apply to the Director-General as to other professional and ungraded staff. The Board had accordingly proposed, in resolution EB53.R7, that the Health Assembly should authorize its President to sign an amendment to the contract of the Director-General increasing his salary by an amount equivalent to the consolidation of five classes of post adjustment, effective from 1 January 1974.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R6 was approved.

5. SCALE OF ASSESSMENT: Item 3.4 of the Agenda

Assessment of new Members and Associate Members: Item 3.4.1 of the Agenda (Resolutions WHA26.20 and WHA26.53; Document A27/18)

Mr FURTH, Assistant Director-General, introducing the item, said that the Bahamas, a Member of the United Nations, had become a Member of the World Health Organization on 1 April 1974. It was thus necessary for the Health Assembly to establish its assessment for 1974. In the United Nations, it had been assessed at the minimum level in the United Nations scale, only one-third of the contribution being payable, for the year 1973, its first year of membership of the United Nations. In considering the assessment of the Bahamas for 1974, the Health Assembly would no doubt wish to take into consideration resolution WHA22.6, which provided that new Members should be assessed in accordance with the practice followed by the United Nations. If that were done, the assessment of the Bahamas in the World Health Organization would be set at 0.04%, the current minimum assessment in WHO, the assessment being reduced to one-third for 1974, the year of admission of the Bahamas. If the Committee agreed with that proposal, it might wish to recommend the adoption of the following draft resolution:

The Twenty-seventh World Health Assembly,

Noting that the Bahamas, a Member of the United Nations, became a Member of the Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 1 April 1974;

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

Noting that the General Assembly of the United Nations, in resolution 3062 (XXVIII), established the assessment for 1974, 1975 and 1976 for the Bahamas at 0.02%;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

DECIDES

- (1) that the Bahamas shall be assessed for 1974 at the rate of 0.04%.
- (2) that the assessment for 1974 shall be reduced to one-third of 0.04%.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) and Dr de CONINCK (Belgium) welcomed the delegation of the Bahamas to the World Health Assembly.

Decision: The draft resolution was approved.

Contributions payable by certain Members in respect of 1974 and prior years: Item 3.4.2 of the Agenda (Resolution EB53.R13; Document A27/19)

Dr HENRY, representative of the Executive Board, said that at its fifty-third session the Executive Board had considered a report by the Director-General on the definitive assessments of Bangladesh, the Democratic People's Republic of Korea, and the German Democratic Republic. As definitive rates had been established for those countries by the United Nations, it had become possible to establish definitive rates in WHO and to make the necessary adjustments for the years during which provisional assessments had been in effect. Accordingly, the Executive Board had recommended that Bangladesh be assessed at 0.13% with adjustments for 1972, 1973 and 1974, the Democratic People's Republic of Korea at 0.06% with adjustments for 1973 and 1974, and the German Democratic Republic at 1.10% with adjustments for 1973 and 1974. The overall result of those adjustments was a reduction of \$ 402 243 in the total contributions of the three countries. That did not mean that the assessment of each had been reduced, however, since that of Bangladesh had risen considerably from the provisional figure. The financial adjustments to the Members' contributions would be made only in 1975. The Board had also considered a request from the Government of Pakistan for a reduction of its 1974 contribution by \$ 139 300 - an amount equivalent to that payable by Bangladesh for that year under the proposed definitive assessment rate. The Board had recommended that the adjustment requested in Pakistan's contribution be made only in 1975. The Board had further recommended that the total amount of \$ 541 543 required to cover all the adjustments be financed from available casual income. If sufficient casual income was available, the Health Assembly might wish to appropriate the amount in 1974. The text of a resolution recommended for the Health Assembly's adoption was contained in the Board's resolution EB53.R13.

Mr FURTH, Assistant Director-General, suggested that, since sufficient casual income now known to be available, subparagraph 4 of the operative paragraph of the draft resolution proposed in resolution EB53.R13 might be amended to read: "(4) to appropriate from available casual income the total sum of US\$ 541 543 required for all these adjustments".

Mr KHAN (Pakistan) pointed out that the reductions granted in his country's assessment for 1972 and 1973 had been based on the provisional assessment of 0.04% for Bangladesh, which was considerably lower than the definitive assessment of 0.13% that had now been proposed. His Government therefore wished to request a further reduction in its contributions for 1972 and 1973, equal to the difference between the provisional and definitive assessments of Bangladesh. Since the amount of casual income accruing to the Organization was high, he requested that the reduction be made in 1974.

Mr FURTH, Assistant Director-General, understood that the Government of Pakistan was presenting to the Committee, for the first time, an additional request for an adjustment to its contributions, since the request contained in document A27/19 related only to Pakistan's contribution for 1974. Should the Committee accede to the new request, the additional casual income required to cover those adjustments would be US\$ 108 337. sufficient casual income was in fact available for the purpose.

Dr SACKS, Secretary, pointed out that the Executive Board had not taken Pakistan's additional request into account when it had recommended the draft resolution contained in its resolution EB53.R13. If the Committee wished to reduce Pakistan's contributions for 1972 and 1973 as requested, the text of the draft resolution would need adjustment.

Dr CAYLA (France) did not clearly see the reasons for the Pakistani request and asked for clearer explanations justifying the proposed reduction in Pakistan's contribution. Such a reduction seemed to be contrary to the principles laid down in resolution WHA24.12, which provided that the latest scale of assessment of the United Nations should be used as the basis for determining the scale of assessment of WHO. To grant the request would be a derogation of that principle needing special justification. And if the Committee did agree, where would the money be found to meet the request?

Mr KHAN (Pakistan) said that since Bangladesh's admission to WHO the criteria for calculating the rate of assessment of a Member State had undergone drastic changes. With those changes in view, his Government had requested an appropriate revision of its assessment. At the time of its admission Bangladesh had been assessed at the minimum rate of 0.04%. As Bangladesh had formerly been a province of Pakistan, Pakistan was granted a reduction in its contribution equal to the amount payable by Bangladesh, it being clearly understood that Bangladesh's assessment remained provisional. Bangladesh had now been definitively assessed from the time of its admission into WHO, and therefore a need arose for Pakistan's request, which he regarded as procedural. For administrative reasons, it had not been possible to submit the request earlier in written form. Since the Secretariat had indicated that the sum involved was available from casual income, an appropriate modification might be made to the draft resolution to incorporate his request.

Mr LAWRENCE (United States of America) asked why additional funds were required if the assessment for Bangladesh was to be increased from 0.04% to 0.13% and there was a corresponding reduction for Pakistan.

Mr FURTH, Assistant Director-General, explained that as the budgets for 1972 and 1973 had already been adopted, it was too late to make the adjustments in the assessment rates directly in the scales of assessment for those years. For that reason casual income would have to be used to make the adjustments requested. In fact, however, the amount of casual income now required to adjust the contribution of Pakistan was equivalent to the amount that Bangladesh would be paying in 1975 in excess of its contribution for that year. Consequently, if the Pakistani request were granted, there would ultimately be no loss of casual income to the Organization.

Dr ANOUTI (Lebanon) considered that any decision made on the basis of the present discussion would be too hasty. It would be preferable to ask the Director-General to study the question together with the other international organizations concerned and to submit a report to the Twenty-eighth Health Assembly.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) drew attention to Rule 96 of the Rules of Procedure of the World Health Assembly, which stated that "No proposal for a review of the apportionment of the contribution among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review". Without wishing in any way to prejudge the merits of the proposal, he thought that it might be submitted to the Executive Board for consideration at its next session.

Dr SCHUMM (Federal Republic of Germany) said that the Pakistani request posed a difficult problem of principle that could not be settled at the Committee's present session, if only because his delegation had no instructions concerning the question, which had been brought up for the first time. He feared the impact of the request on other organizations of the United Nations family, and accordingly supported the Lebanese suggestion, since he did not think it possible to make a decision without a thorough examination of the problem.

Mr KHAN (Pakistan) said that it was not a valid argument to say that his request was new, since it was based on the principles on which earlier reductions had been granted.

Dr ANOUTI (Lebanon) explained that he was not against the Pakistani request; rather, he was in favour of it, wanted it to be accepted, and therefore wished it to be transmitted to the Director-General for study. It could then be examined by the next Health Assembly in the light of the Director-General's study.

Mr KHAN (Pakistan) said that since the Committee wished his Government's request to go through the steps by which the recommendations now before the Committee had reached the stage of adoption, he had no objection to following those steps again by forwarding a request to the Director-General for submission to the Executive Board and then, in the form of a recommendation of the Board, to the next Health Assembly for final adoption. On that understanding, a decision might be reached on the lines of the Lebanese suggestion.

Dr SACKS, Secretary, assured the Committee that the Director-General would take action in the spirit of the discussion. He then drew the Committee's attention to the draft resolution contained in resolution EB53.R13, and to the suggested amendment to subparagraph 4 of the operative paragraph.

The CHAIRMAN invited the Committee to consider the draft resolution.

Decision: the draft resolution, as amended, was approved.

Assessment of Associate Members: Item 3.4.3 of the Agenda (Resolutions WHA26.21, paragraph 4, and EB53.R12)

Dr HENRY, representative of the Executive Board, said that at its fifty-third session the Executive Board had considered operative paragraph 4 of resolution WHA26.21 inviting the Twenty-seventh World Health Assembly, when it examined the scale of assessment for 1975, to review the assessment of Associate Members, which at present was established at 0.02% in accordance with resolution WHA13.16. Reference had also been made to resolution WHA1.80, whereby the First World Health Assembly had resolved that Associate Members should be subject to the same obligations as Members, with the exception that the difference in their status should be taken into account when determining the amount of their contribution to the budget of the Organization. In setting the rate of assessment of Associate Members at 0.02% the Health Assembly appeared to have reflected the difference in status of Associate Members by assessing them at one-half the minimum assessment rate for Members, which had been established at 0.04%. In 1975, however, as a consequence of action by the United Nations General Assembly at its 1973 session, the minimum rate of assessment in WHO was to become 0.02%, the rate currently applicable to Associate Members. In its resolution EB53.R12, the Executive Board had recommended that the Health Assembly establish the assessment of Associate Members for 1975 and future years at 0.01%.

The CHAIRMAN invited the Committee to consider the draft resolution contained in resolution EB53.R12.

Decision: The draft resolution was approved.

6. REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION: Item 3.3 of the Agenda Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution: Item 3.3.3 of the Agenda (Resolutions WHA8.13, WHA16.20, WHA26.15, EB53.R15, EB53.R16, EB53.R17, EB53.R18 and EB53.R19; Official Records, No. 209, Annex 6 and Official Records, No. 216, Chapter II, paragraphs 29-33; Document A27/32) (continued)

Dr BADD00 (Ghana), Rapporteur, proposed the following draft resolution for the Committee's consideration:

The Twenty-seventh World Health Assembly,

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

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

Noting that Bolivia, El Salvador, Haiti and Paraguay have made payments in 1974;

Recognizing the efforts made by those four countries to liquidate their arrears; and

Noting that the Dominican Republic has made no payment to the Organization in respect of its assessed contributions since 1966, in spite of the acceptance by the Twenty-fifth World Health Assembly of its proposal for settlement of its arrears, and that, as a result, the Dominican Republic is in arrears for the balance of its 1965 contribution and for the full contributions for the years 1966 to 1973,

1. DECIDES not to suspend the voting privileges of Bolivia, El Salvador, Haiti and Paraguay at the Twenty-seventh World Health Assembly;
2. URGES Bolivia, El Salvador, Haiti and Paraguay to regularize their position so that the Executive Board at its fifty-fifth session and the Twenty-eighth World Health Assembly will not have to examine this question again;
3. DECIDES to suspend the voting privileges of the Dominican Republic at the Twenty-seventh World Health Assembly;
4. URGES the Dominican Republic to regularize its position at an early date including implementation of the arrangements for settlement of its arrears accepted by the Twenty-fifth World Health Assembly, thus enabling the Dominican Republic to resume its full participation in the work of the World Health Assembly; and
5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

The CHAIRMAN invited comment on the draft resolution, and in particular on its operative paragraph 3.

Dr UZEDA (Bolivia) said that the problem of arrears had posed difficulties for his country for several years. Although Bolivia had been making payments to WHO over the past two years with a view to regularizing its situation, it still had not completely fulfilled its obligations in respect of two or three years' contributions. His country was firmly committed to paying all its debts up to 1973 in contributions of 10% of the total and to paying its full contribution for 1974, in respect of which it had already made a payment of \$ 20 000. Some way should be found to arrive at a feasible method of payment for those countries in debt to WHO, with which they would then comply. He felt strongly that the present situation should not recur.

Mr YEH CHENG-PA (China) stated that his delegation considered the payment of contributions to be an obligation for all Member States. Should developing countries, which

had special difficulties, find themselves unable temporarily to pay, a solution should be found taking into account the particular circumstances. His delegation did not agree with the suspension of voting privileges and would therefore abstain from voting on the draft resolution proposed by the Rapporteur.

Mr KHATIB (Libyan Arab Republic) believed that, since a representative of the Dominican Republic was not present at the meeting to explain why his country had been unable to pay its contribution, Article 7 of the Constitution should be applied.

The CHAIRMAN then put to the vote the draft resolution proposed by the Rapporteur.

Decision: The draft resolution was approved by 25 votes to one, with 65 abstentions.

7. SCALE OF ASSESSMENT: Item 3.4 of the Agenda (resumed)

Scale of assessment for 1975: Item 3.4.4 of the Agenda (Official Records, No. 216, Chapter II, paragraphs 14-22; Documents A27/20 and A27/20 Add.1)

Mr FURTH, Assistant Director-General, introducing the item, said that the Director-General's report (documents A27/20 and A27/20 Add.1) provided information on the current criteria for establishing the WHO scale of assessment in accordance with resolution WHA26.21. That resolution had made certain modifications to the principles for the establishment of the scale of assessment in WHO as previously laid down in resolutions WHA8.5 and WHA24.12. Basically, the earlier criteria remained valid except that, as a matter of principle, the maximum contribution of any one Member State in the WHO scale of assessment should not exceed 25% of the total, and specific procedures and restrictions had been established in order that that objective should be reached as soon as practicable. In addition, the resolution provided that the minimum assessment in the WHO scale should conform to that established in future scales of assessment in the United Nations, and the Twenty-seventh World Health Assembly had accordingly been invited to review the rate of assessment of Associate Members, which was at present established at 0.02%.

The development of the 1975 WHO scale of assessment in accordance with existing criteria approved by the Health Assembly was a complex exercise. A detailed explanation had been provided to the fifty-third session of the Executive Board (Official Records, No. 216, chapter II, paragraphs 14-22). He would, of course, be pleased to answer any general questions or to provide additional information. He would suggest that any delegation wishing to have explanations on the assessment rate of its own Government's contribution should take the matter up directly with the Secretariat.

The criteria and principles utilized in establishing the 1975 scale were as follows: difference in membership between the United Nations and WHO; no country should be required to pay more per capita than the per capita contribution of the highest contributor; establishment of minima and maxima; the largest assessment to be reduced to a maximum level, i.e. a target of 25%, by (a) the percentage contributions of any new Members in the scales of assessment adopted by the Twenty-sixth and future World Health Assemblies, and (b) the normal triennial increase in the percentage contributions of Members resulting from increases in their national incomes, as reflected in the future triennial scales of assessment of the United Nations; the percentage contributions of Members should not be increased as a consequence of the provisions relating to the reduction of the maximum; the minimum assessment in the WHO scale should conform to that established in future scales of the United Nations; a review by the Twenty-seventh World Health Assembly of the rate of assessment of Associate Members when it considered the 1975 scale of assessment; and the desirability for the WHO scale of assessment to follow the United Nations scale as closely as possible. The scale of assessment for 1975, as contained in Annex 1 to document A27/20, and as amended by Addendum 1 to the document, was based on the above principles and criteria, including the assessment of Associate Members at 0.01% on the assumption that the Twenty-seventh World Health Assembly would agree with the recommendation of the Board and the Committee on that point.

Following consideration of the proposed scale, the Committee might wish to vote on the draft resolution as contained in paragraph 4 of document A27/20.

Dr GALAHOV (Union of Soviet Socialist Republics) said that, while reduction of the size of minimum contributions would ease the position of the developing countries, that step could only have a short-term effect in view of the high rate of increase of WHO's budget. The only real way to improve the situation would be to achieve some budgetary stability. The reduction of the maximum contribution represented a very strict interpretation of the terms of resolution WHA26.21. However, the resolution had been aimed at a gradual decrease in the maximum contribution and had specifically mentioned that it should be effected through the percentage contributions of any new Members and through the normal triennial increase in the percentage contributions of Members resulting from increases in their national incomes. He stressed the need, therefore, for ensuring a gradual rather than a sudden reduction.

Mr WATANABE (Japan) said that his delegation would vote in favour of the draft resolution contained in paragraph 4 of document A27/20. However, while it agreed with the principle that WHO should follow the United Nations scale of assessment, his delegation was not entirely satisfied with the present position. Japan's own contribution had increased by almost 50% every year over the last three years and indeed had doubled over a six-year period. Naturally, in keeping with such a sharp increase in its financial commitments to WHO, Japan's interest in the administrative and financial management of the Organization was correspondingly greater.

Mr FURTH, replying to the representative of the USSR, recalled that resolution WHA26.21 had specifically stated that the objective of reducing the contribution of the largest contributor should be reached as soon as practicable, utilizing the percentage contributions of any new Member States and the normal triennial increase in percentage contributions of Member States in the United Nations scale. That had indeed been exactly what the Secretariat had endeavoured to achieve, as stated in Official Records, No. 216, chapter II, paragraphs 17 and 18.

Mr de GEER (Netherlands) said that his delegation had some problems with the subject before the Committee. It appeared that the criteria being utilized in reducing the highest contribution included such aspects as the reduction of the minimum, whereas it was his understanding of resolution WHA26.21 that only two factors, namely the percentage contributions of new Member States and normal triennial increases, should be taken into account.

Mr FURTH said that the matter was essentially one of interpretation. If the objective were to be reached as soon as practicable, surely the minimum and maximum contributions had to be considered fixed parameters; that had surely been the intention of the Health Assembly.

Mr de GEER (Netherlands) agreed that the question was one of interpretation. He suggested that a decision on the item be postponed until the following day so as to allow time for consultation with other delegations and with the Secretariat.

Dr GALAHOV (Union of Soviet Socialist Republics) supported that proposal.

Decision: It was so agreed.

8. DRAFT REPORT OF COMMITTEE B TO COMMITTEE A (Document A27/B/1)

Dr BADDOO (Ghana), Rapporteur, read out the draft report of Committee B to Committee A (Document A27/B/1).

Dr GALAHOV (Union of Soviet Socialist Republics) said that he was not entirely clear as to the amount of casual income in fact available.

Mr FURTH, Assistant Director-General, said that the amount of casual income available as at 7 May 1974 stood at \$ 4 762 047, as shown in document A27/17 Add.1. It had been recommended that the supplementary budget estimates should be financed from casual income in the amount of \$ 2 471 000 and that \$ 541 543 of casual income should be used to adjust the contributions of four Member States in accordance with resolution EB53.R13. The Executive Board had also endorsed a recommendation by the Director-General that an amount of \$ 1 200 000 should be used to help finance the 1975 budget. That left a balance of \$ 549 504 of casual income at the disposal of the Health Assembly if it approved all the recommendations he had mentioned. The Board had invited the Health Assembly to consider whether any balance of casual income remaining should be transferred to the Real Estate Fund, and that proposal would be considered by the Committee under agenda item 3.8.

Decision: The draft report of Committee B to Committee A was adopted.

The meeting rose at 5.30 p.m.