

OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION

No. 2

SUMMARY REPORT ON PROCEEDINGS
MINUTES

AND

FINAL ACTS

OF THE

INTERNATIONAL HEALTH CONFERENCE

HELD IN NEW YORK FROM 19 JUNE TO 22 JULY 1946

United Nations
WORLD HEALTH ORGANIZATION
Interim Commission

350 Fifth Avenue, New York

Palais des Nations, Geneva

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NOTE

This volume comprises :

I. A résumé of the steps that led to the convening of the International Health Conference, and an introductory survey of the opening of the proceedings and the method of work.

II. Lists of the delegations and observers and of Conference officers and committees.

III. A summary report, consisting of an analytical digest of the debates, presented under chapter headings of the Constitution to which the Conference gave definitive form ; a review of measures approved by the Conference for the integration of existing international health agencies with the World Health Organization ; and an account of the drawing up of the Arrangement establishing an Interim Commission of the World Health Organization.

IV. Minutes of the plenary meetings.

V. The text of the four Final Acts, with table showing how each was signed.

Annexes.

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Acknowledgment. — Much of the material in this number of the *Official Records* is based, with permission of the United Nations, on its " Report of the International Health Conference " (United Nations document E/772), dated 11 March 1948 and published in New York.

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I. INTRODUCTION

1. Steps leading to the convening of the International Health Conference.¹

The proposal to convene an international conference for the establishment of a new world-wide health organization originated at the United Nations Conference on International Organization held at San Francisco in 1945. The Conference, recognizing the vital importance of health as a factor in the promotion of "conditions of stability and well-being" for the nations of the world, included "health" among the fields of co-operative endeavour with which the United Nations system should concern itself. Articles 13, 55 and 59 of the Charter envisaged the creation by inter-governmental agreement of a specialized agency of the United Nations having wide international responsibilities in all matters relating to health.

The States represented on Committee II/3 of the Conference unanimously approved the following Declaration² submitted jointly by the delegations of Brazil and China:

"The delegations of Brazil and China recommend that a general conference be convened within the next few months for the purpose of establishing an international health organization.

"They intend to consult further with the representatives of other delegations with a view to the early convening of such a general conference, to which each of the Governments here represented will be invited to send representatives.

"They recommend that, in the preparation of a plan for the international health organization, full consideration should be given to the relation of such organization and to methods of associating it with other institutions, national as well as international, which already exist or which may hereafter be established in the field of health.

"They recommend that the proposed international health organization be brought into relationship with the Economic and Social Council."

In view of the widely expressed desire that the proposed conference should be held at an early date, the United States Government was asked to act as host. Since the Economic and Social Council of the United Nations would shortly be established, it was, however, agreed that the Conference should be convened by the Council acting under Article 62 of the Charter.

A resolution to this effect was adopted by the Economic and Social Council on 15 February 1946.³ In accordance with paragraph 3 of this

resolution, the Council established a Technical Preparatory Committee of Experts, and directed that it should meet in Paris not later than 15 March 1946 to prepare a draft annotated agenda and constitutional proposals for the consideration of the International Health Conference to be held not later than 20 June 1946.

The Technical Preparatory Committee, consisting of sixteen public health experts serving in their personal capacity, and representatives of four organizations, appointed in a consultative capacity, deliberated in Paris from 18 March to 5 April 1946.¹ The Committee gave special consideration to concrete suggestions submitted by its French, British, American, and Yugoslav members. On the basis of these suggestions, the Committee developed a set of draft constitutional proposals, as well as a provisional annotated agenda, for submission to the International Health Conference.

The Committee, in view of the need for world-wide control of disease and for promoting improved standards of health for all peoples, went on record in favour of as widely representative a membership as possible for the Conference. Accordingly, it was decided to recommend to the Economic and Social Council that States not Members of the United Nations, the Allied Control Authorities for Germany, Japan, and Korea, and several inter-governmental and private international organizations concerned with health should be invited to send observers to the Conference. The Committee further proposed that all States invited to the Conference should be requested to authorize their representatives to sign an inter-governmental agreement establishing a World Health Organization, together with a protocol designed to facilitate the absorption of the *Office International d'Hygiène Publique* into the World Health Organization. Finally, the Committee included in its report to the Council recommendations relating to the transfer to the World Health Organization of the functions of the Health Organization of the League of Nations and the peace-time phases of the work of the Health Division of the United Nations Relief and Rehabilitation Administration.

At its second session in New York (May-June 1946), the Economic and Social Council took note of the report of the Technical Preparatory Committee of Experts and on 11 June adopted a resolution² (a) approving its recommendations and (b) transmitting to the International Health Conference various observations made by members of the Council on the draft constitutional proposals.

2. Opening of the Conference.

The International Health Conference held its inaugural meeting at the Henry Hudson Hotel

¹ See also *Off. Rec. WHO*, No. 1, Minutes of the Technical Preparatory Committee for the International Health Conference.

² See *United Nations Conference on International Organization*, II/3/32, document 614.

³ See *Off. Rec. WHO*, No. 1, page 39, for the full text of the resolution.

¹ For the membership of the Committee, see *Off. Rec. WHO*, No. 1, page 39.

² For text of the resolution, see page 119.

in New York City on 19 June 1946, with Sir Ramaswami Mudaliar (India), President of the Economic and Social Council, in the chair. Delegations from all the Members of the United Nations were in attendance. In addition, observers were present representing thirteen non-member States, the Allied Control Authorities for Germany, Japan and Korea, and ten international organizations interested in public health.¹

At the opening plenary meeting, the Conference was welcomed on behalf of the United Nations by Mr. Trygve Lie, Secretary-General, and by Professor Henri Laugier, Assistant Secretary-General in charge of Social Affairs. Mr. John G. Winant, representative of the United States of America on the Economic and Social Council, conveyed to the delegates a message of welcome from the President of the United States.

At the second meeting, on 20 June, Dr. Thomas Parran, Chairman of the United States delegation, was unanimously elected President of the Conference. The following five delegates were subsequently chosen as Vice-Presidents of the Conference: Dr. Geraldo H. de Paula Souza (Brazil), Dr. James Kofei Shen (China), Dr. André Cavaillon (France), Dr. F. G. Krotkov (Union of Soviet Socialist Republics), and Sir Wilson Jameson (United Kingdom).

Dr. Brock Chisholm (Canada), Rapporteur of the Technical Preparatory Committee, presented to the Conference the Committee's report. A succession of statements expressing the general views of the delegates on the work of the Conference, the adoption of rules of procedure and of the agenda and the establishment of five working committees and a general (steering) committee completed the preliminary business of the Conference. From 23 June to the closing day of the session, the meetings were held at Hunter College, then the interim headquarters of the United Nations.

3. Work of the Conference.

The detailed examination of the draft constitutional proposals submitted by the Technical Preparatory Committee was referred by the Conference to its five working committees, each sitting as a committee of the whole.² In order to facilitate the fulfilment of its assignment, each working committee elected one of its members as Rapporteur and set up a small drafting sub-committee.

¹ See pages 1-13 for the complete list of delegations and observers. The following States were also invited to send observers, but were not represented: Afghanistan, Roumania, Yemen.

² The titles, terms of reference, and officers of the working committees are indicated on pages 14-15

The General Committee, composed of the President and Vice-Presidents of the Conference, the chairmen of the five working committees, and three members-at-large elected by the Conference, served as the over-all co-ordinating and steering group for the Conference and its various committees. During the latter part of the Conference, the General Committee established a Central Drafting Committee for the purpose of editing and co-ordinating the reports and recommendations of the working committees.¹

For nearly four weeks (from 23 June to 19 July) the five working committees held altogether forty-two meetings; and there were, in addition, numerous meetings of drafting sub-committees and special joint sub-committees.

Upon completion, the reports of the working committees were submitted to the full Conference for consideration and substantive approval and then to the Central Drafting Committee for final drafting. The Conference, in plenary session, adopted with slight modifications the over-all report of the Central Drafting Committee in the English and French languages.

At the closing ceremonies held in the Henry Hudson Hotel on 22 July, the English and French texts of the four final instruments were formally approved by the Conference; and texts in the five official languages of the United Nations were then signed.

The final instruments were as follows: ^a

1. Final Act of the International Health Conference (signed on behalf of sixty-one States, fifty-nine without reservation).
2. Constitution of the World Health Organization (signed on behalf of sixty-one States, two without reservation).
3. Arrangement (establishing an Interim Commission) concluded by the Governments represented at the International Health Conference (signed on behalf of sixty-one States, forty-seven without reservation).
4. Protocol concerning the *Office International d'Hygiène Publique* (signed on behalf of sixty States, eighteen without reservation).

The Constitution of the World Health Organization was to come into force when twenty-six Members of the United Nations had become parties to it in accordance with the provisions of Article 79 thereof.

¹ For the membership of the Central Drafting Committee, see page 15.

² For the text of these four instruments see Part V.

II. MEMBERSHIP OF THE CONFERENCE AND ITS COMMITTEES

I. DELEGATIONS AND OBSERVERS

A. Delegations representing States Members of the United Nations.

ARGENTINA

Delegates:

- Dr. Alberto ZWANCK, Professor of Hygiene, University of Buenos Aires.
Dr. Francisco J. MARTONE, Secretary of Health Committee, Chamber of Deputies, Argentine Government.

Legal Adviser:

- Dr. Gabriel GALVEZ-BUNGE, Director-General of the Department of Sanitary Legislation, Ministry of Public Health.

AUSTRALIA

Delegates:

- Rt. Hon. H. V. EVATT, Minister of State for External Affairs.
Mr. A. H. TANGE, First Secretary, Australian Mission to the United Nations.
Sir Raphael CILENTO, Director-General of Health and Medical Services for the State of Queensland.
Mr. W. D. FORSYTH, Department of External Affairs.
Dr. W. A. WYNES, Official Secretary, Australian High Commissioner's Office, Ottawa.

Adviser and Secretary:

- Mr. A. H. BODY, Third Secretary, Australian Mission to the United Nations.

BELGIUM

Delegates:

- Professor Maurice DE LAËT, Secretary-General Ministry of Public Health.
Dr. René SAND, Honorary Secretary-General and Technical Adviser, Ministry of Public Health.

Legal Advisers:

- Mr. Roland LEBEAU, Counsellor of Legation, Ministry of Foreign Affairs.
Mr. Joseph NISOT, Counsellor, Belgian Embassy, Washington, D.C.

BOLIVIA

Delegate:

- Dr. Luis V. SOTELO, Director of the Nutrition Department of the Public Health Service; Professor, School of Medicine, San Andreas University, La Paz.

BRAZIL

Delegates:

- Dr. Geraldo H. DE PAULA SOUZA, Director of the Faculty of Hygiene and Public Health, University of São Paulo.
Dr. Alberto E. CARNEIRO, Health Officer of the State Health Department, Rio Grande do Sul.
Mr. Roberto DE OLIVEIRA CAMPOS, Executive Observer to the Economic and Social Council.
Mr. João Augusto DE ARAUJO CASTRO, Deputy Consul of Brazil in New York.

BYELORUSSIAN SOVIET SOCIALIST REPUBLIC

Delegate:

- Mr. Nicholai T. EVSTAFIEV, Deputy Minister of Public Health.

Secretary:

- Miss M. PETROVA.

CANADA

Delegates:

- Hon. Brooke CLAXTON, Minister of National Health and Welfare.
Dr. Brock CHISHOLM, Deputy Minister of National Health.

Advisers:

- Dr. A. GROULX, Director of the Health Department of the City of Montreal.
Dr. C. W. MACMILLAN, McGill University, President of the Canadian Public Health Association.
Dr. T. C. ROUTLEY, General Secretary of the Canadian Medical Association.
Mr. Ernest CÔTÉ, Secretary, Department of External Affairs.
Mr. John H. MACDONALD, Department of Health and Welfare.

CHILE

Delegates:

- Dr. Julio BUSTOS, Director-General of Social Welfare.
Dr. Carlos BRIONES, Legal Adviser, Department of Social Welfare.
Dr. Alfredo RIQUELME, Chief of Nutrition Division, Department of Public Health.

Adviser:

- Dr. Marcos CHARNES, Zone Inspector, Public Health Service.

CHINA

Delegates:

- Dr. James Kofei SHEN, Deputy Director-General, National Health Administration, Nanking.

Dr. L. Chin YUAN, Director, Institute of Epidemiology, National Institute of Health, Nanking.

Dr. Szeming SZE, Senior Technical Expert of the National Health Administration of China, Chinese Embassy, Washington, D.C.

Advisers:

Dr. Shao-Hwa TAN.

Dr. Lan-sung WOO, Secretary-General, Chinese Red Cross.

Dr. Robert T. HUANG.

Technical Expert:

Dr. Chang-yui SHU, Special Member, National Health Administration, Nanking.

Secretary-General:

Mr. Tswen-ling TSHUI, First Secretary, Chinese Embassy, Washington, D.C.

Deputy Secretary-General:

Mr. George Y. L. WU, Consul, Chinese Consulate-General, New York City.

Secretaries:

Mr. Allen LAU.

Mrs. Min-Hsien Yang KIANG.

Miss E. Irene McMULLEN.

COLOMBIA

Delegates:

Dr. Jorge BEJARANO, Director of the National Health Service ; Vice-Director, Pan American Sanitary Bureau.

Dr. Carlos URIBE AGUIRRE, Colombian Army Health Officer.

COSTA RICA

Delegate:

Dr. Jaime BENAVIDES, Surgical Department, Lutheran Hospital, Brooklyn.

Technical Adviser:

Dr. Oscar VARGAS, Pan American Sanitary Bureau.

Secretary:

Mr. Jaime BENAVIDES, Jr.

CUBA

Delegates:

Dr. Pedro NOGUEIRA, Director of Health, Ministry of Public Health.

Dr. Victor SANTAMARINA, Director of Social Services.

Dr. Guillermo LAGE, Director, School of Public Health and Tropical Medicine, Institute Finlay.

Dr. Vincente LAGO PEREDA, Local Chief of Health, Havana.

CZECHOSLOVAKIA

Delegates:

Dr. Karel MACHAČEK, Chief Medical Officer, Ministry of Public Health.

Dr. Josef ČANČIK, Professor of Hygiene, University of Prague.

Adviser:

Dr. Václav PROŠEK, Professor of Social Medicine, University of Prague.

DENMARK

Delegates:

Dr. Jeppe OERSKOV, Director of the State Serum Institute, Copenhagen ; Member of the Scientific Board of the National Health Service.

Professor Oluf ANDERSEN, Member of the Scientific Board of the National Health Service ; Professor, University of Copenhagen.

Mr. F. MARTENSEN-LARSEN, Deputy Chief of Division, Ministry of the Interior.

DOMINICAN REPUBLIC

Delegates:

Dr. Luis F. THOMEN, Secretary of State for Health and Public Assistance.

Mr. E. R. THREAN-VALDEZ, Department of Biostatistics, Department of Health and Public Assistance.

ECUADOR

Delegate:

Dr. Roberto NEVAREZ VÁSQUEZ, Director-General of Public Health.

EGYPT

Delegates:

H.E. Dr. Aly Tewfik SHOUSHA Pasha, Under-Secretary of State, Ministry of Public Health, Cairo.

Dr. Mahmoud Soliman Bey ABAZA, Director-General, Ministry of Public Health.

Legal Adviser:

Taha Elsayed Bey NASR, Royal Counsellor to the Ministries of the Interior and Public Health.

EL SALVADOR

Delegate:

Dr. Aristides A. MOLL, Secretary of the Pan American Sanitary Bureau, Washington, D.C.

ETHIOPIA

Delegate:

Mr. Getahoun TESEMMA, First Secretary, Ethiopian Legation, Washington, D.C.

FRANCE

Delegates:

Dr. André CAVAILLON, Secretary-General, Ministry of Public Health.

Professor Jacques PARISOT, Professor of Hygiene, Faculty of Medicine, Nancy.

Médecin-Général, Inspecteur, Marcel VAUCEL, Director of the Health Service, Ministry of the Colonies.

Dr. Xavier LECLAINCHE, Inspector-General, Ministry of Public Health.

Dr. Jean CAYLA, Inspector-General, Ministry of Public Health.

Dr. Jean F. MABILEAU, Chief of the Mission of the Ministry of Public Health, French Embassy, Washington, D.C.

GREECE

Delegates :

Dr. Phokion KOPANARIS, Director-General,
Ministry of Health.
Mr. Anastassios KATSOYANNIS, Director,
Ministry of Health.

Adviser :

Mr. Charis STEPHOPOULOS, Chief of Section,
Ministry of Health.

GUATEMALA

Delegates :

Dr. Guillermo E. MORÁN, Under-Secretary,
Ministry of Public Health and Social Assis-
tance.
Dr. José Antonio MUÑOZ, Department of Public
Health.
Dr. Victor Manuel MEJÍA, Department of
Public Health.

HAITI

Delegate :

Dr. Rulx LEÓN, Consul-General of Haiti, New
York.

HONDURAS

Delegate :

Dr. Juan Manuel FIALLOS, Chief of Nutrition
Division, Ministry of Public Health.

INDIA

Delegates :

Lieutenant-Colonel C. K. LAKSHMANAN, All-
India Institute of Hygiene and Public Health,
Calcutta.
Major C. MANI, I.M.S., Deputy Public Health
Commissioner, New Delhi.

IRAN

Delegates :

Dr. Ghasseme GHANI, former Iranian Minister
of Health.
Dr. Mohammed Hussein HAFEZI, Chief of Vital
Statistics and Publicity, Imperial Iranian
Ministry of Health.
Dr. Ahmed IMAMI, Chief of the Nejat Hospital,
Ministry of Health.
Dr. Bennett F. AVERY, Adviser to the Imperial
Iranian Ministry of Health.

IRAQ

Delegates :

H.E. Dr. Shawkat AL-ZAHAWI, Director of the
Pathological Institute.
Dr. Ihsan DOGRAMAJI, Ministry of Social
Affairs.

LEBANON

Delegates :

Mr. Georges HAKIM, Professor, American Uni-
versity, Beirut.
Dr. Anis MAKHLOUF.

LIBERIA

Delegate :

Dr. Joseph N. TOGBA, Physician to the Liberian
Government, Department of State.

Adviser :

Dr. John B. WEST, Director of the United States
Public Health Service Mission to Liberia.

LUXEMBURG

Delegate :

Professor Maurice DE LAËT, Secretary-General,
Belgian Ministry of Public Health.

MEXICO

Delegates :

Dr. Octavio S. MONDRAGÓN, Under-Secretary,
Ministry of Public Health and Social Welfare.
Dr. José ZOZAYA, Director, Institute of Health
and Tropical Medicine.
Dr. Miguel BUSTAMANTE, Research Epidemio-
logist, Institute of Health and Tropical
Medicine.

Technical Advisers :

Dr. Alberto P. LEÓN, Chief of the Bacteriological
Laboratory, Institute of Health and Tropical
Medicine.

Dr. Gustavo A. ROVIROSA, State Health
Officer, State of Tamaulipas.

Secretary-General :

Mr. Carlos PEÓN DEL VALLE, Counsellor,
Ministry of Foreign Affairs.

NETHERLANDS

Delegates :

Dr. Cornelis VAN DEN BERG, Director-General of
Public Health, Ministry of Social Affairs.
Dr. Cornelis BANNING, Chief Medical Officer of
Health.
Professor J. J. VAN LOGHEM, Department of
Overseas Territories, Amsterdam ; Professor
of Hygiene, University of Amsterdam.
Dr. W. A. TIMMERMAN, Director of the National
Institute of Public Health, Utrecht.

Technical Adviser :

Dr. J. J. VAN DULLEMEN, Ministry of Social
Affairs, Inspector of the Children's Holiday
Scheme.

Legal Adviser and Secretary :

Mr. C. J. GOUDSMIT, Secretary of the Depart-
ment of Health ; Legal Adviser, Ministry of
Social Affairs.

NEW ZEALAND

Delegates :

Dr. T. R. RITCHIE, Deputy Director-General of
Health, Wellington.
Dr. H. B. TURBOTT, Director, Division of School
Hygiene, Department of Health.

NICARAGUA

Delegate :

Dr. Alberto SEVILLA-SACASA, First Secretary,
Nicaraguan Embassy, Washington, D.C.

NORWAY

Delegates:

Dr. Karl EVANG, Director-General of Public Health.
Dr. Andreas DIESEN, Chief Medical Officer, Oslo.
Dr. Axel STROEM, Professor of Hygiene, University of Oslo.
Dr. Hans Th. SANDBERG, Department of Public Health.

PANAMA

Delegates:

Dr. J. J. VALLARINO, Ambassador of Panama to the United States of America.
Dr. Guillermo GARCIA DE PAREDES, Director of Department of Public Health.
Mr. Guillermo FABREGA, Vice-Consul of Panama, New York.

Secretary:

Miss Carmen MIRO.

PARAGUAY

Delegates:

Dr. Angel R. GINÉS, Head of the Department for the Control of Tuberculosis, Ministry of Public Health; Professor, Faculty of Medicine, University of Asunción.
Dr. Ruben RAMIREZ PANE, Deputy Director of the Hospital of Infectious and Tropical Diseases; former Adviser to the Institute of Inter-American Affairs.

Adviser:

Dr. S. TOCKER, economist.

PERU

Delegates:

Dr. Carlos Enrique PAZ SOLDÁN, Professor of Hygiene, Faculty of Medicine, University of San Marcos, Lima.
Dr. Alberto TORANZO, Chief of Interchange Department, Ministry of Public Health.

POLAND

Delegates:

Dr. Martin KACPRZAK, President of the National Health Council.
Dr. Edward GRZEGORZEWSKI, Professor of Hygiene and Rector of the Medical Academy, Gdansk.
Dr. Stanislaw TUBIASZ, Chief of Division, Public Health Administration, Ministry of Health.

PHILIPPINES

Delegates:

Dr. Hilario LARA, Director, Institute of Hygiene, University of the Philippines; Professor of Epidemiology and Vital Statistics.
Dr. Walfrido DE LEÓN, Professor of Sanitary Bacteriology and Immunology, Institute of Hygiene, University of the Philippines; Chief of Government Serum and Vaccine Laboratories.

SAUDI ARABIA

Delegates:

H.E. Sheikh ASAD-AL-FAQH, Saudi-Arabian Minister to the United States of America.
Dr. Yahia NASRI, Director-General of Health.
Dr. Medhat Sheikh AL-ARDH, Department of Health.

SYRIA

Delegate:

Dr. C. TREFI, Public Health Department, Ministry of Health.

TURKEY

Delegate:

Dr. Zeki NASIR BARKER, Assistant Under-Secretary, Ministry of Health and Social Assistance.

UKRAINIAN SOVIET SOCIALIST REPUBLIC

Delegates:

Dr. Levko Ivanovitch MEDVED, Deputy Minister of Public Health.
Dr. Ivan Ivanovitch KALTCHENKO, Director of the Institute for the Advancement of Medical Practice.

Secretary:

Miss V. SERGEEVA.

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:

Dr. Fedor Grigorievitch KROTKOV, Deputy Minister of Public Health, Member of the Academy of Medical Sciences.
Dr. Lev Vasilievitch GROMASHEVSKY, Professor of Epidemiology, Member of the Academy of Medical Sciences.

Secretary:

Mrs. Alexandra ELISSEYEVA.

UNION OF SOUTH AFRICA

Delegate:

Dr. H. S. GEAR, Deputy Chief Health Officer, Department of Public Health.

UNITED KINGDOM

Delegates:

Sir Wilson JAMESON, K.C.B., Chief Medical Officer, Ministry of Health.
Dr. Melville D. MACKENZIE, Principal Medical Officer, Ministry of Health.
Mr. G. E. YATES, Assistant Secretary, Ministry of Health.
Mr. H. M. PHILLIPS, Counsellor for Economic and Social Affairs, United Kingdom Delegation to the United Nations.

Senior Adviser:

Dr. W. H. KAUNTZE, Chief Medical Adviser, Colonial Office.

Advisers:

Dr. P. G. STOCK, Medical Adviser, Ministry of Health.
Mr. F. A. VALLAT, Assistant Legal Adviser, Foreign Office.
Mr. K. E. ROBINSON, Colonial Office.

Secretary:

Miss M. E. PETZSCHE, Ministry of Health.

UNITED STATES OF AMERICA

Delegates:

Dr. Thomas PARRAN, Surgeon-General, United States Public Health Service.
Dr. Martha M. ELIOT, Associate Director, Children's Bureau, Department of Labor.
Dr. Frank G. BOUDREAU, Director, Milbank Memorial Fund.
Dr. James E. PAULLIN, former President, American Medical Association.
Mr. Durward V. SANDIFER, Chief, Division of International Organization Affairs, Department of State.

Secretary-General:

Mr. Otis E. MULLIKEN, Chief, Division of International Labor, Social and Health Affairs, Department of State.

Chief Technical Adviser:

Dr. Louis B. WILLIAMS, Jr., Medical Director, United States Public Health Service; Chief, Health Branch, Division of International Labor, Social and Health Affairs, Department of State.

Advisers:

Mr. Ward P. ALLEN, Regional Problems Branch, Division of International Organization Affairs, Department of State.
Mr. Howard B. CALDERWOOD, Office of International Health Relations, United States Public Health Service.
Dr. James A. DOULL, Medical Director, United States Public Health Service; Chief, Office of International Health Relations, United States Public Health Service.
Mr. Robert P. FISCHER, Executive Secretary, American Pharmaceutical Association.
Dr. H. VAN ZILE HYDE, Senior Surgeon, United States Public Health Service; Assistant Chief, Health Branch, Division of International Labor, Social and Health Affairs, Department of State.
Dr. George LULL, Major-General (retired); General Manager, American Medical Association.
Mr. John MAKTO, Division of International Organization Affairs, Department of State.
Miss Marcia MAYLOTT, Division of International Organization Affairs, Department of State.
Mr. Alvin ROSEMAN, Acting Chief, International Activities Branch, Bureau of the Budget.

Dr. Michael B. SHIMKIN, Surgeon, United States Public Health Service; Assistant Director, Office of International Health Relations, United States Public Health Service.

Miss Mary SWITZER, Assistant to the Administrator, Federal Security Agency.

Mrs. Elmira B. WICKENDEN, Executive Secretary, National Nursing Council.

Dr. Abel WOLMAN, Professor of Sanitary Engineering, Johns Hopkins School of Public Health and Hygiene; Consultant, United States Public Health Service.

Executive Secretary:

Mr. Richard S. WHEELER, Divisional Assistant, Division of International Conferences, Department of State.

Special Assistant to the Chairman:

Miss Jean HENDERSON, Chief, Office of Health Information, United States Public Health Service.

Special Assistant to the Secretary-General:

Miss Frances M. WILSON, Division of International Labor, Social and Health Affairs, Department of State.

Administrative Assistant:

Miss Dorothy H. KING, Division of International Conferences, Department of State.

URUGUAY

Delegates:

Dr. José A. MORA OTERO, Minister Plenipotentiary.
Dr. Rafael RIVERO, Director of Hospitals, Ministry of Public Health.
Dr. Carlos Maria BARBEROUSSE, Assistant Chief, Public Schools Medical Service.
Dr. José P. SARALEGUI, Ministry of Health.

Technical Adviser:

Dr. H. Jackson DAVIS, Director of the Inter-American Public Health Service.

VENEZUELA

Delegates:

Dr. Alfredo ARREAZA GUZMÁN, Director of Public Health, Ministry of Health and Social Welfare, Caracas.
Dr. Arnoldo GABALDÓN, Chief of the Malaria Division, Ministry of Health and Social Welfare.
Dr. Leopoldo GARCÍA-MALDONADO, Chief of Division, Ministry of Health and Social Welfare.

Legal Adviser:

Dr. Julian A. ARROYO, Legal Adviser to the Consulate-General of Venezuela in New York.

YUGOSLAVIA

Delegate:

Dr. Andrija STAMPAR, Professor of Public Health and Social Medicine; Rector of the University of Zagreb.

B. Observers representing States non-Members of the United Nations .¹

ALBANIA

Mr. Tuk JAKOVA, Minister of State.
Dr. Sherif KLOSI, Secretary-General, Ministry of Public Health.
Mr. Behar SHTYLLA, Secretary-General, Ministry of Foreign Affairs.
Mr. Alqi KRISTO, Chief of the Press Section, Ministry of Foreign Affairs.

AUSTRIA

Dr. Marius KAISER, Counsellor, Ministry of Welfare, Vienna.

BULGARIA

Dr. Dimitar P. ORAHOVATZ, Director of the Institute of Physiology of Sofia ; Professor, Rector of the University of Sofia.

FINLAND

Dr. Osmo TURPEINEN, Lecturer at University of Helsinki.

HUNGARY

Mr. Aladar SZEGODY-MASZAK, Envoy Extraordinary and Minister Plenipotentiary.
Dr. Victor DE CSORNOKY, Counsellor of Legation, Washington, D.C.

ICELAND

Mr. Thor THORS, Minister for Iceland to the United States of America.

IRELAND

Dr. John D. MACCORMACK, Deputy Chief Medical Officer, Department of Local Government and Public Health.

ITALY

Dr. Gino BERGAMI, High Commissioner for Hygiene and Public Health.
Dr. G. A. CANAPERIA, General Medical Inspector of Public Health.

PORTUGAL

Dr. Francisco Carrasqueiro CAMBOURNAC, Institute of Tropical Medicine.

SIAM

Mr. Mani SANASEN, Secretary, Siamese Legation, Washington, D.C.
Dr. Bunliang TAMTHAI, Director of the Medical School, Bangkok.

SWEDEN

Professor Hilding BERGLUND, Physician-in-Chief, St. Erik's Hospital, Stockholm.

SWITZERLAND

Dr. Jakob EUGSTER, Member of the Medical Faculty, University of Zurich.
Dr. Arnold SAUTER, Assistant to the Director of the Federal Public Health Service, Berne.
Mr. S. F. CAMPICHE, Attaché, Swiss Legation, Washington, D.C.

TRANSJORDAN

Dr. Djamil Pacha TUTUNJI, Director of Public Health of the Hashemite Kingdom of Trans-jordan.

C. Observers representing Allied Control Authorities.

For GERMANY

Major-General Morrison C. STAYER, United States Occupation Zone.

For JAPAN and KOREA

Colonel Crawford F. SAMS, Chief of Health and Welfare, General Headquarters, Supreme Commander, Allied Powers.
Dr. Y. S. S. LEE, Director of the Bureau of Health and Welfare, Korea.

D. Observers representing International Organizations.

FOOD AND AGRICULTURE ORGANIZATION

Mr. F. L. McDougall, Special Adviser to the Director-General.
Dr. W. R. AYKROYD, Senior Nutritionist.

INTERNATIONAL LABOUR ORGANIZATION

Mr. C. Wilfred JENKS, Legal Adviser, International Labour Office.
Dr. Alexandre FLORES ZORILLA, Chief of Section, International Labour Office ; Secretary-General of the Inter-American Social Security Committee.
Mr. Eric W. HUTCHISON, Secretary.

LEAGUE OF RED CROSS SOCIETIES

Dr. G. Foard MCGINNES, Vice-Chairman for Health Services of the American National Red Cross.

OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE

Dr. M. T. MORGAN, President of the Permanent Committee ; Medical Officer of Health, Port of London.
Dr. Maurice GAUD, Chief Medical Officer, UNRRA Mission to France.
Dr. Robert PIERRET, Director-General.

¹ The Governments of the following States were invited to send observers, but were not represented : Afghanistan, Roumania and Yemen.

PAN AMERICAN SANITARY BUREAU

Dr. Hugh S. CUMMING, Director.
Dr. John R. MURDOCH, Assistant Director.
Dr. Aristides A. MOLL, Secretary.
Dr. John D. LONG, Travelling Representative.

PROVISIONAL INTERNATIONAL CIVIL AVIATION ORGANIZATION

Dr. Josef DUBSKY, Air Transport Bureau.

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION

Dr. REGNAULT-BECCAT, Counsellor.
Mr. V. DARCHAMBEAU, Resident Observer of
UNESCO to the United Nations.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

Dr. George BAEHR, President of the New York
Academy of Medicine.
Lieutenant-Colonel Saul JARCHO, member of staff.

Dr. Wilbur A. SAWYER, Director of Health.
Dr. Neville M. GOODMAN, Director of Health
Division, European Regional Office, London.
Mr. Knud STOWMAN, Chief of Epidemiological
Information Service (Adviser).

WORLD FEDERATION OF TRADE UNIONS

Mr. John GREEN, Vice-President, Congress of
Industrial Organizations.
Mr. Norman S. DOWD, Executive Secretary of the
Canadian Congress of Labour, Ottawa.

E. Observers representing the Rockefeller Foundation.

Dr. George K. STRODE, Director of the Inter-
national Health Division.
Dr. Hugh H. SMITH, Assistant Director of the
International Health Division.
Dr. Robert A. LAMBERT, Associate Director for the
Medical Sciences.
Miss M. Elizabeth TENNANT, Assistant Director
of the International Health Division.
Dr. John B. GRANT.

2. SECRETARIAT

Head of Secretariat:

Dr. Yves M. BIRAUD, Counsellor, Head of the
Epidemiological Intelligence Service, League
of Nations ; in charge of the Health Division,
United Nations.

Deputies:

Mr. Zygmunt DEUTSCHMAN, Deputy Chief,
Epidemiological Information Service,
UNRRA ; Health Division, United Nations.
Mr. Walter R. SHARP, Professor of Public
Administration, New York City College ;
Health Division, United Nations.

Secretaries:

M. Georges DE BRANCION, Head of the Epi-
demiological Service, *Office International d'Hy-
giène Publique*, Paris.
Mr. Hung T. CHU, Press Attaché, Chinese
Delegation to the United Nations, New York.
Mr. Eduardo JIMENEZ DE ARECHAGA, Under-
Secretary, Advisory Committee for Inter-
American Defence, Montevideo.
Mr. Lyman C. MOORE, U.S. Bureau of Budget,
Washington, D.C.
M. Antoine H. ZARB, Head of the Legal Service,
Office International d'Hygiène Publique, Paris.

3. OFFICERS AND COMMITTEES

Officers of the Conference.

President:

Dr. Thomas PARRAN (United States of America).

Vice-presidents:

Dr. Geraldo H. DE PAULA SOUZA (Brazil).
Dr. James Kofoi SHEN (China).
Dr. André CAVAILLON (France).
Dr. Fedor Grigorievitch KROTKOV (Union of
Soviet Socialist Republics).
Sir Wilson JAMESON (United Kingdom).

Secretary-General *ex officio*:

Professor Henri LAUGIER, Assistant Secretary-
General in charge of the Department of
Social Affairs of the United Nations.

Secretary:

Dr. Yves M. BIRAUD.

Assistant Secretaries:

Mr. Zygmunt DEUTSCHMAN.
Mr. Walter R. SHARP.

General Committee.

Chairman: Dr. Thomas PARRAN (United States
of America).

Dr. Geraldo H. DE PAULA SOUZA (Brazil).
Dr. Brock CHISHOLM (Canada).
Dr. James Kofoi SHEN (China).
H.E. Dr. Aly Tewfik SHOUSHA Pasha (Egypt).
Dr. André CAVAILLON (France).
Lt.-Col. C. K. LAKSHMANAN (India).
Dr. W. A. TIMMERMAN (Netherlands).
Dr. Karl EVANG (Norway).
Dr. Carlos Enrique PAZ SOLDÁN (Peru).
Dr. F. G. KROTKOV (Union of Soviet Socialist
Republics).
Sir WILSON JAMESON (United Kingdom).
Dr. Arnaldo GABALDÓN (Venezuela).
Dr. Andrija STAMPAR (Yugoslavia).

Secretary: Dr. Yves M. BIRAUD.

Credentials Committee.

Chairman: H.E. Dr. Aly Tewfik SHOUSHA Pasha (Egypt).
Dr. Pedro NOGUEIRA (Cuba).
Dr. Phokion KOPANARIS (Greece).
Dr. Hilario LARA (Philippines).
Dr. Martin KACPRZAK (Poland).
Secretary: Mr. Hung-Ti CHU.

Committee on Rules of Procedure ¹.

Chairman: Dr. André CAVAILLON (France).
Dr. Alberto ZWANCK (Argentina).
Mr. Ernest CÔTÉ (Canada).
Dr. Szeming SZE (China).
Taha Elsayed Bey NASR (Egypt).
Mr. F. A. VALLAT (United Kingdom).
Mr. Durward V. SANDIFER (United States).
Secretary: Mr. Walter R. SHARP.

Working Committees.

Committee I. — Scope and Functions of the World Health Organization.

Officers of the Committee:

Chairman: H.E. Dr. Aly Tewfik SHOUSHA Pasha (Egypt).
Vice-Chairman: Dr. Octavio S. MONDRAGÓN (Mexico).
Rapporteur: Dr. René SAND (Belgium).
Secretary: Mr. Walter R. SHARP.

Members of Drafting Sub-Committee:

Chairman and Rapporteur: Dr. René SAND (Belgium).
Dr. Jean CAYLA (France).
Major C. MANI (India).
Dr. I. I. KALTCHENKO (Ukrainian Soviet Socialist Republic).
Dr. H. S. GEAR (Union of South Africa).

Ex-officio:

H.E. Dr. Aly Tewfik SHOUSHA Pasha (Egypt),
Chairman of Committee I.
 Dr. Octavio S. MONDRAGÓN (Mexico),
Vice-Chairman of Committee I.

Terms of reference:

The following items were referred to the Committee:
 Name of the Organization;
 Draft constitutional proposals:
 Section I — (Preamble).
 Section II — (Aims and objectives).
 Section III — (Functions).

Committee II. — Administration and Finance.

Officers of the Committee:

Chairman: Dr. Brock CHISHOLM (Canada).
Vice-Chairman: Dr. Martin KACPRZAK (Poland).
Rapporteur: Professor Jacques PARISOT (France).
Secretaries: Mr. Georges DE BRANCION and Mr. Lyman C. MOORE.

Members of Drafting Sub-Committee:

Chairman and Rapporteur: Professor Jacques PARISOT (France).
Dr. Josef ČANČIK (Czechoslovakia).
Dr. Rulx LEÓN (Haiti).
Dr. T. R. RITCHIE (New Zealand).
Dr. Frank G. BOUDREAU (United States of America).

Ex-officio:

Dr. Brock CHISHOLM (Canada), *Chairman of Committee II.*
Dr. Martin KACPRZAK (Poland), *Vice-Chairman of Committee II.*

Terms of reference:

Committee II was entrusted with the consideration of the following sections of the draft constitutional proposals:

Section V — (Organs).
 Section VI — (World Health Conference).
 Section VII — (Executive Board).
 Section VIII — (Director-General and Secretariat).
 Section IX — (Committees).
 Section X — (Conferences).
 Section XI — (Headquarters).
 Section XIII — (Budget and expenses).
 Section XIV — (Voting).
 Section XV — (Reports submitted by States).

Committee III. — Legal Questions.

Officers of the Committee:

Chairman: Dr. Karl EVANG (Norway).
Vice-Chairman: Mr. Nikolai Timofeevitch EVSTAFIEV (Byelorussian Soviet Socialist Republic).
Rapporteur: Dr. Xavier LECLAINCHE (France).
Secretaries: Mr. Eduardo JIMENEZ DE ARCHAGA and Mr. Antoine H. ZARB.

Members of Drafting Sub-Committee:

Chairman and Rapporteur: Dr. André CAVAILLON (France).²
Dr. Alberto ZWANCK (Argentina).
Mr. Ernest CÔTÉ (Canada).
Dr. Szeming SZE (China).³
Taha Elsayed Bey NASR (Egypt).
Dr. Karl EVANG (Norway).
Dr. Lev Vasilievitch GROMASHEVSKY (Union of Soviet Socialist Republics).
Mr. F. A. VALLAT (United Kingdom).
Mr. Durward V. SANDIFER (United States of America).

¹ The delegation of the Union of Soviet Socialist Republics was also elected to membership of this Committee, but was unable to attend the meetings.

² Later replaced by Dr. Xavier Leclainche (France).

³ Later replaced by Dr. L. Chin Yuan (China).

Dr. Joseph N. TOGBA (Liberia) and Mr. C. J. GOUDSMIT (Netherlands) assisted the Drafting Sub-Committee in the preparation of the final text on "Associate Membership" (Chapter III).

Terms of reference:

The following sections of the draft constitutional proposals were referred to this Committee:

- Section IV — (Membership).
- Section XVI — (Legal Status).
- Section XVIII — (Amendments).
- Section XIX — (Entry into force).

Committee III was also entrusted with the drafting of the Protocol concerning the *Office International d'Hygiène Publique* and was generally available to all committees of the Conference for consultation and advice on legal aspects of their work.

Committee IV. — Relations with the United Nations and other Organizations.

Officers of the Committee:

- Chairman: Dr. Arnaldo GABALDÓN (Venezuela).
- Vice-Chairman: Dr. Karel MACHAČEK (Czechoslovakia).¹
- Rapporteur: Dr. Szeming SZE (China).
- Secretary: Mr. Walter R. SHARP.

Members of Drafting Sub-Committee:

- Chairman and Rapporteur: Dr. Arnaldo GABALDÓN (Venezuela).
- Sir Raphael CILENTO (Australia).
- Dr. Szeming SZE (China).
- Dr. Jorge BEJARANO (Colombia).
- Dr. Jean CAYLA (France).
- Dr. Martha M. ELIOT (United States of America).

Ex-officio:

- Dr. Josef ČANČIK (Czechoslovakia), Vice-Chairman of Committee IV.

Terms of reference:

Committee IV was entrusted with the consideration of section XVII of the draft constitutional proposals (Relations with Other Organizations) and with the drafting of the Arrangement for the establishment of an Interim Commission, including provisions for the assumption by the Commission (and eventually the World Health Organization) of the duties and functions entrusted to the United Nations Relief and Rehabilitation Administration by the Sanitary Conventions of 1944 and the Protocols thereto. The Committee was also charged with the drafting of a resolution concerning the transfer to the World Health Organization of the activities of the League of Nations Health Organization.

Committee V. — Regional Arrangements.

Officers of the Committee:

- Chairman: Dr. W. A. TIMMERMAN (Netherlands).
- Vice-Chairman: Dr. Luis F. THOMEN (Dominican Republic).
- Rapporteur: Major C. MANI (India).
- Secretary: Dr. Yves M. BIRAUD.

Members of Drafting Sub-Committee:

- Chairman and Rapporteur: Dr. W. A. TIMMERMAN (Netherlands).
- Dr. Szeming SZE (China).
- Dr. Aristides A. MOLL (El Salvador).
- Major C. MANI (India).
- Mr. Durward V. SANDIFER (United States of America).
- Dr. Andrija STAMPAR (Yugoslavia).

Terms of reference:

Section XII of the draft constitutional proposals relating to regional arrangements was referred to this Committee.

Central Drafting Committee.

- Chairman: Dr. Melville D. MACKENZIE (United Kingdom).
- Dr. René SAND (Belgium).
- Dr. Szeming SZE (China).
- Dr. Aristides A. MOLL (El Salvador).
- Dr. L. V. GROMASHEVSKY (Union of Soviet Socialist Republics).

¹ Later replaced by Dr. Josef Čančík (Czechoslovakia).

- Mr. Durward V. SANDIFER (United States of America).

The Committee was assisted by the following legal experts:

- Mr. Ernest CÔTÉ (Canada).
- Mr. F. A. VALLAT (United Kingdom).
- Mr. Durward V. SANDIFER (United States of America).

III. SUMMARY REPORT ON THE PROCEEDINGS

I. CONSTITUTION OF THE WORLD HEALTH ORGANIZATION ¹

The Constitution of the World Health Organization, signed in New York on 22 July 1946 on behalf of sixty-one States, consists of a preamble and nineteen chapters, the latter being sub-divided into eighty-two articles numbered consecutively in a single series.

As the basic charter of the Organization, the Constitution sets forth its over-all objective, enumerates its functions, establishes its central and regional structure, defines its legal status, and provides for co-operative relationships between it and the United Nations and other organizations, both governmental and private, concerned with health matters.

Name of the Organization.

The choice of an appropriate name for the new organization gave rise to active discussion in the Conference. With a view to emphasizing the universal range of co-operative action for health, the Technical Preparatory Committee proposed the name "World Health Organization". The report of Committee I (Scope and Functions) recommended that this title be retained.

When this report came before the full Conference for consideration, the Chinese delegate, seconded by the delegates of the Ukraine, Argentina, Canada, the Dominican Republic, Mexico, and Brazil, made an eloquent appeal for the approval of the Committee's recommendation as best symbolizing the new "world age" of to-day. While not contesting the desirability of this emphasis in general, the United Kingdom representative nevertheless moved to amend the report by substituting "United Nations" for "World" in the proposed title. In defence of this amendment, the following considerations were advanced: (1) the Organization had had its inception at the San Francisco Conference, and the International Health Conference had been convened by the Economic and Social Council; (2) since the Constitution clearly contemplated that the Organization should be brought into formal relationship with the United Nations as a "specialized agency", this "solidarity" should be manifested "by making the connexion evident in the title"; and (3) it was hoped that the United Nations would at an early date embrace the entire family of nations. This point of view was warmly endorsed by the Australian delegate.

As a compromise solution, the Netherlands put forward the name "United Nations World Health Organization", while Panama suggested a variant

of this—"World Health Organization of the United Nations". Following the withdrawal by the United Kingdom of its own amendment, a roll-call was taken on the Netherlands proposal, thirty votes being cast in the negative and seventeen in the affirmative. The Conference then unanimously approved "World Health Organization" as the name of the new institution.

Preamble.

The Preamble enumerates nine basic principles considered by the Conference to be fundamental "to the happiness, harmonious relations and security of all peoples". Health is defined, not negatively or narrowly as the absence of disease or infirmity, but positively and broadly as "a state of complete physical, mental and social well-being", the enjoyment of which should be part of the rightful heritage of "every human being without distinction of race, religion, political belief, economic or social condition".

Within this context, international collaboration in health matters was held to encompass the improvement of standards of national health in all countries, the dissemination of medical, psychological, and related knowledge throughout the world, and the development of an informed public opinion on health problems. The Preamble places special emphasis on the mental and social adjustment of the child to the "changing total environment" in which he lives and recognizes the growing responsibility of Governments everywhere for "the provision of adequate health and social measures" for their peoples.

In accepting the Constitution, the contracting parties pledge themselves to co-operate for the realization of the foregoing principles through the World Health Organization "as a specialized agency within the terms of Article 57 of the Charter".

Chapter I. — Objective.

The Conference deemed it appropriate to recast and transfer to Chapter II of the Constitution (dealing with functions) six of the seven specific aims and objectives which had been proposed by the Technical Preparatory Committee for Chapter I. On the initiative of Canada, a simple formula for expressing the over-all objective of the Organization was adopted as the text of Chapter I, as follows:

"The objective of the World Health Organization . . . shall be the attainment by all peoples of the highest possible level of health."

¹ For full text of the Constitution, see page 100.

Chapter II. — Functions.

This chapter enumerates the functions which the Organization may exercise for the purpose of implementing its primary objective. These functions, twenty-two in number, fall into six inter-related categories.

1. *General and co-ordinative.* The organization is designed as the directing and co-ordinating authority in all matters relating to international health work. As such, it will occupy a paramount position in relation to all other inter-governmental agencies concerned with any aspect of health. Within the field of its competence, the Organization is empowered generally "to take all necessary action" to further its aims.

2. *Co-operation with other organizations.* Under the provisions of Chapter II, WHO is required "to establish and maintain effective collaboration" with the United Nations, specialized agencies in related fields, national health administrations, private scientific and professional groups, and such other agencies as may be appropriate. More specifically, the Conference noted that active and sustained co-operation by WHO with such specialized agencies as ILO, FAO, and UNESCO would be essential in connexion with the promotion of measures for the improvement of economic and social conditions affecting health and for the advancement of general health education.

3. *Research and technical services.* Under this heading a variety of activities is envisaged by the Constitution. These include the conduct and promotion of research; the establishment and administration of epidemiological and statistical services; the development of international standards for food, biological, pharmaceutical, and similar products; the standardization of diagnostic procedures as necessary; and the improvement of international nomenclatures of diseases, causes of death, and public health practices. All these activities will have as their broad aim the more effective control and eventual eradication of disease. With a view to avoiding any implication that such work would be of limited range, the Conference decided against making any reference to specific types of disease in the text of the Constitution.

In addition to furthering medical research, the Organization is empowered to study and report on the administrative and social aspects of public health and medical care from the preventive as well as the curative standpoint, including hospital services and social security. The Technical Preparatory Committee had been doubtful whether the promotion of health insurance should be specifically included among the functions of the Organization. Various members of the Economic and Social Council had, moreover, expressed divergent views on this subject when the draft proposals were before the Council for comment,

some of the members holding that health insurance properly belonged to the sphere of action of the International Labour Organization. On the other hand, certain delegates at the Conference, notably those of Belgium, the Netherlands, and Sweden, pointed out that nearly every aspect of social security had some bearing on health and would therefore be of concern to WHO. After extended discussion it was agreed that the role of the Organization in regard to social security should be confined to fact-finding, analysis, and reporting in collaboration with other specialized agencies dealing with social security problems.

4. *Promotional and educational activities.* The Organization is given an explicit mandate to promote maternal health and child welfare and to foster activities in the field of mental health. In conjunction with such agencies as ILO and FAO, it will also institute action looking towards the prevention of accidental (chiefly household) injuries and "the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene".

The educational work of the Organization will be of two kinds. On the technical level, WHO will aid in bringing about improved standards of teaching and training in the health, medical, and related professions, including arrangements for the widest possible dissemination of scientific and technical knowledge both to research workers and to practitioners. As regards the lay public, it will assist "in developing an informed public opinion among all peoples on matters of health" through its own publications as well as the media of the Press, radio, and motion picture. The Conference took cognizance of the fact that the public relations programme of WHO should be closely articulated with that of the United Nations and cognate agencies.

5. *Field operations.* Chapter II of the Constitution authorizes the Organization to provide direct aid to Member Governments, upon request, for the purpose of strengthening their health services. Secondly, it is expected to furnish appropriate technical assistance in emergencies, such as epidemics, whether upon the request of Governments or upon its own initiative (provided the Governments concerned agree to accept such assistance). It was the understanding of the Conference that WHO would not operate inside any country without the approval of the Government. In the third place, the Organization, when requested by the United Nations, may provide "health services and facilities to special groups, such as the peoples of Trust Territories". The draft proposals of the Technical Preparatory Committee made specific mention of "displaced persons" in this respect. Opposition to the entire paragraph was expressed by the Ukrainian delegate in Committee I (Scope and Functions). The Conference decided to omit any reference to "displaced persons", but the rest of the provision was retained. Accordingly, while WHO is

not empowered in so many words to furnish aid to displaced persons, the Constitution does not preclude its doing so if the United Nations should so request.

6. *Regulatory measures.* Not least important among WHO's functions are three types of international regulatory action which it is authorized to initiate. First, the Organization may make formal recommendations to Governments with respect to international health matters. Secondly, it may adopt international conventions or formal agreements for acceptance by Governments in accordance with their constitutional processes. In the third place, it may issue regulations on specified subjects which become effective for all Member States under certain conditions. The procedures and conditions governing the exercise of these three functions are spelled out in Chapter V of the Constitution and will be discussed later in this report (see pages 19-21 below).

Chapter III. — Membership and Associate Membership.

Membership. The Conference unanimously endorsed the view of the Technical Preparatory Committee that membership of the Organization should be open to all States without exception. The Committee proposed that any Member of the United Nations should be entitled to acquire membership of WHO merely by accepting the Constitution in accordance with the provisions of Chapter XIX (see page 27 below). The Committee referred to the Conference the question of determining the conditions under which other States might become Members of the Organization.

In regard to the general principle that should govern membership, the United States delegation stressed the importance of extending to all peoples without delay the benefits of international action in the sphere of health. The idea was advanced that the fight against disease should outweigh any political considerations, since the absence of any State was bound to detract from the effective operation of WHO. It was further pointed out that in conformity with established principles of international law the membership of a State in the Organization could in no way affect the question of recognition or non-recognition of the Government of such State by other Member States. With a view to implementing this proposition, the United States submitted to Committee III (Legal Questions) a draft proposal providing that non-members as well as Members of the United Nations might join the Organization by signing the Constitution before 31 August 1946 or by depositing an instrument of acceptance or by accession.

The three delegations of the Soviet Republics jointly introduced a counter-proposal to the effect that States not members of the United Nations should be admitted only after the submission of application and the approval of such applications by a two-thirds vote of the Health Assembly.

Seeking a formula that would reconcile these two proposals, the Chinese delegation submitted a text providing that all States invited to the Conference would be eligible for membership upon signing or accepting the Constitution immediately. This text, as subsequently modified in line with suggestions made by the Union of Soviet Socialist Republics, the United Kingdom and the United States, became the basis for the membership provisions finally inserted into the Constitution.

These provisions (Articles 4 to 6) stipulate that *all* States invited to send representatives or observers to the Conference may become members by accepting the Constitution provided that the acceptance of those States not members of the United Nations is effected prior to the first session of the Health Assembly. Subject to the conditions of the agreement bringing WHO into formal relationship with the United Nations, States which do not join the Organization under the foregoing provision may, upon application, be admitted by a simple majority vote of the Health Assembly. Although the report of the Legal Committee had recommended admission of such States by a two thirds majority vote, the full Conference, after a roll-call vote of twenty-five to twenty-two, adopted a Chilean amendment authorizing approval by simple majority.

If any Member fails to meet its financial obligations, or in other exceptional circumstances, the Health Assembly may suspend the voting privileges and services to which such Member is entitled (Article 7). In this connexion the Canadian delegate observed that in the event of resort to bacterial warfare it would be imperative to prevent the aggressor from securing information which might reveal the effectiveness of such illegal action. The Conference felt that such a serious matter as the suspension of voting privileges and services should rest with the Health Assembly alone and not with the Executive Board as well, as proposed by certain delegates. Only the Assembly will have the power to restore such privileges.

Associate membership. Early in the deliberations of the Conference a second question affecting membership of WHO became the subject of spirited debate. This question concerned the participation of non-self-governing Territories not eligible for full membership—a question which had been referred to the Conference by the Technical Preparatory Committee without any concrete recommendation. The Chinese delegation took the initiative in proposing that the Health Assembly should be empowered to admit as "associate members", with all rights and privileges except voting and holding office, all such territories "ineligible to separate membership in the United Nations, whose areas and populations are large enough, whose health problems are of world concern, and which have indigenous health administrations". The United Kingdom delegation, supported by France, Canada, Mexico, New

Zealand and South Africa, suggested that the participation of non-self governing areas should be limited to the regional branches of the Organization. The United States brought forward a third solution of the problem which would have conferred upon the Health Assembly the right to determine the criteria of selection and to define the conditions of participation.

After discussion in the Legal Committee, the United Kingdom offered to accept the principle of associate membership at the central level, provided such membership was restricted to a maximum of, say, twenty territories. China joined in support of this arrangement and agreed with the United States that participation should require the consent of the Governments responsible for the foreign relations of the territories concerned.

The drafting sub-committees of the Committees on Legal Questions and Regional Arrangements, to which the matter was referred, submitted a text which took account of the divergent views expressed on the subject. This text, as approved by the full Conference, provides that territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as associate members by the Health Assembly upon application made on their behalf by the Member or other authority having such responsibility, the nature and extent of the rights and obligations of such territories being reserved for determination by the Assembly (Article 8). The reason for including the term "other authority" in the revised wording was to make it possible for Trust Territories, whether administered by a single Power or by the United Nations collectively, to be admitted to associate membership of WHO. At the instance of the Liberian delegate, the Conference added a provision that the representatives of associate members not only should be qualified by their technical competence in the field of health, but should also be chosen from the native population. The adopted text imposes no limitation upon the number of associate members; nor does it obligate the Health Assembly to consult with the State or other authority responsible for the foreign relations of associate members before deciding what their rights shall be.

Chapter IV. — Organs.

The Conference approved without argument the central institutional structure for WHO envisaged by the Technical Preparatory Committee. It was accordingly decided that the work of the Organization should be performed by a World Health Assembly, an Executive Board, and a secretariat (Article 9). One slight change in organizational terminology was, however, voted by the Conference. The Technical Preparatory Committee had proposed that the general deliberative body of WHO should be called the "World Health Conference"—a name that would have been more in harmony with the terminology employed in similar specialized agencies of the

United Nations (e.g., ILO, FAO, and UNESCO). Most of the delegates being of the opinion that the word "Assembly" would emphasize more appropriately the representative functions of WHO's deliberative organ, it was decided to adopt the latter name.

The Brazilian delegate sponsored a proposal for the inclusion of an advisory council of health experts as one of the principle organs of WHO. In his opinion such a council might tend to keep the organization from becoming too "bureaucratic" and might in time develop into an international academy of health. The Rapporteur of the Technical Preparatory Committee explained to the Conference that sympathetic consideration had been given to this proposal. The Committee, however, had felt that the Organization, under the general authority to establish committees, could set up an advisory council at any time it might be considered desirable. This view prevailed and no explicit provision was made in the Constitution for such a body.

Chapter V. — The World Health Assembly.

Composition. There was general agreement that the World Health Assembly should be composed of delegates representing Members, each Member having one vote. Alternative proposals as to the make-up of Member delegations had been submitted by the Technical Preparatory Committee:

1. That each Member should be represented by a single delegate, and
2. That representation should include not more than three delegates, one of whom should be designated by the Member State as chief delegate.

Taking the view that the second proposal would allow Member States more opportunity to include non-governmental experts along with governmental officials in their delegations to the Health Assembly, the Conference decided accordingly, adding a recommendation to the effect that delegates "should be chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member" (Article 11). Provision was also made for the inclusion of alternates and advisers in Member delegations (Article 12).

Meetings. The consensus of opinion was that annual sessions of the Health Assembly should be rotated from region to region with a view to stimulating interest in public health work around the world. The Constitution thus provides that at each annual session the Assembly shall select the country or region in which the next annual session shall take place, "the Board subsequently fixing the place" (Article 14). Special sessions may be convened at the request of the Board or a majority of the Members of the Organization.

Officers and rules of procedure. The Health Assembly is authorized to elect its president and other officers, whose terms will extend from one

annual session to the next (Article 16). The Assembly may also adopt its own rules of procedure (Article 17).

Functions (Article 18). As the sovereign deliberative body of the Organization, the Health Assembly is entrusted with general responsibility for approving its programme of work and supervising its financial and budgetary policies. The Assembly must also consider recommendations bearing on health matters which are made to it by the appropriate organs of the United Nations and report to them on action taken by WHO to give effect to such recommendations.

The Conference approved the recommendations of the Technical Preparatory Committee:¹

1. That the Health Assembly should review and approve proposals submitted to it by the Executive Board and the Director-General;

2. That it might instruct the Board in regard to matters upon which study, investigation, or action by the Organization was necessary; and

3. That it should be authorized to delegate to the Board such of its powers as it deemed appropriate.

The Assembly will elect the Board and appoint the Director-General upon nomination by the Board. In order to implement the research and technical operations of the Organization, the Assembly may also establish such committees and "other institutions" as it considers advisable and take any further appropriate action to promote the over-all objective of WHO.

With a view to underlining the importance of the role of the Health Assembly in carrying out the quasi-legislative and regulatory functions conferred upon the Organization, the Conference, after extended discussion, decided to define the procedures governing the exercise of these functions in separate articles of Chapter V, as indicated below.

1. *Conventions and agreements* (Articles 19-20). The Assembly, in respect of any matter within the jurisdiction of WHO, may adopt international conventions and other formal agreements by a two-thirds vote (instead of by a simple majority as proposed by the Technical Preparatory Committee). Any such convention or agreement will come into force for each Member of the Organization when accepted by it in accordance with its constitutional processes. Within eighteen months after the adoption of a convention or agreement, each Member Government is obligated to take action relative to its acceptance and to notify the Director-General of the action taken or, if it does not accept the instrument in question, to furnish a statement of the reasons for non-acceptance. Following acceptance, an annual report must be made to the Director-General on the progress achieved in applying the instrument through legislative and administrative channels as stipulated in Chapter XIV (see page 25 below).

In adopting the foregoing provisions, the Conference considered that the unification and

improvement of international sanitary conventions would be much easier to achieve in the future than was the case before the war, when special conferences had to be convened for this purpose, the long delays resulting in the provisions of such conventions becoming obsolete. On the other hand, the Conference was unwilling to accept an alternative procedure which would have given the delegates to the Health Assembly full powers to sign conventions on behalf of their Governments without reservation as to acceptance. It was contended that the present stage of international law made such a procedure impracticable.

2. *Regulations* (Articles 21-22). Probably the most significant contribution to international legislative technique in the health field made by the WHO Constitution lies in the power it confers upon the Health Assembly to adopt regulations on a broad range of technical matters. A special sub-committee was appointed to consider the basic principles that should govern the entry into force of such regulations. This sub-committee cited certain provisions of the Chicago Convention on International Civil Aviation and the International Sanitary Convention for Aerial Navigation of 1933, which it considered might serve as precedents. It was noted that the principle of "tacit approval" of amendment proposals had been incorporated in the latter convention, while the former provided that "international technical standards and practices" adopted by the Council of ICAO would become effective for all Member States within three months (or such longer period as the Council might determine) "unless in the meantime a majority of the contracting States register their disapproval with the Council".¹

Although the members of the sub-committee did not fully agree in their interpretation of these arrangements, they were all in favour of a scheme which would expedite the coming into force of the proposed international health regulations. After studying various alternative suggestions, the sub-committee recommended that the text of the Paris draft proposals on this point should be approved without change. This text² provides that regulations adopted by simple majority vote of the Health Assembly shall become effective for all Members after due notice, "except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice". This procedure places on each Member of the Organization the burden of declaring its refusal to accept a regulation. In other words, it will have to "contract out" of the obligation instead of having the right to "contract in" by act of formal acceptance.

Vigorous opposition to the principle of "contracting out" was expressed by the Ukrainian delegate on the ground that it would constitute "an infringement on sovereignty". Belgium also objected because of the possibility that a State might be bound "through oversight" on the part

¹ See *Off. Rec. WHO*, No. 1, page 71.

¹ See *International Civil Aviation Conference, Final Act and Related Documents*, Chapter XX, article 90.

² See *Off. Rec. WHO*, No. 1, page 71.

of its own Government. Representatives of the United Kingdom, United States, China, Mexico, and Ireland said in reply to this argument that since the Organization would have direct access to the health administration of each Member, notification of the adoption of regulations would reach the agency of government most directly concerned. The Ukraine later agreed to accept the proposed procedure provided its application "were limited, on a temporary basis pending later positive action by Governments", to the application of new techniques for controlling the international spread of disease. A number of other safeguard measures were then suggested, but all were eventually discarded by the sub-committee as being unduly restrictive.

When the Conference in plenary session proceeded to consider the report of Committee II (Administration and Finance), the delegate of the Union of Soviet Socialist Republics moved to amend it by providing that regulations should enter into force for all Members after formal approval by the Governments of two-thirds of the Members. This amendment was, however, withdrawn after the attention of the Soviet delegate had been invited to the fact that under his proposal a third of the Members of the Organization could be bound to apply a regulation without their consent.

The subject-matter which may be covered by regulations was extended by the Conference beyond the list of items enumerated in the report of the Technical Preparatory Committee. Concerning drugs moving in international commerce, the report had limited the scope of the regulations to the establishment of standards as to the "safety, purity, and potency of drugs . . . in official pharmacopœia".¹ The Conference broadened this provision to include "biological, pharmaceutical and similar products". Similarly, in connexion with regulations governing the labelling of such products, the Conference, at the instance of Panama, added "advertising".

On the other hand, the Conference refused to approve the recommendation of its Committee on Administration and Finance that the subject-matter of regulations should extend to the prevention of the importation by Members of any of the foregoing products which did not conform to standards adopted by the Health Assembly. Objection to this provision was raised by the Union of Soviet Socialist Republics and various Latin-American representatives on the ground that it dealt with questions of commercial policy which did not properly fall within the jurisdiction of a health organization.

3. *Recommendations* (Article 23). The delegate of Belgium proposed the adoption of a procedure governing formal recommendations to Members based upon the practice of the International Labour Organization. This procedure

would have pledged Member States, within eighteen months, to bring each recommendation before the authority or authorities competent to enact legislation or to take other appropriate action. In view of the authority conferred upon the Organization relative to conventions and regulations, the Conference accepted a modified form of the Belgian proposal, which gives the Health Assembly "authority to make recommendations to Members with respect to any matter within the competence of the Organization", but which requires them merely to submit annual reports on the action taken with respect thereto (see page 25 below).

Chapter VI. — The Executive Board.

Composition (Articles 24-25). The Conference decided that the Board should be composed of eighteen persons technically qualified in the field of health, and that the Health Assembly should "elect the Members entitled to designate a person to serve on the Board". At the suggestion of Australia, it was further decided that the Assembly, in electing such States, should keep in mind the desirability of an "equitable geographical distribution". A proposal introduced by the Ukraine calling for permanent representation of China, France, the Union of Soviet Socialist Republics, the United Kingdom, and the United States on the Board received the support of only one other delegation, the overwhelming view of the Conference being that all Member States should be on an equal footing in regard to participation in the work of the Board. It was unanimously agreed that the eighteen designating States should be elected for three-year overlapping terms, with eligibility for re-election.

Meetings and procedure (Articles 26-27). The Board is required by the Constitution to meet at least twice a year and to determine the place of its meetings. It must also elect its chairman and adopt its own rules of procedure.

Functions (Articles 28-29). A marked divergence of opinion as to the role of the Executive Board developed in the Conference. The United States delegation sponsored a number of amendments to the Paris draft proposals, the purpose of which was to limit the Board's role primarily to that of a standing committee of the Health Assembly for matters of programme and policy, leaving executive functions almost entirely in the hands of the Director-General. These amendments were seconded by Canada and China, but met with opposition from a majority of the delegates, who preferred that the Director-General should be made responsible to the Health Assembly through the Executive Board instead of directly. Accordingly, the text adopted by the Conference provides that the Board shall "act as the executive organ of the Health Assembly". In his capacity as the chief technical and administrative officer of the Organization, moreover, the Director-General will be subject to the authority of the Board (Article 31).

¹ See *Off. Rec. WHO*, No. 1, page 71.

The Board is empowered to advise the Health Assembly on questions referred to it by the Assembly and on matters assigned to the Organization by conventions, agreements, and regulations. It may also submit advice and programme proposals to the Assembly on its own initiative. Finally, authority to approve emergency measures, such as the organization of health relief to victims of a calamity and steps to combat epidemics, is conferred upon the Board, the Director-General having responsibility for the execution of such measures. A provision was inserted stipulating that the Board, in exercising powers delegated to it by the Health Assembly, shall act "on behalf of the whole Health Assembly".

Chapter VII. — The Secretariat.

This chapter begins by defining the composition of the Secretariat in language which closely parallels that of Article 97 of the United Nations Charter—*i.e.*, "The Secretariat shall comprise the Director-General and such technical and administrative staff as the Organization may require" (Article 30).

Director-General. As indicated earlier in this report, the Director-General will be appointed by the Health Assembly upon nomination by the Board, subject to such conditions as to term, salary, allowances, etc., as the Assembly may attach to the appointment. The Paris draft proposals recommended (a) that the Director-General should be appointed for an initial term of five years and be eligible for reappointment for such period as the Assembly might determine, and (b) that he should be subject to removal by the Assembly "for valid cause".¹ At the instance of the United Kingdom delegate, the Conference decided to omit any reference in the Constitution to length of term or procedure of removal, believing that these questions should be left to the judgment of the Assembly in the light of varying circumstances.

In addition to being designated as the chief technical and administrative officer of the Organization, the Director-General is made *ex officio* secretary of the Health Assembly, the Executive Board, and all commissions and committees established by WHO, with the right to delegate these functions. A proposal of the Canadian delegation to make the Director-General a member of the Board without vote was rejected.

Several delegations favoured the imposition of restrictions on the right of the Director-General to establish direct contact with national health administrations or governmental and private organizations in the health field. The Ukraine considered that the exercise of this right should be limited to "urgent cases", while Syria proposed that the Director-General should be allowed to communicate with national health services only through the Executive Board. The United States delegation strongly supported the principle of

unrestricted direct access, in view of the essentially technical work to be performed by the Organization. A compromise text was evolved which authorizes the Director-General to establish a procedure, "by agreement with Members", permitting him to have direct access. He may also establish direct relations with international organizations whose activities relate to the competence of WHO.

Staff of the Secretariat (Articles 35-37). The provisions of the Constitution concerning the appointment and status of the staff of the Organization follow closely the corresponding provisions of the United Nations Charter. The Director-General is given authority to appoint his staff, subject to regulations to be approved by the Health Assembly. In the selection of staff, the efficiency, integrity, and internationally representative character of the Secretariat are laid down as guiding principles, with due regard also to recruitment on as wide a geographical basis as possible. It is further provided that the conditions of service of the staff should conform as far as is practicable to those obtaining in other United Nations agencies. Protection of the staff from political pressure and interference with their duties is the object of provisions which bar them from seeking or accepting instructions from Governments or other authorities external to the Organization and which obligate Member Governments to respect "the exclusively international character of the Director-General and the staff and not to seek to influence them".

Chapter VIII. — Committees.

The section of the Paris draft proposals relative to the establishment of committees was adopted without substantive change. The Board, as directed by the Assembly, on its own initiative, or on the proposal of the Director-General, may establish such committees as may be considered desirable "to serve any purpose within the competence of the Organization" (Article 38). From time to time, and at least once a year, the Board is required to review the necessity for continuing such committees (Article 39). Provision is also made for the creation of, or participation in, joint or mixed committees with other organizations, as the Board may consider appropriate (Article 40).

Chapter IX. — Conferences.

Both the Assembly and the Board are empowered to convene "local, general, technical or other special conferences" for the consideration of any matter within the competence of WHO. They may provide for the representation at such conferences of other international organizations; and, with the consent of the Government concerned, national organizations, governmental as well as private, may be invited to participate in such conferences (Article 41). The recommendation of the Technical Preparatory Committee that authority to convene conferences should be vested in the Board only "in cases of

¹ See *Off. Rec. WHO*, No. 1, page 72.

emergency”¹ was rejected on the ground that such a clause would unduly restrict the Board’s freedom of action.

Chapter X. — Headquarters.

Consideration of the location of the permanent headquarters of the Organization gave rise to divergent points of view. There was no disagreement with the opinion of the Technical Preparatory Committee that the headquarters should be situated “at or near a centre recognized for the excellence of its health and medical facilities”.¹ Certain delegations (in particular those of Australia and the Soviet Republics) were in favour of fixing the location by constitutional provision; others (notably the United States, the United Kingdom and Canada) proposed that this question should be left for the Health Assembly to decide. The advocates of naming the site in the Constitution were divided² between those favouring the seat of the United Nations and those preferring some such European centre as Paris or Geneva. After exhaustive discussion in Committee II, it was decided to authorize the Health Assembly to determine the site “after consultation with the United Nations” (Article 43), it being understood that the Organization would not necessarily be bound to accept any recommendation that might be made thereon by the United Nations. It was also agreed that the Interim Commission should study the matter and submit proposals to the first session of the Health Assembly, due consideration being given to the discussion by the International Health Conference.³

Chapter XI. — Regional Arrangements.

By far the most controversial question before the Conference concerned (1) the arrangements to be made for the establishment and functions of new regional offices or branches of the Organization and (2) the relationship of existing regional health agencies to the Organization.

The report of the Technical Preparatory Committee included alternative proposals on this subject. Both called for the establishment by the Health Assembly of “regional committees”, whose functions would be to handle policy matters of an exclusively regional nature, and of “regional offices” to administer regional policies and activities. The two proposals differed in regard to the second question. Alternative A stipulated that where regional health agencies existed they should be transformed by agreement into regional offices of WHO and that special transitional arrangements should be made by the Health Assembly with such agencies for the purpose of utilizing their facilities and services

and of “developing them as quickly as practicable into regional offices of the Organization”.¹ Alternative B envisaged arrangements designed merely to make possible the utilization of such facilities and services “to the fullest possible extent as regional offices of the Organization”.²

Relationship of the Pan American Sanitary Bureau to WHO (Article 54). The primary issue, which had to be settled by the Conference was that of determining the relationship of the new health organization to the Pan American Sanitary Bureau, the oldest and most important inter-governmental regional health agency in existence. Specific amendments to the Paris draft proposals were submitted by the delegations of Brazil, Canada, France, Norway, the Soviet Republics (jointly) the United Kingdom, the United States of America, and Venezuela. The United States amendment, introduced as a point of departure for discussion, proposed that existing regional health agencies should be integrated with or brought into relationship with WHO by means of special agreements providing either for their transformation into regional offices or for the utilization of their facilities and services, pending their progressive merger with the Organization as circumstances permitted. In amplification of this proposal, the United States delegation submitted a resolution advocating the principle of “dual allegiance” in the sense that the Pan American Sanitary Bureau should not only promote regional health programmes and undertakings among the American Republics “in harmony with the general policies of WHO”, but also serve when necessary as its regional committee in the Western Hemisphere.

In the earlier stages of Committee V’s deliberations, the United States proposal received unqualified support from most of the Latin-American Republics, which, while recognizing the principle of a strong, united health organization with supreme authority to co-ordinate health services throughout the world, pointed to the desirability of maintaining a separate identity for the PASB. The delegations of Canada, China, Norway and the United Kingdom put forward suggestions which emphasized more strongly than the United States proposal the necessity of progressive integration of the PASB with WHO. A third group of delegates—India, Liberia, Poland, South Africa, the three Soviet Republics, and Yugoslavia—urged with varying insistence that all existing regional health agencies should be transformed as quickly as possible into “regional committees subordinated to the World Health Organization”. The Egyptian delegate intervened in the debate to call attention to the recently created Health Bureau of the Pan Arab League and to request that it be accorded the same consideration as the PASB.

With a view to devising a formula that would be generally acceptable, a special “harmonizing sub-committee” of sixteen members was appointed. The members consisted of representatives of Brazil, China, the Dominican Republic,

¹ See *Off. Rec. WHO*, No. 1, page 73.

² Of the delegations that expressed opinions on the subject, two were in favour of having the site at the seat of the United Nations, and eighteen favoured having it in Europe. (Geneva and Paris, as possible sites, each had the support of eight delegations.)

³ See Annex 3.

¹ See *Off. Rec. WHO*, No. 1, page 73.

² *Ibid.*, page 74.

El Salvador, France, India, Lebanon, Mexico, the Netherlands, Norway, Peru, the Union of Soviet Socialist Republics, the United Kingdom, the United States of America, Venezuela and Yugoslavia. As a result of the prolonged deliberations of this sub-committee, the following text was worked out and later approved by the full Conference :

“ The Pan American Sanitary Organization, represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences,¹ and all other inter-governmental regional health organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.”

Participation of Non-Self-Governing Territories in Regional Committees of WHO (Article 47). A second problem confronting Committee V had to do with the representation of non-self-governing territories on the proposed regional committees of the Organization. The report of the Technical Preparatory Committee did not deal with this question. The United Kingdom, France, and a number of other delegations urged that non-self-governing territories situated within a given region should be given full membership on the regional committee concerned. It was the view of a majority of the Committee, however, that the determination of the nature and extent of the rights and obligations of such territories (or groups of territories) in respect of regional committees should be determined not in the Constitution, but by the Health Assembly, in consultation with the Member or other authority responsible for the international relations of these territories and with Member States of the region. Following joint consideration of the problem by the drafting sub-committees of Committees III and V, this view prevailed. Associate members of the Organization situated within a region will, however, have the same status as Member States on the regional committee.

Establishment and Organization of New Regional Committees and Offices (Articles 44-51). A number of amendments were introduced for the purpose of amplifying and improving the Technical Preparatory Committee's draft text relating to the nature of regional arrangements which might be instituted by the Organization itself. The sources of these amendments were the delegations of Canada, the Soviet Republics, the United Kingdom, and Venezuela. A special drafting sub-committee co-ordinated the substance of most of these proposals into a single text, which was later approved by the Conference.

This text is based upon two major assumptions : (a) that both policy-making committees and

administrative offices will be necessary for the effective discharge of the Organization's responsibilities at the regional level, and (b) that each regional branch so constituted shall be “ an integral part ” of the total organization. The Health Assembly is given authority to define geographical areas for regional action. With the approval of a majority of the Members situated within each area so defined, the Assembly may establish a regional organization “ to meet the special needs of such area ”, but only one such organization may be created in each region.

The functions of regional committees include the formulation of regional policies, supervision of the work of the regional office, and the tendering of advice to the central Organization, through the Director-General, on matters of wider than regional significance. Any regional committee may also recommend additional appropriations of funds by the Governments of the region concerned if it considers that the general budget of WHO makes inadequate provision for the financing of regional activities. The Constitution stipulates that the regional office, as the administrative organ of the regional committee, shall be subject to the general authority of the Director-General, and that it shall be responsible for carrying out within that region relevant decisions of the Health Assembly and Executive Board.

Appointment of Regional Directors and Staff (Articles 52-53). Conflicting ideas were expressed regarding the method of appointing regional directors and of selecting their staff. The United States and Canada favoured appointment of the regional director by the Director-General in consultation with the Executive Board and regional committees. This procedure, in the opinion of the delegate for Canada, would facilitate the interchange of regional directors and protect regional committees against undue political influence. A variant of this arrangement recommended by Committee V would have made the appointment of regional directors subject to the approval of the Executive Board. After extended debate, the Conference in plenary session adopted a compromise text which gives to the Board the power to appoint “ in agreement with the regional committee ”.

A similar alignment of views emerged over the question of selection of the staff of regional offices. The United States and various Latin-American delegations at first proposed that the Director-General should have unqualified power to select such staff, while the advocates of a less centralized procedure favoured making each regional director primarily responsible for the recruitment of his staff. On the initiative of the United States, a compromise text was submitted to the full Conference and adopted with only a few dissenting votes. This text provides that regional staff shall be appointed “ in a manner to be determined by agreement between the Director-General and the regional director ”.

By unanimously approving Chapter XI as a whole, the Conference recorded its view that the elaborate provisions inserted into the Constitution as to regional arrangements would at one and the

¹ The Pan American Sanitary Bureau and the Pan American Sanitary Conferences now bear the composite title of the Pan American Sanitary Organization.

same time assure unity of action by the central Organization on health matters of world-wide import and allow for adequate flexibility in handling the special needs of regional areas.

Chapter XII. — Budget and Expenses.

It was agreed that the Director-General should prepare and submit to the Board annual budget estimates for subsequent approval by the Health Assembly, "subject to any agreement between the Organization and the United Nations" (Articles 55-56). The apportionment of budgetary contributions among Member nations will be determined in accordance with a scale to be fixed by the Assembly, with the understanding that this scale will conform as closely as practicable to that adopted by the United Nations for its own budget. A proposal by Australia that the expenses of the Organization should be met by the United Nations was rejected by Committee II on the ground that any such arrangement would detract from the financial independence of WHO, and would raise constitutional and technical difficulties.

The Constitution authorizes the Health Assembly, or the Board acting on its behalf, to accept and administer gifts and bequests provided that the conditions attached thereto are consistent with the objective and policies of the Organization (Article 57). The Board is instructed to establish a special fund to be used at its discretion "to meet emergencies and unforeseen contingencies" (Article 58).

Chapter XIII. — Voting.

While the consensus was that each Member should have one vote in the Health Assembly, the question of voting requirements for decisions by the Assembly, the Board, and committees of the Organization evoked considerable discussion in the Conference. The Technical Preparatory Committee recommended that decisions should be taken by simple majority vote of Members present and voting, except as otherwise provided in the Constitution.¹ When this point was considered by the full Conference, the Ukraine submitted an amendment calling for decisions by majority vote of the *total* membership of these bodies. This arrangement would have made it necessary, in the case of the Board, to get the concurrence of ten of the eighteen Members for all decisions. A compromise suggestion was made to the effect that decisions should require the affirmative vote of a majority of Members registered at any particular meeting.

The Canadian delegate then drew the attention of the Conference to the provisions of Article 18 the United Nations Charter, permitting decisions by the General Assembly "on important questions" to be made by "a two-thirds majority of Members present and voting"; decisions on other matters, "including the determination of additional categories of questions to be decided by a two-thirds majority", being taken by simple majority vote. A solution of the problem based

upon the principle of this article was unanimously approved by the Conference (Article 60).

It is textually stipulated that decisions on the following matters must be included among those requiring a two-thirds vote of the Health Assembly: adoption of conventions and agreements; approval of agreements bringing WHO into relation with the United Nations and with inter-governmental organizations and agencies in accordance with Articles 69, 70, and 72 of the Constitution; and the adoption of amendments to the Constitution.

Chapter XIV. — Reports submitted by States.

All Member States pledge themselves to submit to the Organization annual reports on the action taken and the progress achieved in improving the health of their peoples (Article 61), and on the action taken in respect to recommendations, conventions, agreements, and regulations (Article 62). The manner in which Members will provide statistical and epidemiological reports is left for determination by the Health Assembly (Article 64). A further provision (Article 63) that Members shall communicate promptly "important laws, regulations, official reports and statistics pertaining to health" was qualified by the Conference, at the instance of the Union of Soviet Socialist Republics, by the addition of the clause, "which have been published in the State concerned" (Article 63).

Chapter XV. — Legal Capacity, Privileges and Immunities.

The proposals of the Technical Preparatory Committee relative to legal capacity, privileges, and immunities were adopted with one minor addition. These proposals, which conform substantially to the provisions of Articles 104 and 105 of the Charter of the United Nations, establish the general principle that WHO shall enjoy in the territory of each Member State such legal capacity, privileges, and immunities as may be necessary for the fulfilment of its objective and the exercise of its functions (Articles 66-67). The Conference added a provision stipulating that these matters shall be defined in a separate agreement which the Organization, in consultation with the Secretary-General of the United Nations, will prepare and submit to Members for conclusion between themselves (Article 68).

Chapter XVI. — Relations with other Organizations.

There was unanimous agreement that the World Health Organization should work in close collaboration with the United Nations and with other national and international organizations in pursuit of their common purposes.

1. *The United Nations.* The Constitution makes it mandatory for the Organization to be brought into formal relation with the United Nations as one of its specialized agencies. The agreement or agreements concluded with this in view, as contemplated in Articles 57 and 63 of

¹ See *Off. Rec. WHO*, No. 1, page 74.

the Charter, will be subject to approval by the Health Assembly (Article 69). During the discussion of this provision, Australia expressed the view that a resolution should be adopted by the Conference recommending that the budget of the Organization should form part of the general budget of the United Nations and that the headquarters of WHO should be located at the seat of the United Nations in order to facilitate interchange of staff, facilities, and services. The Conference took the position that detailed arrangements for effective co-operation might more properly be worked out by subsequent agreement between the two organizations.

2. *Other international organizations.* Observers representing related international organizations, both governmental and private, made statements to the Conference stressing their wish to co-operate with WHO on matters of mutual interest. United Nations specialized agencies presenting statements to this effect included the International Labour Organization, the Food and Agriculture Organization, the United Nations Educational, Scientific and Cultural Organization, and the Provisional International Civil Aviation Organization. The desire for close co-operation was also indicated by representatives of the World Federation of Trade Unions and the League of Red Cross Societies.

Certain procedural proposals submitted by representatives of these organizations were taken into account by Committee IV in drafting a constitutional text for adoption by the Conference. This text (Articles 70-71) provides that "the Organization shall establish effective relations and co-operate closely with such other inter-governmental organizations as may be desirable". In case co-operative arrangements with any such agency are formalized in an inter-agency agreement, its approval by the Health Assembly will be necessary before it may become binding upon WHO. Otherwise, responsibility for the development of working relations such as are here envisaged will devolve upon the Director-General. Arrangements for consultation and co-operation with non-governmental international organizations may likewise be initiated and implemented directly by the Director-General.

3. *National organizations.* With respect to organizations at the national level, governmental as well as private, the consent of the Government concerned must be obtained before the Director-General may enter into consultative and co-operative arrangements on behalf of WHO (Article 71).

4. *Assumption by WHO of the health functions of other inter-governmental agencies.* In order that there might be no doubt of the intention of the Conference to establish a single health organization with world-wide jurisdiction, it was considered necessary to insert into the Constitution authorization for WHO to take over from any other international organization or agency whose purpose and activities lie within the field of its competence "such functions, resources and obligations as may be conferred upon the Organi-

zation by international agreement or by mutually acceptable arrangements" (Article 72). All such agreements and arrangements will be subject to approval by the Health Assembly. Supplementary action taken by the Conference concerning the transfer to WHO of the duties and functions of the *Office International d'Hygiène Publique*, and certain health functions of the League of Nations and the United Nations Relief and Rehabilitation Administration, is explained later in this report (see pages 27-28 below).

Chapter XVII. — Amendments.

The report of the Technical Preparatory Committee contained no recommendation relative to the method of amending the Constitution. In view of the legal problems involved, the Committee referred this matter to the Conference for drafting.

A proposal was introduced by the United States delegation along the lines of Article XIII of the UNESCO Constitution, whereby amendments would become effective after approval by a two-thirds majority vote of the Health Assembly; provided, however, that amendments involving fundamental alterations or new obligations for Members would require formal acceptance by two-thirds of the Members before entry into force. On the other hand, the delegate of India urged that proposals of amendment, after adoption by the Health Assembly, should be binding only upon those Members which subsequently ratified them. The drafting sub-committee to which the problem was referred produced a compromise text which provides that "Amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes" (Article 73). This text also provides that all amendment proposals "shall be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly".

Although the foregoing provisions were found acceptable by most of the delegates, it was decided to give satisfaction to the Indian representative by inserting in the official proceedings of the Conference a "declaratory statement" (following the precedent set by the United Nations Conference on International Organization at San Francisco), which is reproduced below:

"A Member is not bound to remain in the Organization if its rights and obligations as such are changed by an amendment of the Constitution in which it has not concurred and which it finds itself unable to accept."

(It should be noted, in this connexion, that the Constitution itself makes no provision for the withdrawal of Members.) With the approval of this declaratory statement, the terms of Chapter XVII were unanimously adopted.

Chapter XVIII. — Interpretation.

No provision for the settlement of disputes arising from the interpretation or the application of the Constitution was included in the report

of the Technical Preparatory Committee. On the basis of a formal proposal submitted by the United States, the Conference decided that disputes of this character between Members, if not settled by direct negotiation or by the Health Assembly, should be referred to the International Court of Justice unless the parties concerned agreed to some other mode of settlement (Article 75). An additional provision was incorporated into the Constitution permitting the organization, upon authorization by the General Assembly of the United Nations or in accordance with any agreement between it and the United Nations, to request advisory opinions from the Court "on any legal question arising within the competence of the Organization" (Article 76).

For purposes of official interpretation, it was agreed that the Chinese, English, French, Russian and Spanish texts of the Constitution should be regarded as equally authentic (Article 74).

Chapter XIX. — Entry into Force.

The final chapter of the Constitution consists of a series of articles setting forth the conditions under which the instrument may come into force. As proposed by the Technical Preparatory Committee, acceptance by fifteen States would have been sufficient.¹ Observations made by members of the Economic and Social Council, indicating a desire for a larger number, influenced a majority of the delegates in this sense. The United States

¹ See *Off. Rec. WHO*, No. 1, page 75.

suggested twenty-one States; Yugoslavia proposed twenty-six States Members of the United Nations; the United Kingdom, twenty-one States in this same category. The Legal Committee, after having rejected all these proposals as they stood, recommended that the requirement be twenty-one States Members of the United Nations. During consideration of the Legal Committee's report by the full Conference, a Byelorussian amendment calling for acceptance by two-thirds of the States Members of the United Nations was narrowly defeated. The Conference then adopted a compromise amendment moved by Egypt to the effect that the Constitution should "come into force when twenty-six Members of the United Nations have become parties to it in accordance with the provisions of Article 79" (Article 80). This article provides that States may become parties in any one of three ways: (i) by signature without reservation as to approval; (ii) by signature subject to approval followed by acceptance; or (iii) by acceptance.

In using the term "acceptance" instead of "ratification", the Legal Committee pointed out that the former word had a broader connotation than the latter and would permit of a less formal method of approval by a number of States. The act of acceptance must be completed by the deposit of a formal instrument with the Secretary-General of the United Nations.

Subject to the provisions of Chapter III (see pages 18-19 above), the Constitution will remain open to all States for signature or acceptance (Article 78).

2. INTEGRATION OF EXISTING INTERNATIONAL HEALTH AGENCIES WITH THE WORLD HEALTH ORGANIZATION

A. LEAGUE OF NATIONS HEALTH ORGANIZATION

The Conference took note of resolution V of the report of the Technical Preparatory Committee, which recognized the necessity of providing, without delay, temporary machinery to carry on the activities of the League of Nations Health Organization.¹ This resolution proposed that, in order to avoid duplication of functions, such machinery, when created, should be transferred to the World Health Organization or its Interim Commission upon the formation of either. The necessity of creating this machinery was drawn to the attention of the Secretary-General of the United Nations. The Technical Preparatory Committee, in its report, paid special tribute to the valuable pioneer work performed by the League in the field of health.²

A special sub-committee was appointed by the Conference to draft an appropriate resolution for

transmission to the Secretary-General. Cognizance was taken of the fact that negotiations undertaken early in 1946 had resulted in arrangements for the transfer of the functions of the Health Organization of the League to the United Nations, the final session of the League Assembly (Geneva, April 1946) having approved the terms of the proposed transfer. The Conference formally approved a resolution requesting the Secretary-General to transfer these functions as soon as possible to the WHO or its Interim Commission. This resolution was incorporated in the Final Act of the Conference.¹

In the Arrangement establishing the Interim Commission, authority was conferred upon the Commission to take any steps necessary to complete this transfer and thereupon to administer the health functions of the League which had been assigned to the United Nations.

¹ For the text of the resolution, see *Off. Rec. WHO*, No. 1, page 75.

² *Ibid.*, page 76.

¹ See Part V, A.

B. OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE

The Technical Preparatory Committee, realizing the importance of unifying all international health work under the ægis of a single worldwide organization, recommended that the Conference should initiate arrangements for the absorption by WHO of the *Office International d'Hygiène Publique*, which had been created by the Rome Agreement of 1907. The terms of this Agreement provide for its renewal every seven years. Any State party to the desiring to withdraw from the *Office* is required to give prior notice of such intention at least a year before the expiration of the seven-year period. Under these conditions the Committee believed that the only feasible way in which the *Office* could be merged with WHO prior to the end of the current seven-year period in 1949 would be for the parties to the Rome Agreement to sign a protocol providing for appropriate amendment of the Agreement. With this in view the Committee recommended to the Economic and Social Council that invitations to the International Health Conference should include a request that States give plenipotentiary powers to their representatives to sign such a protocol. Accordingly, most of the delegations came to the Conference with authority to take this action.

The General Committee of the Conference referred to Committee III the question of the manner in which the functions of the *Office* should be assumed by the new organization (or its Interim Commission). The drafting sub-committee of Committee III, assisted by a representative of the *Office*, prepared a draft text of the necessary protocol, taking for its basis a proposal submitted by the delegation of the United States. With

slight modifications this draft protocol was approved by the Conference and signed at the same time as the WHO Constitution on behalf of sixty States, eighteen without reservations.¹

Under the terms of the Protocol, the signatory States agree that as between themselves the duties and functions of the *Office*, as defined by the Rome Agreement of 1907, and by certain international conventions and agreements listed in an Annex to the Protocol, shall be performed by the World Health Organization or its Interim Commission. The Rome Agreement will be legally terminated and the *Office* dissolved when all parties to the Agreement have approved such termination. It is understood that any Government party to the Agreement, by becoming a party to the Protocol, consents to this action. Finally, the Protocol stipulates that in the event that all parties to the Rome Agreement have not agreed to its termination by 15 November 1949, the States parties to the Protocol, in accordance with Article 8 thereof, will denounce the Agreement.

The Arrangement setting up the Interim Commission² authorizes that body to take all necessary steps to effect the transfer of the duties and functions of the *Office* to the Commission, and to initiate such action as may be necessary to facilitate the transfer of the assets and liabilities of the *Office* to WHO upon termination of the Rome Agreement.

¹ For the text of the Protocol, see Part V, D.

² See Part V, C.

C. UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

The Conference expressed its appreciation of the work performed by UNRRA during the war in distributing food and drugs, in assisting national health administrations of war-devastated States, in taking measures to control epidemics in occupied countries, and in revising and administering the International Sanitary Conventions of 1926 and 1933. Unanimous approval was given to the recommendation of the Technical Pre-

paratory Committee that the functions and duties assigned to UNRRA by the International Sanitary Conventions of 1944, and the Protocols thereto, should be assumed by the World Health Organization or its Interim Commission without delay. A provision to this effect was included in the Arrangement establishing the Commission.¹

¹ See Part V, C.

3. ARRANGEMENT ESTABLISHING AN INTERIM COMMISSION

The Conference endorsed the proposal made by the Technical Preparatory Committee that in case the World Health Organization should not come into being immediately upon the conclusion of the Conference, provision should be made for the establishment of an Interim Commission.¹ A special sub-committee was appointed by Committee IV to report on the most practicable

method of accomplishing this purpose. Using as a basis draft proposals submitted by the United States of America, this sub-committee formulated a resolution for adoption by the Conference. Since, however, there was ground for believing that action merely by resolution might not give the Interim Commission a sufficiently solid legal foundation, the sub-committee proposed that a formal agreement, couched in substantially the same language as the resolution, should be drawn

¹ See *Off. Rec. WHO*, No. 1, page 75.

up for signature by the representatives of the States participating in the Conference. This procedure was approved.

The special sub-committee recommended that the Interim Commission should be composed in the same manner as provided in the Constitution for the Executive Board of WHO. At the suggestion of the delegate of Australia, however, the Conference decided that it would be preferable to indicate in the Arrangement the names of the eighteen States entitled to be represented on the Commission. The delegate of Argentina moved that the fourteen States represented on the General Committee of the Conference should be elected to membership of the Commission and that the General Committee should be requested to nominate four additional States to complete the full complement of eighteen members. This motion was unanimously adopted. The General Committee, in making its nomination, selected one State from each of the following major areas of the world: Africa, America, Australasia and Europe. The Conference approved these nominations.

The Arrangement signed on 22 July 1946 provides accordingly¹ that the Interim Commission shall consist of the following eighteen States entitled to designate persons to serve thereon:

| | |
|-----------|-------------------------------------|
| Australia | Netherlands |
| Brazil | Norway |
| Canada | Peru |
| China | Ukrainian Soviet Socialist Republic |
| Egypt | Union of Soviet Socialist Republics |
| France | United Kingdom |
| India | United States of America |
| Liberia | Venezuela |
| Mexico | Yugoslavia |

Acting upon authority granted by the resolution adopted by the Conference on 18 July, the Commission held a preliminary organizational meeting the following day, and on 23 July two further meetings under authority of the Arrangement signed on 22 July. During these three meetings the chairmen of those delegations at the Conference representing the eighteen States elected to the Commission sat as its members *de facto*. At the initial meeting the Commission unanimously elected Dr. F. G. Krotkov (Union of Soviet Socialist Republics) as Chairman. In view of his inability to serve permanently in this capacity, Dr. Krotkov asked to be relieved of this office on 23 July, at which time Dr. Andrija Stampar (Yugoslavia) was elected Chairman for the life of the Commission. Dr. Sze (China), Dr. Shousha Pasha (Egypt), and Dr. Mondragón (Mexico) were chosen as Vice-Chairmen. Dr. Brock Chisholm (Canada), who had served as Rapporteur of the Technical Preparatory Committee and as Chairman of Committee II during the Conference, was appointed Executive Secretary.

¹ See Part V, C.

The Arrangement instructs the Commission to convene the first session of the World Health Assembly not later than six months after the Constitution comes into force and to prepare a provisional agenda, including recommendations as to programme and budget for the first year of WHO. As indicated earlier in this report, the Commission is also entrusted with responsibility for entering into negotiations with certain designated international organizations with a view to the assumption of their health functions by the Commission, and eventually by WHO. Another of the Commission's duties is to establish effective liaison with the Economic and Social Council and such of its commissions as may appear desirable, especially the Commission on Narcotic Drugs. The Commission is further authorized to consider any urgent health problem which may be brought to its attention by Governments and to give technical advice thereon.

For the financing of the Commission's work, the Acting Secretary-General of the United Nations agreed, after consultation with a committee of the Conference, to make an allotment not exceeding \$300,000 for 1946 from the United Nations Working Capital Fund, and expressed his belief that the General Assembly would be willing to appropriate such further funds, up to \$1,000,000, as might be necessary for 1947. The Arrangement thus provides that the expenses of the Commission shall be met from funds supplied by the United Nations. In case these funds should prove insufficient, the Commission may accept advances from Governments against their future obligations to WHO.

Subsequent to its inaugural session, in New York, the Commission is required by the Arrangement to meet at least once every four months at any place it may determine. The life of the Commission will come to an end upon the adoption of a resolution to that effect by the Health Assembly at its first session.

The Executive Secretary of the Commission was authorized by the Arrangement to recruit whatever technical and administrative staff might be required for its work. In the exercise of this function, due regard was to be given to the principles set forth in Article 35 of the WHO Constitution,¹ as well as to the desirability of appointing available personnel from the staffs of the League of Nations Health Organization, the *Office International d'Hygiène Publique*, and the UNRRA Health Division. Pending the recruitment and organization of his staff, the Executive Secretary was instructed to utilize any technical and administrative assistance which the Secretary-General of the United Nations might make available to the Commission. By means of these various arrangements it was hoped that there would be as little interruption as possible in carrying forward essential international health activities during the period between the adjournment of the Conference and the inauguration of the World Health Organization.

¹ See Part V, B.

NOTE

In the following Minutes the various parts of the Constitution are referred to by the section and sub-section headings and numbers used in the " Proposals for the Constitution of the World Health Organization " drawn up by the Technical Preparatory Committee (Off. Rec. WHO, No. 1). As finally approved by the Conference, the sections and sub-sections were rearranged and re-numbered as chapters and articles. Accordingly, to facilitate reference, these final chapter and article numbers have been inserted, in square brackets, in the Minutes, side by side with the section and sub-section numbers under which the text was actually discussed. (Chapter references are in Roman numerals, article references in Arabic numerals.) The same procedure has been adopted for the other Final Acts, where the numbering of the provisions of the approved text is different from that of the draft.

The Committee reports as such are not printed in this volume, as the texts of which they mainly consisted are already embodied (in their approved form) in the Final Acts (Part V). However, the portions of the Committee reports which evoked discussion in the plenary meetings are reproduced in full in the Minutes, and the portions that were approved by the Conference without discussion and underwent only drafting changes will be found in the Final Acts by means of the square-bracket references.

IV. MINUTES OF THE PLENARY MEETINGS

FIRST MEETING

Held on Wednesday, 19 June 1946, at 3.30 p.m., Henry Hudson Hotel, New York City.

Chairman¹ : Sir Ramaswami MUDALIAR, President of the Economic and Social Council.

1. Message of Welcome from President Truman.

The CHAIRMAN declared the Conference in session and invited the Hon. John G. Winant to read a message from the President of the United States of America.

Mr. WINANT, as United States representative on the Economic and Social Council, under the auspices of which the Conference was convened, extended a welcome to the delegates and read the following message from President Truman :

“ Gentlemen, — It is of great significance that the first international conference to meet at the request of the Economic and Social Council should have for its object the improvement of health, for this indicates the intention of the Council to grapple immediately with basic problems whose solution is essential to the welfare and happiness of mankind.

“ The health problems which we face did not originate with the war, but the war has aggravated them tremendously. Over many years, nations have been building up defences against disease through protective foods, nursing services, clinics, hospitalization, and mental, medical and surgical care. For many millions of persons these protections have been disorganized and destroyed. They must be restored and expanded.

“ Furthermore, modern transportation has made it impossible for a nation to protect itself against the introduction of disease by quarantine. This makes it necessary to develop strong health services in every country which must be co-ordinated through international action.

“ The new health organization will serve in this field. Just as international co-operation in science played a most important part in winning the war, so will such co-operation win the battle against disease and malnutrition.

“ The right to adequate medical care and the opportunity to achieve and enjoy good health should be available to all people. For this objective I can assure you the interest and the support of the United States.”

¹ Dr. Andrija Stampar, Vice-President of the Economic and Social Council, was Chairman during the latter part of the meeting.

Mr. Winant expressed gratification at the holding of the Conference in the United States, and concluded by reminding the delegates of the statement made by President Roosevelt in 1939 :

“ The health of the people is a public concern ; ill-health is a major cause of suffering, economic loss and dependency ; good health is essential to security and progress.”

2. Opening Address by the Secretary-General of the United Nations.

The CHAIRMAN invited the Secretary-General, Mr. Trygve Lie, to give the opening address.

The SECRETARY-GENERAL expressed his pleasure in welcoming the delegates and in opening the Conference. On behalf of the Secretariat, he addressed a particular welcome to the representatives of sixteen nations not at that time members of the United Nations, pointing out that the Economic and Social Council had invited participation of those Governments because of its desire to make the Conference the greatest possible success. Disease knew no boundaries, and in the endeavour to raise standards of health throughout the world it was a duty and privilege to call upon the experience and skill of scientists and experts from all countries with which co-operation could be established.

He stressed the value of having at the Conference representatives of several of the specialized agencies and other organizations linked to the cause of public health. Such agencies could assist in constitutional and administrative matters, and their presence would help to ensure permanent collaboration and to prevent overlapping in fields presenting common problems.

The joint efforts of the specialized agencies were of vital and fundamental importance : it was clear, for example, that social security and health went hand-in-hand and that there must be co-operation between the projected health organization and the International Labour Organization. The close relationship between nutrition and health made the Food and Agriculture Organization a natural ally ; and the danger of yellow-fever transmission, through even one

mosquito's being borne by aeroplane, showed the part that could be played by the International Civil Aviation Organization.

In welcoming the many distinguished representatives of the American medical and public health professions, the Secretary-General spoke of the world-wide importance of the United States' contribution to the science of public health, and was confident that the achievements of the past would be equalled and excelled by further contributions to the great work of the new health organization.

That body would be the first specialized agency to be established under the San Francisco Charter by decision of the Economic and Social Council, and the setting-up by the delegates of an efficient, smooth-working and practical organization would be a success not only for them but for the United Nations and for all humanity. In such a field, where a thousand things must be done, where millions of lives could be saved and tens of millions made more livable, the question of co-operation between the nations did not arise; he felt sure that full co-operation would be given by every nation.

The nations would expect of the Conference and of the new Health Organization a clear definition of the problems and a clear lead in dealing with them; and he wished the delegates every success in their work.

3. Address by the Chairman.

The CHAIRMAN cordially welcomed the delegates both on his own behalf as President of the Economic and Social Council and on behalf of his colleagues on the Council.

He expressed the appreciation and thanks of the Conference for the message from the President of the United States and had no doubt that those feelings would in due course be conveyed through the Chairman of the regular session.

The opening of the present conference, the first international conference sponsored by the United Nations, marked an historic day; and it was well that a health conference should be the first.

Tracing the events that had led to the calling of the Conference, the Chairman said that its importance had been early realized during the deliberations at San Francisco, which had led to the establishment of the United Nations and the signing of the Charter. The first proposals for the creation of the Economic and Social Council had visualized that body as dealing with economic and social matters; the delegates at San Francisco, however, had considered health to be of such primary importance as to constitute a major item in itself, rather than remain merely implicit in the phrase "social matters". They had, accor-

dingly, determined that the Economic and Social Council should deal with economic, social, educational and health matters, thereby indicating at the outset the importance of problems of health and of organizations dealing with world health problems.

At the San Francisco Conference, the delegations from Brazil and China had proposed by special resolution the convening as soon as possible of a conference of representatives of Members of the United Nations; and that resolution, adopted by the Technical Preparatory Conference of the Economic Committee, had been ratified by the General Assembly. When it became apparent, however, that the United Nations organization itself could come into being early in January 1946, the proposal for convening such a conference at the instance of one or other of the State Governments had been dropped; instead, it was felt that one of the first tasks of the United Nations organization should be to study the question of convening an international health conference.

The Declaration¹ made at the instance of the delegates from Brazil and China and calling for such a conference had come at once before the Economic and Social Council on its creation in January 1946, and the resulting resolution² had provided for the convening of the conference under the auspices of the Economic and Social Council and of the United Nations. The Council, by the same resolution, had appointed a small preparatory committee of experts from sixteen Member States, whose main task was to prepare the agenda and documentation for the present conference. Meeting in Paris on 18 March, that committee, known as the Technical Preparatory Committee, had finished its work in record time: by 5 April its report was ready for submission to the Member nations.

Expressing the Economic and Social Council's appreciation of the careful and detailed work of the Committee, the Chairman pointed out that the report and recommendations were before the Conference. After consideration of the report, the Economic and Social Council and various of its individual members had made certain recommendations and suggestions to the Conference³.

Important recommendations in the Committee's report to which special attention had been given by the Council included the question of the Constitution of the World Health Organization (or of the United Nations Health Organization, as some members of the council preferred to call it). While the members had unanimously felt that the Organization should come into existence as soon as possible, there had been uncertainty as to whether the delegates to the present Conference would have the authority to sign immediately the charter they would draw up.

¹ See *Off. Rec. WHO*, No. 1, page 39, *Annex 1*.

² *Ibid.*, page 39, *Annex 2*.

³ See *Annex 1*.

On the subject of regional organizations, two alternative proposals had been submitted by the Technical Preparatory Committee. The problem, a difficult and complex one, was before the Conference: how the regional organizations could be fitted into the parent body; whether they should be fully integrated with it or should maintain independence consistent with the over-riding, supervisory powers necessary to an international health organization.

The views of some of the members of the Economic and Social Council were conveyed in the resolution which they had adopted, but the general feeling had been that the present conference, composed as it was of experts, must be the judge of what part the regional organizations could play, how they could develop and what should be their relationship to the Organization.

In conclusion, the Chairman reminded the delegates of the objectives of the United Nations, and pointed out that their own profession had long ago abandoned discrimination of race, creed or sex. Theirs was, therefore, properly the profession that could bring about universal freedom, assure equal status for men and women, and work towards the universal freedom, health and prosperity which the United Nations was trying to secure through long travail. He wished the Conference all success.

Immediately after his address Sir Ramaswami Mudaliar left to attend another meeting, and the chairmanship was taken over by Dr. Andrija Stampar, Vice-President of the Economic and Social Council.

4. Address by the Assistant Secretary-General in charge of Social Affairs.

Professor Henri LAUGIER associated himself with previous speakers in welcoming the delegates, and emphasized the paramount importance of their task in launching the fight against suffering, illness and death on the international plane.

He pointed out that the specific aim of the Conference was to establish the Constitution, the statutes and structure of the World Health Organization, and to prepare for its practical functioning; and he expressed the wish that the framework to be set up would be neither too vague nor too rigid, and would allow for future developments required by the progress of science and the increasing authority and responsibility of the United Nations.

He himself for many years had taken part in the fight for the organization of international research laboratories, fully equipped and with the highest grade personnel, and drawing together in collaboration the scientists of many countries. The Conference, while not immediately concerned with such laboratories, would answer the expecta-

tions of the peoples of the world by making room in the machinery of the new organization for the establishment in the medical field, in the near future, of that kind of international research.

5. Appointment of Credentials Committee.

On the proposal of the CHAIRMAN, the following were unanimously approved as members of the Credentials Committee: Dr. Shousha Pasha (Chairman), Egypt; Dr. Nogueira, Cuba; Dr. Kopanaris, Greece; Dr. Lara, Philippines; Dr. Kacprzak, Poland.¹

6. Presentation of the Technical Preparatory Committee's Report.

The CHAIRMAN invited Dr. Chisholm, Rapporteur of the Technical Preparatory Committee, to present that committee's report.²

Dr. CHISHOLM recalled that, in accordance with the Economic and Social Council's resolution of 15 February 1946, the task of the Technical Preparatory Committee had been to draft proposals for the establishment of a single international health organization of the United Nations and to prepare an annotated draft agenda for an international health conference. The Committee had comprised sixteen experts in public health; its Chairman, Dr. René Sand (Belgium) had been unfortunately prevented by illness from presenting its report.

The greatly enhanced importance of international health controls, said Dr. Chisholm, had been recognized ever since the steamship had reduced the time of travel between continents below the time of incubation of many diseases. Air transport throughout the world would now largely nullify protective barriers against disease, and thus no country could depend on its own arrangements alone, but must be assured of satisfactory controls in other countries as well.

Those facts made clear the importance of setting up an international organization to serve in safeguarding the health of the whole human race; and such an organization would furthermore be able to promote the extensive exchange of information about medical research, advantages in health administration and practices, and medical education.

The members of the Technical Preparatory Committee had realized the importance of their task. Approaching it from the purely medical point of view, they had tried to formulate their agreed views on the machinery required to achieve the purposes and objectives of world-wide co-operation in the field of health.

The draft report was a statement of the ideal goal, and the Committee expected the Economic

¹ See page 14.

² See *Off. Rec. WHO*, No. 1.

and Social Council and the International Health Conference to make any necessary alterations in the light of practical and legal considerations. The members of the Committee had expressed their high ideals and hopes for the new body in the unanimous recommendation that it be named the World Health Organization.

The report, which had been transmitted to States Members of the United Nations and to the Economic and Social Council, consisted of the following sections :

1. A summary of events leading up to the meeting of the Committee.
2. An historical sketch on international co-operation in health matters.
3. Draft proposals for the Constitution of a World Health Organization.
4. Resolutions adopted by the Committee.

5. An annotated draft agenda for the present International Health Conference.
6. A list of members and alternates of the Technical Preparatory Committee and of representatives of the international health organizations who had attended the Paris meetings in a consultative capacity.
7. Summary records of the meetings of the Technical Preparatory Committee.

In the absence of Dr. Sand, Dr. Chisholm thanked the Economic and Social Council on behalf of the members of the Committee for the opportunity that had been given them of sharing in the formation of an agency that could do so much to alleviate suffering and to promote physical, mental and social health in the whole human race.

The meeting rose at 5.10 p.m.

SECOND MEETING

Held on Thursday, 20 June 1946, at 10 a.m., Henry Hudson Hotel, New York City.

Chairman¹: Dr. A. STAMPAR, Vice-President of Economic and Social Council.

1. Adoption of Provisional Rules of Procedure.

The CHAIRMAN proposed that the Provisional Rules of Procedure before the meeting be adopted temporarily, and that the delegates of Argentina, Canada, China, Egypt, France, the Union of Soviet Socialist Republics, the United Kingdom, and the United States of America should form a committee to examine proposals as to Rules of Procedure, under the chairmanship of Dr. Cavailon (France).²

The Chairman's proposal was unanimously adopted.

2. Adoption of the Agenda.

The draft agenda prepared by the Technical Preparatory Committee³ was adopted without discussion.

3. Explanation of Conference Arrangements.

The SECRETARY (Dr. Biraud) explained the arrangements for the Conference, pointing out that, from 24 June, meetings would be held in Hunter College.

He outlined practical difficulties liable to arise for the Secretariat and Rapporteurs owing to the size of the Conference, attended as it was by eighty delegations, and suggested for that reason a system of progressive daily drafting of com-

mittee reports and resolutions by the special drafting sub-committees mentioned in the Provisional Rules of Procedure.

While the Technical Preparatory Committee had proposed the formation of eight committees, it would not be possible with the available United Nations staff to have more than two committees working during the same period. He suggested that the arrangement of work between the various sub-committees might be made by a general or steering committee.

4. Report of the Credentials Committee.

The SECRETARY read the report of the Credentials Committee, which stated that the Committee had found the full powers conferred upon representatives of nineteen Governments of United Nations Member States in good order.

Credentials conferred upon the representatives of twenty-three Governments of Member States, and those conferred upon the representatives of ten Governments of non-member States, had been found to be in good order or subject to further confirmation.

The credentials of the representatives of Control Authorities in Southern Korea, and those of the representatives of seven organizations, were in good order.

The Committee proposed that all those representatives be admitted to participation in the Conference under the conditions to be laid down in the Rules of Procedure, and that holders of credentials not yet submitted should have provisionally the same rights as other representatives.

¹ The chair was later taken by Dr. Thomas Parran, Surgeon-General, United States Public Health Service, on his election as President of the Conference.

² See page 14.

³ See *Off. Rec. WHO*, No. 1, page 77.

The report of the Credentials Committee was unanimously adopted.

5. Election of the President of the Conference.

The CHAIRMAN invited nominations for the office of President of the Conference.

Dr. CAVAILLON (France) nominated Surgeon-General Parran, pointing out how his technical abilities, authority and personality had been appreciated at the preparatory meetings of experts in Paris.

Dr. SHOUSHA Pasha (Egypt) seconded.

Dr. BEJARANO (Colombia) wished to make the same nomination in the name of the South American republics, which had unanimously approved the choice of Surgeon-General Parran at a meeting they had held on the previous day. His outstanding qualities and merits were known in many countries.

Dr. LARA (Philippines) supported the proposal and moved that nominations be closed.

Sir Wilson JAMESON (United Kingdom) and Dr. SHEN (China) wholeheartedly supported the nomination of Surgeon-General Parran.

Dr. EVANG (Norway), also supporting, proposed his immediate election.

The CHAIRMAN declared Dr. Parran, Surgeon-General, United States Public Health Service, unanimously elected President of the Conference, and expressed his deepest satisfaction in that choice.

The Chair, vacated by Dr. Stampar, was taken by Dr. Parran.

6. Address by the President of the Conference.

The CHAIRMAN, expressing deep appreciation of the honour conferred upon him, said he considered his election primarily a recognition of the progress of public health and medicine in the United States of America. He extended a hearty welcome to the representatives and expressed appreciation on their behalf to the United Nations and its Economic and Social Council for calling the Conference, and to its Secretariat. He mentioned particularly the personal interest shown by Sir Ramaswami Mudaliar and Dr. Stampar.

As a member of the Technical Preparatory Committee, the Chairman expressed the thanks of the delegates to Professor René Sand, for his wise and judicious chairmanship. He spoke also of the pioneer achievements of Dr. de Paula Souza (Brazil) and Dr. Szeming Sze (China) both in securing appropriate recognition of health in

the United Nations Charter and in obtaining the adoption of the Declaration which had provided for the calling of the present Conference.

Reminding the delegates of the objectives of the meeting, he pointed out that the value of international co-operation in public health had already been successfully demonstrated, and that their task was not to initiate such co-operation but to spearhead new and expanded spheres of co-operative action. While at the moment the over-all problem of international teamwork for peace seemed difficult, he was convinced that parts of the whole could be separated and analysed and could furnish sound bases for agreement. Health was one such part.

Objectives in that field included control of epidemics, elimination of malnutrition, progressive improvement of national health and medical services, more effective methods for the prevention of disease and improvement of health, and equal opportunities for health for everyone.

The primary task of the Conference was to prepare a constitution or charter providing for the establishment of a World Health Organization and to outline its purposes, functions, structure and administrative arrangements or relationships. If a sufficient number of delegates should sign the statute without reservation on behalf of their Governments, the World Health Organization could be established immediately, but should the number of such signatures be insufficient, establishment of the Organization would be delayed and it would be necessary for the Conference to make provision for an interim body or commission.

The Organization would be a specialized agency, and the body emerging from the deliberations of the Conference, whether the Organization itself or a temporary commission, should have the status and independence to negotiate on a man-to-man basis with the other specialized agencies and the United Nations itself.

The delegates of the States parties to the Rome Agreement of 1907 would have the additional task of preparing a protocol agreeing to transfer the duties and responsibilities of the *Office International d'Hygiène Publique* to the World Health Organization. The Conference would doubtless by its resolutions empower the World Health Organization to assume the responsibilities and duties of the League of Nations Health Organization, and also those duties of UNRRA for which specific provision had been made in the protocols, signed in April 1946, prolonging the effective date of the Sanitary Conventions of 1944.

The World Health Organization, further, should be the source of advice on health problems throughout the field of the United Nations and of many of its specialized agencies, and would have to participate jointly in the solving of problems of common concern.

He urged the delegates, in conclusion, to apply to their tasks the objective and scientific spirit with which they approached their daily professional duties.

7. Statements by Delegates on the General Attitudes of their Governments on the Report of the Technical Preparatory Committee.

The CHAIRMAN invited statements on the report of the Technical Preparatory Committee.

Dr. HAFEZI (Iran) expressed the regret of His Excellency Dr. Ghassem Ghani, head of the Iranian delegation, that owing to a motor-car accident he was unable to be present, and conveyed the greetings and best wishes of the Iranian Government.

Iran would contribute to the utmost in the achievement of the aims and purposes of the United Nations Charter, especially in the field of public health. He spoke of health measures taken by his Government, instancing recent progress in the fight against malaria, typhus and drug addiction.

The Iranian delegation, added Dr. Hafezi, was in general agreement with the Technical Preparatory Committee's report.

Dr. EVANG (Norway) opposed a suggestion made to the Chairman that the delegates should be given an opportunity of speaking by alphabetical roll-call, as he felt that questions brought up in general discussion would in any case arise later. He suggested that delegates should simply be asked to speak in accordance with the ordinary procedure.

Dr. TREFI (Syria) expressed appreciation of the accomplishments of the Technical Preparatory Committee and to the Governments of Brazil and China, on whose initiative the Conference had been called.

His Government fully endorsed the World Health Organization and was willing to subscribe fully to its objectives, particularly those concerning epidemic and endemic diseases involving the Mediterranean basin, such as syphilis, tuberculosis and malaria. Syria was prepared to do its best to achieve the aims and purposes of the new organization.

Dr. CAVAILLON (France) supported the proposal of the delegate of Norway, suggesting that general discussion be brief to enable the work to be rapidly accomplished.

Sir Wilson JAMESON (United Kingdom) expressed similar views. He said it was gratifying that so many members really represented the health administrations of their countries, as without full governmental backing and support there could not be an effective World Health Organization. It was furthermore a source of great satisfaction that the report of the Technical Preparatory Committee had been forwarded with such full authority and approval of the Eco-

nomic and Social Council, along with the Council's own recommendations and observations.

He assured the delegates that the United Kingdom Government was behind the World Health Organization and had great hopes for its success.

Dr. NOGUEIRA (Cuba) associated himself with the view that general discussion should be brief and the attitudes of Governments expressed in relation to each point as it was taken up.

The CHAIRMAN said that the general sentiment appeared to favour the commencement of committee work forthwith. Before asking the assent of the Conference to that proposal, he invited statements from other delegates.

Dr. SHEN (China) presented the greetings of the Chinese Government and its hopes for the success of the Conference and the early establishment of the World Health Organization.

China, always especially interested in international health co-operation, had been happy to be associated with Brazil in proposing at San Francisco the first steps towards a World Health Organization, and to introduce at the Economic and Social Council's first session the resolution resulting in the convening of the present conference.

His Government felt that the Technical Preparatory Committee, in drawing up a draft constitution for the World Health Organization, had done able and creditable work which could well serve as a basis of discussion at the Conference; and the members of the Committee were to be heartily congratulated.

The Chinese delegation, which had plenipotentiary powers, would participate in the discussions with an open mind and in a spirit of co-operation and would do its best towards ensuring the speedy and firm establishment of the World Health Organization.

Discussing the draft constitution, Dr. Shen said his delegation felt that membership of the World Health Organization should be open to all nations—both Members and non-members of the United Nations. Some provision should also be made for the fullest possible participation of trust territories, protectorates, colonies and other territories not yet eligible as States for separate membership of the United Nations but possessing their own separate health administrations, and having territories and populations large enough to warrant special representation. Perhaps some restricted form of membership, which might be called associate membership, could be created for such units.

His delegation felt that regional arrangements, including the setting-up of regional committees and offices, should find an important place in the structure of the World Health Organization. The alternative views embodied in the draft constitution were not so divergent that they could not be combined in a single formula.

Concerning the Far East he had certain observations to make :

(a) Among factors demanding special recognition was the size of the population of that area, constituting half of all the peoples of the world. His delegation therefore attached prime importance to the principle of balanced geographical representation with due consideration of the interests of the Far East at all times.

(b) While the term "Far East" commonly embraced both Asia and Australasia, the standards of living and health conditions of those two continents were sufficiently different to warrant their possible separation in the consideration of regional arrangements; and his delegation would welcome an opportunity to make with their colleagues from Asia and Australasia a careful study of that possibility.

(c) Many of the areas in Asia might be regarded as among the less developed in terms of health and sanitation. It would be most appropriate for the World Health Organization to make one of its chief concerns the extension of technical assistance to those areas in order to raise standards as quickly as possible to a level comparable to that of the rest of the world.

He laid special emphasis on the importance of setting up immediately an Interim Commission in a form permitting it, without delay, to take over functions of other international health bodies, to negotiate the transformation of existing regional health organizations into parts of the World Health Organization and to prepare the necessary agreement with the United Nations.

He attached great importance to the choice of an outstanding health administrator as the first Director-General. His delegation, while open-minded on the question of the permanent headquarters site, felt that as a provisional headquarters the choice of New York city, already the seat of the United Nations, would be the most practical one.

Dr. BEJARANO (Colombia) moved that a vote be taken on the proposal of the delegate of Norway. He felt that a declaration by every delegation might occupy some days.

Dr. DE PAULA SOUZA (Brazil) said it was a symbol of universal understanding in health matters that the promotion of the World Health Organization should be sponsored by countries as far apart, geographically, as Brazil and China.

His country wished to thank France for her hospitality to the Technical Preparatory Committee and to express appreciation of the help

she had given, since the San Francisco meeting, in the solving of important international health questions—in which connexion the goodwill and understanding of other countries, especially the United States of America and the United Kingdom, were equally to be praised.

Brazil wished to draw attention to her policy of acceding to the interests of the world as a whole, while at the same time maintaining continental solidarity. Such considerations should not be forgotten in relation to the question of regional offices, and he reminded the Conference that a pan-American and well-developed organization existed, which had already paved the way for regionalization in health work.

He emphasized the need for the World Health Organization to have a sufficiently elastic constitution to permit its adaptation to varying conditions; urged the suppression of "disease exporting" where it existed (adding that Brazil was no longer a country coming under that category); and envisaged as one of the most important and immediate tasks of the new organization an active and positive international health co-operation. The Constitution would have to provide means for acting in such a way as to avoid the creation of subservient or inferior conditions in the aided countries, or the breaking of their fundamental prerogatives.

Declaring that the public health accomplishments of individual countries were but small samples of what should exist on a larger scale, Dr. de Paula Souza cited as an example of a beneficial national programme the yellow-fever campaign in Brazil, where 94 per cent of the urban population were already free from the mosquito responsible for the transmission of the disease, while almost a third of the country had succeeded in eradicating the *Aedes aegypti*.

He was convinced that, through the efforts of the Conference, a common denominator would be found in health for the betterment of humanity.

The CHAIRMAN reminded delegates that a proposal by the delegate of Norway was before them, and expressed at the same time the hope that the delegate of Colombia would not press for immediate termination of all general discussion on the report of the Technical Preparatory Committee.

The proposal of the delegate of Norway that delegations should speak on the report of the Technical Preparatory Committee in accordance with ordinary procedure, and not in response to an alphabetical roll-call, was unanimously adopted.

The meeting rose at 12.45 p.m.

THIRD MEETING

Held on Thursday, 20 June 1946, at 2.30 p.m., Henry Hudson Hotel, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

This meeting resolved itself immediately into the first meeting of Committee I (Scope and Functions of the World Health Organization), and did not reconvene in plenary form.

FOURTH MEETING

Held on Friday, 21 June 1946, at 10 a.m., Henry Hudson Hotel, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Further Statements by Delegates on the General Attitudes of their Governments on the Report of the Technical Preparatory Committee.

Dr. VAN DEN BERG (Netherlands) said that his Government, for three reasons, had learned with great approval of the proposals for the establishment of one health organization to include all the States of the world.

First, the close coherence between the various parts of public health work made a universal organization indispensable, although it did not imply that other organizations of an international nature in the field of public health would not be needed in the future. Care must be taken not to replace effectively-working institutions by something new, and the difficult transitional problems would require careful consideration by the Conference.

Secondly, the Netherlands Government was convinced that too much attention could never be paid to public health problems. It completely and readily agreed with the Preamble to the Constitution of the World Health Organization proposed by the Technical Preparatory Committee, and had also read with satisfaction the statement of the Economic and Social Council that efforts in the public health field paid dividends even in money. Dr. van den Berg cited the experience of the Netherlands, where before the war the mortality rate had been the lowest of all the European countries, and spoke of the beneficial results in the East and West Indies of a well-organized public health service.

Thirdly, the Netherlands agreed that for the improvement of public health the advancement of medical science was of the utmost importance, and welcomed the intention to emphasize the importance of the study of social medical problems, in which respect his Government had in mind especially measures of importance to mental hygiene problems.

His country would gladly co-operate in the new organization.

Dr. TOGBA (Liberia) reminded the Conference that his country, one of the points on the African coast nearest to the Western Hemisphere, had become closely linked to the health of three continents through the development of air traffic. He referred to Liberia's modern airport at Roberts Field and to the construction at Monrovia of a modern seaport which was expected to be completed in 1948, and assured the delegates that every effort was being made to prevent the transportation to other shores of exotic diseases and vectors, such as malaria and *Anopheles gambiæ*. Liberia also must be protected from diseases and vectors originating in other countries, and the World Health Organization could help in the control of disease transmission between his own country and others.

He outlined the health protection measures at present being taken in Liberia, instancing the work of Haitian and French physicians now employed in the health service, the setting-up of an additional 200-bed hospital in Monrovia and the construction of a new hospital and clinic at Tchien, in the Eastern Province, in co-operation with the United States Public Health Service Mission, and of others in the Sinoe and Bassa counties.

French and British medical authorities had been invited to confer with Liberia's public health representatives on the control of trypanosomiasis and its vector, the *glossina* fly, and arrangements had been made for Liberian medical students to be trained in trypanosomiasis control.

Dr. Togba spoke highly of the work in Liberia of the United States Public Health Service Mission, particularly towards the elimination from Monrovia of the *anopheles* mosquito and malaria,

as well as flies and diarrhoeal diseases. The Mission was also, with the co-operation of the Liberian Public Health Service, keeping the major airport free from exotic diseases and pests.

Liberia would welcome the establishment of one of the regional bureaux at Monrovia.

He suggested the addition to Section III of the draft Constitution of a paragraph dealing with tropical diseases, and proposed that consideration be given if possible to the establishment of an International Institute on Tropical Medicine.

Dr. MONDRAGÓN (Mexico) spoke of his country's sincere desire to collaborate in a World Health Organization, and gave instances of the co-operative policy followed by Mexico in the prevention and control of communicable diseases and the furthering of public health education.

He emphasized the urgent need for the setting-up of an organization on the scale proposed, faced as it would be with greater and more important tasks than ever before.

A Mexican expert had taken part in the meetings of the Technical Preparatory Committee and Mexico was heartily in agreement with the purposes and ideas set forth in its report.

Lieut.-Col. LAKSHMANAN (India) stated that his Government fully agreed with the establishment of a World Health Organization constituting a single organization in the form of a specialized agency of the United Nations. His Government regarded the machinery proposed by the Technical Preparatory Committee as generally workable and appropriate for the purpose in view.

It was important that regional organizations, while necessary, should have functions and responsibilities supplementary to and not parallel to those of the central organization. Anything in the nature of a federation of autonomous regional organizations was to be deprecated. While endorsing the recommendation that the headquarters should be situated in a place with adequate communication and other facilities, he stressed the importance of contact with other specialized agencies concerned with conditions affecting the attainment and maintenance of health.

He added that the Indian delegation had been empowered to sign the Final Act of the Conference subject to ratification.

Dr. ZWANCK (Argentina) said that Argentina's policy of collaboration in the field of public health had been expressed by her participation in the founding of the Pan American Sanitary Bureau and her support of the four-yearly conferences.

He outlined the health objectives of his country, which guaranteed by its Constitution the right to health of every individual; and he emphasized his Government's determination to pursue its

policy of world co-operation for the well-being of all.

While also intimately linked by its tradition to the *Office International d'Hygiène Publique* and the League of Nations Health Organization, Argentina felt most closely associated with the Pan American Sanitary Bureau, because inter-American health problems, though not completely similar, were analogous in many respects.

Dr. KACPRZAK (Poland) declared that experience had proved the great need of an international health organization. He recalled the work of the International Conference convened in Warsaw after the First World War under the auspices of the Health Section of the League of Nations, and the twenty years' health activities of the League. He also expressed deep appreciation of the health work in latter years of UNRRA and of the International Red Cross.

It would be logical and in accordance with real needs to have a single health organization, although the good work done by co-existing international health organizations should not be forgotten and their experience should be drawn upon to the largest possible extent.

To be effective, however, the new organization must be decentralized into regional offices which could take into account environmental differences; and a central health organization should not be a super-governmental institution.

The new organization should not limit itself to problems of hygiene: curative medicine, as well as preventive, should be included in all programmes. His Government was greatly in favour of including social insurance and health insurance, and the important subject of population problems and vital statistics. Attention to those matters would help towards realization of the ideas expressed in the Preamble to the draft Constitution.

Dr. PAZ SOLDÁN (Peru) congratulated the Technical Preparatory Committee on its work and assured the Conference of his Government's support of the World Health Organization. With regard to the question of regional offices, he stressed the fact that the Pan American Sanitary Bureau would require no reform, as its long record of satisfactory service to the American republics had shown that it was already well adapted to their needs.

Dr. LARA (Philippines) said his delegation joined with others in unanimously accepting the report of the Technical Preparatory Committee as a working basis for the Conference, and in congratulating the members of the Committee on their splendid achievements.

The Conference must face squarely the problems to be solved in the field of health if the peoples

of the world were to live together, and he believed that the principles laid down by the Committee would provide good guidance. He assured them of the utmost co-operation by his country and conveyed the sincere good wishes of its people.

Dr. THOMEN (Dominican Republic) cited Rule 41 of the Provisional Rules of Procedure of the Conference¹, concerning interpretation, and said he had been informed that no provision had been made for interpretation from Spanish. There were nineteen delegations whose mother tongue was Spanish, and they desired to have their speeches interpreted into the working languages of the Conference. He was willing to make a brief interpretation into English of the remarks of the delegates of Argentina and Peru.

The CHAIRMAN expressed the Secretariat's regrets that the interpretation facilities had broken down that morning, making it impossible for the Conference to proceed in strict accordance with the Rules of Procedure.

The SECRETARY apologized in the name of the Secretariat, explaining that the situation had arisen because meetings of the most important organs of the United Nations were being held at the same time. He hoped that the position would

¹ Rule 41 of the Provisional Rules of Procedure read:

"Speeches made in either of the working languages in the Conference and committees shall be interpreted into the other working language; speeches made in any of the other three official languages of the United Nations—Chinese, Spanish and Russian—shall be interpreted into both working languages."

be rectified in the afternoon, and added that translations of the speeches in Spanish would be made from the written texts and circulated to all delegations.

Professor HAKIM (Lebanon) congratulated the Technical Preparatory Committee on its report and said that Lebanon wholeheartedly supported the establishment of a World Health Organization. By virtue of its geographical location, and with the help of the medical schools of the two universities of its capital, Lebanon was capable of playing an important role in the promotion of health. His country was in favour of organizing effective regional arrangements to the fullest possible extent. As a member of the Arab League, it was already engaged in organizing common action in the field of health with other Arab States. He expressed the desire and hope that the World Health Organization would undertake positive, constructive action in spreading the benefits of scientific progress to the less advanced territories all over the world.

Dr. LEE (Korea) said that his country, one of the unfortunate nations of the world, had just been liberated, and looked forward eagerly to the early establishment of self-government. The American Military Government in Korea had recognized the importance of the Conference, and therefore a delegate had been sent in the capacity of observer. He had no doubt that when the Korean Government was legally established and recognized it would give its utmost support and co-operation to the World Health Organization.

The meeting rose at 12.20 p.m.

FIFTH MEETING

Held on Friday, 21 June 1946, at 3 p.m., Henry Hudson Hotel, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

Pending the arrival of the report of the Committee on Rules of Procedure, the plenary meeting was adjourned, delegates reconvening immediately as Committee II (Administration and Finance).

1. Election of Vice-Presidents and Committee Chairmen.

On the resumption of the plenary meeting, the CHAIRMAN said that, although the mimeographed copies of the report of the Committee on Rules of Procedure were still not available, Dr. Cavaillon, the Chairman of that Committee, was prepared to recommend such changes as were necessary in the temporary rules to make possible the election of additional officers of the Conference.

Dr. CAVAILLON (France) said he wished at present to mention only two of the decisions of the Committee, relating to Rules 26 and 29.

The Committee recommended that Rule 26 be amended to read:

"The Conference shall elect at a plenary meeting its own President and five Vice-Presidents, as well as the Chairman of each of its working committees. Each such committee shall elect its own Vice-Chairman and Rapporteur."

It recommended that Rule 29 be amended to read:

"The President and Vice-Presidents of the Conference, as well as three delegates designated by the Conference, and the Chairmen of the committees, shall constitute a General Committee entrusted with directing the debates of the Conference and co-ordinating the work of its committees."

Rules 26 and 29, as thus amended, were unanimously adopted.

2. Election of Conference Officers.

The CHAIRMAN invited nominations for the vice-presidencies.

Dr. GEAR (Union of South Africa) proposed that the senior delegates of Brazil, China, France, the Union of Soviet Socialist Republics and the United Kingdom be elected to those offices.

The proposal was supported by the delegates of Cuba, Czechoslovakia, Ecuador, Egypt, Netherlands, India and Nicaragua.

The delegates nominated were unanimously elected Vice-Presidents.

Dr. SHEN (China) considered his election an honour not only to him personally but to China and the people of the Far East, and in accepting he expressed his appreciation to the delegates.

In the name of the Chinese delegation, he made the following nominations for committee chairmen:

Committee I (Scope and Functions of the World Health Organization): Dr. Shousha Pasha (Egypt);

Committee II (Administration and Finance): Dr. Chisholm (Canada);

Committee III (Legal Questions): Dr. Evang (Norway);

Committee IV (Relations): Dr. Gabaldón (Venezuela);

Committee V (Regional Arrangements): Dr. Timmerman (Netherlands).

As the three additional members of the General Committee, Dr. Shen nominated Dr. Stampar (Yugoslavia), Dr. Lakshmanan (India) and Dr. Paz Soldán (Peru).

The nominations were supported by the delegates of Cuba, France, Iraq, Netherlands, Philippines, Syria, United Kingdom, Uruguay and many other countries.

The delegates named by Dr. Shen were unanimously elected.

The meeting rose at 6 p.m.

SIXTH MEETING

Held on Monday, 24 June 1946, at 2.15 p.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

The CHAIRMAN extended a welcome to the delegates of Belgium, Byelorussia, Greece, the Ukraine and the Union of Soviet Socialist Republics, and to the observers from Italy, all of whom had arrived since the previous plenary session.

1. Further Statements by Delegates on the General Attitude of their Governments on the Report of the Technical Preparatory Committee.

The CHAIRMAN invited a statement by the Chairman of the Soviet delegation.

Dr. KROTKOV (Union of Soviet Socialist Republics) thanked the Chairman and delegates for their greeting and explained that an air transport delay had prevented the Soviet delegation from arriving at the beginning of the Conference. He asked permission to postpone his statement until the delegation had fully studied the documents.

Dr. SAND (Belgium) paid tribute to the Chairman as the symbol of the great movement of hygiene and health protection which had found such strong support in the American nation. He also thanked the experts who had collaborated with him in Paris.

The CHAIRMAN said the Conference was deeply indebted to Dr. Sand for the great services he

had rendered as Chairman of the Technical Preparatory Committee.

Dr. KOPANARIS (Greece), who had participated in the work of the Technical Preparatory Committee, expressed the assurance that its report, together with the experience of the other experts attending the present Conference, would be a valuable help towards the realization of the objectives before them. Greece awaited with confidence and faith the results of the establishment of the World Health Organization, which would constitute a great hope for the world, a tremendous source of help and a guarantee for peace.

The Hellenic Government entirely approved of the decisions of the Technical Preparatory Committee with respect to the creation of a single world organization of public health, and in view of the urgency of the world's needs, it expressed the wish that the International Health Conference would succeed in forming the basis of a solid and powerful organism able to realize the ideals sought by all peoples. Full co-operation between the nations in the field of health, as envisaged by the Committee, was a prerequisite to peace, happiness and prosperity.

Mr. EVSTAFIEV (Byelorussia) brought greetings to the Conference and stated that as his delegation had arrived only on the previous day he would prefer to make his declaration at one of the later meetings.

Dr. KALTCHENKO (Ukraine) brought the greetings of the Ukrainian SSR and stated that his Government shared the basic principles of the World Health Organization as they were expressed in the draft statutes. He felt that his observations with regard to the draft could be made in more precise terms in the committees.

His Government had great hopes and expected many things from the International Health Conference. The workers of the medical profession in the Ukrainian SSR, which had seen such great suffering, knew better than anyone what war meant for the people, and the Conference would accomplish its tasks only if it wrote on its banners, first, the fight for peace and, secondly, the fight against sickness.

He considered that the basis for the new organization should be the Charter of the United Nations, of which one of the basic principles was the independence of each country in its internal affairs. That point must be emphasized in the relevant statute, and his Government felt also that the organization should be one which made recommendations but which did not rule, health services being a matter for decision by individual Governments.

Commenting on the Preamble of the draft Constitution, he said that while one of its declarations was that freedom was a function of health, his delegation considered that only where there was freedom could health be assured.

Another point made by Dr. Kaltchenko was that questions of scientific development should be dealt with by UNESCO in the first place.

He considered that the World Health Organization must be one body in which would be merged all existing international health organizations. Regional organs should be created, their geographical locations and their personnel being decided in relation to the wishes and opinions of the interested Governments.

He wished the Conference every success on behalf of the workers of the medical profession of the Ukrainian SSR

2. Report of the Committee on Rules of Procedure.

Dr. CAVAILLON (France), presenting, as its Chairman, the report of the Committee on Rules of Procedure, commented upon the proposed modifications (already circulated) to the draft Rules for the Conference.

He pointed out that, in Rule 1, the Committee had considered it necessary to define precisely the meaning of the word "delegate": and, in Rule 3, had established the principle that only

one delegate should have the right to speak in the name of his delegation on any particular question, unless the Chairman should authorize others to do so.

After commenting on other changes, Dr. Cavailon moved the adoption of the revised Rules of Procedure.

The proposal was seconded by the delegates of Colombia, Ecuador, Mexico, Netherlands, Paraguay, the Philippines, Poland and other countries.

The Rules of Procedure¹, as proposed in the Committee's report, were unanimously adopted.

3. Interpretation.

The SECRETARY stated that the Secretariat had taken further measures to ensure strict compliance with Rule 36, relating to languages of the Conference. A Spanish interpreter was expected to arrive from London by air very shortly, but if in the meantime any of the South American delegations was able to furnish a temporary interpreter, the Secretariat would be very glad to avail itself of his services.

The CHAIRMAN expressed his distress at the lack of interpretation facilities for Spanish and asked the advice of the Conference on implementation of Rule 36.

Dr. LAUGIER, as Assistant Secretary-General in charge of Social Affairs, assured the Conference that the Secretariat was doing its utmost to provide the necessary service. He agreed completely with the protestations on the point, which would certainly be transmitted to the appropriate authorities.

Dr. SANDIFER (United States of America) said the United States delegation sympathized fully with the representation made by the Latin-American delegations with respect to the question of Spanish interpretation. He realized fully the difficulties under which the Secretariat was labouring in trying to obtain the necessary services, and that it was doing everything it could. However, he felt that the Conference should take some formal note of the request, and he therefore moved that the President of the Conference refer the representation to the Secretary-General of the United Nations, and that a report be made to the following day's session as to the specific steps being taken to obtain the services of an interpreter.

The motion was unanimously adopted.

The meeting rose at 3.30 p.m.

¹ See page 121.

SEVENTH MEETING

Held on Friday, 28 June 1946, at noon, Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Expression of Sympathy on the Death of the President of Chile.

The CHAIRMAN expressed to the delegation of Chile the deep sympathy of all delegations on the loss suffered by that country through the death of its President, Dr. Juan Antonio Rios.

Dr. BUSTOS (Chile) expressed his heartfelt thanks to the Chairman and delegates for their expression of sorrow. He traced the career of President Rios, whose untimely death had cut him off from the activities of economic and social improvement which he had so actively pursued.

2. Election of Chairman of the Central Drafting Committee.

The CHAIRMAN called for nominations for the chairmanship of the Central Drafting Committee.

Dr. STAMPAR (Yugoslavia) nominated Dr. Chisholm (Canada), Dr. DE PAULA SOUZA (Brazil) supporting.

The CHAIRMAN pointed out that Dr. Chisholm was already Chairman of Committee II, and, on the request of the nominee, Dr. STAMPAR withdrew his proposal.

Thereupon there were four other nominations. Dr. Mackenzie (United Kingdom) was proposed by Dr. Timmerman (Netherlands); Dr. Sand (Belgium) by Dr. Guzmán (Venezuela); Dr. Vaucel (France) by Dr. Kopanaris (Greece), and Dr. Guzmán (Venezuela) by Dr. Bustamante (Mexico).

On a vote by show of hands Dr. Mackenzie received 31 votes, Drs. Sand and Guzmán four votes each, and Dr. Vaucel one.

Dr. Mackenzie was elected Chairman of the Central Drafting Committee.

It was agreed that the Committee should consist of its Chairman and five members respectively selected by him from each of the five drafting sub-committees.

3. Assignments to Committee IV.

The CHAIRMAN stated that the General Committee had decided to assign to Committee IV (Relations) responsibilities embracing the problems relating to:

- (i) the creation of an Interim Commission and its relationship with the United Nations;
- (ii) the health work of UNRRA;
- (iii) the *Office International d'Hygiène Publique*;
- (iv) the health work of the League of Nations.

The Chairman added that once Committee IV had determined the general policy on those

problems, the legal problems they involved would be assigned to Committee III (Legal Questions).

4. Further Statements by Delegates on the General Attitudes of their Governments on the Report of the Technical Preparatory Committee.

Dr. KROTKOV (Union of Soviet Socialist Republics) conveyed the greetings of the Soviet delegation and stated that the Soviet Government had expressed its positive approval of the principles of the new international health organization.

It was important to create a new organization in a form that would take into account the changes made by the war, and its success would be dependent upon the co-ordinated effort of all the Governments of the world. The mission of the Conference could be accomplished only if the delegates bore in mind that the main objective was to assure to all peoples the possibility of enjoying the accomplishments of modern medical science, and to bring all populations into the common work for that purpose.

One of the main tasks of the Conference and of the new organization would be to prevent the spread of epidemics, and they should not wait until they were faced with a catastrophe, but should seek effective measures in modern methods of medical science.

A great need of the times was the exchange of scientific information: only collectively would the nations be able to eliminate the diseases that were the enemies of mankind.

The new organization must be the initiator of collective scientific research, and he proposed the creation of an international information bulletin. Such work would call for standard methods in statistical and demographic research.

The Soviet delegation would bring to the work of the Conference whatever its experience could give.

Mr. EVSTAFIEV (Byelorussia) spoke of the suffering and destruction wrought during the occupation of Byelorussia. The Germans had made a special point of liquidating medical, scientific and research facilities, and medical schools. The republic had lost in that way more than 13,000 surgery cots, 387 sanitary facilities and 60 children's sanatoria. The destruction had amounted to more than 600 million roubles.

In the three years of German occupation, the health of the people had been heavily affected. Forced to hide in forests, they had been debarred

from normal lives and nutrition, and in consequence many diseases thought to have been abolished had reappeared.

Immediately upon the liberation of the country, the Government had set about the restoration of the health services. As a result of very great effort, the epidemic of typhus had been eliminated and the prophylactic net all over the country restored; but intense and sustained work would be required to bring the health services back to the pre-war level.

The Byelorussian Government sent greetings

to the Conference and considered that the co-operation of all States in the new Organization would help all the peoples of the world to restore their health and develop their health services. It believed that the new Organization would go a long way towards preventing diseases and fostering co-operation among peoples in general. The Byelorussian Republic, as a member, would give all its support in the pursuit of the great ideals for which the Organization would stand.

The meeting rose at 1 p.m.

EIGHTH MEETING

Held on Friday, 12 July 1946, at 10.10 a.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Address by the Observer from Albania.

The CHAIRMAN said that the observer from Albania had asked permission to give a short address.

Dr. JAKOVA (Observer from Albania) brought greetings from the people and Government of his country. He said that the results of the ravages of the war, and their effects upon the health of nations, made clear the importance of the Conference.

He spoke of the privations among which the people of Albania had fought for the liberation of their country. The victims of that struggle numbered 50,000 dead and wounded, besides tens of thousands of prisoners forced into concentration camps, many never to return. The Albanian economy had been destroyed, churches, mosques, schools and other public buildings burned and pillaged by the enemy. Hence, his country welcomed the Conference as a great and promising effort to help the peoples that had suffered.

Despite the fact that Albania had done so much for the common victory, it had not yet been admitted to membership of the United Nations. Nevertheless, the Albanian delegation to the present Conference was happy to bring its modest contribution, and sincerely hoped that the World Health Organization would prove efficient in re-establishing the health of martyred humanity and in consolidating the peace and happiness of all peoples.

2. Consideration of the Report of Committee I: Scope and Functions.

The CHAIRMAN called on Dr. Shousha Pasha, Chairman of Committee I, to present the Committee's report. He pointed out that after substantive approval had been given by the Conference to committee reports, the Central Drafting Committee, in consultation with the Legal Committee, would prepare them in final form.

Dr. SHOUSHA Pasha (Egypt) said that Committee I had held five meetings. The chief delegate

of Mexico, Dr. Mondragón, had been elected Vice-Chairman, and the Drafting Sub-Committee had consisted of Dr. Sand (Belgium), Chairman and Rapporteur; Dr. Cayla (France), Dr. Mani (India), Dr. Gear (Union of South Africa) and Dr. Kaltchenko (Ukraine), the Chairman and Vice-Chairman of the Committee being *ex officio* members.

The revised text of the Preamble and of the sections of the Constitution relating to Objective and Functions had been approved by the Committee¹, and in formulating the text, the Committee and Drafting Sub-Committee had given careful consideration to amendments submitted by the delegations of South Africa, Mexico, Australia, Belgium, Netherlands, Chile, United Kingdom, Iran, China, Philippines, Poland, Venezuela, United States of America and Canada.

The Committee had removed from the text references to the means to be employed for the fulfilment of the enumerated functions—such as the establishment of institutes, laboratories, a bulletin, courses of study, and fellowships—as that aspect would form part of the task of the Organization. Questions falling within the competence of other organs of the United Nations, such as demographic problems and narcotic control, had also been eliminated.

The Committee had accepted the suggestion that social security and hospital services should be explicitly cited as elements in the development or restoration of health, and had agreed to the inclusion of a paragraph relating to the prevention, in co-operation with other specialized agencies, of accidental injuries.

It would be noted that the Committee had expressed the objective of the Organization in a single sentence, having grouped under Functions

¹ See para. 2 of Note, page 30. Committee I dealt with the draft proposal of the Technical Preparatory Committee relative to Preamble, Aims and Objectives, and Functions — see *Off. Rec. WHO*, No. 1, pages 69-70. The report of Committee I as finally adopted comprises the Preamble and Chapters I and II of the Constitution — see page 100.

various ideas enumerated under Objectives in the draft of the Technical Preparatory Committee.

The Committee had reached full agreement on the revised text except with respect to Article (n) of Section III (Functions), on which article¹ there had been an even division of opinion. It had been decided to refer the disputed clause—placed between brackets in the report—to the plenary session of the Conference for decision.

The Committee had likewise decided to refer to the plenary session, as being outside its own competence, a proposal by the United Kingdom delegation that the name of the Organization should be "Health Organization of the United Nations".

The Committee believed that while retaining the substance and spirit of the Technical Preparatory Committee's draft, it had succeeded in clarifying and improving the text in several particulars.

Dr. SAND (Belgium), Chairman and Rapporteur of the Drafting Sub-Committee, proceeded to read the report sub-section by sub-section.

The Preamble.

After approval of the introductory clause and sub-sections 1 to 5, discussion arose on sub-section 6, which read:

"Healthy development of the child is of basic importance."

Dr. CHISHOLM (Canada) said that the text of the paragraph in the Technical Preparatory Committee's draft² had conveyed a sense far beyond that of the paragraph now before the Conference: it had referred to the healthy development of the child toward world citizenship, which was a very important concept.

To many people working in the field of health, that reference in the Paris draft was the focal point of the whole document, and much the most important part of it. Such a view was taken by workers in social psychology, clinical psychology, psychiatry, education, general semantics and many others.

The paragraph, as accepted by the Technical Preparatory Committee, was not merely a statement of a tenet of educational philosophy, but a great deal more: it was a recognition of the strong gregarious instinct in man's nature, driving him to live in harmony and peace with other people.

Until quite recently, man's environment had been his locality only, his village or town or at most his own country, and he had been able to live at peace with his own emotions and his

¹ This article read: "... (n) to promote research in the field of health, (notably in providing the necessary material means);".

² The corresponding paragraph in the Technical Preparatory Committee's draft read:

"Healthy development of the child toward world citizenship is of paramount importance".

instinctual drives by co-operating reasonably well with local people. That situation had changed entirely: the environment of every person was now the whole world, and it was essential to the health of every individual that he develop beyond the capacity to live with his own kind of people in his own little environment and be able to live with all the kinds of people all over the world.

That was not a social or educational concept, but a health concept. To-day, through the radio, the Press and "movies", man was brought into immediate contact with events throughout the world, and if he proved unable to adjust himself to his changed environment, he would follow the dinosaur into oblivion.

He assured them, as a psychiatrist and a representative of many other people greatly interested in the field of health, that the deletion of so important a part of the Paris draft would seriously disturb many earnest scientists.

All generations hitherto had been the kind of people who fought wars every fifteen or twenty years. That dangerous game had now to be considered in terms of the survival of the human race. He would suggest that the basic problem of health was survival, and the insertion of the paragraph in the Paris draft had been made in terms of the recognition of the desirability of the human race's surviving at all.

If it should be possible, now or soon, to begin guiding the development of the child towards the ability to live in harmony with all the kinds of people in the world, the effects of that work would not appear for perhaps twenty-five, thirty or forty years. He warned the delegates that retention of the clause as it stood in the Paris draft, or of an equivalent clause, would lay upon the World Health Organization the responsibility of undertaking a great deal of serious work—specifically of finding out why the human race had attempted so seriously to wipe itself out, and of attempting to do something about it. But if the World Health Organization did not recognize that responsibility, onerous though it was, no one else would, because it was a matter of health. If the delegates should omit the clause from the Constitution, they would have decided not to accept the responsibility of helping children to be able in later years to save the world from the chaos towards which it was at present heading.

Dr. Chisholm went on to move the replacement of sub-section 6 by the wording:

"The ability to live harmoniously in a changing total environment is essential to the healthy development of the child."

He added that the word "healthy" was there used in the sense defined in the first sub-section of the Preamble.

Because he believed the matter to be of the most vital importance to the future of the World Health Organization, and even to the survival of the human race, Dr. Chisholm moved that a vote be taken by roll-call.

Mr. YATES (United Kingdom) felt that it was of the first importance that the ideas expressed in the proposal of the Canadian delegation should find expression in the Charter of the World Health Organization, which should look to the future rather than to the past and include the most progressive and potentially fruitful ideas.

If need be, the United Kingdom delegation would support a special reference to one of the drafting bodies to make absolutely sure that the ideas so brilliantly expressed by Dr. Chisholm were fully clothed in the most adequate language. For its own part, the United Kingdom delegation was content with the language now proposed by Canada.

Dr. MORA OTERO (Uruguay) fully supported the motion, as he felt that elimination of the concept expressed in the Paris draft would mean the suppression of one of the most important duties which the Organization was bound to take upon itself. The scope of the Organization should include new ideas, now being brought out in social fields, which would create a new and more co-operative world society.

The American republics, in co-operation, had already set up in Montevideo, Uruguay, an institute for the protection of children, and he suggested that the work of the Organization in the same field might be co-ordinated with the work being carried out by the institute.

Dr. BOUDREAU (United States of America) strongly supported the Canadian delegation's proposal, which had underlined the fact that if the peoples of the world wished to survive they could not behave in the new world in the way they had behaved in the old.

The United States delegation hoped that the proposal would be adopted by the Conference, and that the World Health Organization would undertake as soon as possible a programme of work designed to achieve its objective.

Dr. EVANG (Norway) while believing that it would be a serious omission to leave out the fundamental thought and line of action explained by the delegate of Canada, suggested the retention, along with the text proposed, of the more general text already before the Conference.

Dr. BUSTOS (Chile) gave wholehearted support to the proposal of the delegate of Canada, declaring that the full development of the child, both physically and mentally, would be the basis for a new betterment of mankind, presenting the hope of modifying the course of future generations towards a more dignified and perfect social relationship among the nations of the world.

Dr. PAZ SOLDÁN (Peru) approved of Dr. Chisholm's proposal and of the suggestion by the delegate of Norway that it should be co-ordinated with the draft at present before the meeting.

As a delegate to all the pan American child health conferences and one who had devoted his lifetime work to the promotion of the fundamental concept of the importance of child welfare in the general society, he was convinced also that the health of the child was fundamentally bound to the health of the family in which he lived, and he proposed the addition to the text of a statement to that effect.

Dr. TREFI (Syria) expressed the conviction that the welfare of the child depended entirely upon his health and surroundings. He felt that the Organization should concern itself with the health of the child from the day of birth, and supported wholeheartedly the proposal of the delegate of Canada.

Dr. VAN DEN BERG (Netherlands) supported the proposal of the delegate of Norway, and asked whether the delegate of Canada agreed to that proposal.

Dr. VALLARINO (Panama) felt that all members of the Conference were in accord with the excellent proposal and brilliant exposition of the delegate of Canada and likewise with the proposal of the delegate of Norway. He proposed therefore that those proposals be submitted to a vote.

Dr. SHOUSA Pasha (Egypt) supported the motion to close the debate.

Dr. CHISHOLM (Canada) welcomed the suggestion by the delegate of Norway that the text proposed by the Canadian delegation be added to the paragraph already existing as sub-section 6. He now proposed, therefore, that the Central Drafting Committee should be asked to prepare a text along those lines for incorporation in the Constitution. In the absence of any expression of opposition, he withdrew his motion for a vote by roll-call.

The CHAIRMAN put to the meeting the proposal as thus amended by the Canadian delegation.

Sub-section 6 as amended was unanimously approved.

Dr. SAND read the remainder of the Preamble, comprising sub-sections 7, 8 and 9, and these were unanimously approved.

He then moved approval of the Preamble as a whole, as amended.

The CHAIRMAN invited discussion on the Preamble.

Dr. MACKENZIE (United Kingdom) proposed alteration of the name "World Health Organization" to "Health Organization of the United Nations". He advanced the arguments that the Organization had had its origin at San Francisco; the proposal for its creation had been taken further by the Economic and Social Council; the present Conference had been called by the United Nations, and there was a possibility that

many of the financial requirements of the next six or eight months would be met by the United Nations. Under those conditions, the United Kingdom delegation felt that some recognition was desirable. The title should, furthermore, reflect the fact that the new body would be a specialized agency of the United Nations. He pointed out that the Food and Agriculture Organization of the United Nations, UNESCO and UNRRA all had "United Nations" in their titles, and that the exception, PICAQ, was a provisional title only.

He realized that many delegations would feel it difficult to drop the word "World", but all delegations hoped and believed that eventually the United Nations would become a world-wide body. The United Kingdom delegation was strongly in favour of a universal world health organization, and had taken the lead in Paris in urging the inclusion of non-member States of the United Nations in the health organization.

A demonstration of the solidarity of the delegations at the present Conference would be of great value, and the United Kingdom delegation requested that the roll be called by countries, in order to demonstrate outside as well as inside the room which delegations approved and which disapproved of manifesting that solidarity by making the connexion between the health organization and the United Nations evident in its title.

Dr. VAN DEN BERG (Netherlands), Dr. TREFI (Syria) and Dr. MORÁN (Guatemala) supported the amendment proposed by the delegate of the United Kingdom.

Dr. HAFEZI (Iran) favoured the retention of the title "World Health Organization", because all the nations of the world were not represented in the United Nations.

The present Conference was the first international conference to allow the admission of non-self-governing territories as associate members. The new organization would be working for the entire human race, whereas the United Nations comprised fifty-one nations; and the objective of the new organization, as stated in its Charter, was the attainment by all peoples of the highest possible level of health.

Failure of the Iranian delegation to support the amendment proposed by the United Kingdom delegation did not mean that Iran was not in favour of solidarity with the United Nations. Such solidarity had been amply provided for in the Charter. The Iranian delegation took the view that the matter under discussion was on a different level and of greater scope than the United Nations, and for that reason it preferred the title "World Health Organization".

Dr. SZE (China) regretted that it was not possible for the Chinese delegation to support the amendment proposed by the United Kingdom delegation.

He recalled that at San Francisco, in drafting the resolution initiating steps for the establishment of the Organization, the delegations of China and Brazil had chosen the name "International Health Organization". About that time UNRRA and FAO had been established, and steps had been taken to establish UNESCO; and although there had been a temptation to follow a similar line and suggest the name "United Nations Health Organization", the delegations of China and Brazil had felt that there was an advantage in choosing a name more universal than "United Nations". Even at that early stage it had been recognized that, in the province of health, activities must be universal and cover a wider field than the United Nations organization itself. He believed that a similar trend of thought had been expressed in the titles of the International Civil Aviation Organization, the International Bank for Reconstruction and Development, and in the International Fund for Stabilization of Currency, representing the first steps towards an International Trade Organization.

The realization, after the dropping of the atomic bomb at Hiroshima, that the world had entered a new age, the Atomic Age, had been reflected in further titles that began to appear on the international scene—such titles as "World Bank" and "World Fund".

The Technical Preparatory Committee had been proud of its unanimous choice of the title "World Health Organization", feeling that that organization might be the first of the new specialized agencies to recognize that the world had entered upon a new age, and he earnestly appealed for support of that name.

Dr. KALTCHENKO (Ukraine) declared that the question of the title had already been discussed at great length at committee meetings, and the Drafting Committee had considered that the United Kingdom proposal would be too restrictive, on the ground that it would not fully express the ideas and principles at the base of the Organization.

He therefore moved that the debate be closed, adding that the Ukrainian delegation, for its part, supported the maintenance of the title "World Health Organization".

Dr. SHOUSHA Pasha (Egypt) supported the motion for closure of the debate.

The CHAIRMAN, having put to the meeting the motion for closure, announced a tie vote.

Observing that apparently every delegation had not voted, he put the motion to the meeting again, asking the delegations to vote by raising the names of their countries.

The motion for closure was rejected by 23 votes to 22.

Dr. ZWANCK (Argentina) supported retention of the name "World Health Organization", on the ground that the Conference had been called for the purpose of uniting all nations in the interest of health.

Argentina believed in the interdependence of the human race and of the nations of the world, and that the Organization should not be closed

to any State. It was stated in the Preamble that every human being, without distinction of race, religion, political belief, or economic or social condition, should have the fundamental right to good health and well-being.

The word "World" expressed in the title the spirit in which the delegates had met to create the Organization, and he had an official mandate to convey the request of Argentina that the entry of Spain into the Organization should be facilitated. Argentina, a fusion of many races, owed to Spain its language, culture and religion, and to both Spain and Italy the work of their sons who formed the Argentine nation.

He was not asking for a vote or resolution on the subject, but wished it to be put on record that Argentina had asked that Spain be admitted to the World Health Organization.

Dr. VAN DEN BERG (Netherlands) suggested, as a supplement to the amendment proposed by the United Kingdom delegation, that the title should be "United Nations World Health Organization", thus utilizing both of the terms under discussion.

Dr. CHISHOLM (Canada) said that the remarks of the delegate of China had well expressed the view of the Canadian delegation. He sincerely hoped that the evidence of the world-wide interest of the new body would be retained through the use of the title "World Health Organization".

Dr. THOMEN (Dominican Republic) said that the main argument advanced by the United Kingdom delegate to justify the use of the term "United Nations" in the title was that his country expected that most of the nations of the world would join the United Nations. However, if it was expected that all the nations of the world would join the United Nations, the name "World Health Organization" was most justified.

For that reason he supported the proposal of the delegate of China and the points made by the delegate of Iran. There were still many countries that were not members of the United Nations and that would probably want to join the World Health Organization, and his delegation felt that all the nations of the world should be able to join in the cause of health even if they did not feel like joining the political cause of the United Nations.

Dr. BUSTAMANTE (Mexico), supporting the retention of the name "World Health Organization", said that Mexico had been a Member of the United Nations since its inception, and in view of the part it had taken in the war it had earned its right to that membership.

The fundamental scientific ideal of the new organization was the desire to make it possible for everybody in the world to enjoy the greatest

benefits that medical science could give them, and his delegation believed that that ideal could be fully expressed only by retaining the name proposed by the Technical Preparatory Committee.

Dr. VALLARINO (Panama) said that he was among the delegates who felt that the Organization should have a world function which could not leave out territories and nations that did not adhere to the United Nations. In order to conciliate the points of view expressed by the United Kingdom and Chinese delegations, he proposed the title, "World Health Organization of the United Nations".

Dr. DE PAULA SOUZA (Brazil) supported the proposal of the delegate of China, and suggested that as the matter had now been well ventilated the discussion should be closed and a vote taken.

Dr. MACKENZIE (United Kingdom), asked permission to withdraw his amendment in favour of the proposal by the delegate of Panama that the name should be the "World Health Organization of the United Nations", and the similar proposal by the delegate of the Netherlands. He withdrew also his request for a vote by roll-call.

Dr. KALTCHENKO (Ukraine) also supported the amendment proposed by the delegates of the Netherlands and Panama, and withdrew from the earlier position taken by his delegation.

The CHAIRMAN, after a vote on the motion for closure, declared the debate closed.

The SECRETARY read the text of the amendment before the meeting:

"The title of the Organization is 'World Health Organization of the United Nations'."

The CHAIRMAN, after taking the vote by show of hands, declared the result uncertain, and suggested that the vote be taken by roll-call.

Dr. NOGUEIRA (Cuba), speaking on a point of order, declared that the title proposed in the amendment contained a grammatical error, as it gave the organization world-wide scope and at the same time limited it to nation-wide scope. He asked, therefore, that the final vote be delayed until the matter had been given careful study.

The CHAIRMAN said he was forced to rule that the remarks of the delegate of Cuba did not constitute a point of order but a new motion.

The vote was thereupon taken by roll-call.

The amendment proposed by the delegate of the Netherlands and supported by the delegates of Panama, the United Kingdom and the Ukrainian SSR was lost by 30 votes to 17, the roll-call resulting as follows:

Votes for: Australia, Greece, Haiti, India, Netherlands, New Zealand, Norway, Panama, Poland, Saudi Arabia, Syria, Byelorussia, Ukrainian SSR, Union of Soviet Socialist

Republics, Union of South Africa, United Kingdom and Yugoslavia.

Votes against: Argentina, Belgium, Brazil, Canada, Chile, China, Colombia, Costa Rica, Cuba, Czechoslovakia, Denmark, Dominican Republic, Egypt, El Salvador, France, Guatemala, Honduras, Iran, Lebanon, Liberia, Luxemburg, Mexico, Nicaragua, Paraguay, Peru, Philippine Republic, Turkey, United States of America, Uruguay, Venezuela.

Abstention: Ethiopia.

The CHAIRMAN stated that, the amendment having been lost, discussion would revert to the motion by the Rapporteur to approve the Preamble as amended in sub-section 6.

Dr. MOLL (El Salvador) asked whether the Preamble was part of the Constitution.

The SECRETARY said that the Preamble was not an integral part of the Constitution, but its introduction and explanation. It did not have the legal force of the articles of the Constitution.

Dr. MOLL suggested that the sub-sections of the Preamble should not be numbered.

The CHAIRMAN, while thanking the delegate of El Salvador for his comment, observed that approval given at the present meeting would be substantive only, and that legal drafting would be done later.

He then put to the vote the Preamble as amended.

The Preamble, as amended in sub-section 6, was unanimously approved.

Section II: Objective [I, 1].

The paragraph stating the objective was approved without discussion.

Section III: Functions [II].

Articles (a) to (f) [2, (a) to (f)] were approved without discussion.

Article (g) [2 (g)]. This article read :

“(g) to stimulate and advance work to eradicate epidemic, endemic and other diseases, especially those of major social importance.”

Dr. PAZ SOLDÁN (Peru) suggested that the Article would be improved by the deletion of the last clause, “especially those of major social importance”. He believed that all diseases would be of social importance before, during or after their occurrence, and that the clause was contrary to the general principles of the Constitution as expressed in the Preamble.

The amendment proposed by the delegate of Peru was approved.

Articles (h) to (k) [2, (h) to (k)] were approved without discussion.

Article (l) [2 (l)]. This article read :

“(l) to promote maternal and child health and welfare.”

Dr. BOUDREAU (United States of America) said that the unanimity with which the Conference had approved the proposal of the Canadian delegation (with regard to sub-section 6 of the Preamble) had provided striking evidence of the depth of conviction on the subject. However, since the Preamble was not an integral part of the Constitution, a necessary consequence of the action taken on the Canadian proposal would be to mention that important subject in the Functions of the Organization. He therefore suggested that Article (l) be amended to read :

“To promote maternal and child health and welfare and to take such measures as will foster harmonious living in a changing total environment, which is essential for the healthy development of the child.”

The proposal, supported by the delegates of Venezuela, Yugoslavia and the Dominican Republic, was unanimously approved.

Article (m) [2 (m)] was approved without discussion.

Article (n) [2 (n)]. This article read :

“(n) to promote research in the field of health (notably in providing the necessary material means);”

Dr. SHOUSHA Pasha (Egypt) said that discussion on Article (n) in Committee I had resulted in an even division, half of the votes favouring retention of the first clause only of the Article, without the addition of a statement regarding the provision of the necessary material means, while the others favoured the addition of that statement. The Committee had therefore felt that it would be advisable to discuss the question in a plenary session.

The proposal that there should be in the Constitution a provision relating to the machinery and the means of promoting health had been made by the delegate of Belgium.

Dr. EVANG (Norway) considered that the last part of the article was of limiting effect, as there were many ways, in addition to the provision of material means, in which research in the field of health could be promoted. He proposed that the article should read, “to promote research in the field of health”, without any addition.

Dr. GUZMÁN (Venezuela) seconded the proposal of the delegate of Norway.

Professor DE LAËT (Belgium) stated that the proposal made by the Belgian delegation had not been intended to have any limiting effect. The European countries that had suffered invasion and occupation were to-day in a very sorry position, and might not be able to afford the means to play their part in the general struggle against sickness and in the promotion of research.

The Belgian delegation, therefore, had always stressed at the present Conference the necessity for total international co-operation. If the second part of Article (n) were omitted, it would be tantamount to excluding from that international

co-operation the countries which would have difficulty in finding the necessary material means. He thought that the Conference must at least indicate the importance of the question by inserting in the Constitution the full text proposed.

The CHAIRMAN asked whether the delegates of Belgium and Norway would agree to amending Article (n) to read:

“to promote and conduct research in the field of health.”

Dr. EVANG assented, and Professor DE LAËT said that he would support the amendment provided that the word “promote” meant or included the sense of material aid.

Dr. PARISOT (France) believed that the substance of the Belgian proposal was already contained in the report of Committee II (Administration and Finance), where it had been inserted as a result of a request by the delegate of Mexico. The paragraph in that report read:

“The (World Health) Assembly shall:

“ . . . (j) be empowered to take action in the promotion and conduct of research in the field of health, by the establishment of

its own institutions, with its own personnel, or in co-operation with official or non-official institutions of any member with the consent of the Government concerned.”

He felt that the thoughts expressed by the delegate of Belgium were already included in that paragraph.

Professor DE LAËT fully agreed.

The CHAIRMAN put to the meeting the amendment presented by the delegates of Norway and Belgium.

The amendment of Article (n) to read, “to promote and conduct research in the field of health”, was unanimously approved.

Articles (o) to (v) [2, (o) to (v)] were approved without discussion.

The report of Committee I, as amended, was unanimously approved.

On behalf of the plenary session, the CHAIRMAN expressed appreciation to the Chairman, Rapporteur and other members of the Committee for their excellent work.

The meeting rose at 1.10 p.m.

NINTH MEETING

Held on Saturday, 13 July 1946, at 10 a.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Consideration of the Report of Committee IV: Relations with the United Nations and other Organizations.

The CHAIRMAN invited Dr. Gabaldón, Chairman of Committee IV, to present the Committee's report, at the same time reminding the Conference that approval given by it would be substantive only, the text being subject to revision by the Central Drafting Committee in consultation with the Legal Committee.

Dr. GABALDÓN (Venezuela) said that the present report dealt only with one of the matters referred to the Committee: that section of the Constitution concerning Relations with other Organizations.

The place of Dr. Machaček (Czechoslovakia), the original Vice-Chairman, had been taken by Dr. Čančík (Czechoslovakia), and Dr. Sze (China) had been appointed Rapporteur. The Drafting Sub-Committee consisted of Sir Raphael Cilento (Australia), Dr. Sze (China), Dr. Bejarano (Colombia), Dr. Cayla (France), and Dr. Eliot (United States of America). Dr. Bejarano had had to leave, but the Committee had not subsequently met and therefore no successor had yet been elected.

The draft of the relevant section in the report of the Technical Preparatory Committee¹ had been discussed and the delegations of Australia, the United Kingdom and the United States of America had submitted in writing proposed amendments.

Dr. SZE (China), Rapporteur of Committee IV, read the Committee's report paragraph by paragraph, and then submitted the report as a whole for adoption.

The report of Committee IV on the section of the Constitution concerning Relations with Other Organizations [XVI, 69 to 72] was adopted without discussion.

The CHAIRMAN noted that other reports were still to be submitted by the Committee, and expressed the appreciation of the Conference for the work so far accomplished.

2. Report of Committee II: Administration and Finance.

The CHAIRMAN invited Dr. Chisholm, Chairman of Committee II, to present the Committee's report.

¹ See *Off. Rec. WHO*, No. 1, page 74, Section XVII.

Dr. CHISHOLM (Canada) said that the Committee had been set up to discuss and agree as to the text of the following sections of the Proposals for the Constitution¹ contained in the Technical Preparatory Committee's report: V (Organs); VI (World Health Conference); VII (Executive Board); VIII (Director-General and Secretariat); IX (Committees); X (Conferences); XI (Headquarters); XIII (Budget and Expenses); XIV (Voting) and XV (Reports submitted by States).

Dr. Kacprzak (Poland) had been elected Vice-Chairman, but unfortunately, through illness, he had not been able to take part in the later meetings. Sub-committees had been appointed to clarify issues involved in the questions of meetings and functions of the Assembly, and a Drafting Sub-Committee had been set up under the chairmanship of Professor Parisot (France), who was also Rapporteur.

The CHAIRMAN expressed the regret of the delegates at the illness of the Chairman of the Polish delegation, and their hopes for his early recovery. He added that he himself could testify that Dr. Kacprzak had been a useful and competent member of the Technical Preparatory Committee.

Dr. GRZEGORZEWSKI (Poland) thanked the Chairman and delegates on behalf of the Polish delegation for their expression of sympathy.

Dr. PARISOT (France), Rapporteur of Committee II, said its task had been difficult because of the wideness of the field; and many discussions had also taken place on the twenty-five amendments that had been submitted. The Drafting Sub-Committee had had the help of sub-committees on sessions and functions of the Assembly, and of a legal sub-committee.

Dr. Parisot proceeded to read the report paragraph by paragraph.

Section V (Organs) [IV].

This section was approved without discussion.

Section VI (World Health Assembly) [V].

Paragraphs I (Composition [10 to 12] and 2 (Meetings) [13 to 17] and sub-paragraphs (a) to (g) of paragraph 3 (Functions) [18 (a), (b), (c), (d), (f), (g), 19, 20] were approved without discussion.

After approval of clauses (i) to (v) of sub-paragraph (h), paragraph 3 [21, (a) to (e)], discussion arose on clause (vi), which read:

"The Assembly shall:

"... (h) have the authority to adopt regulations concerning:

"... (vi) prevention by each member of the importation into the territories under its jurisdiction of biologic, pharmaceutical and similar products which do not conform to standards adopted by the Assembly."

¹ See *Off. Rec. WHO*, No. 1, pages 71 to 74.

Dr. KROTKOV (Union of Soviet Socialist Republics) considered the clause too categorical, and therefore unacceptable. It gave the impression that the Organization, not yet established or even in existence as an independent body, was already taking upon itself to dictate to independent States. The clause furthermore dealt not only with the problem of health, but also with economic and political problems.

It was true that the Conference must guard against and prevent the spread of drugs that were below the accepted standards, and that such regulations were just and useful. However, they must be presented in the form of recommendations.

He felt that if the clause were accepted in its present form by the Conference, it might be difficult to secure ratification by certain States, and that danger caused him great concern.

Whereas the first five clauses of sub-section (h) were satisfactory and dealt adequately with the problem, he considered that clause (vi) added nothing new, and he therefore suggested its deletion.

Dr. CHISHOLM (Canada), as Chairman of Committee II, moved postponement of consideration of clause (vi) until 15 July.

His motion was supported by the delegates of El Salvador, the United States of America and Yugoslavia.

Dr. PAZ SOLDÁN (Peru) heartily supported the proposal by the delegate of the Union of Soviet Socialist Republics, declaring that all the reasons he had advanced for the deletion of the clause applied equally to Peru.

The CHAIRMAN ruled that discussion must be limited to discussion of the motion to postpone consideration of the clause.

Dr. BUSTOS (Chile) opposed postponement of the matter, as he saw no reason why it could not be discussed immediately. The Chilean delegation had manifested its opposition to the clause in committee meetings, and had awaited the present plenary session to make its attitude known once again.

He took the view that the matter was one concerning commerce rather than health, and therefore not a matter for the Conference to consider.

The Chilean Government had standards of biological products, and the Chilean delegation had asked Committee II to use in the clause under discussion the words "minimum standards", because if the standards were too high, harm would be done to developing industries in Chile and similar countries, and the products of those countries could be used only for home consumption and not for export to neighbouring countries.

Dr. SANTAMARINA (Cuba) said that he and, he thought, many other delegates, would like to continue the discussion at once. However, if the Chairman of Committee II had some powerful reason for believing that the discussion should be postponed, they would be glad to hear it.

Dr. CHISHOLM (Canada) said he had moved postponement because he understood that there were several delegates who felt that they had not had sufficient time to study the text of the clause under consideration, and it might be easier to clarify the issue at a later date.

The CHAIRMAN put the motion for postponement to a vote.

It was decided by 29 votes to 11 that consideration of clause (vi) of paragraph 3, sub-paragraph (h) should be postponed until 15 July.

Dr. PARISOT (France) read the remainder of sub-paragraph 3 (h) [22]:

"Such regulations shall become effective as to all members of the Organization after due notice has been given of their adoption by the Assembly, except for such members as may notify the Director-General of rejection or reservations within the period stated in the notice."

Dr. KROTKOV (Union of Soviet Socialist Republics) proposed, on the same principles on which he had based his observations with regard to clause (vi), that this portion of the text should be amended to read:

"Such regulations shall become effective as to all members of the Organization after due notice has been given of their adoption by the Assembly and after the approval of two-thirds of the Member States has been received."

He added that the text as it stood in the report might give the impression of dictating to independent countries.

Dr. CHISHOLM (Canada) said that in the previous day's meeting of Committee II the portion of sub-paragraph (h) under discussion had been maintained in the text by a vote of 17 to 4 against an amendment proposed by the delegate of the Ukraine. Dr. Chisholm suggested that as the sentence was an integral part of sub-paragraph (h) the matter should be decided forthwith.

Dr. STAMPAR (Yugoslavia) supported the amendment proposed by the delegate of the Union of Soviet Socialist Republics.

Dr. THOMEN (Dominican Republic) moved postponement of discussion of the proposal till 15 July, for the same reason as had been given with regard to clause (vi).

The CHAIRMAN ruled that as a motion had been made and seconded, discussion would be confined to the amendment proposed by the delegate of the Union of Soviet Socialist Republics.

Dr. MOLL (El Salvador) asked whether "adoption by the Assembly" meant adoption by a majority of the members present and voting.

The CHAIRMAN drew the attention of delegates to the proposed language of Section XIV (Voting).

Dr. MOLL (El Salvador) observed that in other words, a minority of the Assembly could decide the question.

The CHAIRMAN pointed out that the text of Section XIV had not yet been approved.

Dr. SANTAMARINA (Cuba) supported the motion of the delegate of the Dominican Republic for postponement.

The CHAIRMAN ruled that the proposal by the delegate of the Union of Soviet Socialist Republics must be disposed of before consideration of the motion by the delegate of the Dominican Republic. He invited Dr. Chisholm to explain the original text of the passage under discussion.

Dr. CHISHOLM (Canada) said the issue was between the principle of "contracting out", as in the original text, or "contracting in", as recommended by the delegate of the Union of Soviet Socialist Republics. Under the amendment proposed by the latter delegate, the regulations would require, to bring them into effect, adoption in the Assembly by a majority of the members present and voting, followed by acceptance by two-thirds of the Member States of the World Health Organization.

Dr. KROTKOV (Union of Soviet Socialist Republics) signified approval of Dr. Chisholm's interpretation.

Dr. BOUDREAU (United States of America) said that in the light of the explanation by the Chairman of Committee II, adoption of the amendment proposed by the Soviet delegate would mean that after the Assembly had acted and two-thirds of the members of the World Health Organization had approved the regulations, the latter would be binding upon the third of the members that had not accepted them. Was that the intention of the Soviet delegate?

Dr. EVANG (Norway) suggested that Rule 21 of the Rules of Procedure was applicable:

"During the discussion of any matter a delegate may move the adjournment of the debate. Any such motion shall have priority in the debate. . . ."

If the Chairman could find it possible to use that rule, a vote might first be taken on postponement until 15 July, and if the vote were not carried, the discussion could continue.

The CHAIRMAN thanked the delegate of Norway for having called attention to that rule.

Dr. KROTKOV (Union of Soviet Socialist Republics) supported the proposal by the delegate of Norway for postponement of the discussion. He believed that the questions addressed to him with respect to his proposal might have

arisen because he had not been clear enough in presenting it, and also because the delegates had not yet had sufficient time to consider the various texts before them.

The CHAIRMAN thereupon put to the vote the proposal for postponement of the discussion of that portion of sub-paragraph (h) under consideration, and declared the proposal carried.

Dr. GINÉS (Paraguay) thought it advisable for matters on the agenda to be considered on the days fixed for their discussion, and suggested that it would be helpful if the texts of proposed amendments could be circulated twenty-four hours beforehand, so that delegates would have time to study them.

The CHAIRMAN said that the suggestion by the delegate of Paraguay would be noted by the Secretary, and assured the Conference that the Secretariat was doing its utmost to circulate the documents with the least delay and, as far as possible, in advance of consideration.

Dr. PARISOT (France) proceeded with the reading of Section VI, and paragraphs (i) to (o) [23, 18 (h) to (m)] were approved without discussion.

Section VI was unanimously approved as a whole, with the exception of those paragraphs on which discussion had been postponed.

Section VII (Executive Board) [VI].

This section was approved without discussion.

Section VIII (The Director-General and Secretariat) [VII].

Paragraph 1 read :

“ The Director-General shall be appointed by the Assembly on the nomination of the Board on such terms as the Assembly may determine.”

Mr. CÔRÉ (Canada) said he noticed that as a result of the meeting of Committee II held on the previous day it had been agreed that the title of the section should be : “ The Director-General and Secretariat (including Technical and Administrative Staff).”

He suggested that from a drafting point of view it would be better to refer to the wording of Article 97 of the Charter of the United Nations, and eliminate “ Director-General ” from the title which would then read, in effect, “ The Secretariat ”.

He moved, furthermore, that the first paragraph should read :

“ The Secretariat shall comprise a Director-General and such technical and administrative staff as the Organization may require.”

Dr. THOMEN (Dominican Republic) supported the proposal.

The proposal was unanimously approved, it being agreed that the wording suggested by the delegate of Canada should constitute paragraph 1,

the existing paragraph 1 in the report becoming paragraph 2 and the other paragraphs being re-numbered in sequence.

Paragraphs 2 to 6 (originally paragraphs 1 to 5) [31 to 34] were approved without discussion.

Paragraph 7 (originally paragraph 6) [35] read as follows :

“ The Director-General shall appoint the staff of the Secretariat in accordance with the staff regulations established by the Assembly. The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.”

Dr. BOUDREAU (United States of America) proposed that the first sentence be amended to read :

“ The Director-General shall appoint the staff of the Secretariat in accordance with the provisions of this Constitution and of staff regulations established by the Assembly.”

Dr. CHISHOLM (Canada) while supporting the proposed amendment, suggested that the wording of the sentence might need revision in view of the change in the title of the section and the fact that the Director-General would himself be one of the staff.

Dr. MANI (India) suggested that consideration of the amendment proposed by the delegate of the United States of America should be postponed until the question of regional offices and their staffs had been considered by the plenary session. During the discussion on the subject in Committee V, there had been some argument on the question of who actually would appoint the staff, and if any amendment were made at the present time on the lines suggested by the delegate of the United States of America, it might result in difficulties for the plenary session when the report of Committee V was considered.

M. HAKIM (Lebanon) felt that postponement was unnecessary and urged that the matter be settled immediately.

The CHAIRMAN invited an explanation by the delegate of India.

Dr. MANI (India) said that there had been some feeling in Committee V against a proposed provision that the regional staff should be appointed by the Regional Director according to staff regulations to be approved by the Regional Committee and the Director-General. Certain members of Committee V had felt that such a provision would give a power to the Regional Committees which might have undesirable repercussions on the over-all powers of the central Director-General as to the appointment of the staff. Those members of Committee V had felt that all staff, whether central or regional, should come within the field of action of the Director-

General, and that Regional Committees should not have unlimited or unhindered scope in appointing that staff.

Therefore, if the amendment now before the meeting were approved, it would mean that the part of the Constitution relating to regional offices and regional staff would have to be considered by the Director-General in making his staff regulations. In other words, if the regional section of the Constitution said that the regional staff could be appointed by Regional Committees, the Director-General would have to make his staff regulations conform with that particular part of the Constitution.

He therefore proposed that until the problem relating to regional staff had been settled finally in the Conference, consideration of the amendment should be postponed.

Dr. GUZMÁN (Venezuela) felt that all staff regulations should take into account the spirit and the letter of the Constitution, and therefore he supported the amendment proposed by the delegate of the United States of America.

Dr. THOMEN (Dominican Republic) supported the proposal of the delegate of India that consideration of the matter should be postponed.

The motion for postponement of paragraph 7 was carried by 25 votes to 18.

Paragraphs 8 and 9 (originally 7 and 8) [36 and 37] were approved without discussion.

Section VIII was approved as a whole, with the exception of paragraph 7.

Sections IX (Committees), X (Conferences), XI (Headquarters), XIII (Budget and Expenses) [VIII, IX, X, XII].

These sections were approved without discussion.

Section XIV (Voting) [XIII].

This section read :

" Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by majority vote of the members thereof who are present and voting, except where otherwise provided in the Constitution of the Organization."

Dr. MEDVED (Ukraine) observed that a meeting might begin with a full quorum, but members might leave during the proceedings and at the end only a tenth of the members might be present. He suggested therefore that the section should provide for a vote to be taken not simply of the members present at a meeting, but of those who were members of the committee or conference.

The CHAIRMAN observed, in connexion with the proposal by the delegate of the Ukrainian SSR, that no decision could be taken by the Assembly, the Board, committees or conferences unless a quorum was present. In each case, the Rules of Procedure established by the Assembly would undoubtedly stipulate the number required to constitute a quorum.

Dr. MEDVED (Ukraine) said that in making his proposal he had in fact borne in mind the Rules of Procedure. His object was to provide a means whereby decisions would be taken by a majority of those registered for the Assembly, Board, committee or conference (as the case might be), rather than by a majority of those actually present. For example, if the Executive Board comprised eighteen members, its decisions must be made by a majority of that number—i.e., by at least ten members. Similarly, if the Assembly comprised fifty members, twenty-six would constitute the required majority. He wished, however, to guard against the possibility that if, for example, only thirty of those members were present at a meeting, sixteen would then be able to dictate their will to the majority of the members.

The CHAIRMAN asked the Rapporteur to read the text of the proposed amendment, as he had understood it.

Dr. PARISOT (France) read the following text :

" Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by majority of the required quorum of members registered at these meetings."

The delegates of Mexico and Czechoslovakia supported the amendment of the delegate of the Ukrainian SSR.

Dr. STAMPAR (Yugoslavia) proposed postponement of the matter until 15 July.

Dr. MEDVED (Ukraine) felt that his amendment was still not understood. If the Assembly had fifty members, twenty-six would constitute a quorum, and the majority of the quorum need only be fourteen. He was opposed to those fourteen being able to make decisions that would rule the majority.

The CHAIRMAN suggested that the delegate of the Ukraine, the Chairman of Committee II and the interpreter should together draft a satisfactory text.

The INTERPRETER said that Dr. Medved had already, in his previous remarks, offered to bring the text of his proposed amendment to the meeting on Monday, 15 July.

Dr. SANTAMARINA (Cuba) suggested that it would be useful for delegates to have the proposed amendment of the delegate of the Ukrainian SSR in writing before the commencement of the meeting of 15 July.

Mr. MACCORMACK (Observer from Eire) said that he was confused as to the real meaning of the delegate of the Ukraine. If that delegate desired decisions to be taken by a majority vote of those registered at the Conference, it would be very difficult to bring such a rule into practice. In the event of one of the members becoming seriously ill, the proceedings might be held up indefinitely.

Dr. THOMEN (Dominican Republic) observed that without a quorum no decisions could be

made, and therefore, if some members should leave during the proceedings, as in the example cited by the delegate of the Ukraine, there would be no quorum.

There was, however, the further possibility that some of the delegates at the meeting would wish to reserve their votes. They should have the right of doing so. For that reason, he thought that in every case only those present and voting should be taken into consideration; and such a provision, together with the requirement of a quorum, should be adequate.

Dr. MEDVED read the text of his proposal:

“Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by a majority vote of the members thereof, except where otherwise provided in the Constitution of the Organization.”

He added that in the Russian text the word “thereof” literally meant “of that particular organization”, and he felt, therefore, that the English word “thereof” would cover the point.

He could not quite understand the observations by the delegate of the Dominican Republic and other delegates with regard to the possible difficulty of obtaining a quorum. He himself had never experienced such a contingency.

Dr. SHOUSA Pasha (Egypt) suggested that an explanation of the usual procedure followed by the specialized agencies of the United Nations would be helpful.

Professor LAUGIER (Assistant Secretary-General in charge of the Department of Social Affairs) said he believed that the decisions of UNESCO were taken by majority vote of the members present and voting, and he was informed that UNRRA required decisions of a majority of the members present only.

On the other hand, he could quite understand the preoccupation of the delegate of the Ukraine. If decisions were to be binding upon members, the latter would certainly ensure that those decisions were taken by a majority of the Organization, and not by a minority.

Dr. CHISHOLM (Canada) thought that the intention of the delegate of the Ukraine would be met by the words, “. . . by a majority vote of the registered members thereof, except where otherwise provided in the Constitution of the Organization”. The wording would cover those members who had registered at the particular conference.

Mr. CÔTÉ (Canada) said that he felt that the observer from Eire had been quite right in his remarks. The question under discussion had been closely studied at San Francisco, and the results would be found in Article 18 of the Charter, which read, in part:

“Decisions of the General Assembly on important questions shall be made by a two-thirds majority of the members present and

voting . . . Decisions on other questions . . . shall be made by a majority of the members present and voting.”

The CHAIRMAN asked the Chairman of Committee II to read the amendment proposed by the delegate of the Ukraine, in order that a vote might be taken.

Dr. CHISHOLM (Canada) read:

“Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by a majority vote of the registered members thereof, except where otherwise provided in the Constitution of the Organization.”

Dr. MEDVED (Ukraine) said he meant, not the persons registered, but those composing the Organization.

The CHAIRMAN said he was somewhat puzzled as to procedure, in view of the earlier proposal by the delegate of the Ukraine that the matter should be postponed till Monday. He inquired what were the wishes of the Conference.

Dr. VAN DEN BERG (Netherlands) supported the motion for postponement.

The motion to postpone discussion of Section XIV was then put to the vote and declared carried.

Section XV (Reports submitted by States) [XIV].

Paragraphs 1 and 2 [61 and 62] were approved without discussion.

Paragraph 3 [63] read:

“Each member shall communicate promptly to the Organization important laws, regulations, official reports, and statistics pertaining to health.”

Dr. KROTKOV (Union of Soviet Socialist Republics) proposed that the paragraph be amended to read:

“Each member shall communicate promptly to the Organization important laws, regulations, official reports, and statistics pertaining to health which have been published in the given country.”

The proposed amendment, supported by the delegates of the Netherlands, the Ukrainian SSR and Yugoslavia, was put to the vote and declared carried.

Paragraph 4 [64] read:

“Each member shall provide statistical and epidemiological reports in a manner to be determined by the Organization.”

Dr. KROTKOV (Union of Soviet Socialist Republics) proposed the deletion of paragraph 4 and the amendment of paragraph 5 to read:

“Each member shall transmit on request to the Board any information pertaining to health which can be practically supplied, including annual reports and statistical and epidemiological reports.”

He added that a drafting in those terms would be much more acceptable to the Soviet delegation and to others.

The CHAIRMAN declared the motion duly supported.

Dr. MACKENZIE (United Kingdom) said the proposal of the delegate of the Union of Soviet Socialist Republics caused him some anxiety, as it entailed omitting the words, "in a manner to be determined by the Organization."

In all international statistical and epidemiological work, it was very important that some authority should lay down the methods in which the reports should be compiled, and, for that reason, he urged the retention of those words.

The CHAIRMAN put to the vote the amendment proposed by the Soviet delegate, and declared it lost.

Paragraph 5 [65] was approved without discussion.

Section XV as a whole, as amended in respect of paragraph 3, was then submitted to the meeting, and unanimously approved.

The CHAIRMAN pointed out that the amendment of Section VIII had rendered necessary an amendment of Section V, paragraph (c) [9 (c)]. He proposed therefore, the elimination from that paragraph of the words "the Director-General and . . .".

The amendment proposed by the Chairman was approved without discussion.

Dr. PARISOT (France) moved the adoption of the report as a whole, with the exception of those portions on which discussion had been postponed.

Dr. MEDVED (Ukraine), reverting to Section XV, paragraph 4 [64], said the sense of the discussion had been that the Executive Board should determine the form in which the reports should be prepared, whereas it was the Organization that was mentioned in the text as it now stood. That wording might mean the Secretariat, which he thought was not the meaning the delegates had intended to give.

Dr. CHISHOLM (Canada) said the interpretation of the language of paragraph 4 would be that the power of determining the manner in which the reports should be provided was given to the Organization, and thus would be given primarily to the Assembly. The Assembly could delegate any such powers to the Executive Board or to the Director-General, but it would be for the Assembly to determine who within the Organization would actually perform the duties.

Dr. MEDVED (Ukraine) proposed that, in the interest of clarity, the word "Assembly" be substituted for "Organization".

The proposal was put to the vote and approved.

The report as a whole, as amended, was then unanimously adopted, with the exception of those portions the consideration of which had been postponed.

The meeting rose at 1.25 p.m.

TENTH MEETING

Held on Monday, 15 July 1946, at 10 a.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Bastille Day.

The CHAIRMAN made reference to the Fourteenth of July, Bastille Day, an important day in the history not only of France but of the world, representing as it did a significant step in the age-old struggle of the common man for independence and democracy.

Dr. PARISOT (France) expressed his thanks to the Chairman and also thanked the delegates for the hearty applause with which they had endorsed the latter's remarks. It was due to the sacrifices of many of the nations represented at the Conference, and to the efforts of the movement inside France itself, that that country had again its own Government—a Government true to the old tradition—proclaimed on a 14th of July—which France had tried to give to all nations.

He assured the Conference that France, mindful of those traditions, was more than ever determined to bring its utmost help and efforts to the pursuit

of international understanding, of which understanding in matters of health was but one aspect.

Dr. Parisot expressed again his heartfelt thanks in the name of the French Government, which would be duly informed of the way in which Bastille Day had been marked by the Conference.

2. Consideration of the Report of Committee V : Regional Arrangements.

The CHAIRMAN invited Dr. Timmerman, Chairman of Committee V, to present the Committee's report.

Dr. TIMMERMAN (Netherlands) said the Committee had elected Dr. Thomen (Dominican Republic) Vice-Chairman and Major Mani (India) Rapporteur.

In a general discussion on the position of existing regional health agencies, particularly that of the Pan American Sanitary Bureau, in

relation to the World Health Organization, some members had favoured retention by the Bureau of its autonomous status in full co-operation with the Organization, and others had felt that the Bureau should be integrated into the Organization.

The various points of view had been referred for study to a harmonizing sub-committee, which had agreed that the Pan American Sanitary Bureau and all other existing regional health agencies should in due course be integrated into the World Health Organization. That formula had been accepted by the Committee.

With respect to new regional offices, the conclusions reached by the Committee and amendments submitted on the subject had been referred to a drafting sub-committee headed by Major Mani. Provision had been made for that sub-committee to meet in joint session with the drafting sub-committee of Committee III (Legal Questions), to consider the special problem of representation of non-self-governing territories.

The formula adopted by the joint sub-committees for the participation of such territories in regional agencies, and also the drafting sub-committee's redraft of Section XII (Regional Arrangements), had been approved by Committee V with slight modifications, and were now submitted to the plenary session.

Dr. MANI (India) said that Committee V had had one of the most difficult tasks of the Conference, as the matters referred to it had included "Alternatives A and B" of Section XII of the report of the Technical Preparatory Committee.¹ However, as a result of the work of the harmonizing sub-committee, the Committee was now able to present an agreed formula on the question of regional arrangements.

The revised text of Section XII, as presented by the drafting sub-committee, had been approved by the Committee without much opposition, except on two points which had given rise to a distinct difference of opinion: whether the Regional Director and his staff should be appointed by the Director-General or by the Regional Committees. The portion of the report relating to the appointment of regional staff had been considered by some delegates to be inconsistent with the powers of the Director-General as approved by Committee II. The two points at issue awaited the decision of the plenary session.

Section XII (Regional Arrangements) [XI].

The CHAIRMAN requested the Rapporteur of Committee V to read the draft of Section XII.

Article A. — Sub-sections (a), (b), (c) and (d) [44 to 46] were approved without discussion and the article was unanimously approved as a whole.

Article B: Regional Committees. — Sub-section (a) [47] was approved without discussion. Sub-section (b) [48] read:

"Regional Committees should meet as often as they may consider necessary."

Dr. HAFEZI (Iran) proposed the replacement of sub-section (b) by the following paragraph:

"The Regional Committee shall adopt its own rules of procedure, including the method of electing its chairman. It shall meet as often as necessary, and shall determine the place of each regular meeting."

Dr. EVANG (Norway) said that the question of the appointment of the Director of the Regional Office would come up later, and he did not think it wise to discuss it at present. He had no objection to the rest of the proposed amendment.

Dr. MANI (India) said that the Committee had assumed that rules of procedure would be adopted by the Regional Committee, but if it were considered desirable to make specific mention of the point, he had no objection. He did not think, however, that the election of the chairman could properly be introduced at the present point, as the appointment of the Regional Director was dealt with later in the report.

Dr. HAFEZI (Iran) stated that he was willing to modify his proposal in line with the comments of the Rapporteur.

The proposal, as modified, was supported by the delegates of the Dominican Republic, Egypt and other countries, and adopted [48 and 49].

The Conference proceeded to the consideration of the first part of sub-section (c) [50]:

"Regional Committees shall have the following functions:

"(i) to formulate policies governing matters of an exclusively regional character (consistent with the general policy of the Assembly)."

Dr. MANI (India) drew attention to a footnote to the Committee's report which stated, with respect to clause (c) (i), that the question of the inclusion of the words in parenthesis was left to the decision of the Central Drafting Committee.

Dr. KAUNTZE (United Kingdom) said that during the discussion in Committee V the United Kingdom representative had raised the question whether clause (i) related to policies which were controlled by the policy of the Assembly, and had suggested that the words now appearing in brackets should be added to the original draft. On further consideration, the United Kingdom delegation felt that some of the functions given

¹ See *Off. Rec. WHO*, No. 1, page 73.

to Regional Committees should also be controlled by the decisions of the Assembly. He proposed, therefore, that instead of the words in brackets, sub-section (c) should be amended to read :

“Subject to the general authority of the Assembly, Regional Committees should have the following functions :”.

Dr. BUSTAMANTE (Mexico) opposed the amendment proposed by the delegate of the United Kingdom, both in its original form and in the form now submitted, on the ground that it would not make for the full democratic functioning of the Regional Committees.

Mr. SANDIFER (United States of America) supported the United Kingdom delegate's proposal to insert at the beginning of sub-section (c) the words : “Subject to the general authority of the Assembly”. He felt that such an amendment was implicit in the general character of the Organization. It had been agreed during the course of the discussion that the authority of the general organization would be in general paramount, and that the regional organization would operate within its framework.

Dr. SHOUSHA Pasha (Egypt) supported the delegate of Mexico in opposing the proposal of the delegate of the United Kingdom both in its original form and in the form now submitted.

Dr. MEDVED (Ukraine) thought that the idea of all delegates was that all regional and other organs should act in conformity with the general policy of the Organization. He therefore supported the proposal of the delegate of the United Kingdom, which he considered quite logical and consistent with the general policy.

Dr. GINÉS (Paraguay) supported the views expressed by the delegate of Mexico.

Dr. DE PAULA SOUZA (Brazil) said that in approving Article A (c) [45] the Conference had already agreed that “each regional health organization should be an integral part of the World Health Organization in accordance with this Constitution”. He therefore saw no necessity to reiterate the principle in respect of every paragraph.

He did not agree with a system of federal organization, but favoured an integral, single health organization. If delegates were agreed that there should be a single health organization, and that regional offices would be part of it, they should not imply that there was doubt on the point.

He was sure that the Pan American Sanitary Bureau, in becoming a regional office, would be an integral part of the World Health Organization.

Dr. SANTAMARINA (Cuba) accepted the argument of the delegate of Brazil in relation to Article A (c). Since the regional offices were to be an integral part of the Organization, it was implicit that they would then carry out the general policy of the Organization ; therefore, the

Cuban delegation was against the proposal of the United Kingdom to add words to that effect to the clause under discussion.

Dr. THOMEN (Dominican Republic) congratulated the delegate of Brazil on having made clear that the point at issue had already been accepted as being included in the Constitution. He felt that the United Kingdom delegate probably realized by this time that it would not be necessary for anything to be added to the clause, as it was already sufficiently clear. He would suggest, therefore, that the United Kingdom delegate withdraw his proposal.

Dr. KAUNTZE (United Kingdom) said that there did seem, from the speeches that had been made, some doubt as to whether Article A (c) did in fact cover the point which was the object of the United Kingdom amendment. If his delegation could have an assurance that the object of the amendment was implicit in the acceptance of Article A (c), he would be happy to withdraw the proposal. But, failing that assurance, he thought it would be better, in order to avoid any possible doubt arising in the future as to the interpretation to be placed upon the clause, that the words suggested should remain.

The CHAIRMAN enquired how the delegate of the United Kingdom would propose that such assurance should be given.

Dr. KAUNTZE (United Kingdom) said his delegation would accept the ruling of the Chair.

The CHAIRMAN felt that on the point under discussion he could not speak for the Conference. He asked whether the delegate of the United Kingdom would agree to leaving the decision to the Central Drafting Committee, as had been suggested by Committee V itself.

Dr. KAUNTZE (United Kingdom) thought that the Legal Committee might be a more suitable body to make a decision.

The CHAIRMAN said that as there appeared to be objection both to his own suggestion and to that of the United Kingdom delegate, he would be forced to call for a vote on the United Kingdom amendment.

Dr. PAZ SOLDÁN (Peru) proposed that the discussion be closed and the matter put to a vote. The delegates should, however, bear in mind that the vote would be on the final text, so far as substance was concerned. Only co-operation between the nations, without any sort of restriction, could achieve the objective for which all were striving ; and he asked the United Kingdom, which had also sustained liberty in the world, and the United States of America, and the Union of Soviet Socialist Republics to work together with all small nations and to co-operate for the achievement in the very near future of those objectives.

Dr. SZE (China) felt that at the stage the matter had now reached it would not be necessary to have a vote on the amendment proposed by the

United Kingdom delegation. That delegation had generously offered to withdraw its amendment if it were ruled in some way that the amendment—that the functions of the Regional Committees were subject to the general authority of the Health Assembly—was covered under Article A (c). The delegate of Brazil had, in the opinion of the Chinese delegation, clearly shown that Article A (c) did in fact cover the point. He would therefore move that if the Chairman felt that he could not make the ruling, the plenary session should do so by a vote, which, he felt, should be unanimous. He appealed to the delegates to accept that procedure rather than resort to a vote on the United Kingdom amendment.

In response to a request by the Chair, Dr. Sze put his motion in precise terms, as follows:

“With regard to the question as to whether the functions of Regional Committees are subject to the general authority of the Assembly, the Conference rules that such is implicit in Article A, section (c), which reads as follows: ‘Each regional health organization should be an integral part of the World Health Organization in accordance with this Constitution’.”

The CHAIRMAN asked whether the United Kingdom delegate supported the motion of the delegate of China.

Dr. KAUNTZE (United Kingdom) said that if assurance were given in that form, the United Kingdom delegation would withdraw its amendment.

The CHAIRMAN then put to a vote the proposal by the delegate of China, and declared it carried with almost complete unanimity.

Clause (i) of sub-section (c) [50 (a)] was then approved, without further discussion, in the following form:

“(c) Regional Committees should have the following functions:

“(i) to formulate policies governing matters of an exclusively regional character;”.

Clauses (ii) and (iii) of sub-section (c) [50, (b) and (c)] were approved without discussion.

Clause (iv) of sub-section (c) [50 (d)] read:

“to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies;”.

Dr. WYNES (Australia) moved the addition to clause (iv) of the words, “and with other international organizations having related interests in the region”. The Australian delegation felt that the present wording was rather too restricted, and did not cover the likelihood of the existence of other inter-governmental organizations or agencies within a region.

In illustration of the application of the same principle, Dr. Wynes cited a number of passages from the report of Committee II. Section VI, sub-section 3 (j) [18 (h)], used the words, “be

empowered to invite any organization, national or international, governmental or non-governmental, which has responsibilities related to those of the Organization . . .”.

In Section VIII, sub-section 4 [33], would be found the sentence: “He (the Director-General) may also establish direct relations with international organizations whose activities come within the scope of the Organization”. The principle was exemplified also in Section IX, sub-section 3 [40], and Section X, sub-section 1 [41].

The CHAIRMAN declared the amendment supported.

Dr. TIMMERMAN (Netherlands) said that Committee V could readily accept the amendment.

Dr. SZE (China) said his delegation would prefer a wording that made reference to the regional branches of the respective international organizations; otherwise, there might be a confused position, where regional bodies of the World Health Organization would be co-operating with global international organizations.

The proposal of the delegate of Australia was unanimously approved and referred to the Central Drafting Committee for re-drafting along the lines suggested by the delegate of China.

Clauses (v), (vi) and (vii) of sub-section (c) [50, (e), (f) and (g)] were approved without discussion.

Article B as amended was unanimously approved as a whole.

Article C: Regional Offices. — Sub-section (a) [51] was approved without discussion.

Sub-sections (b) and (c) read:

“(b) The head of the Regional Office should be the Regional Director, appointed by the Regional Committee subject to the approval of the Executive Board.

“(c) The Regional Director should appoint the staff of the Regional Office in accordance with the staff regulations to be approved by the Regional Committee and the Director-General.”

Dr. DE PAULA SOUZA (Brazil) suggested postponement till the following day of discussion on sub-sections (b) and (c), because, although he had no doubt that there was general agreement in principle, he felt there might not be immediate agreement on the wording.

Dr. THOMEN (Dominican Republic) said that if there was opposition to the drafting as it stood at present he was willing to support the motion of the delegate of Brazil.

Dr. GINÉS (Paraguay) felt that the discussion should be postponed and that it was unnecessary at present to hear any points in opposition to the drafting as it stood.

There being no objection, discussion of sub-sections (b) and (c) was postponed.

Article D. — This article [54] read :

“ The Pan American Sanitary Organization, represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conference, and all other inter-governmental regional health organizations in existence prior to the date of signature of this Constitution, should in due course be integrated with the World Health Organization. This integration should be effected as soon as practicable through common action based on mutual consent of the competent authorities of the organizations concerned.”

Dr. MANI (India), drew attention to a footnote to the Committee's report relating to the word “of” after “authorities” in Article D and stating: “An amendment by the delegation from the United Kingdom replacing ‘of’ by ‘expressed through’ was referred for decision to the Central Drafting Committee”.

Dr. CHISHOLM (Canada) emphasized the importance of the Article, involving as it did the final relationship of the regional organizations with the World Health Organization. He felt that that should be quite clear; otherwise there would be difficulties extending far into the future. The real point of the paragraph lay in the definition of the word “integrate”, and he thought that it should be clear in the record that the meaning of the word was the first dictionary meaning of “making it whole” or “entirely becoming part of a single organization”.¹

Dr. BUSTAMANTE (Mexico) said that if an interpretation according to the dictionary was involved, the meaning of the word should be explained, as many of the delegates did not know the precise meanings given in the English dictionary.

The CHAIRMAN observed that the text of the paragraph had been very fully discussed by a harmonizing sub-committee, with blackboard illustrations and translations, over a period of days. While the word under discussion was important, a formal definition of a word in English and all the other official languages would consume much time at a plenary meeting. He believed that in Committee V, in unanimously adopting the language now appearing in the report, all delegates had had in mind very clearly its purpose.

Actually, the result of the paragraph would depend upon the goodwill and co-operation of Governments rather than upon formal definitions.

In response to the comments of the delegate of Canada, the Chairman added that it was assumed that there would be a provision in the Constitution under which differences in interpretation would be referred to the World Court, although he doubted very much whether recourse would ever have to be made to that provision.

¹ The delegation of Canada took the position that, in the absence of a clear understanding on this point, it could not sign the Constitution.

There being no objection to the definition of “integrate” given by the delegate of Canada, the Chairman put Article D to the meeting, and declared it unanimously approved.

In thanking Committee V on behalf of the Conference, he observed that the Committee's work was not yet completed.

3. Resumption of Discussion on the Report of Committee II: Administration and Finance.

Section VI (World Health Assembly) [V].

The meeting proceeded to the consideration of portions of the report of Committee II on which discussion had been postponed, dealing first with Section VI (World Health Assembly), paragraph 3, sub-paragraph h (vi). Clause (vi) read :

“ The Assembly shall . . .

“ (h) have the authority to adopt regulations concerning :

“ . . . (vi) prevention by each member of the importation into the territories under its jurisdiction of biologic, pharmaceutical and similar products which do not conform to standards adopted by the Assembly.”

Dr. KROTKOV (Union of Soviet Socialist Republics) suggested that the interests of customers were entirely covered by clauses (iv) and (v) [21, (d) and (e)], which dealt with standards with respect to the safety, purity and potency of biologic, pharmaceutical and similar products, and with the advertising and labelling of them.

Clause (vi) put countries in very unequal positions; it seemed to protect the strongly organized and wealthy countries to the disadvantage of the weaker and smaller ones. There was now, for instance, a rather important development of antibiotic means, such as penicillin; it was obvious that small countries that had not so well-developed a pharmaceutical industry could not maintain the same standards as bigger and wealthier countries.

For that reason, he suggested that for the time being clause (vi) should be omitted.

Dr. Krotkov added that he wished to withdraw his previous proposal with respect to the portion of sub-paragraph (h) [22] immediately following clause (vi). He wished now to suggest that that text should remain as it stood in the report.

Dr. BOUDREAU (United States of America) supported the proposal of the Soviet delegate that clause (vi) should be deleted. The provision was a new one which had not appeared in the original draft. It had, furthermore, been based upon an amendment proposed by the United States delegation which would have caused each Government signing the Constitution to undertake an obligation, the effect of which was manifest in clause (vi). As the amendment, as now reflected in that clause, no longer followed the form in

which it had been presented by the United States delegation, he was happy to support the proposal of the Soviet delegate.

Dr. BUSTOS (Chile) was grateful to the delegate of the United States of America for his support of the motion to delete the clause. The Chilean delegation had at committee and plenary meetings advanced the same arguments.

Dr. GINÉS (Paraguay) and Dr. SANTAMARINA (Cuba) also supported the motion to delete the clause.

The motion was put to the meeting and carried unanimously.

The CHAIRMAN asked the Rapporteur of Committee II to read the portion of sub-paragraph (h) [22] immediately following clause (vi).

Dr. PARISOT (France) read the text, as follows :

"Such regulations shall become effective as to all members of the Organization after due notice has been given of their adoption by the Assembly, except for such members as may notify the Director-General of rejection or reservations within the period stated in the notice."

This portion of sub-paragraph (h) was approved unanimously.

Section VIII (The Secretariat) [VII].

The CHAIRMAN observed that in accordance with Dr. Mani's proposal at the ninth plenary meeting consideration of paragraph 7 (originally paragraph 6) [35] would be postponed till after adoption of the report of Committee V.

Section XIV (Voting) [XIII].

Dr. PARISOT (France) read this section :

"Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by majority vote of the members thereof who are present and voting, except where otherwise provided in the Constitution of the Organization."

The text of the amendment submitted in writing, in English and French, by Dr. MEDVED (Ukraine), was then read :

"Decisions of the Assembly, of the Board, and of the committees of the World Health Organization shall be taken by the majority of the votes of the members composing these organizations, except where otherwise provided for in the Constitution of the Organization."

Dr. CHISHOLM (Canada) felt that the meeting should be quite clear on the sense of the amendment, which would make decisions of the Assembly, the Board and committees dependent on

a vote of the majority of the whole membership of those bodies, irrespective of those who were present at any particular meeting.

Mr. EVSTAFIEV (Byelorussia) supported the amendment.

Dr. RAMIREZ PANE (Paraguay) thought that while the text as it stood in the report had important practical advantages, the decisions taken on its basis might lack sufficient strength through having been taken by a minority of the members.

The delegate of the Ukrainian SSR had tried to find a remedy for that defect, but his motion lacked the speed and elasticity of the text as it stood.

Dr. Ramirez Pane suggested, as a solution, that the most important decisions should be taken by a two-thirds majority of the members present, and other decisions by simple majority. The determination of which matters came within the "most important" category, and which within the other, would in some cases be a matter of common sense, but would often be difficult. However, if a drafting committee could present an amendment along the lines of his suggestion, it would combine the advantages of the sub-paragraph as it stood, and of the proposal by the delegate of the Ukrainian SSR.

The CHAIRMAN suggested that specific provision was already contemplated in various sections of the Constitution with relation to matters of special importance.

Dr. MEDVED (Ukraine) said his suggestion had not really concerned the question of a two-thirds majority, as that was already provided for in the Constitution; he had simply wanted to provide a method of ensuring that decisions on all questions would be taken by a real majority. However, he was prepared to agree to the suggestion, made by the Chairman of Committee II at the ninth plenary meeting, that the majority should consist of "members registered" in the given committee.

The CHAIRMAN said that the Chairman of Committee II wished to make clear that he had not proposed a modification but had been trying to seek an interpretation of the proposal of the delegate of the Ukrainian SSR.

Dr. EVANG (Norway) supported the point of view advanced by the delegate of Paraguay. The Chairman had indicated that the Constitution already provided for a special form of voting on important decisions. However, the final form of the whole Constitution was not known as yet, and Dr. Evang suggested further study of the point under discussion before the taking of a vote.

Dr. WYNES (Australia) thought it was relevant to point out that the omission of the words "present and voting" would have the effect of making abstention from voting the equivalent of

a negative vote. In such a case, a majority of, say, 100 members would mean 51 votes. If 25 members were absent, and, of the remaining 75, 50 were to vote in favour of a motion and only 25 against, the motion would not be carried because in effect, the 25 who had abstained from voting would be added to the 25 voting against. Thus the abstentions would be equivalent to negative votes.

Mr. EVSTAFIEV (Byelorussia) considered that a vote should reflect the opinion of a real majority, and he did not see why Committee II had felt it necessary for decisions to be taken by a majority vote of the members present. If, at a meeting of a steering committee consisting of eighteen members, only the quorum of twelve members were present, decisions would be taken by a majority of seven members, who would, in reality, be a minority of the entire membership of the committee. Hence he supported the amendment proposed by the Ukrainian delegation.

Dr. SANTAMARINA (Cuba) thought that as the delegates were for the most part public health experts and not legal experts, the fundamental point under discussion was outside their scope. He believed that the principles adopted should be those that were adopted at San Francisco and embodied in the Charter of the United Nations.

The CHAIRMAN observed that the words used in the Charter of the United Nations (Article 18) with respect to decisions on important questions were "a two-thirds majority of the members present and voting". Decisions on other questions (same article) "shall be made by a majority of the members present and voting".

Dr. GUZMÁN (Venezuela) said the fact that the delegate of the Ukrainian SSR had accepted the phrase "registered members" might help towards a compromise. As the delegate of Canada had not proposed that term as an amendment, he himself was ready to do so.

The CHAIRMAN ruled that the written motion of the delegate of the Ukrainian SSR which had been seconded, was the motion before the meeting.

Dr. VAN DEN BERG (Netherlands) said he understood that the delegate of Norway had moved that the matter be referred to the Drafting Committee.

The CHAIRMAN said his understanding was that the delegate of Norway had not offered a final motion to postpone or refer—and, if he had done so, the motion had not been supported.

Dr. EVANG (Norway) said he had understood that the delegate of Paraguay had moved postponement of the question for further study, and his own intention had been to support that motion. If the delegate of Paraguay had not made the motion, he himself would now do so.

The CHAIRMAN said he had been informed by the delegate of Paraguay that the latter had not made a formal motion. There was now before the meeting a formal motion for postponement by the delegate of Norway.

Dr. RAMIREZ PANE (Paraguay) suggested that the improvement proposed by the Paraguayan delegation might be effected by a committee appointed in the future by the Executive Board. The draft might be approved by the Conference in its present form, and the new form be considered within a year or so. If that proposal was not acceptable, he would revert to the proposal that the matter be postponed till next day.

The CHAIRMAN found it difficult to entertain motions contingent upon future action of the Assembly. He declared the motion of the delegate of Norway supported.

Dr. SANTAMARINA (Cuba) reiterated that the delegates, not being legal experts, should follow the voting procedure laid down in the Charter of the United Nations.

Dr. TREFI (Syria) supported the proposal to follow the procedure laid down in the Charter of the United Nations.

The CHAIRMAN having put to the meeting the motion to postpone, the result was a tie vote, and he declared that the motion was not carried.

Dr. MEDVED (Ukraine) supported the proposal by the delegate of Venezuela.

In response to an enquiry by the CHAIRMAN, the delegate of the Ukrainian SSR withdrew his written motion, and the delegate of the Byelorussian SSR withdrew his support.

Dr. CÔTÉ (Canada) moved the deletion of Section XIV as it stood in the text, and its replacement by wording to the following effect:

"Decisions of the Assembly on important questions shall be made by a two-thirds majority of the members present and voting. These questions shall include . . ."

There would follow an enumeration of the points already covered in the Constitution as now drafted.

Another clause would read:

"Decisions on other questions, including the determination of additional categories to be decided by a two-thirds majority, shall be made by a majority of the members present and voting."

Dr. Côté added that the wording was that of the Charter of the United Nations (Article 18).

Dr. GUZMÁN (Venezuela) presented in the following form his proposal made with a view to harmonizing the conflicting views:

"The decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization shall be taken by a majority vote of the members registered for the corresponding section, except where otherwise provided in the Constitution of the Organization."

The proposal was put to a vote and declared lost.

Dr. CÔTÉ (Canada) suggested that the text of his motion, subject to revision by the Central Drafting Committee, should be:

"Decisions of the Assembly, of the Board, of committees and of conferences convened by the Organization on important questions shall be made by a two-thirds majority of the members present and voting. These questions shall include . . ."

There would follow a list of the questions at present standing in the Constitution that required

a two-thirds majority. A second clause would read:

"Decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the members present and voting."

The CHAIRMAN said he would like to make clear that the text of the amendment proposed by the delegate of Canada followed essentially the language of Article 18 of the Charter of the United Nations.

He then put the amendment to a vote and declared it adopted almost unanimously [60].

Consideration of the report of Committee II was thus completed, except for paragraph 7 (originally paragraph 6) [35] of Section VIII (The Secretariat) [VII].

The meeting rose at 1.20 p.m.

ELEVENTH MEETING

Held on Tuesday, 16 July 1946, at 10 a.m., Hunter College, The Bronx, New York City.

*Chairman:*¹ Dr. Thomas PARRAN (United States of America).

It was agreed, on the suggestion of the CHAIRMAN, to convey the greetings and best wishes of the Conference to Mr. Trygve Lie, Secretary-General of the United Nations, to-day being his fiftieth birthday.

1. Resumption of Discussion on the Report of Committee V: Regional Arrangements.

The CHAIRMAN recalled that at the tenth plenary meeting discussion on sub-sections (b) and (c) of Article C, Section XII (Regional Arrangements) had been postponed.

These sub-sections read:

"(b) The head of the Regional Office should be the Regional Director, appointed by the Regional Committee subject to the approval of the Executive Board.

"(c) The Regional Director should appoint the staff of the Regional Office in accordance with the staff regulations to be approved by the Regional Committee and the Director-General."

Mr. SANDIFER (United States of America) said that, if the World Health Organization were to be capable of dealing with health problems throughout the world, it must be an organization which all the delegations could support. The attainment of that objective would require mutual concessions, made in a spirit of collaboration.

The United States delegation felt it especially important that all, or practically all, the members

of the Conference should be in agreement on the provisions contained in sub-sections (b) and (c), and for that reason he moved that the text of those sub-sections be replaced by the following text:

"(b) The head of the Regional Office should be the Regional Director, appointed by the Executive Board in agreement with the Regional Committee.

"(c) The staff of the Regional Office should be appointed in a manner to be determined by agreement between the Director-General and the Regional Director."

Dr. BUSTAMANTE (Mexico) said that the amendment of sub-section (b) proposed by the delegate of the United States of America was in essence what the Mexican delegation had been insisting upon, and the new wording suggested for sub-section (c) was likewise satisfactory. The Mexican delegation therefore seconded the motion.

Dr. VALLARINO (Panama) supported the proposal by the United States delegation on the ground that it was just, and tended towards co-operation and co-ordination in the best sense of those words.

Dr. URIBE AGUIRRE (Colombia) also supported the proposal, for the reasons advanced by the delegate of Mexico.

Mr. KAUNTZE (United Kingdom) said that the United Kingdom delegation was actuated by the principle of supporting a single World Health Organization. Its view on regional arrangements had been governed by the necessity of welding health organizations throughout the world into

¹ Dr. F. G. Krotkov (Union of Soviet Socialist Republics), Vice-President, was Chairman for the latter part of the meeting.

a single whole. He considered that the amendments proposed by the United States delegation met very well the United Kingdom delegation's wishes in that respect, and also provided the contact with the Regional Committees which would enable them to take their share in the selection of the regional officers.

Dr. KROTKOV (Union of Soviet Socialist Republics) considered the motion of the United States delegation the best of all the proposals that had been presented. The formula could be fully and certainly accepted by the Soviet delegation. It did not in any way oppose the democratic principles of the structure of the Organization, and would eliminate the danger of the Organization's becoming a gathering of members who, while respecting themselves, would have no common discipline. He therefore fully supported the proposal.

Dr. BUSTOS (Chile) added the support of his delegation, which considered the proposal very just, and one that would make for the best co-operation and co-ordination.

Dr. DE PAULA SOUZA (Brazil) felt that the motion made on the previous day to postpone discussion on sub-sections (b) and (c) had proved its value in saving time. There seemed to be general agreement with the amendments proposed by the United States delegation and he moved that they be accepted and the debate closed.

Dr. GINÉS (Paraguay) requested the delegate of Brazil to withdraw the motion for closure, as he wished to state his views.

Dr. DE PAULA SOUZA (Brazil) said that his intention in proposing closure of the debate had been the sound one of avoiding the expression by different delegates of virtually the same opinions. However, he did not wish the motion to have the effect of preventing anyone from bringing in new ideas.

Dr. GINÉS (Paraguay) regretted that he had to oppose the proposal of the United States delegation. The Latin-American delegates had unanimously expressed their agreement on the necessity of creating a World Health Organization. They had, on the other hand, repeatedly pointed out that there existed in the Americas a health office that had been doing excellent work for a very long period, and which had even greatly contributed to the growth of pan-American consciousness and solidarity.

It must be borne in mind that that health office (the Pan American Sanitary Bureau) had come into being through legal action, through international agreements among the American nations, and it was specified in its rules that any agreement arrived at by nations signatory to the Pan American Health Agreement must be concluded through the Pan American Sanitary Bureau.

The Paraguayan delegation, therefore, had originally proposed that the nations represented in the Pan American Sanitary Bureau should

join the World Health Organization by special agreement, but through the common act of the Bureau. On that basis they would all agree even to merging with the World Health Organization, even though that should reduce the efficiency and scope of the Bureau.

The Conference had a great responsibility, both from the point of view of the vast amount of work done in the past by the Pan American Sanitary Bureau, and from the point of view of the enormous future possibilities to be envisaged through the co-operation of all the peoples of the world.

The Paraguayan delegation was responsible for notifying the authorities of its country of any contemplated decisions, and must make clear that the spirit underlying the Pan American Sanitary Bureau would continue.

Although, basically, the Latin-American delegations, like other delegations, wished to see a fraternal co-operation of all nations in the health field, he proposed that the Pan American Bureau should remain in their hands. It was intertwined in the happiness of a whole continent, and some change in the situation would profoundly affect the health of all the pan-American countries. An arbitrary termination of the Bureau would lead to all kinds of difficulties; and he was sure that other regional offices that might be in existence would also hold the principle that an organization could not be brushed aside without due regard to the basis on which it had been created under international agreements.

The Paraguayan delegation maintained that the Director of a Regional Office should be appointed by the Regional Committee, and supported the proposal in the text as it stood, on the ground that it would assure the autonomy necessary to the regional offices for sound and efficient functioning.

Dr. THOMEN (Dominican Republic) agreed with the United States delegation's proposal for sub-section (b). The proposal for sub-section (c), however, might lead to difficulties if there should not be agreement between the Director-General and the Regional Director. He suggested, therefore, the insertion of a provision that, if the Director-General and the Regional Director could not come to agreement as to the appointment of subordinate personnel, the Executive Board should have the last word in the matter. Specifically, he proposed the addition to sub-section (c) of the words:

"In a case where this agreement between the Director-General and the Regional Director cannot be established, the Executive Board will resolve the issue."

Dr. VASQUEZ (Ecuador) supported the proposal of the delegate of the Dominican Republic.

In reply to a question by the Chairman, Mr. SANDIFER (United States of America) said that he had no objection to the amendment proposed by the delegate of the Dominican Republic.

Dr. SANTAMARINA (Cuba) supported the United States proposal and expressed the hope that the democratic spirit underlying it would prevail in the future and lead to the establishment of a balance between the regional authorities on the one hand and the central organization on the other. He hoped that, in the future, the Regional Committee would not be favoured to the disadvantage of the central organization, and, by the same token, that special favour would not be given to the Executive Board and the Director-General.

The Cuban delegation felt, however, that the appointment of the subordinate personnel of a regional office should be made by agreement between the Director-General and the Regional Director, without any provision to the effect that the last word might be with the Executive Board. If such a provision were added, it was possible that a principle underlying the United States proposal would be forfeited if, at some time in the future, a Director-General—not maliciously, but simply in an endeavour to extend his powers somewhat—should decide to oppose the Regional Director, because then the Executive Board would automatically have the last word in the matter. The Cuban delegation did not like that possibility, and therefore could not accept the motion of the delegate of the Dominican Republic.

The CHAIRMAN asked those who had supported the amendment proposed by the delegate of the United States of America whether they concurred in the proposal of the delegate of the Dominican Republic.

The delegates of Mexico, Panama and Colombia did not concur; the delegate of the United Kingdom said that he had no objection.

Dr. THOMEN (Dominican Republic) withdrew his motion, as it was not supported by the delegates who had supported the original motion by the delegate of the United States of America.

At this point the CHAIRMAN stated that because of a commitment made some months previously it would be necessary for him to turn the Chair over to one of the Vice-Presidents. He invited Dr. Krotkov to take the Chair.

The CHAIRMAN (Dr. Krotkov) thanked the delegates for the applause with which they had endorsed his taking of the Chair. As he wished to take part in the discussion, however, he asked Dr. Shen to assume the chairmanship.

Dr. SHEN (China) said that he also wished to take part in the debate.

The CHAIRMAN (Dr. Krotkov) said he would therefore continue to preside.

Dr. EVANG (Norway) felt that the text proposed for sub-section (b) by the delegate of the United States of America was perhaps the best compromise text that could be found in the circumstances. He was, however, much more reluctant to accept

the text proposed by that delegation for sub-section (c). He himself advocated effective and strong regional offices, and he wondered whether the text, in its present form, was clear enough for that purpose. He felt it desirable to have on record an interpretation of the text, which he would endeavour now to give.

The international public health service provided by the World Health Organization must be honoured and of high degree, the highest service of its type, and one that would draw to it the best administrators, hygienists and scientists from all over the world.

Therefore, the expert staff—he was speaking only of the expert staff—must be built up in such a way as to utilize the experts who were available. For both the central and regional offices, there must be no discrimination of colour, country or religion. The only things to count should be the qualifications of the man—his gifts, education, character, personality; in fine, his potentiality to fulfil an important function in the central office or one of the regional offices of the Organization. He felt sure that such an interpretation was in accordance with the spirit of a single World Health Organization.

Dr. SHOUSHA Pasha (Egypt) opposed the proposal of the delegate of the United States of America and supported acceptance of the text as it stood in the report. He felt that the latter text would not impair in any way the solidarity of the Organization—the collaboration of the regional offices with the central office.

The Egyptian delegation felt also that the Regional Committee was the adequate and appropriate authority to nominate, in agreement with the Executive Board, the Regional Director.

Dr. ZWANCK (Argentina) supported the proposal of the United States delegation. It must be clear that the regional offices should play a harmonious role with the central organization within the World Health Organization.

Furthermore, the Argentine delegation heartily approved the principle that the best experts should be chosen for the staff, on the basis previously outlined.

He felt that a definite decision should now be taken.

Replying to a question by the Chairman, Dr. Zwanck said he was formally moving the closure of the debate. He added that he was doing so not in order to restrict freedom of speech, but because he was under the impression that the discussion had been exhausted and no new viewpoint could be expected to be put forward.

The CHAIRMAN declared the motion for closure seconded and, there being no objection, declared it carried.

He then put to a vote the amendment of sub-sections (b) and (c) [52 and 53] proposed by the delegate of the United States of America.

The amendment was adopted by 41 votes to 7.

The CHAIRMAN then put to a vote Article C [51, 52 and 53] as a whole, as amended.

Article C, as amended, was adopted without a dissentient voice.

The CHAIRMAN expressed the appreciation of the Conference to the Chairman, Rapporteur and members of Committee V for their work.

2. Consideration of the Report of Committee III: Legal Questions.

The CHAIRMAN called upon Dr. Evang, Chairman, and Dr. Leclainche, Rapporteur, of Committee III.

Dr. EVANG (Norway) said that Dr. Evstafiev (Byelorussia) had been elected Vice-Chairman of the Committee, and Dr. Leclainche (France), Rapporteur. At the request of Dr. Cavaillon (France), who had originally served as Chairman of the Drafting Sub-Committee, Dr. Leclainche had taken over that office also.

After mentioning the membership¹ of the Drafting Sub-Committee, Dr. Evang stated that a special sub-committee, reinforced by Dr. Togba (Liberia) and Dr. Goudsmit (Netherlands) had studied the question of associate membership, which had also been studied at joint meetings of the Drafting Sub-Committees of Committees III and V.

The terms of reference of Committee III had embraced the following sections of the Constitution: IV (Membership and Associate Membership), XVI (Legal Status, Privileges and Immunities), XVIII (Amendments), XIX (Entry into Force) and XX (Interpretation). Other matters had included a draft protocol concerning the *Office International d'Hygiène Publique*, which was now submitted for approval by the Conference.

The question of the taking over by the World Health Organization or its Interim Commission of certain duties and functions of UNRRA had been dealt with and referred to the Central Drafting Committee. The question of the application of conventions, regulations and recommendations in non-self-governing territories had been studied and referred to Committee II.

Several of the questions before Committee III had proved difficult and delicate ones, particularly questions of membership, associate membership, entry into the Organization, and interpretation; and there had been wide divergences of opinion on a number of those points. However, great understanding and co-operation had been shown by all parties and the common solutions repre-

sented in the texts now submitted were compromises in the true sense of the word.

In submitting the report of Committee III, Dr. Evang thanked the members of the Committee and of the Drafting Sub-Committee and other sub-committees for their help and understanding.

Dr. LECLAINCHE (France) proceeded to read the report paragraph by paragraph.

Article IV: Membership and Associate Membership [III].

Sub-sections 1 to 3 [3, 4 and 5] were approved without discussion.

Sub-section 4 read:

"Subject to the conditions of the agreement between the United Nations and this Organization, approved pursuant to Article XVII of this Constitution, States which do not become members in accordance with paragraphs 2 and 3 of this Article may apply to become members of the Organization and shall be admitted as members when their application has been approved by a two-thirds vote of the World Health Assembly."

Dr. BUSTOS (Chile) considered that sub-section 4, in providing that States not embraced by sub-sections 2 and 3 should be admitted to membership only by a two-thirds vote of the World Health Assembly, was not in accordance with the principles expressed in the preceding three sub-sections. It contradicted sub-section 1, which made available membership of the Organization to all the nations of the world, by constituting an obstacle to the admittance of some nations. Of those, the first that came to mind was Spain.

Furthermore, the sub-section was not in accord with the spirit of the other provisions of the Constitution which had already been approved, and it was also contrary to the spirit of the Preamble, which set forth the objectives of the Technical Preparatory Committee. The Chilean delegation believed that the study of the manner in which States not members of the United Nations were to be admitted to membership of the World Health Organization should be in harmony with the spirit of those objectives.

Although it might be said that the Preamble had no legal standing, it did contain the basis of the principles of the Constitution and of its interpretation. The Preamble set forth the right to health as the fundamental right of man, and the positive application of that principle was an effective instrument for the establishment and retention of the fundamental liberties, and would achieve security and prosperity for individuals and for nations.

The Preamble stated also that all peoples should participate to the fullest possible extent in the benefits of medical, psychological and related knowledge, and that unequal development in different countries in the promotion of

¹ See page 14.

health and control of disease, especially communicable disease, was a common danger.

The adoption of the Constitution would signify that, in the future, health would be no longer a matter of private interest to the individual and to the State, but a matter of social interest and world-wide implications.

The Conference was required to make a total revision of all health systems and methods employed up to the present, and could only do so by the concentrated efforts of all the nations of the world. No nation could consider itself not affected by that reconstruction, and no nation could be kept from participating in it.

If the Conference approved restrictive dispositions it would commit two fundamental errors; a grave error in the field of epidemiology and an error within the concept of equal rights for all men.

The epidemiological significance of the absence of some nations and regions from the harmonious whole the Conference was attempting to create was an evident one. That was why the Chilean delegation, instructed by its Government, noted the absence of Spain and other nations from the World Health Organization, and wished to propose and request that the rights and privileges of the Organization should extend to all countries of the world.

The Chilean delegation desired accordingly to propose an amendment to sub-section 4, to the effect that non-member States not covered by the provisions of sub-sections 2 and 3 should be admitted to the World Health Organization by a simple majority vote instead of by a two-thirds vote.

Dr. GINÉS (Paraguay) urged the members of the Conference to bear in mind the general principles expressed in the Preamble, which stated that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; the health of all peoples was fundamental to the attainment of world security; unequal development in different countries in the promotion of health and control of disease, especially communicable disease, was a common danger.

With those magnificent statements the definite writing of the Constitution had been begun. However, an intention of exclusion had been seen when it was proposed that the name of the Organization should be changed to another name of more limited meaning; and the title "World Health Organization" had not been accepted with the unanimity so necessary at the beginning to express the universal application of the thoughts of the Conference.

Now, in regard to the question of choosing the members of the Organization, the same kind

of discussion had developed. The same arguments could be used now as had been used in the first plenary meeting for the approval of the Constitution, and in Committee III—where the discussion had, indeed, been limited on account of a point of order which had precluded the hearing of statements on behalf of countries whose representatives had come from distant points to have their voices heard and not blocked.

He had mentioned those two meetings with the sole purpose of showing how great was the division between the criteria employed, and to indicate that as physicians and public health officials the members of the Conference must begin by clearing up all the rough spots. They must drop any idea not pertaining to public health and must confine themselves to public health laws, prophylaxis, epidemiology, nutrition and all other fields of medicine with no other motive than that general, universal application of the purposes and objectives of the Organization which was expressed in the Preamble.

Neither disease nor health took account of national boundaries. If, from a political point of view, sanctions might be accepted as a measure of political order, from the public health point of view it would be suicidal to use sanctions in such a way. The idea of suicide was recognized in the Constitution itself, in the statement that unequal development in different countries in the promotion and control of disease, especially communicable disease, was a common danger.

Why then should the Conference persist in excluding any State from the new organization?—for it must be understood that the fact of requiring a two-thirds vote would constitute an exclusion. Even the fact of requiring a simple majority might have that result. If there were no adverse reasons of a public health nature, but if on the contrary it would be an advantage to include all States in the Organization, the Conference had the duty of opening the doors to all States and peoples of the world, whatever their degree of liberty or oppression. It would not be in keeping with the objective of the Organization for political criteria to be in evidence in the Constitution. Furthermore, many changes were brought about by the passing of time, and it would be unjust to leave in the Constitution something that might be an obstacle to its ratification by some countries. The policy of the Organization should be inspired by that of the Red Cross, which had brought relief and help to millions without enquiring the reason for the war or for their misery.

It was for those reasons that the Government of Paraguay desired its delegation to state the belief that it was not right, in the agreements and conclusions of the Conference, to exclude any countries. Hence the Paraguayan delegation could not accept sub-section 4, and proposed that all States of the world should be considered members, solely on their signature of the Constitution.

The meeting rose at 1.15 p.m.

TWELFTH MEETING

Held on Wednesday, 17 July 1946, at 10 a.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Proposal on the Duration of Speeches.

Dr. THOMEN (Dominican Republic) said that as many delegates had pressing duties in their countries and there were several matters still to be considered by the Conference, and as delegates had had the opportunity in previous plenary sessions and in committee meetings of expressing their views at length, he wished to move that the time of every speaker be limited to four minutes. He would, moreover, ask his fellow-delegates to use even less than four minutes if they could. In that way, the Conference would be able to reach its goal, the signing of the Final Acts and the Constitution, on Saturday, 20 July.

The CHAIRMAN declared the motion supported.

Dr. BUSTOS (Chile) did not agree with the motion, on the ground that it did not take sufficiently into account the complicated and delicate nature of the matters still to be discussed. He favoured saving time as far as possible, but not formally limiting speeches.

The CHAIRMAN put to a vote the motion of the delegate of the Dominican Republic.

The motion was carried, there being four votes in opposition.

2. Resumption of Discussion on the Report of Committee II: Administration and Finance.

The CHAIRMAN recalled that final approval of the report of Committee II had been postponed because of the possible conflict of one provision with the decision to be taken with regard to Regional Arrangements. He referred to paragraph 7 (originally paragraph 6) of Section VIII [35]. The paragraph read:

“The Director-General shall appoint the staff of the Secretariat in accordance with staff regulations established by the Assembly. The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and international representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.”

Mr. SANDIFER (United States of America) recalled that the United States delegation had suggested modification of the first sentence to read:

“The Director-General shall appoint the staff of the Secretariat in accordance with the provisions of this Constitution and of staff regulations established by the Assembly.”

The matter had been postponed on the suggestion of the delegate of India. In the light of decisions taken on the report of Committee V, the delegation of the United States considered the change no longer necessary, and withdrew its proposal. He therefore moved the adoption of paragraph 7 (originally paragraph 6) of the report of Committee II.

The CHAIRMAN declared the motion supported, and put it to a vote.

The text of paragraph 7 (originally paragraph 6) of Section VIII in the report of Committee II was adopted without dissent.

Dr. CHISHOLM (Canada), Rapporteur of Committee II, then moved the adoption as a whole of the Committee's report as amended.

The report was unanimously approved.

The CHAIRMAN expressed the appreciation of the Conference to the Chairman, the Rapporteur and other members of the Committee for having produced so satisfactory a report.

3. Resumption of Discussion on the Report of Committee III: Legal Questions.

Discussion was resumed on sub-section 4 of Article IV (Membership and Associate Membership) in the report of Committee III.

Dr. EVANG (Norway) read the text of the amendment proposed at the eleventh plenary meeting by the delegate of Chile:

“Subject to the conditions of the agreement between the United Nations and the Organization, approved pursuant to Article XVII of this Constitution, States which do not become members in accordance with paragraphs 2 and 3 of this Article may apply to become members of the Organization and shall be admitted as members when their application has been approved by a simple majority vote of the World Health Assembly.”

He pointed out that the only difference from the text in the report was the substitution of the words “simple majority” for “two-thirds majority”.

As Chairman of Committee III, Dr. Evang felt that a short explanation was necessary as some misunderstandings appeared to have arisen. It was not the case, as some delegations seemed to think, that only one country, or very few, would come under sub-section 4 [6]; it was not in fact known how many countries would have to be admitted into the World Health Organization under that sub-section. It was known, however, that those countries would be of different types.

There would be, in the first place, a group of countries that might become members under sub-section 3 [5]: countries that had been invited to the Conference as observers, but had not taken advantage of the opportunity to ratify prior to the first World Health Assembly.

Another group of countries would comprise those that had not the opportunity of becoming members under sub-sections 2 and 3 [4 and 5]. Some had not independent Governments at the present moment and others had; but it was a heterogeneous group.

Mr. EVSTAFIEV (Byelorussia) thought that sub-section 4 was in no way contradictory to the preceding three sub-sections; all those paragraphs embodied the same principles and ideas. He considered that sub-section 4 expressed the unanimity of the Conference on the question that all the most important decisions of the World Health Organization should be made by a two-thirds vote.

The delegate of Chile had on the one hand spoken in favour of a decision by simple majority for the admission of new members, and had on the other hand favoured a two-thirds vote for all the most important decisions. Mr. Evstafiev considered that the present was not the proper time to discuss the question of what States not now members of the Conference would like to become members of the World Health Organization at some future time.

Expressions on the question of the possibility of admitting Spain to the World Health Organization had often been heard at the present Conference. The delegate of Argentina had insisted upon having his views on the subject formally recorded, and the delegate of Chile considered that sub-section 4 presented some obstacles to the admission of Spain to membership.

His own understanding of the basis for the creation of a World Health Organization was that the Conference was seeking to establish principles for peaceful progress and mutual understanding among all peoples, in accordance with the principles of the Charter of the United Nations. He was sure that Spain, with her Fascist Government, was outside the purview of those aims.

One could not forget the bloody activities of the Fascist Blueshirt Division sent by Spain into

Byelorussia during the Second World War to help the Hitlerite army, nor that those troops were real participants in the war against peaceful countries and that they came to destroy the towns and villages of Byelorussia and to murder little children, together with their fathers and their mothers.

In stating that the question of admitting Spain to membership of the World Health Organization could not even be discussed at the present Conference, he believed he was expressing the views of a majority of the representatives.

Dr. DE PAULA SOUZA (Brazil) said that the principle of universality of human rights required recognition of the truth that health was indivisible and disease knew no boundaries. Those familiar with the administration of the international health conventions were well aware of the enormous drawbacks resulting from the absence of the co-operation of some countries.

The Brazilian delegation supported the proposal by the delegate of Chile and, as no political inhibitions should intervene in health matters, was prepared to accept any other proposal facilitating even more the access of all peoples to the Organization.

Dr. CHISHOLM (Canada) said that in view of the first sub-section of Article IV [3]—"Membership in the World Health Organization shall be open to all States"—it remained only to provide a means of deciding what constituted a State. It appeared desirable that some organizational method should be provided whereby it would be possible to recognize the existence of a State as a responsible body able to carry out its obligations. He felt that it was only because of that necessity that there should be any voting process at all; but because that necessity existed, and because the voting process should be made as simple as possible, the Canadian delegation would support the proposal of the delegates of Chile and Brazil.

It was important that health should be regarded as a world-wide question quite independent of political attitudes in any country in the world.

Dr. KROTKOV (Union of Soviet Socialist Republics) did not understand why the argument, advanced primarily by the South American delegations, for the admission of Spain, had not been applied to other countries such as, for instance, Japan and Germany. Moreover, the question not only of admitting but of inviting Spain to become a member had been discussed.

The delegate of Byelorussia, in his very justified remarks, had correctly stated that Spain had taken part in the war.

The Constitution had in view not separate States but the World Health Organization and was written not to preserve health in any particular State for only to-day or to-morrow but to preserve it internationally throughout the world for many years to come.

If Spain should ask to become a member of the Organization he would be the first to accept such a request, but on condition that it be made by a democratic Spain.

Hence the Soviet delegation supported the text of sub-section 4 as it stood, especially in view of its provision for the admission of members by a two-thirds majority vote. The sub-section had been very carefully discussed, it did not eliminate any country, and it provided for the proper steps to be taken in admitting countries to the Organization.

Dr. MORÁN (Guatemala) considered that sub-sections 1 and 4 of Article IV were contradictory. If the Organization was to be a world health organization, difficulties must not be placed in the way of countries wishing to join it. He believed that the States not represented at the Conference were those that needed most to belong to the Organization because of the poor health and malnutrition of their inhabitants.

He congratulated the Paraguayan delegation on its broad proposal, but considered the proposal of the Chilean delegation the more practical. The Conference should be concerned about the health conditions of the world and not about politics.

Dr. ZWANCK (Argentina) said that the Argentine delegation had made reference to Spain at a previous meeting in order to place on record the expressed hope of the Argentine people that Spain would form part of the World Health Organization. The word "World" meant an organization that would include all the States of the world, and it was true, as the Brazilian delegate had pointed out, that health was international.

Argentina was willing to respect the wishes of the majority of the Conference on the point under discussion. The Argentine delegation had expressed the hope that Spain could enter the Organization in accordance with the provisions of the Constitution to be adopted. He reminded the delegates of the provisions of the Atlantic Charter, in which both President Roosevelt and Mr. Churchill had wanted to have the nations of the world free from the fear of death and disease. He hoped that the countries represented at the Conference would open their arms to all the nations of the world so that they might all be included in the benefits to be derived from the Organization.

Dr. GUZMÁN (Venezuela) said that his country was one of the few that had broken relations with the Franco Government. It had furthermore recognized the Spanish Government-in-exile.

Nevertheless, the Venezuelan delegation felt that the health of all countries in the world must be maintained. It believed that, whatever ideologies a country might hold, the world from the point of view of health was indivisible. Accordingly, his delegation supported the proposal of the delegate of Chile.

Dr. PARISOT (France) said the French delegation had already accepted in committee the text in the report, but at the same time was not

unmindful of the views expressed by the delegates of Byelorussia and the Union of Soviet Socialist Republics. The French delegation adhered to the text in the report.

Dr. FIALLOS (Honduras) considered that any voting procedure with respect to admission would be at variance with sub-section 1, which stated that membership of the Organization was open to all States. He proposed therefore that sub-section 4 be amended to read:

"Subject to the conditions of the agreement between the United Nations and this Organization, approved pursuant to Article XVII of this Constitution, States which do not become members in accordance with paragraphs 2 and 3 of this Article, may become members by signing or ratifying the Constitution."

The CHAIRMAN ruled that the proposal of the delegate of Honduras was not a new amendment, as it was almost identical with the amendment proposed by the delegate of Paraguay.

Dr. TREFI (Syria) proposed that as delegates were now fully familiar with the ideas expressed on both sides, the debate should be closed.

The CHAIRMAN declared the motion supported and, there being no speakers in opposition, put it to the vote.

The motion for closure was carried by 28 votes to 5.

Dr. GINÉS (Paraguay) suggested that as the amendments presented by the delegations of Chile and Paraguay differed only slightly, the amendment proposed by the Paraguayan delegation be voted upon first.

Dr. BUSTOS (Chile) supported the suggestion that the amendment of the delegate of Paraguay be voted upon first.

The CHAIRMAN pointed out that the amendment proposed by the delegate of Paraguay had not been seconded.

Dr. FIALLOS (Honduras) thereupon seconded that amendment.

Dr. EVANG (Norway) read the amendment proposed by the delegate of Paraguay:

"Those States that are not members of the Organization in accordance with paragraphs 2 and 3 may become members by signing or by otherwise accepting this Constitution."

The CHAIRMAN put that proposal to a vote.

The amendment proposed by the delegate of Paraguay was rejected by 25 votes to 17.

The CHAIRMAN put to a vote the amendment proposed by the delegate of Chile, and declared

it carried by 21 votes to 19. He enquired whether the Conference wanted a roll-call.

Dr. MEDVED (Ukraine) requested a roll-call in view of the closeness of the vote.

The CHAIRMAN considered the proposal reasonable in view of the closeness of the vote and the possibility of inaccuracy.

Dr. BUSTOS (Chile) observed that no indication had been given as to how the vote was to be taken.

The CHAIRMAN stated that, under the Rules of Procedure, if a roll-call was requested it must be taken. He added that the Chairman of Committee III, Dr. Evang, had also suggested to the Chairman that a roll-call should be taken.

The amendment [6] proposed by the delegate of Chile to sub-section 4 of Article IV was then put to the vote by roll-call, and carried by 25 votes to 22, there being two abstentions. The representatives of two countries were absent.

The roll-call resulted as follows :

Votes for: Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Egypt, El Salvador, Guatemala, Haiti, Honduras, Iraq, Mexico, Nicaragua, Panama, Paraguay, Peru, Philippines, Saudi Arabia, Syria, Uruguay, Venezuela.

Votes against: Australia, Belgium, Byelorussia, Czechoslovakia, Denmark, Ethiopia, France, Greece, India, Iran, Liberia, Luxembourg, Netherlands, New Zealand, Norway, Poland, Ukrainian SSR, Union of Soviet Socialist Republics, Union of South Africa, United Kingdom, United States of America, Yugoslavia.

Abstentions: China and Lebanon.

Absent: Argentina and Turkey.

4. Proposal regarding Consideration of the Report of Committee IV : Relations with the United Nations and other Organizations.

Dr. GABALDÓN (Venezuela), Chairman of Committee IV, suggested that it would save time if the report of the sub-committee of Committee IV could be presented to the plenary meeting in the afternoon.

The delegates of Uruguay, Liberia, Peru and China supported the proposal.

It was agreed that the plenary session should consider the report of Committee IV after having approved the report of Committee III.

5. Resumption of Discussion of the Report of Committee III : Legal Questions.

Dr. LECLAINCHE (France), Rapporteur of Committee III, read sub-section 5 [7] of the Committee's report :

"In cases where a member fails to meet its financial obligations to the Organization, or in other exceptional circumstances, the Assembly

may, on such conditions as it thinks proper, suspend the voting privileges and services to which a member is entitled. The Assembly shall have the authority to restore voting privileges and services so suspended."

Dr. CHISHOLM (Canada) said that any action by the World Health Organization arising from the wording "in other exceptional circumstances" would be nullified, in that the Assembly, meeting only once a year, would usually not be in existence at all during the time when exceptional circumstances might crop up.

One must face the fact that in relation to the World Health Organization the sort of exceptional circumstances which would make it desirable to withdraw services from any country would have something to do with the preparation of particular kinds of warfare, and would be particularly associated with biological warfare. If such evidence should crop up it would be essential for a decision to be taken very quickly, and it would be impossible to wait until the next meeting of the Assembly, which might be nearly a year away.

Therefore, the delegation of Canada moved that the word "Assembly" be replaced by "Executive Board".

Dr. EVANG (Norway) read the text of the amendment proposed by the delegate of Canada :

"In cases where a member fails to meet its financial obligations to the Organization, the Assembly, or in other exceptional circumstances the Board, may on such conditions as it thinks proper suspend the voting privileges and services to which a member is entitled. The Assembly or the Board shall have the authority to restore voting privileges and services so suspended."

The motion of the delegate of Canada was supported by the delegates of Iran, the Netherlands and Ecuador.

Dr. MOLL (El Salvador) said that sub-section 5 would probably have the effect of delaying application by a number of the smaller States. They were asked to assume financial obligations, but would have no idea how much they would be required to pay.

The reference in the sub-section to suspension of services entailed a double obligation ; if services, especially epidemiological services, were suspended, the States affected would also suspend sending information to the Organization.

The CHAIRMAN pointed out that the words used by the sub-section were "may suspend" ; there was no obligation upon the Assembly or the Board to suspend.

Mr. TANGE (Australia) was unable to accept the amendment proposed by the delegate of Canada. The Australian delegation considered that the sub-section contained a very drastic power which should be exercised only by the

Assembly, representative of all members, and not shared in any way with the more limited group of eighteen members—particularly as the criterion for action by the Board was such a general phrase as “in exceptional circumstances”.

He felt that the text as it stood was adequate. If the “exceptional circumstances” should be anything so drastic as the development of biological means of warfare, the obvious course would be to summon a special meeting of the Assembly.

Dr. PAZ SOLDÁN (Peru) considered it paradoxical to try to punish nations which did not conform to the regulations, because the punishment would be suffered more by the Organization than by the offending nation. He proposed, therefore, the deletion of sub-section 5.

The proposal of the delegate of Peru was supported by the delegates of Costa Rica, Cuba, Bolivia, Colombia, Syria and other countries.

There being no discussion on the last proposal, the CHAIRMAN put it to a vote.

The proposal of the delegate of Peru was rejected.

Discussion on the motion of the delegate of Canada was resumed, and Dr. EVANG (Norway) said that the Drafting Sub-Committee of Committee III had worked out a text which he believed was identical in substance with the amendment proposed by the delegate of Canada. He enquired whether the latter was willing to accept the Drafting Sub-Committee's text, which read:

“In cases where a member fails to meet its financial obligations to the Organization or in other exceptional circumstances the Assembly or, subject to subsequent confirmation by the Assembly, the Board, may, on such conditions as either thinks proper, suspend the voting privileges and services to which a member is entitled. The Assembly, or, in cases which have not been the object of action by the Assembly, the Board, shall have the authority to restore voting privileges and services so suspended. Any suspension by the Board shall cease to have effect unless it is confirmed by the Assembly at its session after the date when the suspension is made.”

Dr. CHISHOLM (Canada) and the delegates who had supported his proposal signified that they were willing to accept the text read by Dr. Evang, in place of that proposed by Dr. Chisholm.

Dr. MACCORMACK (Observer from Eire) said that although he was not in a position to propose either motions or amendments, he had some suggestions to make. It was proposed to deprive a defaulting nation of both its votes and services. The delegation of Peru had very rightly pointed out that, in such a case, the Organization would be harder hit than the delinquent nation. He

wished therefore to suggest that if punitive action had to be taken, it should be confined to depriving that nation of its vote.

Dr. GARCIA-MALDONADO (Venezuela) considered that sub-section 5 constituted a violation of the Anglo-Saxon principle that nobody could be deprived of his privileges and rights without being heard. He therefore proposed an amendment to the effect that a member should not be deprived of the privileges to which it was entitled until after having had an opportunity of being heard in its own defence.

Dr. MANI (India) said it was not correct to say that the country concerned would be deprived of the right to be heard; it was only proposed to deprive such countries of votes and of the services. They would still be members of the Organization and be able to attend meetings and speak as much as they wished.

Mr. VALLAT (United Kingdom) said his delegation regarded the suspension of the voting rights and privileges of any State as a very serious matter, and one on which a State should certainly be entitled to be heard. The text as drafted in the report of Committee III would give the State the opportunity of being heard by the Assembly when the question of suspension came up. The United Kingdom delegation did not think that a decision on suspension, which might have very serious implications indeed, was one that should be taken by a comparatively small group such as the Board.

His delegation therefore strongly supported the text as it stood and was opposed to the amendment suggested by the delegate of Canada.

Dr. EVANG (Norway) asked for a legal opinion as to whether paragraph 2 of Article XX, in the report of Committee III,¹ would not give any member the full right to apply to the International Court of Justice in the event of suspension of its voting rights and privileges.

Dr. VAN DEN BERG (Netherlands) said that the opinion of the legal division of the Netherlands delegation was that Article XX had nothing to do with the question to which Dr. Evang had made reference.

Mr. SANDIFER (United States of America) said that while he did not think Article XX had any direct relation to the point mentioned by Dr. Evang, it did have the following relationship:

¹ Paragraph 2 of Article XX, in the report of Committee III, read:

“Any question or dispute between the Organization and a member or between two or more members of the Organization concerning the interpretation or application of this Constitution which is not settled by negotiation or by the Health Assembly shall be referred by the parties to the International Court of Justice in conformity with the Statute of the Court, unless the parties concerned agree on another mode of settlement.”

Article XX related entirely to interpretation, so that the country or member might raise in the Court a question as to whether the Assembly or the Board, in a particular case, had exceeded its authority under the provisions of paragraph 5, but that would be merely a normal procedure and would apply of course to other parts of the Constitution. However, in view of the elasticity of the provisions under Article XX, it might have some particular importance if the question of interpretation were raised with respect to paragraph 5.

Dr. VAN DEN BERG (Netherlands) said his delegation agreed with the remarks of Mr. Sandifer.

The CHAIRMAN put to a vote the motion of the delegate of Canada.

The amendment of sub-section 5 of Article IV proposed by the delegate of Canada was rejected.

Sub-section 5 [7] as it stood in the report of Committee III was then put to a vote and unanimously approved.

The meeting rose at 12.30 p.m.

THIRTEENTH MEETING

Held on Wednesday, 17 July 1946, at 2.15 p.m., Hunter College, The Bronx, New York City.

Chairman: Dr. Thomas PARRAN (United States of America).

1. Continuation of Discussion on the Report of Committee III: Legal Questions.

Article IV: Membership and Associate Membership [III].

Sub-section 6 [8] of this article of the report of Committee III read as follows:

"Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as associate members by the World Health Assembly, upon application made on behalf of such territory or group of territories by the member or other authority having responsibility for their international relations.

"The nature and extent of the rights and obligations of associate members shall be determined by the Assembly."

Mr. EVSTAFIEV (Byelorussia) said the question of membership of territories or groups of territories had been discussed at great length in Committee III. It was clear to the majority of the members of that Committee that such territories or groups should become members, but it was not clear what the character of such membership should be. He felt himself that territories and groups of territories should be admitted to membership in an advisory capacity and with an advisory voice only on questions relating to health matters in those particular territories. Since each member of the Organization must take steps to implement the various conventions and agreements, etc., decided upon by the Assembly in regard to the territories over which the respective members had jurisdiction, it was not necessary for each territory or group to have a full vote in the Organization. He suggested therefore that sub-section 6 should be redrafted in the following sense:

"Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as associate members by the World Health

Assembly in an advisory capacity, with a right to discuss subjects relating to health matters in their own territories, upon application made . . ."

Such a wording, added Mr. Evstafiev, would provide the possibility of a full discussion and full study on health conditions in each territory or group of territories.

Dr. TOGBA (Liberia) proposed the addition, at the end of the first paragraph of sub-section 6, of the sentence:

"However, representatives of accepted associate members to the Assembly shall be of the qualified native populace."

He explained that, by the term "qualified native populace", he did not necessarily mean that the person sent to the Assembly should be one employed by the Government concerned. He should, however, be a native—a person born in that territory and a citizen of the territory, familiar with the needs and interests of his own people. He should also of course be a qualified physician.

The motion of the delegate of Byelorussia was supported by the delegate of the Ukraine, and that of the delegate of Liberia by the delegate of Iraq.

Dr. EVANG (Norway) explained that at the outset of the discussion of the question in committee there had been wide divergences of opinion. However, at a joint meeting of the drafting sub-committees of Committees III and V, reinforced by delegates of Liberia and the Netherlands, agreement had been reached on one important point: that the non-self-governing territories should be admitted as associate members.

Agreement had not been reached on what rights and obligations the associate members should have; and the text in the report repre-

sented a compromise which had followed upon a proposal by the Mexican delegation.

The text left to the first Health Assembly the decision as to the nature and extent of the rights and obligations of associate members.

Dr. VAUCEL (France) said the French delegation wholeheartedly supported the recommendations of the Chairman of Committee III, and urged that the text in the report be adopted. The question of the central representation of the population in the World Health Organization was not one for the Assembly to decide, but one that would depend entirely on the territories which would be represented.

The CHAIRMAN put to a vote the amendment proposed by the delegate of Liberia.

The show of hands resulted in an apparent vote of 15 for and 14 against the amendment. The Chairman suggested that as the vote seemed very close, and as some delegations were either absent or had not voted, the vote should be taken again or, if the meeting preferred, a roll-call should be taken.

Mr. VALLAT (United Kingdom) suggested that a wording acceptable to all delegates might be found by making provision for the representatives of associate members to be representative of the health administrations of the locality from which they came.

Dr. TOGBA (Liberia) objected to the United Kingdom's proposal on the ground that in non-self-governing territories those at the head of the health centres were usually from the governing countries and not of the native stock. Consequently, the United Kingdom proposal would result only in representation of those governing the territories.

Dr. MANI (India) said he presumed that the vote on the amendment proposed by the delegate of Liberia would be on the principle of the representation of the native populations, and not on the exact wording of the proposal, which perhaps could be improved by the drafting committee.

The delegate of Liberia and those who had supported his proposal signified their acceptance of the interpretation by Dr. Mani.

The CHAIRMAN again put the proposal to a vote.

The proposal of the delegate of Liberia for the amendment of sub-section 6 was carried.

On the request of the CHAIRMAN, the interpreter read again the original text of the amendment proposed by the delegate of Byelorussia :

"Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted to the work of the World Health Organization in an advisory capacity, with the right to participate

in discussions of health matters relating to these territories, upon application made on behalf of such territory or group of territories by the member or other authority having responsibility for their international relations."

The amendment proposed by the delegate of Byelorussia was put to a vote and rejected.

Article IV, as amended, was then put to the meeting and unanimously adopted [III].

Article XVI: Legal Status, Privileges and Immunities [XV].

This article was adopted without discussion.

Article XVIII: Amendments [XVII].

The text of this article in the Committee's report was as follows :

"Amendments to this Convention may be proposed by resolution of the Assembly adopted by two-thirds of its members present and voting. Amendments shall come into force for all members when they have been ratified by two-thirds of the members in accordance with their respective constitutional processes. The draft texts of proposed amendments shall be communicated by the Director-General to the members at least six months in advance of their consideration by the Assembly."

Dr. EVANG (Norway) pointed out that some delegations had originally not been in favour of Article XVIII as it was now proposed ; they had felt that it would open the possibility of certain members of the Organization being bound by decisions of other States against their will.

The Indian delegation had therefore submitted an amendment which had been circulated to all delegations earlier, but had later withdrawn his proposal on condition that the following declaratory statement be read in plenary session :

"A member is not bound to remain in the Organization if its rights and obligations as such were changed by an amendment of the Constitution in which it has not concurred and which it finds itself unable to accept."

In response to a question by the CHAIRMAN, no objection was voiced either to the article or the declaratory statement.

On the formal motion of the RAPPOREUR of Committee III, Article XVIII [XVII] was unanimously approved.

Article XIX: Entry into Force [XIX].

Sub-section 1 [78] was approved without discussion.

Sub-section 2 read :

"States may become parties to this Constitution by (a) signature without reservation as to acceptance, or (b) signature subject to acceptance followed by acceptance, or (c) acceptance.

"Acceptance shall become effective by the deposit of a formal instrument with the Secretary-General of the United Nations."

NASR Bey (Egypt) proposed the following amendment dealing with sub-section 3, but closely connected with sub-section 2 :

"The present Charter shall come into force upon the deposit of ratifications by twenty-six States Members of the United Nations, in accordance with their respective constitutional processes."

He pointed out that the phraseology of his amendment was similar in certain respects to that of the preceding Article XVIII and also to that of the San Francisco Charter.

The CHAIRMAN ruled that the amendment would be considered after sub-section 3 had been read.

NASR Bey (Egypt) said he would like an explanation of the term "acceptance" in sub-section 2.

Mr. CÔTÉ (Canada) said that the legal members of the Conference who had been charged with drafting the entry-into-force clause had studied the question very carefully. The original wish as expressed in the Technical Preparatory Committee's draft had been that States could sign the present Convention without ratification or acceptance, so that it would come into force on mere signature. That had been accepted as a basic principle throughout the Conference.

Hence, there were two possible categories of signatures : first, without reservation as to subsequent acceptance or ratification ; secondly, signature with reservation as to subsequent acceptance or ratification.

There was also a third class that must be taken into consideration : straight accession, or accession without signature.

Mr. Côté added that the position with respect to the present Convention was basically different from that relating to the Charter of the United Nations. With respect to the latter the only way one could become a member was by signature, subject to acceptance or ratification.

The legal experts had carefully considered the entire article on Entry into Force and had agreed that the word "acceptance" should include ratification, acceptance, approval or accession.

Mr. HAKIM (Lebanon) thought that in order to avoid any possible difficulties about the meaning, the term "ratification" should be used instead of "acceptance". Hence clause (b) would read, "signature subject to ratification, followed by ratification"; clause (a) would read, "signature without ratification"; and clause (c) would read, "acceptance without previous signature", followed by the sentence : "Acceptance or ratification shall become effective by the deposit of a formal instrument with the Secretary-General of the United Nations".

Where there had been a previous signature, the true legal word was not "acceptance" but "ratification". The method of ratification might differ, but after a signature had been affixed to the Constitution, the term ratification should be used.

The proposal of the delegate of the Lebanon was seconded by the delegates of Liberia and Iraq.

Mr. SANDIFER (United States of America) said that the text in the report had already been very carefully considered by the legal experts, and Committee III had raised no question as to the correctness or acceptability of the text.

He had assumed that it was generally known that the word "acceptance" had been used in two or three previous Constitutions, in order to make possible a more informal method of approving them. The Constitutions of UNESCO and FAO both provided for approval by acceptance.

An endeavour had been made to draft the present text so that the word "acceptance" would be broader than its connotation and would include ratification, but would also make possible a less formal instrument of approval. The difficulty about the use of the word "ratification" was that it had a very definite significance in international law, and would require a formal instrument of ratification which would affect the constitutional procedures of approval in a number of countries.

As there was uncertainty on the subject in the minds of some of the delegates, he himself would be willing, in the interest of general agreement, to accept the words "acceptance or ratification" in the text wherever the word "acceptance" appeared at present.

Mr. Côté (Canada) agreed with the explanation on the matter of drafting given by the delegate of the United States of America.

Mr. HAKIM (Lebanon) considered his own proposal more precise, but did not object to the suggestion of the delegate of the United States that "acceptance or ratification" should be used in every case where "acceptance" at present appeared in the text. He proposed that the final draft be left to the legal experts.

Dr. MARTONE (Argentina) said the Argentine delegation believed that sub-section 2 as it stood in the text was a perfectly correct legal instrument which would be binding upon all the nations that would accept the Constitution. The Argentine delegation wished to support the United States delegation's proposal to accept sub-section 2 of the report as drafted.

The CHAIRMAN put to a vote the amendment proposed by the delegate of Lebanon.

The amendment was defeated, and sub-section 2 adopted [79].

Sub-section 3 read :

"This Constitution shall come into force when twenty-one States Members of the United Nations have become parties to this Constitution in accordance with the provisions of paragraph 2 of this Article."

The following footnote to the above sub-section appeared in the report :

"At the third meeting of the Legal Committee the original proposal of the Technical Preparatory Committee (fifteen States), a proposal submitted by the United States (twenty-one States), and a proposal submitted by Yugoslavia (twenty-six States Members of the United Nations), were put to a vote. The first obtained three votes, the second ten and the third thirteen votes. As a result of the vote the Chairman of Committee III asked the Sub-Committee to prepare drafts embodying the second and third proposals. This was approved. At the eighth meeting of the Legal Committee the first proposal of Yugoslavia (twenty-six States Members of the United Nations), a proposal of the United Kingdom (twenty-one States Members of the United Nations), and a proposal of the United States (twenty-six States), were voted upon. At the request of the delegate of the Union of Soviet Socialist Republics, the different sections of each motion were voted upon separately. Therefore, the first question which was voted upon was that relating to the category of States (Members of the United Nations or States unspecified) whose acceptance of the Constitution permits of its entry-into-force. The vote (fourteen to nine) resulted in the category of States being 'Members of the United Nations'. The question as to the number required was then submitted to a vote, as a result of which eight delegations were in favour of the figure 'twenty-six' and fifteen were opposed. Seventeen favoured acceptance by twenty-one States and four voted against this number."

NASR Bey (Egypt) proposed the substitution of "twenty-six" for "twenty-one" in sub-section 3.

Dr. EVSTAFIEV (Byelorussia) said the proposal for ratification by 21 Members only was not commensurate with the importance of the work to be done. Furthermore, it provided for a decision taken by a minority of members instead of a majority. He therefore proposed that sub-section 3 be amended to read :

"This Constitution shall come into force when two-thirds States Members of the United Nations have decided that they will participate in this Constitution in accordance with paragraph 2 above."

The CHAIRMAN declared the proposals by the delegates of Egypt and Byelorussia both supported, and said that he would first call for a vote on the proposal of the latter delegation.

The proposal of the delegate of Byelorussia was defeated : 21 votes in favour and 23 against.

The motion by the delegate of Egypt was then put to a vote and carried, and the sub-section, as thus amended, adopted [80].

Sub-sections 4, 5 and 6 [81 and 82] were adopted without discussion.

Article XIX as amended was then adopted as a whole [XIX].

Article XX: Interpretation [XVIII].

Sub-sections 1 and 2 [74 and 75] were adopted without discussion.

Sub-section 3 read :

"Any legal question arising within the scope of its activities may, upon authorization by the General Assembly of the United Nations, be referred by the Organization to the International Court of Justice with a request for an advisory opinion thereon."

Mr. VALLAT (United Kingdom) said that the authorization by the General Assembly of the United Nations might be of a general character, and provided for in the agreement to be made between the World Health Organization and the United Nations. He proposed therefore the insertion after the words "United Nations" of the following words : "or upon authorization in any other manner that may be provided by agreement between the Organization and the United Nations".

The proposal by the delegate of the United Kingdom was supported, and adopted without a dissenting voice. Sub-section 3, as thus amended, was adopted [76].

Sub-section 4 was approved without discussion.

Article XX as amended was adopted as a whole [XVIII].

Annex I.

Mr. VALLAT (United Kingdom) said that the next two pages of the report were mainly concerned with details introduced by the United Kingdom delegation. While the subject-matter was of very considerable importance, the United Kingdom delegation felt that it might be as well not to take further time at present to go into those clauses. They could perhaps be considered by Governments later and the matter brought up subsequently at a meeting of the Health Assembly.

The United Kingdom delegation was not in a position to withdraw the proposal, as it was now embodied in the Committee's report, but would suggest that it be withdrawn from further consideration at the present Conference.

The delegate of the United States of America thereupon moved withdrawal of the material in question and the motion was supported by several delegations.

It was accordingly agreed that Articles 1 to 5 of Annex I of the report of Committee III, together with the introductory paragraph, should be withdrawn.¹

¹ This portion of the report is reproduced on page 130.

Interim Commission (UNRRA).

The sub-section of the report under the above heading read :

" . . . take all necessary steps for assumption by the Interim Commission of the duties and functions entrusted to UNRRA by the International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, the Protocol to Prolong the International Sanitary Convention, 1944, the International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention for Aerial Navigation of 12 April 1933, the Protocol to Prolong the International Sanitary Convention for Aerial Navigation, 1944 : " .

This sub-section was approved without discussion [*Arrangement, 2 (f)*].

Protocol concerning the Office International d'Hygiène Publique.

Article I [*Protocol, I*]¹ read :

" The Governments signatories to this Protocol agree that, as between themselves, the duties and functions of the *Office International d'Hygiène Publique*, as defined in the Agreement signed at Rome on 9 December 1907, shall be performed by the World Health Organization or its Interim Commission, and that subject to existing international obligations, they shall take the necessary steps to accomplish this purpose."

Dr. MACCORMACK (Observer from Ireland) said he wished to make a protest with regard to the question of the *Office International d'Hygiène Publique* and to have his protest recorded. His Government held that, as a contributory party to the *Office*, Ireland was entitled to a vote in determining its fate. He thought that no reasonable man could deny the justice of that claim. The result of the vote did not enter into the matter, because had he had a vote he would have voted for the taking over of the functions of the *Office*; it was with the principle that he was concerned.

The rule embodied in the report of the Technical Preparatory Committee, denying votes to observers, had perhaps not been sufficiently considered in all its implications; and he was not going to embarrass the Conference by asking it to make any alteration in that rule. He would be perfectly satisfied if the Conference could give him some indication that Ireland had its sympathy in regard to its claim.

Dr. CHISHOLM (Canada) stated as Rapporteur of the Technical Preparatory Committee that the question of the signing of the Protocol concerning the *Office* had not been actively considered by that Committee at its meeting at Paris.

He felt that the observer from Ireland had a very good case; however, the Conference was

bound by terms of reference, and he thought that there was nothing that could be done about it. He would, however, move that the Conference go on record as being in sympathy with the case put forward by the observer from Ireland.

The CHAIRMAN said he assumed by the applause that the motion of the delegate of Canada was supported.

There being no objection, the Chairman informed the observer from Ireland that he was sure the Conference was unanimous in expressing the hope that the present situation of Ireland would be a very short-lived one, in view of the anticipation that twenty-six nations would accept, or ratify, or accede to, or sign the terms of membership.

The Chairman added that he had been informed that the observer from Ireland had full powers on behalf of his country to sign.

Articles I to VI [*I to 6*] were approved without discussion.

The CHAIRMAN declared that, since Annex I of the Protocol did not require a decision, it need not be read.

Dr. LECLAINCHE (France) moved the adoption as a whole of the Protocol concerning the *Office International d'Hygiène Publique*.

Dr. GUZMÁN (Venezuela) proposed that the document should be not only in English and French, but in all five official languages: Chinese, English, French, Russian and Spanish.

The SECRETARY said although the Rome Agreement of 1907 existed only in French, and although the present document was being drawn up in two languages, if the Conference wished to have translations into the other three languages the Secretariat would be glad to make the necessary arrangements.

Dr. LECLAINCHE (France), in response to a question by the Chairman, said he accepted the interpretation of his motion by the delegate of Venezuela.

The proposal of the delegate of Venezuela was approved without dissent.

The Protocol as a whole was then unanimously approved.

The CHAIRMAN expressed the appreciation of the Conference to the Chairman, Rapporteur, and other members of Committee III.

2. Proposed Date for Signature of the Final Acts.

The CHAIRMAN said it appeared impossible to meet the date that had been set for the signing of the Final Acts and therefore the General Committee recommended that the signing take place on the following Monday. However, if even that date was to be met the deliberations of the plenary session must be concluded not later than the following afternoon.

¹ The square brackets enclose references to the corresponding text of the Protocol see page 113. See also explanatory note on page 30.

The SECRETARY stated that in accordance with several requests that the final texts should be read again before all the delegations, after their approval by the General Committee, the last reading had been scheduled to take place on Monday morning.

All efforts would be made by the Secretariat to distribute mimeographed copies of the final texts in five languages in time to permit a full day's study before they were read in plenary session.

The meeting rose at 4.30 p.m.

FOURTEENTH MEETING

Held on Thursday, 18 July 1946, at 9.30 a.m., Hunter College, The Bronx, New York City.

*Chairman*¹: Dr. Thomas PARRAN (United States of America).

1. Report of Special Sub-Committee on Interim Arrangements.

Dr. GABALDÓN (Venezuela), Chairman of Committee IV, requested Dr. Sze, the Rapporteur of the Committee, to present the proposed draft for the establishment of an Interim Commission.

Dr. SZE (China) presented the report of Committee IV's Special Sub-Committee on Interim Arrangements. In doing so, he said that the sub-committee had received express injunctions from the General Committee to frame its recommendations in such a way as to facilitate early discussion and decision on interim arrangements. The factor of speed had therefore been of prime consideration towards the end of the Sub-Committee's discussions. Hence, the form of a resolution had been adopted with a view to making possible immediate discussion of the subject without awaiting the signature of the Constitution.

However, a resolution might not give the Interim Commission that wide legal basis which it should perhaps have, as it would handle certain very important matters. The Sub-Committee felt, therefore, that it was desirable to recommend the drawing-up, also, of a formal agreement which would have in substance the same wording as the resolution, but would be in a form to which delegates could affix their signatures. That agreement could be signed at the same time as the Constitution on Monday.

The Special Sub-Committee, along with the Credentials Committee and the Legal Department of the United Nations, had studied the matter of credentials for members of the Interim Commission and had been glad to know that most delegates already had sufficiently full powers to enable them to participate in the Interim Commission, if elected. There might be one or two others, however, who would not have such full powers, and the Committee was advised that legally it would be possible for them to participate under the temporary procedure. It seemed that, so far as credentials were concerned, everything

was in order for an Interim Commission to be set up.

The Sub-Committee had also studied the question of whether a loan, or a grant, could be expected from the United Nations. On the suggestion of the Sub-Committee, the President of the Conference, after consulting the General Committee, had duly made enquiry of the Secretary-General of the United Nations, and had received a favourable and friendly reply from the Secretary-General to the effect that the Interim Commission might expect to receive from the United Nations a sum of \$350,000 for its expenses for the remainder of the present year—whether as a grant or as a loan was a point to be settled later.

For whatever budget might be necessary for 1947, the Interim Commission could apply to the General Assembly of the United Nations in September, and there was every reason to think that any reasonable amount applied for then would be granted.

In view of the necessity of speed, the Sub-Committee had passed over the normal procedure of reporting to its parent committee: the present meeting was in fact a combined meeting of Committee IV with the plenary meeting. The Sub-Committee had also asked the Secretariat to prepare draft rules of procedure which the Interim Commission could consider and adopt as soon as it met.

The procedure for election of members of the Interim Commission had also been considered and might be discussed in more detail later.

In conclusion, Dr. Sze apologized for the fact that pressure of time had not allowed the Sub-Committee to produce a more final report.

He then proceeded to read the text of the proposed resolution.

The Preamble and paragraph 1 [*Preamble*]¹ were approved without discussion.

Paragraph 2 read:

"The Interim Commission shall be composed in the same manner as provided in the Constitu-

¹ Dr. Shen (China), one of the Conference Vice-Presidents, was Chairman during the latter part of the meeting.

¹ The square brackets enclose references to the corresponding text of the Arrangement see page 110. See also explanatory note on page 30.

tion for the Executive Board of the Organization."

Dr. SZE (China) stated that an amendment to paragraph 2 had been submitted by the Australian delegation, which did not change the substance of the paragraph, but spelled it out. The Subcommittee felt that the amendment would be very advantageous and entirely in line with its recommendations.

The amendment proposed by the Australian delegation read:

"The Interim Commission shall consist of eighteen persons designated by as many Governments members of the Health Conference. The Conference, taking into account an equitable geographical distribution, shall elect the members entitled to designate a person to the Commission. Each of these members should appoint to the Commission a person technically qualified in the field of health who may be accompanied by alternates and advisers."

Mr. TANGE (Australia) said his delegation considered it preferable to say exactly how the Interim Commission would be established, rather than to adopt the procedure of referring to a separate instrument.

The amendment [1] was approved without dissent.

Dr. SZE (China) pointed out that the Conference had before it a recommendation proposed by the delegation of France with respect to paragraph 2. The recommendation read:

"A list of the countries to be invited to designate persons to serve on the Interim Commission shall be presented to the Conference for its consideration. This list shall be drawn up by a sub-committee consisting:

"(a) Either of the Chairman and five Vice-Chairmen of the Conference;

"(b) Or, under the chairmanship of the Chairman of the Conference, of the representatives of six States situated in different geographical regions as follows: two for the American Continent, two for Europe, one for Asia, and one for Africa.

"The Conference may decide which of the foregoing procedures shall be used."

The CHAIRMAN declared the proposal of the delegation of France supported.

Dr. ZWANCK (Argentina) proposed the following motion:

"(1) That this Conference name the fourteen nations now represented on the General Committee as member nations of the Interim Commission;

"(2) That the General Committee of this Conference be instructed to nominate for consideration by this Conference four additional nations to be also members of the Interim Commission of eighteen nations;

"(3) That the General Committee be instructed by this Conference to keep in mind, in making the nominations, the need for a wide geographic representative membership on the Interim Commission of eighteen."

Dr. Zwanck explained the considerations on which he had based his motion. Firstly, he categorically affirmed that Argentina was not seeking representation on the Interim Commission. Secondly, the Conference seemed to have selected very wisely the membership of the General Committee: it represented large, small and medium-sized nations and every continent. Thirdly, the composition of the General Committee of fourteen members was reasonably proportionate, geographically and otherwise, to the membership of the United Nations. Moreover, the members of the General Committee had shown individual competence and ability and could be trusted with that additional important task.

Dr. Zwanck considered, fourthly, that the success which the Conference had obtained was a tribute not only to the spirit of co-operation of all delegates, but also to the wisdom and competence of the General Committee. He believed that, although there were other ways in which the Interim Commission might be selected, his proposal was the least likely to lead to controversy or prolonged debate.

In making his motion, he did so with the understanding that no nation elected for membership on the Interim Commission had any prior claim to membership on the future Executive Board, which would be elected by the first World Health Assembly. He emphasized that point, expressing the hope that the Conference agreed with it, and requested that it be recorded in the proceedings of the Conference for the reference of the first World Health Assembly.

Dr. LARA (Philippines), in seconding the proposal of the delegate of Argentina, said that the Conference was very pleased with what the members of the General Committee had done, and felt that they could be trusted to carry out the wishes of the Conference for the work still to be done.

Professor DE LAËT (Belgium) said that, being a delegate of a nation that had not requested any representation on the Interim Commission, he hoped that a unanimous decision would be reached. He felt it well, therefore, to emphasize once again that the members who had comprised the General Committee were qualified to sit on the Interim Commission.

Dr. RITCHIE (New Zealand), speaking as representative of one of the smaller and more remote nations, which was not desirous of taking part in the Interim Commission's work, wholeheartedly supported the proposal of the delegate of Argentina.

Dr. LEÓN (Mexico) also expressed his delegation's full support of the Argentine proposal. He spoke highly of the work of the General Committee and considered that its membership reflected a fair geographical distribution.

Mr. TANGE (Australia) opposed in principle the proposal of the delegate of Argentina. While

recognizing very fully the work done by the representatives of the countries on the General Committee, the Australian delegation believed that many of the arguments advanced in favour of the proposals were not good reasons.

The General Committee had been set up to co-ordinate the work of the Conference. Its composition had been based very largely on a personal selection—the selection of men capable of acting as chairmen of committees and vice-chairmen of the Conference. It would be agreed that the choice had been a very good one. The factor of geographical distribution had also been taken into account, but had been secondary to the personal qualifications of the men selected.

Mr. Tange said it was not at all certain that the same men who had served their countries on the General Committee would continue to do so on the Interim Commission. The geographical distribution reflected in the composition of the General Committee appeared to be reasonably equitable; however, he submitted that two or three other lists could be selected which would also provide an equitable geographical distribution.

In the view of the Australian delegation, the election should be by secret ballot without prior recommendations by a nominations committee. He opposed the suggestion that the Conference agree here and now that the fourteen members of the General Committee should automatically become members of the Interim Commission. He also opposed the suggestion that the General Committee act as a nominations committee in respect of the other four members.

Reiterating that he spoke purely on the ground of principle, Mr. Tange said his delegation believed that for the election the members of the Conference should be free to make nominations from the floor, and that countries nominated should be placed on the ballot paper and a majority vote taken on the basis of those countries only.

While agreeing with the delegate of France in opposing the proposal that the General Committee should act as a nominations committee, he felt that it was doubtful whether an equitable geographical distribution could be achieved along the lines suggested in the alternative proposal (b) of the delegate of France. For that reason, he suggested that the question of the election of the Interim Commission should be postponed until a later stage, when there should be a secret ballot.

The CHAIRMAN declared the motion of the delegate of Australia supported.

Dr. BUSTOS (Chile) did not support the motion of the delegate of Argentina, but fully endorsed that of the Australian delegation.

While the Chilean delegation was among the first to recognize the magnificent work carried out by the General Committee, it believed that the proposal of the Argentine delegate would set

a bad precedent and that it was restrictive, because it would limit the designation of the member States within the Interim Commission.

Dr. MEDVED (Ukraine) supported the proposal of the Argentine delegation. While the Conference was anxious to speed up the work of the Organization, the delegates must not forget that it would be a good thing for them to follow the example which had been set for them by the United Nations as such, and also to continue in the line which had been adopted by the different organs of the present Conference.

It had been said that in adopting that proposal the Conference would be selecting countries and not persons, but he felt that the membership of the General Committee represented a fairly equitable geographical distribution, and any gaps might be filled in the choice of the four additional members suggested.

Dr. VALLARINO (Panama) supported the proposal of the Australian delegation. While there was no doubt that the members of the General Committee had performed very efficient and commendable work, there were many other competent and informed men within the Conference, who, by the proposal of the Argentine delegation, would be denied a position on the Interim Commission.

He believed that the Australian proposition was a truly democratic one, since it gave every delegate a chance of participating in the formation of the Interim Commission.

Dr. DOGRAMAJI (Iraq) supported the proposal of the Australian delegation for the reasons already mentioned by other delegates.

He felt, however, that the proposal had the drawback that, after the ballots were cast, the results might not be geographically representative of the whole world. He suggested that the drawback might be avoided by following a principle whereby delegates would not vote for more than a certain number of members from each continent. For example, one method would be to have the membership of the Interim Commission restricted to five from the American Continent, five from Asia, five from Europe, two from Africa, and one from Australia.

Dr. TOGBA (Liberia) moved that the debate be closed.

The motion for closure was supported by the delegates of El Salvador, Syria, Mexico and Yugoslavia.

The motion was put to a vote and carried.

The CHAIRMAN observed that normally, under the rules of procedure, the amendment furthest removed from the text was voted upon first. However, in the present case, there had been no text submitted as a committee report for discussion.

The Conference had before it proposals by the French, Argentine and Australian delegations. The Chair, subject to the approval of the Confer-

ence, would rule that the vote be taken first on the proposal having the largest number of supporters, namely, that of the delegate of Argentina.

Dr. BUSTOS (Chile) requested a roll-call.

The CHAIRMAN requested the delegate of Chile to make clear whether he was demanding a roll-call on the ruling of the Chair.

Dr. BUSTOS (Chile) said he wished the vote to be taken by roll-call and also that it should be a secret vote.

Dr. MARTONE (Argentina) considered the Chilean proposal illogical, since the vote could not be taken both by roll-call and secret ballot; in an assembly of the present type it could only be done by roll-call, in order to conform to parliamentary procedure.

Dr. VALLARINO (Panama) felt that according to parliamentary procedure the last amendment presented should be voted upon first. He therefore suggested that the proposal of the Australian delegation should first be voted on.

The SECRETARY said the rules of procedure of the Conference did not fix the order to be followed when no preliminary text had been submitted. It was therefore for the Chairman, if all other members agreed, to choose the order in which the vote would be taken, and delegates should indicate whether they agreed with the suggestion made by the Chair.

The CHAIRMAN asked whether the Conference agreed with the tentative ruling he had made as to the order of the vote.

His ruling received support.

After enquiring whether the Conference wished to vote on the proposal of the Argentine delegation by a show of hands or a secret ballot, the Chairman put that proposal to a vote by the former method.

The proposal of the delegate of Argentina was adopted by 34 votes to 9.

Dr. BUSTOS (Chile) stated that on the previous day the motion of Chile requesting a simple majority vote on membership had been voted upon by a simple show of hands; then, in spite of the fact that the motion was approved, it had been followed by a roll-call vote, to which Chile had not objected. The Chilean delegation, therefore, requested that the same procedure be followed on the present question; he was sure that the Conference would have no objection to the taking of a roll-call vote.

The CHAIRMAN said that since the Conference had taken a decision and the decision had been announced, the Chair was forced to rule that the demand for a roll-call vote by the Chilean delegation at the present time was not in order. However, the Chair was ready to rule that a reconsideration of the vote upon the request of the Chilean delegation might now be had.

The Chairman thereupon put to the meeting the motion of the delegate of Chile to reconsider the vote, in order that a vote might be taken by roll-call, and declared it unsupported.

He added that the vote would stand as announced.

Dr. THOMEN (Dominican Republic) suggested to the General Committee that in the selection of the candidates for the four remaining posts on the Interim Commission, they take Chile into consideration.

The CHAIRMAN stated that the General Committee would take into consideration the suggestion of the delegate of the Dominican Republic.

He then stated that, in accordance with the request of Dr. Leclainche, and there being no objection, the motion of the French delegation would be withdrawn.

Prior to the resumption of discussion on the remaining part of the report, the Chairman asked Dr. Shen (China), Vice-President of the Conference, to take over the Chair.

The CHAIRMAN (Dr. Shen) called upon the Rapporteur to proceed with the reading of the report of the Special Sub-Committee.

Sub-paragraph 3 (a) [2 (a)] read :

" . . . to convoke the first session of the Health Assembly as soon as practicable after, but not later than, six months from the date on which Constitution of the Organization enters into force ; " .

This sub-paragraph was approved without dissent.

Paragraph 3 (b) [2 (b)] read :

" . . . to prepare the provisional agenda for the first session of the Health Assembly and all necessary documents and recommendations relating thereto, including

" (i) proposals as to programme and budget for the first year of the Organization, and

" (ii) studies regarding the possible location of central headquarters and the definition of geographical areas with a view to the eventual establishment of regional organizations as contemplated in Article of the Constitution, due consideration being given to the proceedings of the International Health Conference in New York " .

Mr. TESEMMA (Ethiopia), said sub-paragraph 3 (a) apparently presupposed that the Constitution of the Organization would come into force; there was no provision for the eventuality that the Constitution would not come into force. It was not desired that the Interim Commission should live indefinitely; therefore, he would like provision to be made for what the Interim Commission would do in the event that the Constitution did not come into force within, say, two years' time from the date of signature. There

might be provision, for instance, for the convoking of a second International Health Conference.

With respect to sub-paragraph (b), the Ethiopian delegation took the view that the provisional agenda and proposals should be submitted to Member Governments at least three months in advance.

The text as it stood contained no provisions requiring the Interim Commission to make a report to the first World Health Assembly on the work done within the period of its existence.

The CHAIRMAN said that the first and third points raised by the delegate of Ethiopia would be answered by the Rapporteur of the Committee.

The second point could be taken up along with amendments to sub-paragraph (b) submitted by other delegations.

Dr. SZE (China) thought that, with regard to the first point, the delegate of Ethiopia was unduly pessimistic. If the Organization should fail to come into existence, he presumed it would be necessary to have a clause saying how the Interim Commission should report to a further international health conference to be convened by the Governments concerned. He thought, however, that it was not necessary to mention such a clause at the present stage.

The suggestion of a general report on the work done was a point well taken. It had also been suggested by the delegate of South Africa, and if the delegate of Ethiopia agreed, the matter would be dealt with when it came up later in the resolution.

Dr. Sze pointed out that the Conference had before it an amendment submitted by the Australian delegation¹ with reference to sub-paragraph 3 (b). The Australian proposal for submission of the provisional agenda and documents to members of the Organization at least six weeks before the first session of the Health Assembly had reference to a point which had not been overlooked by the Special Sub-Committee, which felt that it would be a good amendment to adopt. The amendment just proposed by the Ethiopian delegate had a bearing on the same point, but suggested a period of three months instead of six weeks.

Mr. TESEMMA (Ethiopia) said he had no objection to the proposal of the Australian delegation,

¹ The amendment submitted by the Australian delegation was as follows:

"Paragraph 3 (b). — After 'recommendations relating thereto' add 'which shall be submitted to members of the Organization at least six weeks before the first session of the Assembly. Such documents shall include:'

"(i) unchanged;

"(ii) add at the end of sentence 'and to views of members of possible regions which are not represented on the Interim Commission who shall be consulted where appropriate';

"(iii) (new) draft financial and staff regulations for approval by the Assembly."

provided that the agenda and the documents would reach the Member States six weeks before the first session of the Health Assembly.

The CHAIRMAN said he believed that the Australian proposal should be so interpreted, and he assumed that it had the support of the Ethiopian delegation.

The proposal of the Australian delegation to amend sub-paragraph 3 (b) by the insertion after the words "recommendations related thereto" of the words "which shall be submitted to Members of the Organization at least six weeks before the first session of the Assembly" was put to the meeting and carried unanimously [2 (b)].

Dr. SZE drew the attention of the Conference to the amendment of clause (ii) of sub-paragraph 3 (b) proposed by the Australian delegation.

Mr. TANGE (Australia) said the amendment had been hurriedly drafted, but the Australian delegation had in mind that clause (ii) should provide for the making of studies by the Interim Commission regarding the delineation of geographical areas, with a view to the eventual establishment of regional organizations, as contemplated in the relevant article of the Constitution. The amendment aimed at introducing a clause such as that proposed, which would require the Interim Commission to consult with the Governments affected by that regional delineation, if such Governments should not be on the Interim Commission.

The Australian delegation considered the delineation of regional areas one of the most important decisions to be taken by the Health Assembly. It was a decision in which all Governments would participate, and one in which the Governments affected would certainly want to have their views considered.

It was true that the Interim Commission would do no more than make recommendations to the Health Assembly, but those recommendations might go a considerable way towards crystallizing the whole question. The proposed amendment had been drafted in elastic terms so as to leave considerable discretion with the Interim Commission as to which Governments they should discuss the matter with.

Mr. Tange added that the proposed clause related merely to the study of geographical areas and did not concern the location of the central headquarters. The text might be passed to the Drafting Committee.

Mr. YATES (United Kingdom) recalled, with a view to facilitating the discussion, that the report before the meeting had been produced under conditions of great haste and consequently had not been through the usual screening processes of debate, amendment and improvement. Furthermore, there had been no basic text of the Technical Preparatory Committee to work on.

He suggested that those points might be borne in mind and that the Central Drafting Committee might be given rather wider terms of reference than had been considered appropriate in the case of the Constitution. Thus, delegates would be able to confine themselves to points of substance.

The CHAIRMAN supported the remarks of the delegate of the United Kingdom, and himself requested delegates to limit themselves to the substance of the text, leaving wide powers to the Central Drafting Committee in regard to drafting.

The amendment proposed by the Australian delegation to Clause (ii) of sub-paragraph 3 (b), having been duly seconded, was put to the meeting and adopted without a dissentient voice [2 (b) (iii)].

Dr. SZE (China) pointed out that the Australian delegation had proposed the addition to paragraph 3 (b) of a third sub-clause which would read, "draft financial and staff regulations for approval by the Assembly".

The Sub-Committee had considered that the portion of paragraph 3 (b) relating to the provisional agenda and documents would cover the point, but was agreeable to including the proposed new section. He suggested, therefore, that if there was no objection, the amendment be passed on to the Central Drafting Committee for incorporation in the text.

The Australian delegation's proposed amendment of paragraph 3 (b), by the addition of a third sub-clause along the lines indicated by Dr. Sze, was adopted unanimously [2 (b) (iv)].

A suggestion by the delegate of the Union of South Africa that the words "June 1946" be inserted in clause (ii) of sub-paragraph 3 (b) after "International Health Conference" was referred to the Central Drafting Committee.

Sub-Paragraph 3 (b) [2 (b)], as amended, was unanimously adopted as a whole.

Sub-paragraph 3 (c) [2 (c)] read :

" . . . to enter into negotiations with a view to concluding an agreement or agreements with the United Nations as contemplated in Article 63 of the Charter of the United Nations and in Article . . . of the Constitution of the Organization ; such agreement or agreements shall

" (i) provide for effective co-operation between the two organizations in the pursuit of their common purposes,

" (ii) facilitate, in conformity with Article 58 of the Charter, the co-ordination of the policies and activities of the Organization with those of other specialized agencies and,

" (iii) at the same time recognize the autonomy of the Organization within the field of its competence as defined in its Constitution "

Mr. CÔTÉ (Canada) thought that the sense of the opening lines of sub-paragraph 3 (c) should be, rather, "to enter into negotiations with a view to the preparation of an agreement . . .",

and that the agreement, in fact, would be concluded by the Organization after it had come into being.

Dr. SZE (China) said that the delegate of the Union of South Africa had suggested the substitution of "Economic and Social Council" for "United Nations".

The SECRETARY suggested that the term "United Nations", which had been used in the original text, seemed the proper one to use. The United Nations included not only the Economic and Social Council, but also the Secretariat of the United Nations ; and a great part of the agreements with the different organizations would be contracted between the Secretariat of the Organization and that of the United Nations. Therefore, he believed it desirable to use a more general wording.

The CHAIRMAN said that the Rapporteur agreed with the interpretation of the Secretary.

Mr. GEAR (Union of South Africa) said he was willing to withdraw his amendment in favour of the term "Article 57 of the Charter of the United Nations", which he thought would make the text legally correct.

Dr. SZE (China) felt that there was no real disagreement on the point ; he suggested that it be left to the Central Drafting Committee to indicate the proper article.

It was unanimously agreed that the points raised by the delegates of Canada and the Union of South Africa be referred to the Central Drafting Committee.

Sub-paragraph 3 (d) [2 (d)] read :

" . . . to enter into the necessary arrangements with the United Nations for the transfer to the Interim Commission of the functions, activities and assets of the League of Nations Health Organization which have been assumed by the United Nations "

Mr. YATES (United Kingdom) said he felt it had been the common intention not only that arrangements should be made with the United Nations about the League of Nations Health Organization and its activities, but that those arrangements should be carried into effect. He suggested that the sub-paragraph should begin, "in agreement with the United Nations, to take all necessary steps to effect the transfer . . .".

It was agreed that the suggestion of the United Kingdom delegate be referred to the Central Drafting Committee, and the sub-paragraph, with this amendment, was unanimously adopted.

Sub-paragraph 3 (e) [2 (e)] read :

" . . . subject to and with a view to executing the provisions of the Protocol concerning the *Office International d'Hygiène Publique* signed . . . July 1946, to take the necessary steps for the transfer to the Interim Commission of the duties and functions of the *Office*, and to initiate any action necessary to facilitate the transfer of the assets of the *Office* to the

World Health Organization upon the termination of the Rome Agreement of 1907 ”.

The CHAIRMAN invited Dr. M. T. Morgan, President of the Permanent Committee of the *Office International d'Hygiène Publique*, to speak.

Dr. MORGAN said he had read the text of sub-paragraph 3 (e) with great interest, and he assured the Conference that he would do his utmost, within the limits of his power as President of the Permanent Committee, to give effect as rapidly and efficiently as possible to the measures envisaged.

There was, however, one point on which he would welcome the opinion of the Conference. The text referred to the taking over eventually by the World Health Organization of the assets of the *Office*; but, unless the text was held so to imply, would it not also be reasonable to assume that the liabilities, if any, should also be taken over? He was not speaking lightly on the point because, as President, he was anxious for the well-being of the staff of the *Office*, in the light of the proposals under consideration.

He was well aware that the text of paragraph 7 [6] of the Sub-Committee's report referred to the desirability of recruiting available personnel of existing international organizations, and in his view, the terms of that paragraph could not reasonably be expected to go further than that. However, the *Office* had been in existence for many years, and some of the staff were now enjoying a well-deserved retirement under its pension scheme, to which all had paid annual contributions. He believed that the Conference would agree unanimously that those pensions must be made secure, and that such of the active staff as were not recruited into the new service should receive just and fair compensation for loss of office. It might happen—he did not say that it would happen—that the funds available in the *Office* might not be sufficient to honour those obligations. It was for those reasons that he ventured to ask the Conference to support him in carrying out the obligations of the *Office* in that respect.

The CHAIRMAN felt that Dr. Morgan could be assured, by the generous applause of the delegates, that he had their full sympathy. He thought that the Interim Commission, when convened, would reflect the opinion of the Conference and take into due consideration the points that Dr. Morgan had made.

There being no further discussion, sub-paragraph 3 (e) [2 (e)] was adopted unanimously.

Sub-paragraph 3 (f) [2 (f)] read :

“ . . . to enter into the necessary arrangements with the United Nations Relief and Rehabilitation Administration for the assumption by the Interim Commission of the duties and functions entrusted to the Administration by the Sanitary Conventions of 1944 and the Protocols signed on 30 April 1946 to prolong these Conventions, acting in pursuance of these Protocols and of paragraph 2 of the Protocol of . . . July 1946 ”.

Mr. YATES (United Kingdom) observed that since the production of the Sub-Committee's report the plenary session had approved the report of the Legal Committee, which had proposed an alternative text on the Interim Commission's relations with UNRRA. He suggested that the Central Drafting Committee should be free to take both texts into consideration in drawing up the final one.

The proposal of the United Kingdom delegate was adopted, and sub-paragraph 3 (f) [2 (f)] was approved.

Sub-paragraph 3 (g) [2 (g)] read :

“ . . . to enter into the necessary arrangements with the Pan American Sanitary Organization and other existing inter-governmental regional health organizations with a view to giving effect to the provisions of paragraph . . . of Article . . . of the Constitution, such arrangements to be subject to approval by the Health Assembly ”.

Dr. GUZMÁN (Venezuela) said he would like to make, with regard to the staff of the Pan American Sanitary Bureau, the same request as Dr. Morgan had made with regard to the staff of the *Office*. He believed that such a request was only just, in view of the service—extending over more than fifty years—given by the Bureau.

The CHAIRMAN said that the same statement as had been made by the Chair in regard to the *Office* might be made in connexion with the Pan American Sanitary Bureau.

M. NISOT (Belgium) recalled that it had been stated at the beginning of the meeting that there would be both a resolution and an interim agreement for the establishment of the Interim Commission. The Belgian delegation would like to know whether the resolution would come into force immediately—*i.e.*, prior to the coming into force of the interim agreement—and secondly, whether the resolution would be effective even with regard to those States that did not accept the interim agreement.

Mr. CÔTÉ (Canada) said that some of the legal members of the Central Drafting Committee had been faced with the same problem as the delegate of Belgium had raised. He thought that the consensus, along broad lines, was that the resolution would come into effect before the Conference was dissolved by signature of the Constitution, and that, secondly, broadly speaking, the interim arrangement would give legal basis in the international world for the resolution. It was visualized that the resolution might be very simple, as such, and include only, say, the members that would constitute the Interim Commission. The interim arrangement—*i.e.*, the international instrument—would incorporate that resolution and, in legal form, the detail discussed at the present meeting, thus giving legal ground for the actions taken by the eighteen States which would constitute the Commission.

The meeting rose at 12.45 p.m.

FIFTEENTH MEETING

Held on Thursday, 18 July 1946, at 2.15 p.m., Hunter College, The Bronx, New York City.

Chairman: Dr. G. H. DE PAULA SOUZA (Brazil).

1. Report of the General Committee on the Questions of the Appointment of Four Further Members of the Interim Commission.

The CHAIRMAN stated that the General Committee had reached a decision on the question of the four new members to be appointed to the Interim Commission. He called on Dr. Krotkov, who had presided at that morning's meeting of the General Committee, to present the report on the subject.

Dr. KROTKOV (Union of Soviet Socialist Republics) said that the General Committee had made a firm decision on principle, and had decided by majority vote to recommend that the four further vacancies on the Interim Commission be filled by representatives of the four continents of Africa, Australasia, America and Europe. The Committee further recommended that Australasia be represented by Australia, America by Mexico, Africa by Liberia, and Europe by the Ukrainian SSR.

The CHAIRMAN added that the nominations just mentioned by the delegate of the Union of Soviet Socialist Republics had been approved unanimously by the members of the General Committee.

Dr. BUSTOS (Chile) suggested that the region of Central America and the Antilles should also be represented among the nominations; and if that suggestion were adopted he would recommend Cuba for such representation.

Mr. EVSTAFIEV (Byelorussia) said that the decision that the eighteen members of the Interim Commission must be selected according to a fair geographical distribution and to the needs of the future Organization was one reflecting the opinion of the vast majority of the Conference. The Byelorussian delegation considered it entirely satisfactory that the members of the General Committee should be appointed to membership of the Interim Commission, but felt it of great importance to have represented also countries of Europe that had suffered most from the war and were now confronted with the tasks of health restoration in their territories. He therefore suggested that the four additional members should include Poland, one of the first countries to suffer from the devastation of the Second World War.

Mr. Evstafiev added that it should not be forgotten that the Interim Commission was to work for one year only, after which period the question of membership would be reconsidered.

The CHAIRMAN said that the General Committee had made its decision unanimously, on the

principle of an equitable geographical distribution and according to the needs of the Assembly. He enquired whether the representative of Byelorussia desired to substitute Poland for another European country — in which case it would be the Ukrainian SSR — or whether he would like to add Poland to the other members of the Interim Commission. Such an addition would be outside the framework decided on. The Ukraine had been taken into consideration by the General Committee as one of the most devastated countries in Europe.

He added that the principle he had mentioned in respect of Poland would also apply to Cuba, if Cuba should be substituted for Mexico.

Mr. EVSTAFIEV (Byelorussia) explained that his proposal was that Poland should be included instead of Australia.

Dr. EVANG (Norway), while expressing great sympathy for the proposals for the inclusion of Cuba and Poland, felt that good arguments could be advanced also for the membership on the Interim Commission of many other countries. However, there were only eighteen seats available, and the question could not be mathematically determined. The General Committee had felt very happy to reach a unanimous decision, and he strongly urged delegates not to bring up the question as a major one at the present late hour of the Conference. They should also bear in mind that the Interim Commission would be only a temporary body. He thought that the membership suggested, even though it might be open to criticism, was at least one of the best that could be found.

Dr. SANTAMARINA (Cuba) expressed his thanks to the delegate of Chile for having nominated Cuba for membership of the Interim Commission.

Dr. STAMPAR (Yugoslavia) said he was in full sympathy with the proposal of the delegate of Byelorussia, although it was difficult to select members out of more than sixty States.

All were aware of the part that Poland had played in the struggle for freedom and of that country's excellent work in organizing extremely good health centres in the years between the wars, but the question of a proper distribution of geographical regions was a difficult one. The Interim Commission was authorized to establish a number of committees to deal with important public health questions, and he felt that one of the primary tasks would be to establish a special committee to deal with problems of health in the countries devastated by war.

The present arrangement would be only temporary; and he was sure that all would agree that in the years to come Poland would be elected to sit on the Board of the Organization. It would also, he felt, be generally agreed that Poland should play a most important role on the committee dealing with public health problems in the war-devastated countries; there appeared therefore to be plenty of possibilities of satisfying those countries which were not elected at the present time to membership of the Interim Commission.

Dr. VALLARINO (Panama) recalled that at the previous meeting the delegate of the Dominican Republic had proposed that in making the four nominations the General Committee should take into account the name of Chile. It was not his understanding that that proposal had been followed.

Since the start of the Conference nine countries of Central America and the Caribbean had been present and had been given no representation whatsoever on any of the committees. If there was to be equitable geographical distribution, a place on the Interim Commission should be given to one of the Central American countries. It was regrettable that more places were not available for the countries that had suffered the ravages of war, but he believed that the present question was rather one of geographical representation.

He understood that the delegate of Chile did not intend to exclude anyone from the list of nominees, but was proposing rather that Cuba be included among the nominees for the Interim Commission. The Panamanian delegation supported that nomination, and proposed further that all nominations from the floor be accepted and voted upon by the Conference.

Dr. SHEN (China) fully supported the statements made by the delegates of Norway and Yugoslavia. He appealed to the Conference to display again the confidence in the General Committee which it had already demonstrated, and to accept unanimously that Committee's decision as to the four additional members, even although it might not be considered a perfect decision by all delegates.

Mr. YATES (United Kingdom) said the United Kingdom delegation had taken the same general approach to the question as the delegates of Norway and China. From the point of view of equitable geographical distribution, he thought it ought to be emphasized that the list recommended by the General Committee already contained the names of six European States. He felt it most important that the list should include a representative of the vast Austral-Pacific area, and strongly supported the nomination for that area made by the General Committee.

The United Kingdom delegation was at the same time fully in accord with the method of settling the question by a ballot suggested by the delegate of Panama.

Dr. THOMEN (Dominican Republic) observed that the Executive Secretary of the Interim Commission might be a member of one of the

Nations that already had a place on the Interim Commission. If that should be the case, that country could be removed from the membership list, and Cuba substituted for it.

The CHAIRMAN declared that if one of the members of the Interim Commission was appointed Executive Secretary, he would automatically be made an international official and would cease to be the representative of any country.

Dr. THOMEN (Dominican Republic) felt that not only the Executive Secretary would lose his nationality on assuming that position; all the members of the Interim Commission would become international officials working for the good of the Organization as a whole, and no longer representatives of their own countries.

Dr. BUSTOS (Chile) requested an interpretation from the Chair on the question whether, in electing the four members, the Conference would be electing persons or States.

The CHAIRMAN said that in his view the Conference would be electing States, which, in their turn, would appoint their representatives on the Interim Commission, and those representatives would act on behalf of the whole Health Assembly. The Executive Secretary would be an officer of the Organization.

Dr. EVANG (Norway) moved the closure of the debate.

M. NISOT (Belgium) seconded the proposal.

Mr. DE OLIVEIRA-CAMPOS (Brazil) also supported, adding the suggestion that a decision should be taken on the proposal to enlarge the membership of the Interim Commission to nineteen members.

The CHAIRMAN ruled that the suggestion made by the delegate of Brazil was not a point of order.

The motion for closure was put to a vote and carried.

The CHAIRMAN then put to the meeting the question of which of the proposals now before it should first be voted upon.

It was decided by 29 votes to 7 that the proposal by the delegate of China should first be voted upon.

Dr. BUSTOS (Chile) felt that the proposal of the delegate of China was not an amendment but the original text itself, the only amendment before the meeting being that of the delegate of Panama.

Dr. EVANG (Norway) considered that the vote just taken had decided that the proposal of the delegate of China should first be voted upon.

Dr. BUSTOS (Chile) proposed that a legal expert should decide whether or not the proposal of the delegate of China was an amendment.

The CHAIRMAN said that the question had already been voted upon and decided by 29 votes to 7.

Dr. VAN DEN BERG (Netherlands) supported the remarks of the delegate of Norway and considered that the meeting had not an amendment before it but two equal proposals; hence it could decide which of them should first be voted upon.

The CHAIRMAN then put to a vote the proposal of the delegate of China that the General Committee's recommendation of Australia, Mexico, Liberia and the Ukraine as the four additional members of the Interim Commission be accepted.

The proposal of the delegate of China was carried by 33 votes to 6.

Mr. TANGE (Australia) said that, in view of the stand taken by Australia on the question of voting at the previous plenary meeting, his delegation had abstained from voting on the last motion.

Dr. TOGBA (Liberia) expressed the appreciation of Liberia on being elected to the Interim Commission and said that his country would do her best to discharge the responsibility bestowed upon her.

Dr. MONDRAGÓN (Mexico) expressed similar appreciation, and assured the Central and South American nations that Mexico would always have their interests in mind.

Dr. MEDVED (Ukraine), in thanking the Conference for the honour bestowed upon his country, expressed full confidence that the representatives of the Ukrainian SSR on the Interim Commission would do their best for the promotion of health throughout the world.

Dr. SANTAMARINA (Cuba), as one of the Central American and Caribbean representatives, thanked the delegate of Mexico for his remarks, adding that the representatives on whose behalf he was speaking had already felt assured of the wholehearted support and friendly interest of the Mexican representative, and also of those of the United States of America and Venezuela.

The CHAIRMAN announced that the membership of the Interim Commission would comprise the fourteen members of the General Committee, together with Australia, Mexico, Liberia and the Ukraine.

He felt that in respect of geographical distribution the representation was a very fair one and that there had also been a happy choice of countries. He congratulated the Conference on having made an excellent selection.

2. Resumption of Consideration of the Report of the Special Sub-Committee on Interim Arrangements.

Sub-paragraphs (h), (i), (j) and (k) of paragraph 3 [2, (h) to (k)] of the Special Sub-Committee's report were approved without discussion.

Sub-paragraph (1) [2 (l)] read:

" . . . to establish effective liaison with the Economic and Social Council and such of its commissions as may appear desirable, in particular the Narcotics Commission "

Dr. SZE (China), Rapporteur of Committee IV, said he had been asked to bring to the attention of the Conference a comment by the delegate of the Union of South Africa to the effect that if any special or United Nations bodies were specifically mentioned, the ILO, FAO and UNESCO should be included. On behalf of the Sub-Committee, Dr. Sze explained that the point had already been taken into consideration, and the members had felt that it was covered in the text already approved.

The delegate of the Union of South Africa signified that he was satisfied with the explanation given by Dr. Sze.

Sub-paragraph 3 (1) [2 (l)] was then approved without alteration of the text.

Sub-paragraph (m) [2 (m)] was approved without discussion.

Dr. SZE (China) said that the delegate of the Union of South Africa had suggested the inclusion of an additional function: "to secure the signing and ratification of the Convention and Protocols by such States as had not so signed".

Dr. Sze explained that the Committee had considered that matter to be a routine function of the Interim Commission, and had felt that it was not necessary to mention it specially.

The delegate of the Union of South Africa accepted Dr. Sze's explanation.

Dr. SZE (China), passing on to paragraph 4 [3], said that two small drafting changes should be made in the text, which should read:

"The Interim Commission may establish such committees as it may consider desirable".

Paragraph 4 [3] as so worded was approved.

Paragraph 5 [4] was approved without discussion.

Paragraph 6 [5] read:

"The Interim Commission shall appoint an Executive Secretary who shall:

"(a) Be its chief administrative and technical officer;

"(b) Be *ex officio* secretary of the Commission and of all committees established by the Commission;

"(c) Have direct access to national health administrations in such manner as may be acceptable to the competent authorities of the Government concerned; and

"(d) Exercise such other powers and duties as the Commission may determine".

Dr. Sze added that the delegate of the Union of South Africa had suggested the inclusion in clause (b) of a sentence reading, "The Executive Secretary may, with the approval of the Commission, delegate his functions". The Sub-Committee, in considering the same point, had felt that the Executive Secretary would as a matter of course have the right to delegate such functions.

The delegate of the Union of South Africa did not insist on the inclusion of his amendment, which was accordingly withdrawn.

Dr. SZE (China) said that the delegate of Australia had suggested in sub-paragraph (c) [5 (c)] the substitution of "members" for "competent authorities of the Government concerned". Dr. Sze added that the Secretary had pointed out that the change proposed was more than a matter of drafting. The words "competent authorities of the Government concerned" were meant to be wider than "members", and to include non-member Governments. He suggested that if the delegate of Australia agreed, that wider sense should be retained.

The delegate of Australia agreed to the suggestion of Dr. Sze.

Paragraph 6 [5] was thereupon approved.

Paragraph 7 [6] read :

"The Executive Secretary, subject to the general authority of the Interim Commission, shall appoint such administrative and technical staff as may be required. In making these appointments, he shall pay due regard to the principles laid down in paragraph . . . of Article . . . of the Constitution of the World Health Organization. He shall further take into consideration the desirability of appointing available personnel from the staffs of the League of Nations Health Organization, the *Office International d'Hygiène Publique*, and the UNRRA Health Division. He may appoint officials and specialists made available by Governments. Pending the recruitment and organization of his staff, he may utilize such technical and administrative assistance as the Department of Social Affairs of the Secretariat of the United Nations may be in a position to offer".

Dr. SZE (China) stated that the Australian delegation had suggested the substitution of "Secretary-General" for "Department of Social Affairs" of the Secretariat. The point had been discussed by the Sub-Committee, which had used "Department of Social Affairs" because that term appeared in the documents of the Economic and Social Council.

Mr. TANGE (Australia) felt that the document now under discussion should specify the head of the Secretariat of the United Nations rather than one of the sections under his control. While the greater part of the assistance given to the Executive Secretary would, no doubt, come from the Department of Social Affairs, assistance might be required from other sections of the Secretariat, and he felt that it was more formally correct to use the term "Secretary-General".

The amendment proposed by the Australian delegation was accepted without dissent.

Paragraph 7, as amended, was approved [6].

Paragraph 8 [7] read :

"The Interim Commission shall hold its first meeting in New York immediately after its appointment, in accordance with paragraph 1 of this resolution, and shall meet thereafter

as often as be necessary to conduct its business, but not less than once in every four months, until the first session of the Health Assembly".

Dr. SZE (China) said the Australian delegation had suggested as an amendment that the Interim Commission should meet once in every two months. The Sub-Committee, however, had felt that it would be unwise to bind the Commission to meet more often than every four months.

The delegate of Yugoslavia had suggested the inclusion of a sentence to the following effect :

"The place for further meetings of the Interim Commission will be decided at the end of each session of the Commission".

Dr. Sze felt that the latter amendment was in line with the general discussions of the Sub-Committee, and he recommended its inclusion.

Dr. TANGE (Australia) agreed to withdraw his amendment, in the light of the explanation by Dr. Sze.

The amendment proposed by the delegate of Yugoslavia was adopted without dissent.

Paragraph 8 [7], as amended, was adopted.

Paragraph 9 [8] read :

"The expenses of the Interim Commission shall be met from funds provided by the United Nations, and for this purpose the Commission shall make the necessary arrangements with the appropriate authorities of the United Nations".

Mr. YATES (United Kingdom) said that under the arrangement proposed, the General Assembly of the United Nations would have to vote the funds for the Interim Commission for 1947 at its session in September. As it would be difficult at that time to decide how much money the Commission would need, or how long it would last, he proposed that the paragraph be amended to read :

"The expenses of the Interim Commission should be met from funds or loans provided by the United Nations, and for this purpose the Commission shall make the necessary arrangements with the appropriate authorities of the United Nations. Should these funds or loans be insufficient for the purposes of the Interim Commission, the Interim Commission may accept advances from Governments, such advances to be set off against the contributions to the World Health Organization, when established, by the Governments concerned".

Dr. HAKIM (Lebanon), while not objecting to the proposal of the United Kingdom delegate, suggested that the phrase "funds or loans" in the first sentence should be redrafted as "appropriations or loans". The second sentence

might then begin, "Should these funds prove to be insufficient . . .".

Dr. SZE (China) suggested that the drafting points made by the delegate of Lebanon be referred to the Central Drafting Committee.

He supported the amendment proposed by the United Kingdom delegate and considered it a wise principle to include such a wording as "should by any chance sufficient funds from the United Nations not be available".

The proposed amendments to paragraph 9 [8] were approved, and the paragraph was referred to the Central Drafting Committee.

Paragraph 10 [9] was approved without discussion.

Paragraph 11 [11] read :

"The Interim Commission shall cease to exist upon the assumption of office by the Director-General of the Organization, at which time the property and records of the Commission, and such of its staff as the Director-General may require, shall be transferred to the Organization".

Mr. CÔRÉ (Canada) said that if paragraph 11 were adopted as it stood, there might be, during the first session of the Health Assembly, two concurrent executive boards, *de facto*: the Interim Commission and the Executive Board, both consisting of eighteen members—because according to the Constitution, the Director-General could not be appointed until he had been nominated by the Executive Board. He suggested, therefore, in order to give the Organization more flexibility, the insertion of a provision to the effect that the Interim Commission would cease to exist upon resolution by the first session of the Health Assembly.

In reply to a point raised by Dr. Shen (China), Dr. SZE explained that the amendment proposed by the Canadian delegation was designed to avoid the co-existence of two executive boards. As Rapporteur he supported that proposal.

The amendment proposed by the Canadian delegation to paragraph 11 was adopted without dissent and referred to the Central Drafting Committee.

Dr. SZE (China) brought to the attention of the meeting a proposal by the delegation of the Union of South Africa similar to that made by the delegate of Ethiopia: that reference should be made to the furnishing by the Interim Commission of some general report on its activities.

The proposal of the delegation of the Union of South Africa was adopted without dissent [10].

Dr. SZE referred to a proposal made earlier by the delegate of Ethiopia for a clause providing for the eventuality of the Constitution's failing to enter into force. He felt that such a suggestion would be pessimistic, and even defeatist, and out of keeping with the spirit of the Conference; therefore, he recommended that such a clause be not included.

The recommendation of Dr. Sze was adopted without dissent.

The report of the Special Sub-Committee on Interim Arrangements was unanimously adopted as a whole, as amended.

3. Resolution Concerning the League of Nations Health Organization.

Dr. SZE (China) read to the Conference the following resolution concerning the League of Nations Health Organization which had been prepared by Committee IV.

"The Conference notes with gratification the steps already taken by the Secretary-General of the United Nations to provide temporary machinery for carrying on the remaining activities of the League of Nations Health Organization, as recommended in Resolution V of the Technical Preparatory Committee on 5 April 1946, and requests the Secretary-General of the United Nations, in order to avoid duplication of functions, to make the necessary arrangements for transferring to the Interim Commission of the World Health Organization as soon as possible such functions of the League Health Organization as have been assumed by the United Nations Secretariat."

The resolution was unanimously approved.

4. Proposal by the Canadian Delegation with regard to Voting.

Mr. CÔRÉ (Canada) recalled that an amendment to Section XIV [13] of the Constitution, in the report of Committee II, had been proposed by the Canadian delegation and adopted at the tenth plenary meeting.

During the drafting of the text on the basis of that decision, the following sub-paragraph had been added :

"The voting on analogous matters of the Board and in committees of the Organization shall be made in accordance with paragraphs (a) and (b) of this Article".

However, in attempting to bring the wording into precise accord with the original decision of the Preparatory Technical Committee, the Central Drafting Committee had drawn up an article much more restrictive than had been the intention of the Paris draft, which had proposed that all decisions of the Conference, of the Board, of Committees and of conferences should be taken by a majority, except where otherwise provided. The text as now drafted, however, made the votes which the Health Assembly was required to take by a two-thirds majority, binding also upon the Board, committees and conferences. He suggested, therefore, the deletion of the sub-paragraph he had quoted, relying upon the fact that when the Health Assembly was established it would draw up its rules of procedure, and might then decide how committees should be operated.

Dr. HAKIM (Lebanon) thought the question should be left to the legal experts. He suggested, however, that since the Paris text asked only for a simple majority, an addition should merely be made to the effect that decisions of the Council should be made by a simple majority of the members present and voting.

Dr. MEDVED (Ukraine) declared that as the subject had been fully discussed and a decision taken, it should not now be reopened.

The CHAIRMAN thought it would be wise to refer the matter to the Central Drafting Com-

mittee, which had legal advisers, and rely on them to settle the question, so that each article would be according to the general spirit of the Conference and the decisions taken.

It was agreed to refer the matter to the Central Drafting Committee in accordance with the Chairman's suggestion.

On the proposal of Dr. GARCIA-MALDONADO (Venezuela) a vote of confidence and appreciation was given to the Chairman.

The meeting rose at 5.45 p.m.

SIXTEENTH MEETING

Held on Friday, 19 July 1946, at 10 a.m., Hunter College, The Bronx, New York City.

*Chairman*¹: Dr. J. PARISOT (France).

I. Statements by Observers.

The CHAIRMAN invited the observers to make any remarks they might wish with respect to the Constitution.

Dr. ORAHOVATZ (Observer from Bulgaria) expressed the thanks of his Government for having been invited to the Conference, and assured the delegates of Bulgaria's willingness to co-operate in all international public health work. He added that he had informed his Government that in his opinion the Constitution of the World Health Organization, as prepared by the Conference, would be acceptable.

Dr. MACCORMACK (Observer from Ireland) congratulated the Conference on the great work it had done. The delegates, in achieving unanimity, had set an example which he hoped the politicians would follow. That unanimity had not been arrived at without sacrifices and concessions on the part of everybody.

The Conference had had not only a common objective, but also something more—a real faith in and a love of their life's work. The sacrifices made for the sake of unanimity had not gone unnoticed; and he looked forward to the time when future generations would bless the names of the men who had attended the Conference, not alone for what they had done for the improvement of health and living conditions, but also for having given to the world an example which, if followed, would result in real peace.

He expressed sincere appreciation of the attitude shown by the Conference towards the observers.

¹ Dr. Parisot presided for a short period only, the Chair being occupied for the remainder of the meeting by Dr. Shen (China).

At this point, owing to a prior engagement, the Chairman turned over his office to Dr. Shen (China).

The CHAIRMAN (Dr. Shen) recognized the observer from Finland.

Dr. TURPEINEN (Observer from Finland) expressed sincere appreciation on behalf of his Government for the invitation to the Conference. It had been a privilege to take part, even in a less active manner, in the moulding of the Constitution of the World Health Organization. He also thanked the delegates of the United Nations Member States for their fraternal attitude towards the observers.

The Constitution was an achievement of which the active participants in the Conference could be justly proud, and he congratulated them on the good results of their labours. He also expressed satisfaction with the final form of the chapter on membership, which would enable such countries as Finland to join the World Health Organization on equal terms with the Member States of the United Nations. His Government had indicated its intention to become a member of the Organization in the very near future. He only hoped that the necessary credentials would arrive in time for him to participate in the signing of the Constitution on Monday.

Just as Finland had participated in international public health work in the past, so was she now anxious to do her share and to profit from the experience of other nations, through the World Health Organization.

Dr. KLOSI (Observer from Albania), after expressing thanks for the opportunity of speaking, said he had followed the work of the Conference with the greatest interest, and believed that the results held hope for all humanity.

The ravages of the war had made health work particularly important at the present time, and

he felt confident than the countries which had suffered less would assist those that had been especially hard hit.

In Albania, the restoration of good health conditions, although it had been started, was a difficult task, and it would be a long time before public health again reached a satisfactory level. In that connexion, he hoped that Albania would receive the necessary co-operation.

He assured the Conference that he would fully inform his Government on the work done and the Constitution adopted.

Dr. EUGSTER (Observer from Switzerland) stated that although the Swiss delegation had not spoken thus far, it had followed all the activities and discussions of the Conference with the greatest interest. He expressed sincere thanks in the name of his Government to the Economic and Social Council for the invitation extended to Switzerland, and also thanked the Conference for its warm welcome of the representatives of States non-members of the United Nations and its friendly attitude towards them.

He was particularly gratified that the decisions of the Conference had made it possible for the States belonging to the *Office International d'Hygiène Publique* to join the World Health Organization without violating the Rome Agreement.

Finally, he thanked the Secretary of the Conference for the excellent and efficient work he had done to ensure its success.

Switzerland wished to state that it would co-operate fully in the work envisaged by the Conference for the benefit of humanity and of peace, and the Swiss Government had authorized its delegation to sign the Constitution of the World Health Organization.

Dr. TUTUNJI (Observer from Transjordan) said his country was practically unknown to most of the delegates, having come into existence fifty-four days ago. He traced the history and evolution of Transjordan, which had been under British mandate for a quarter of a century; and as Director of Health, he considered it a sacred duty to thank the United Kingdom for the good she had done for Transjordan from the point of view of health.

He also expressed the deep gratitude of his country to all the Powers, especially the United States of America, which had acknowledged its independence, and he cordially appealed to the States that had not yet done so to make similar recognition.

Dr. Tutunji added that Transjordan had applied to the Security Council of the United Nations for membership, and he trusted that that request would be accepted. He thanked the United Nations for having invited observers from the independent non-member States to the present Conference, and he was grateful to the Conference for having made possible the granting of member-

ship rights to such States. He had asked Transjordan to empower him to sign the Constitution and expected confirmation at any moment.

While grateful for the opportunities he had been given of speaking on various subjects, Dr. Tutunji regretted that his suggestion of world-wide birth control as a prophylaxis against overpopulation and war had not been given due consideration, owing to religious and legal difficulties, which he fully appreciated. The neglect of the suggestion at a time when one-third of the world's population was threatened by famine and 300,000 infants under one year of age died annually in the United States of America — the richest country in the world — because of large families and consequent inadequate infant care, was heart-breaking indeed.

As an observer he had not been able to present that suggestion for incorporation in the Constitution, and no Member State had stood up to defend the noble cause. He left the judgment to posterity.

Dr. TAMTHAI (Observer from Siam) said he was very happy to see that at last the world would have a single organization to look after the health of all. On behalf of his Government he congratulated the delegates on their splendid achievements and expressed his thanks and appreciation to the Conference for allowing Siam to be a member of the Health Assembly, in the work of which his country would co-operate fully.

Dr. CANAPERIA (Observer from Italy) said he had very much enjoyed the discussions, and considered the Constitution the best that could have been created, a fact which was due to the outstanding men who had contributed to it.

He expressed the Italian Government's appreciation of having been invited to attend the Conference, and gave assurance that Italy would fully co-operate in the work of the Organization. His Government had authorized and instructed him to sign the Constitution and protocols.

In conclusion Dr. Canaperia said how grateful he was for the kindness shown to him. He believed that the work of the Conference would prove to be of enormous value in building up better and happier lives, a condition essential to the peace and security which all desired.

Dr. CARRASQUEIRO CAMBOURNAC (Observer from Portugal) associated himself with other observers in expressing appreciation of the invitation to attend and of the cordiality shown to him by delegates. The work already accomplished was full of promise and would, he felt sure, lead to a great improvement in the health of peoples all over the world.

Dr. LONG (Pan American Sanitary Bureau) said that although he had not been able to attend the Conference from the beginning, he had followed its progress with a great deal of interest. He thought that all were interested in seeing uniformity of procedure throughout the world and

the steps now being taken seemed to be the way by which it could be obtained.

For the past twenty-three years he had been working in the countries of the Pan American Union as consultant, adviser, friend, and in any other possible way, to help in improving sanitary conditions. Progress in those countries in regard to sanitary matters had been extremely rapid. At the start of the work, none of those countries had had Ministers of Health, but today they all had such ministers or their equivalents; and all ministries were working industriously and sincerely, and with as much efficiency as the available appropriations would permit.

He pointed out further that while formerly most of the ports of the Western Hemisphere countries had been infected with plague, at present, to the best of his knowledge, there was no plague in any port. Plague had been eliminated in four republics, and in the others its incidence had been diminished by sixty to ninety per cent. The quarantine systems of the various countries, both maritime and air, had been made uniform, and as a result schedules had been speeded up and no disease was carried by steamer or air traffic.

An indication of the general progress was provided by the fact that, in twenty-five years, death rates had been reduced on the average from between 30 and 35 per thousand to between 18 and 20 per thousand. In addition, the Governments were sending representatives to other countries to study the progress made elsewhere and to take courses, so that on their return they could apply in their own countries the knowledge they had gained.

Dr. LEE (Representative of the Allied Control Authorities, South Korea) said that while South Korea was not yet a full Member of the United Nations, it was preparing to become a Member soon. It expected to do its share in the Organization and would support it wholeheartedly. He expressed appreciation of the invitation to the meeting.

The CHAIRMAN thanked the representatives and observers of the non-member States and the international organizations and other authorities who had participated in the present meeting, and in the debates of the working committees. The Conference was grateful for the many encouraging and kind words spoken about its work and for the promises of co-operation and participation in the World Health Organization made by those representatives and observers.

2. Tributes to the Interpreters.

The CHAIRMAN read to the meeting a statement signed by the delegates of Panama, Cuba, Paraguay, Peru, Porto Rico and Mexico testifying to the efficiency and skill of the Spanish interpreter. He extended the appreciation and gratitude of the Conference to the French, English and Russian interpreters as well.

3. Arrangements for the Reading and Signing of the Final Acts.

The SECRETARY explained the arrangements for the reading, at a plenary meeting of the Conference on Monday, 22 July, of the Final Act, Constitution, interim Arrangement and the Protocol concerning the *Office International d'Hygiène Publique*, which documents would be signed in the afternoon of the same day.

The Secretary then thanked the delegates, in the name of the Secretariat, for the spirit of friendship shown by all members of the Conference. He was aware that there had been shortcomings, due both to the haste with which the Secretariat had been constituted and to the enormous amount of work that had had to be done with a limited staff; and the Secretariat had been very appreciative of the understanding of those circumstances shown by the delegates.

The meeting rose at 12.10 p.m.

SEVENTEENTH MEETING

Held on Monday, 22 July 1946, at 10 a.m., Henry Hudson Hotel, New York City.

*Chairman*¹: Dr. Thomas PARRAN (United States of America).

1. Report of the Central Drafting Committee.

Dr. MACKENZIE (United Kingdom), Chairman of the Central Drafting Committee, gave a short account of the work of that Committee, mentioning its membership and that of the advisory legal panel². The Committee had prepared four documents in final form, which it now presented to the plenary session: the Final Act of the International

Health Conference, the Constitution of the World Health Organization, the Arrangement establishing an Interim Commission, and the Protocol concerning the *Office International d'Hygiène Publique*.

Throughout its work, the Committee had meticulously limited itself to purely drafting alterations of the text approved in plenary session. He would, however, draw the attention of members to paragraph 1 of the text of the Arrangement. The Committee had been legally advised that as the wording of that paragraph at present stood, the international status of the

¹ During part of the meeting Dr. Shen (China) presided.

² See page 15.

Interim Commission was open to question. In order to define the position, in accordance with the intentions of the plenary session, the legal advisers suggested the substitution of the following text for the first two lines of paragraph 1 :

“ 1. There is hereby established an Interim Commission of the World Health Organization consisting of the following eighteen States entitled to designate persons to serve on it ”.

Dr. Mackenzie also drew attention to the last clause of the Preamble of the Constitution, as it at present stood :

“ . . . the Contracting Parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency of the United Nations ”.

The Committee proposed that the words “ of the United Nations ” in that clause be replaced by “ within the terms of Article 57 of the Charter of the United Nations ”.

The drafting of the four documents had involved many hours of long and tedious work for the legal advisers and the Committee deeply appreciated their patient work, which had so greatly contributed to the perfection of the documents.

On the request of the Chairman, Dr. Shen (China) at this point took over the Chairmanship.

2. Adoption of the Final Acts.

The SECRETARY then read the Final Act of the International Health Conference, after which Dr. MACKENZIE moved its adoption.

The proposal was seconded by numerous delegations, and adopted unanimously.

The SECRETARY thereupon read the Constitution of the World Health Organization.

Dr. MACKENZIE (United Kingdom) proposed, and many delegations seconded, its adoption.

The Constitution of the World Health Organization was unanimously adopted.

The Arrangement concluded by the Governments represented at the International Health Conference was then read by the Secretary and its adoption proposed by Dr. Mackenzie (United Kingdom), with numerous seconders.

The Arrangement was unanimously adopted.

The CHAIRMAN announced that the Interim Commission had already held three meetings. At the first meeting, on 19 July, Dr. Krotkov (Union of Soviet Socialist Republics), had been elected chairman, and Dr. Chisholm (Canada) Executive Secretary. He now had the honour

and pleasure of inviting Dr. Krotkov and Dr. Chisholm to come to the platform.

Dr. Krotkov and Dr. Chisholm took their seats on the platform.

The SECRETARY read the Protocol concerning the *Office International d'Hygiène Publique*, concluding with the announcement that the document would be available in the five official languages.

Dr. MACKENZIE (United Kingdom) moved the adoption of the Protocol.

The delegate of El Salvador stated that, his country not being a party to the Rome Agreement, its representative would abstain from signing the Protocol.

The motion for adoption of the Protocol concerning the *Office International d'Hygiène Publique* was seconded by several delegations and unanimously adopted.

At this point Dr. Parran resumed the Chair.

3. Resolutions of Appreciation.

Mr. TANGE (Australia) proposed that the Conference should place on record its debt to a group of distinguished men who had contributed so much to its success : the office-bearers of the Conference, who had served it with great technical skill, a sense of high purpose and great patience. Already many spontaneous tributes had been paid in the committees, and it would be appropriate now to pay tribute in the form of a special Conference resolution.

He proposed that, in the same resolution, the Conference should recognize its debt to the United Nations—in particular to the Economic and Social Council, which had first given life to the project for the World Health Organization—and to the Secretary-General, the Secretary and the able staff.

Mr. Tange then read the text of his proposal.

It was unanimously agreed, on the suggestion of the CHAIRMAN, to include in the resolution mention of the efficient work of the interpreters.

As thus amended, the motion read :

“ The International Health Conference, convened on 29 June 1946, in New York City, hereby

“ Resolves :

“ 1. To convey its sincere thanks to the Economic and Social Council of the United Nations for its initiative in convening this Conference ;

“ 2. To express the appreciation of the Conference to Dr. Thomas Parran, President of the Conference, to Dr. Aly Tewfik Shousha Pasha, Dr. Brock Chisholm, Dr. Karl Evang, Dr. Arnaldo Gabaldón, Dr. W. A. Timmerman, Chairmen of the committees of the Conference ; to Dr. Melville D. Mackenzie, Chairman of

the Central Drafting Committee, as well as to the Vice-Presidents, other officers of the Conference and committees and to the interpreters, for their untiring efforts in bringing the Conference to a successful conclusion ;

“ 3. To convey to the Secretary-General of the United Nations the appreciation of the Conference for the assistance rendered throughout its work by the Secretariat of the United Nations, and, in particular, for the services of Dr. Yves M. Biraud as Secretary of the Conference.”

The resolution was unanimously adopted.

The CHAIRMAN expressed appreciation on behalf of all the officers of the Conference and on his own behalf.

He then outlined the arrangements for the afternoon meeting, pointing out that the proceedings would be broadcast to many countries.

The SECRETARY stated that the right to sign the Final Acts would not be limited to one

member of each delegation ; all members who were entitled to do so might sign. He added that he would now call the roll, and would ask delegations to indicate the names of the delegates who would sign and whether they would sign with or without reservation.

He then called the roll of countries.

Dr. DE PAULA SOUZA (Brazil) said the fact that the work of the Conference had reached its present point was especially gratifying to Brazil, whose representative had had the pleasure of being in San Francisco and introducing the resolution on the World Health Organization into the Charter. Remembering that fact, he would like to say how pleased his country would be if the first Assembly of the World Health Organization were to be held in Brazil.

The CHAIRMAN expressed the appreciation of the Conference at that further manifestation of the interest of Brazil in the work of the World Health Organization.

The meeting rose at 1.20 p.m.

EIGHTEENTH MEETING

Held on Monday, 22 July 1946, at 3.30 p.m., Henry Hudson Hotel, New York City.

*Chairman*¹: Dr. THOMAS PARRAN (United States of America).

1. Closing Address by the President.

The CHAIRMAN, in opening the final plenary session, said the Conference had been an historic one, with a success equal to that of any comparable international gathering. That success had been due to the outstanding ability of the delegates, who were the leaders of the world in public health and medicine, and to the professional atmosphere and spirit of co-operation which had marked the month's arduous work.

The foundation for the work had been laid by the Economic and Social Council in the previous February in calling the Conference, and by all the constructive work in Paris of the Technical Preparatory Committee. The excellence of the Secretariat provided by the United Nations had also been of great help. To the Council, the Preparatory Committee and the Secretariat the Conference expressed its deep appreciation.

The nations represented at the Conference were signing a *Magna Carta* for health, which would bring into being a World Health Organization unique in its scope, authority and functions. Its broad purpose was the attainment by all peoples of the highest possible level of health and well-being.

¹ Mr. A. A. Sobolev, Acting Secretary-General of the United Nations, presided during the latter part of the meeting.

The nations were convinced that health was not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being, the enjoyment of which they declared to be a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition. They believed its attainment essential for peace and security. It was becoming clear that the health sciences could contribute to man's ability to live harmoniously in a changing total environment. Thus, improved health enhanced standards of living, promoted economic prosperity, and contributed to the objective of peace. The fundamental freedoms would be realized only when peoples were healthful and well nourished.

In the field of health, nations were interdependent. Epidemics anywhere in the world were dangerous to other nations. Low standards of health laid a burden upon prosperity and trade, imposing an economic handicap on every nation and on the world as a whole.

While the responsibility for health within its own borders was a primary concern of each nation, the success of each could be greatly enhanced through international teamwork.

The world health centre that was being created, therefore, should be the directing and co-ordinating agency to provide information, leadership and assistance in every phase of health work.

Not only would the Organization help in disseminating and applying all the scientific knowledge now possessed to prevent disease and promote health; it would also encourage and conduct scientific research to forge more effective tools. Better remedies would be discovered. New preventives would be found. As a result, many of the human ills which at present took such a large toll in disability and death—cancer, heart disease, mental illness, the degenerative diseases, for example—were obvious targets for such international scientific endeavour.

Public health was a dynamic composite of many scientific disciplines. Through their application, the average life span in the more advanced countries had been doubled in the past century. Yet progress had been very uneven in the different nations. In some countries, for example, half of all children born did not reach their fifth birthday. The average life span was about half that attained in the more fortunate nations.

Recently there had been seen the miracles that could be accomplished by the sulfa drugs and penicillin. Yet only a small proportion of the world's population had access to those remedies. For a large part of the world's people, doctors and hospitals in the modern sense were virtually unknown. Even such an elementary requirement for health as an uncontaminated water supply was lacking over large areas of the earth.

The achievement of the great objectives of the World Health Organization would require the best, the most persistent efforts of its members. But their efforts alone were not enough. They must bring to the rank and file of mankind—to the common man everywhere—an understanding and appreciation of the elements of health and a consuming desire to achieve it. Without that, their signatures on a document would have little meaning.

The World Health Organization, therefore, must be built for human service, must give practical help to the world's people, must undertake first things first.

During the past forty years, the nations had acquired some experience in international health action, first through efforts to prevent, through quarantine and through exchange of epidemic intelligence, the pestilential diseases from spreading between nations. During the years between the two wars, those efforts had been broadened to include mutual help in disease control, in training of health personnel, in scientific research, in the gathering of valuable statistics, and in standardization of certain drugs and biologic products. During the war, the United Nations had fully pooled their military efforts to prevent disease. All that experience, therefore, would be

useful to the World Health Organization in the tasks ahead.

The Organization would be prepared to use all the most scientific knowledge of the nations, their best tools, wherever needed, to help heal the wounds of war and eliminate the ancient human plagues, such as malaria and cholera, tuberculosis and syphilis.

Prevention of disease was a first objective. But that was only an initial step. Hunger and malnutrition stunted the bodies and warped the minds of a large part of the world's population. To attain freedom from want of food was another goal which the Organization might hope to reach by pooling its nutritional knowledge with the food and agriculture efforts of the United Nations.

A next step towards world health was the positive improvement of health—of physical and mental fitness. Higher levels of physical development, a longer, more productive, more vigorous life span would be sought and attained.

To help reach those goals the nations needed not only to apply the knowledge they now had for prevention, treatment and control of disease everywhere in the world, but also to conduct intensive research in the laboratory, at the bedside and in the field, to push back the frontiers of the unknown in the health sciences.

Those several, measurable, scientific objectives were difficult, but not impossible of attainment. Yet, at the Conference, the practical scientists had not been content to stop at that point. There was an additional task.

Humane plans for world health would go for naught unless the peoples of the world could live together in peace. Never again could the world disintegrate into the insanity of another total war.

Public health experts realized that science might be used either to save life or to destroy civilization. Whether science was to be used for good or evil was not determined by scientists themselves. The same type of research worker might discover penicillin or atomic fission. It was the mass conscience of mankind—the dominance of the moral or the amoral—that determined whether research was to be used for life or for death.

In its *Magna Carta* for health, the Conference had ventured to declare that the Organization had a contribution to make to the central world problem of the day: to help man to live together harmoniously with his fellow-man. In making that proposition the Chairman, for one, believed

that health science must share the task with religion and education.

The science of mental hygiene was one of the newer disciplines, concerned with the human mind and emotions. Even in its present early stage of development, it gave promise of helping man to adjust himself to his environment, to live in greater harmony with his family, his community, his world. The science of mental hygiene needed urgently to be developed and applied as a basic element for preventing war and destroying the seeds of war.

The World Health Organization, therefore, was a collective instrument which would promote physical and mental vigour, prevent and control disease, expand scientific knowledge, and contribute to the harmony of human relations. In short, it was a powerful instrument forged for peace.

The delegates would return to their homes knowing that they had done their best. They hoped that history would record a job well done.

2. Address by the Acting Secretary-General of the United Nations.

The CHAIRMAN presented to the Conference Mr. A. A. Sobolev, Acting Secretary-General of the United Nations.

Mr. SOBOLEV, on behalf and in the name of the Secretary-General of the United Nations, who was in Europe, congratulated the Conference and expressed his gratitude for the great task it had accomplished under difficult conditions.

The Conference was the first to have been organized by the United Nations. It was largely universal in character, since nations not members of the United Nations had been invited, as well as international organizations devoted to the problem of hygiene and public health throughout the world. Moreover, the problem of health was a problem upon the solution of which the future of humanity would largely depend.

Thus, for the first time in world history, the human community, gathered under the standards of the United Nations, had resolved to grapple with the great problem of fighting on a universal scale against illness, suffering and death.

The nations were at the outset of an immense enterprise of which the Constitution now drawn up had determined the framework, defined the means of action and prepared the future. Throughout the work of the Conference during the past month, the spirit that was meant to animate the United Nations had manifested itself splendidly and successfully. Every one had been free to give full and complete expression to his point of view. Every one had bravely fought for it. And after that just and legitimate fight of ideas, there had been witnessed a will to conciliation, a will to agreement, so that finally the Conference had achieved a constructive and great institution to which all had agreed.

He expressed the hope that the success of the Conference would serve as an example to all other conferences of the United Nations.

And now, since the outline of the task to be achieved had been drawn in the Constitution, the Interim Commission would be going to work with powers and funds to act. In relieving the world's suffering no time was to be wasted, and he hoped that they would be able as rapidly as possible to alleviate the pains of man and the distresses of children, who had been the most unfortunate victims of the recent war.

He expressed the wish that the delegates, about to return to their respective countries, would spare no efforts to obtain, as quickly as possible, the necessary ratification to give full effect to the World Health Organization.

There was no more urgent task than to fight for the physical and mental health of the human community, which was only just emerging from the most painful crisis of its whole history.

The CHAIRMAN, declaring that his duties as President of the Conference were now finished, recalled that at the outset of the session he had said that for success it would be necessary to have the full participation and co-operation of every delegate on every delegation. The Conference had had just that.

Before relinquishing the Chair, he again expressed his thanks to the delegates.

The Chair was thereupon assumed by Mr. Sobolev.

3. Signing of the Final Acts.

The CHAIRMAN (Mr. Sobolev) called on the Secretary of the Conference.

The SECRETARY said that for the signing of the Final Acts of the Conference he would call upon the delegations, in English alphabetical order, to send to the table the delegate among them who had the credentials for signature.

The four documents on the table were each in four languages, but only the documents in the language of the delegate's own country needed to be signed.

The first document was the Final Act, a statement of facts on the origin and historical background of the Conference. Therefore, it was not open for any reservation, and delegates might sign it without making any reservations.

The second document, the Constitution of the new Organization, should be signed by those who had full credentials. He suggested that others note before their signatures the words, "*ad referendum*", or use whatever words they thought fit, according to the constitutional processes of their countries. However, the use of the term "*ad referendum*" would mean that their signatures were subject to later ratification by their Governments, and would express in two words what might otherwise take a long sentence to explain.

The third document referred to the setting-up of the Interim Commission of the Organization, and in the opinion of the legal counsellor of the United Nations there was no need for any statement as to reservations on that document.

The fourth document, the Protocol concerning the *Office International d'Hygiène Publique*, required the signatures only of delegates of countries that had participated in the original Rome Agreement of 1907 or had later adhered to that Agreement.

The delegations then came forward in alphabetical order and signed.

4. Address by the Vice-Chairman of the Economic and Social Council.

After the signing, the CHAIRMAN invited Dr. Stampar, Vice-Chairman of the Economic and Social Council, to speak.

Dr. STAMPAR said that the signing of the Final Acts had brought the Conference to an end.

On the present great occasion he wished to express, on behalf of the Economic and Social Council, its most sincere congratulations to the delegates on their successful work.

Six months previously the Council had decided to convene the International Health Conference, inviting Member States of the United Nations and other States. Within a month from that time, the Technical Preparatory Committee had met in Paris to make proposals for the Conference; within six months, the present Conference had met in New York.

Now, after four weeks of hard work, as a result of mutual friendship and good understanding, the Constitution of the new World Health Organization had been concluded.

He wished to underline one very important fact: that every State in the world, with the exception of three, had attended the Conference. That was the most significant work ever accomplished in the history of international health.

He wished in addition to express his personal happy feelings. For twenty-five years he had been earnestly working in the field of international health. During that period certain results had been achieved, but he was sure that the Constitution just signed was the greatest achievement in the history of international health activities.

The work was not finished now with the signature of the Constitution. In years to come the Organization would have to work hard and achieve even better results, and he was sure, after seeing such a wonderful spirit at the Conference, that it was going to do very fine work.

The SECRETARY announced that sixty delegations had signed the Final Acts.

The CHAIRMAN then declared the Conference closed.

The meeting rose at 5.20 p.m.

V. FINAL ACTS OF THE CONFERENCE

A. FINAL ACT OF THE INTERNATIONAL HEALTH CONFERENCE

The International Health Conference, for the establishment of an International Health Organization, was convened by the Economic and Social Council of the United Nations by the following resolution of 15 February 1946 :

“ The Economic and Social Council, taking note of the declaration proposed jointly by the delegations of Brazil and China at San Francisco, which was unanimously approved, regarding an International Health Conference, and recognizing the urgent need for international action in the field of public health,

- “ (1) decides to call an international conference to consider the scope of, and the appropriate machinery for, international action in the field of public health and proposals for the establishment of a single international health organization of the United Nations ;
- “ (2) urges the Members of the United Nations to send as representatives to this conference experts in public health ;
- “ (3) establishes a Technical Preparatory Committee to prepare a draft annotated agenda and proposals for the consideration of the Conference, and appoints the following experts or their alternates to constitute the Committee :

1. Dr. Gregorio BERMAN (Argentina)
2. Dr. René SAND (Belgium)
3. Dr. Geraldo H. DE PAULA SOUZA (Brazil)
4. Major-General G. B. CHISHOLM (Canada)
5. Dr. P. Z. KING (China) (*alternate*: Dr. Szeming SZE)
6. Dr. Josef ČANČIK (Czechoslovakia)
7. Dr. Aly Tewfik SHOUSHA Pasha (Egypt)
8. Dr. A. CAVAILLON (France) (*alternate*: Dr. LECLAINCHE)
9. Dr. KOPANARIS (Greece)
10. Major C. MANI (India) (*alternate*: Dr. CHUNI LAL KATIAL)
11. Dr. Manuel MARTINEZ BAEZ (Mexico)
12. Dr. Karl EVANG (Norway)
13. Dr. Martin KACPRZAK (Poland)
14. Sir WILSON JAMESON (United Kingdom) (*alternate*: Dr. Melville MACKENZIE)
15. Surgeon-General Thomas PARRAN (United States of America) (*alternate*: Dr. James A. DOULL)
16. Dr. Andrija STAMPAR (Yugoslavia)

and, in a consultative capacity, representatives of :

The Pan American Sanitary Bureau,
The *Office International d'Hygiène Publique*,
The League of Nations Health Organization,
and the United Nations Relief and Rehabilitation Administration ;

- “ (4) directs the Technical Preparatory Committee to meet in Paris not later than 15 March 1946, and to submit its report, including the draft annotated agenda and proposals, to the Members of the United Nations and to the Council not later than 1 May 1946 ;
- “ (5) decides that any observations it may make at its second session on the report of the Technical Preparatory Committee will be communicated to the proposed International Conference ;
- “ (6) instructs the Secretary-General to call the Conference not later than 20 June 1946 and, in consultation with the President of the Council, to select the place of meeting.”

A Declaration for the calling of an International Health Conference was unanimously approved at the United Nations Conference on International Organization at San Francisco. The International Health Conference met in the City of New York from 19 June to 22 July 1946.

The Governments of the following States were represented at the Conference by delegates :

| | | | |
|---------------------|--------------------|----------------------|-----------------------|
| Argentina | Denmark | Lebanon | Saudi Arabia |
| Australia | Dominican Republic | Liberia | Syria |
| Belgium | Ecuador | Luxemburg | Turkey |
| Bolivia | Egypt | Mexico | Ukrainian Soviet |
| Brazil | El Salvador | Netherlands | Socialist Republic |
| Byelorussian Soviet | Ethiopia | New Zealand | Union of Soviet |
| Socialist Republic | France | Nicaragua | Socialist Republics |
| Canada | Greece | Norway | Union of South Africa |
| Chile | Guatemala | Panama | United Kingdom |
| China | Haiti | Paraguay | United States of |
| Colombia | Honduras | Peru | America |
| Costa Rica | India | Poland | Uruguay |
| Cuba | Iran | Republic of the Phi- | Venezuela |
| Czechoslovakia | Iraq | lippines | Yugoslavia |

The Governments of the following States were represented by observers :

| | | | | |
|----------|---------|----------|--------|-------------|
| Albania | Eire | Iceland | Siam | Switzerland |
| Austria | Finland | Italy | Sweden | Transjordan |
| Bulgaria | Hungary | Portugal | | |

The Governments of the following States were invited to send observers, but were not represented : Afghanistan, Roumania, Yemen.

The Allied Control Authorities for Germany, Japan and Korea were represented by observers.

The following international organizations were represented by observers :

| | |
|--|---|
| Food and Agriculture Organization of the United Nations | The Rockefeller Foundation |
| International Labour Organization | United Nations Educational, Scientific and Cultural Organization |
| League of Red Cross Societies | United Nations Relief and Rehabilitation Administration |
| <i>Office Internationale d'Hygiène Publique</i> | World Federation of Trade Unions |
| Pan American Sanitary Bureau | |
| Provisional International Civil Aviation Organization | |

The Conference had before it and used as the basis of discussion proposals for the Constitution of the World Health Organization and the resolutions adopted by the Technical Preparatory Committee of Experts. The Committee was established in accordance with the resolution of the Economic and Social Council, dated 15 February 1946. A number of proposals put forward by Governments and various organizations was also before the Conference.

As a result of the deliberations of the Conference as recorded in the Minutes and reports of the respective committees and sub-committees and of the plenary sessions, the following instruments were drawn up and separately signed :

Constitution of the World Health Organization.

Arrangement for the Establishment of an Interim Commission of the World Health Organization.

Protocol concerning the *Office Internationale d'Hygiène Publique*.

The Conference adopted the following resolution :

" The Conference notes with gratification the steps already taken by the Secretary-General of the United Nations to provide temporary machinery for carrying on the remaining activities of the League of Nations Health Organization, as recommended in Resolution V of the Technical Preparatory Committee on 5 April 1946, and requests the Secretary-General of the United Nations, in order to avoid duplication of functions, to make the necessary arrangements for transferring to the Interim Commission of the World Health Organization as soon as possible such functions of the League of Nations Health Organization as have been assumed by the United Nations."

IN WITNESS WHEREOF the undersigned delegates sign this Final Act.*

DONE in the City of New York this twenty-second day of July 1946 in a single copy in the Chinese, English, French, Russian and Spanish languages, each text being equally authentic. The original texts shall be deposited in the archives of the United Nations. The Secretary-General of the United Nations will send certified copies to each of the Governments represented at the Conference.

* For list of signatures, see page 115.

B. TEXT OF THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples :

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all. Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance ; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of co-operation among themselves and with others to promote and protect the health of all peoples, the Contracting Parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

CHAPTER I. — OBJECTIVE

Article 1.

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

CHAPTER II. — FUNCTIONS

Article 2.

In order to achieve its objective, the functions of the Organization shall be :

- (a) to act as the directing and co-ordinating authority on international health work ;
- (b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate ;
- (c) to assist Governments, upon request, in strengthening health services ;
- (d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments ;
- (e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories ;
- (f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services ;
- (g) to stimulate and advance work to eradicate epidemic, endemic and other diseases ;
- (h) to promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries ;
- (i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene ;
- (j) to promote co-operation among scientific and professional groups which contribute to the advancement of health ;

- (*k*) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective ;
- (*l*) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment ;
- (*m*) to foster activities in the field of mental health, especially those affecting the harmony of human relations ;
- (*n*) to promote and conduct research in the field of health ;
- (*o*) to promote improved standards of teaching and training in the health, medical and related professions ;
- (*p*) to study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security ;
- (*q*) to provide information, counsel and assistance in the field of health ;
- (*r*) to assist in developing an informed public opinion among all peoples on matters of health ;
- (*s*) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices ;
- (*t*) to standardize diagnostic procedures as necessary ;
- (*u*) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products ;
- (*v*) generally to take all necessary action to attain the objective of the Organization.

CHAPTER III. — MEMBERSHIP AND ASSOCIATE MEMBERSHIP

Article 3.

Membership in the Organization shall be open to all States.

Article 4.

Members of the United Nations may become Members of the Organization by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes.

Article 5.

The States whose Governments have been invited to send observers to the International Health Conference held in New York, 1946, may become Members by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes provided that such signature or acceptance shall be completed before the first session of the Health Assembly.

Article 6.

Subject to the conditions of any agreement between the United Nations and the Organization, approved pursuant to Chapter XVI, States which do not become Members in accordance with Articles 4 and 5 may apply to become Members and shall be admitted as Members when their application has been approved by a simple majority vote of the Health Assembly.

Article 7.

If a Member fails to meet its financial obligations to the Organization or in other exceptional circumstances, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

Article 8.

Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or group of territories by the Member or other authority having responsibility for their international relations. Representatives of Associate

Members to the Health Assembly should be qualified by their technical competence in the field of health and should be chosen from the native population. The nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly.

CHAPTER IV. — ORGANS

Article 9.

The work of the Organization shall be carried out by :

- (a) The World Health Assembly (herein called the Health Assembly) ;
- (b) The Executive Board (hereinafter called the Board) ;
- (c) The Secretariat.

CHAPTER V. — THE WORLD HEALTH ASSEMBLY

Article 10.

The Health Assembly shall be composed of delegates representing Members.

Article 11.

Each Member shall be represented by not more than three delegates, one of whom shall be designated by the Member as chief delegate. These delegates should be chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member.

Article 12.

Alternates and advisers may accompany delegates.

Article 13.

The Health Assembly shall meet in regular annual session and in such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members.

Article 14.

The Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held.

Article 15.

The Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each annual and special session.

Article 16.

The Health Assembly shall elect its President and other officers at the beginning of each annual session. They shall hold office until their successors are elected.

Article 17.

The Health Assembly shall adopt its own rules of procedure.

Article 18.

The functions of the Health Assembly shall be :

- (a) to determine the policies of the Organization ;
- (b) to name the Members entitled to designate a person to serve on the Board ;
- (c) to appoint the Director-General ;
- (d) to review and approve reports and activities of the Board and of the Director-General and to instruct the Board in regard to matters upon which action, study, investigation or report may be considered desirable ;
- (e) to establish such committees as may be considered necessary for the work of the Organization ;
- (f) to supervise the financial policies of the Organization and to review and approve the budget ;

- (g) to instruct the Board and the Director-General to bring to the attention of Members and of international organizations, governmental or non-governmental, any matter with regard to health which the Health Assembly may consider appropriate ;
- (h) to invite any organization, international or national, governmental or non-governmental, which has responsibilities related to those of the Organization, to appoint representatives to participate, without right of vote, in its meetings or in those of the committees and conferences convened under its authority, on conditions prescribed by the Health Assembly ; but in the case of national organizations, invitations shall be issued only with the consent of the Government concerned ;
- (i) to consider recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council or Trusteeship Council of the United Nations, and to report to them on the steps taken by the Organization to give effect to such recommendations ;
- (j) to report to the Economic and Social Council in accordance with any agreement between the Organization and the United Nations ;
- (k) to promote and conduct research in the field of health by the personnel of the Organization, by the establishment of its own institutions or by co-operation with official or non-official institutions of any Member with the consent of its Government.
- (l) to establish such other institutions as it may consider desirable.
- (m) to take any other appropriate action to further the objective of the Organization.

Article 19.

The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes.

Article 20.

Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV.

Article 21.

The Health Assembly shall have authority to adopt regulations concerning :

- (a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease ;
- (b) nomenclatures with respect to diseases, causes of death and public health practices ;
- (c) standards with respect to diagnostic procedures for international use ;
- (d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce ;
- (e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

Article 22.

Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

Article 23.

The Health Assembly shall have authority to make recommendations to Members with respect to any matter within the competence of the Organization.

CHAPTER VI. — THE EXECUTIVE BOARD

Article 24.

The Board shall consist of eighteen persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25.

These Members shall be elected for three years and may be re-elected ; provided that of the Members elected at the first session of the Health Assembly, the terms of six Members shall be for one year and the terms of six Members shall be for two years, as determined by lot.

Article 26.

The Board shall meet at least twice a year and shall determine the place of each meeting.

Article 27.

The Board shall elect its Chairman from among its members and shall adopt its own rules of procedure.

Article 28.

The functions of the Board shall be :

- (a) to give effect to the decisions and policies of the Health Assembly ;
- (b) to act as the executive organ of the Health Assembly ;
- (c) to perform any other functions entrusted to it by the Health Assembly ;
- (d) to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations ;
- (e) to submit advice or proposals to the Health Assembly on its own initiative ;
- (f) to prepare the agenda of meetings of the Health Assembly ;
- (g) to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period ;
- (h) to study all questions within its competence ;
- (i) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

Article 29.

The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body.

CHAPTER VII. — THE SECRETARIAT

Article 30.

The Secretariat shall comprise the Director-General and such technical and administrative staff as the Organization may require.

Article 31.

The Director-General shall be appointed by the Health Assembly on the nomination of the Board on such terms as the Health Assembly may determine. The Director-General, subject to the authority of the Board, shall be the chief technical and administrative officer of the Organization.

Article 32.

The Director-General shall be *ex-officio* Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it. He may delegate these functions.

Article 33.

The Director-General or his representative may establish a procedure by agreement with Members, permitting him, for the purpose of discharging his duties, to have direct access to their various departments, especially to their health administrations and to national health organizations, governmental or non-governmental. He may also establish direct relations with international organizations whose activities come within the competence of the Organization. He shall keep Regional Offices informed on all matters involving their respective areas.

Article 34.

The Director-General shall prepare and submit annually to the Board the financial statements and budget estimates of the Organization.

Article 35.

The Director-General shall appoint the staff of the Secretariat in accordance with staff regulations established by the Health Assembly. The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.

Article 36.

The conditions of service of the staff of the Organization shall conform as far as possible with those of other United Nations organizations.

Article 37.

In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any Government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

CHAPTER VIII. — COMMITTEES

Article 38.

The Board shall establish such committees as the Health Assembly may direct and, on its own initiative or on the proposal of the Director-General, may establish any other committees considered desirable to serve any purpose within the competence of the Organization.

Article 39.

The Board, from time to time and in any event annually, shall review the necessity for continuing each committee.

Article 40.

The Board may provide for the creation of or the participation by the Organization in joint or mixed committees with other organizations and for the representation of the Organization in committees established by such other organizations.

CHAPTER IX. — CONFERENCES

Article 41.

The Health Assembly or the Board may convene local, general, technical or other special conferences to consider any matter within the competence of the Organization and may provide for the representation at such conferences of international organizations and, with the consent of the Government concerned, of national organizations, governmental or non-governmental. The manner of such representation shall be determined by the Health Assembly or the Board.

Article 42.

The Board may provide for representation of the Organization at conferences in which the Board considers that the Organization has an interest.

CHAPTER X. — HEADQUARTERS

Article 43.

The location of the headquarters of the Organization shall be determined by the Health Assembly after consultation with the United Nations.

CHAPTER XI. — REGIONAL ARRANGEMENTS

Article 44.

(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

Article 45.

Each regional organization shall be an integral part of the Organization in accordance with this Constitution.

Article 46.

Each regional organization shall consist of a Regional Committee and a Regional Office.

Article 47.

Regional Committees shall be composed of representatives of the Member States and Associate Members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not Associate Members, shall have the right to be represented and to participate in Regional Committees. The nature and extent of the rights and obligations of these territories or groups of territories in Regional Committees shall be determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the region.

Article 48.

Regional Committees shall meet as often as necessary and shall determine the place of each meeting.

Article 49.

Regional Committees shall adopt their own rules of procedure.

Article 50.

The functions of the Regional Committee shall be :

- (a) to formulate policies governing matters of an exclusively regional character ;
- (b) to supervise the activities of the Regional Office ;
- (c) to suggest to the Regional Office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the Regional Committee would promote the objective of the Organization within the region ;
- (d) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization ;
- (e) to tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance ;
- (f) to recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions ;
- (g) such other functions as may be delegated to the Regional Committee by the Health Assembly, the Board or the Director-General.

Article 51.

Subject to the general authority of the Director-General of the Organization, the Regional Office shall be the administrative organ of the Regional Committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

Article 52.

The head of the Regional Office shall be the Regional Director appointed by the Board in agreement with the Regional Committee.

Article 53.

The staff of the Regional Office shall be appointed in a manner to be determined by agreement between the Director-General and the Regional Director.

Article 54.

The Pan American Sanitary Organization represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, and all other inter-governmental regional health organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

CHAPTER XII. — BUDGET AND EXPENSES

Article 55.

The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

Article 56.

Subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly.

Article 57.

The Health Assembly or the Board acting on behalf of the Health Assembly may accept and administer gifts and bequests made to the Organization provided that the conditions attached to such gifts or bequests are acceptable to the Health Assembly or the Board and are consistent with the objective and policies of the Organization.

Article 58.

A special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies.

CHAPTER XIII. — VOTING

Article 59.

Each Member shall have one vote in the Health Assembly.

Article 60.

(a) Decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and inter-governmental organizations and agencies in accordance with Articles 69, 70 and 72; amendments to this Constitution.

(b) Decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting.

(c) Voting on analogous matters in the Board and in committees of the Organization shall be made in accordance with paragraphs (a) and (b) of this Article.

CHAPTER XIV. — REPORTS SUBMITTED BY STATES

Article 61.

Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.

Article 62.

Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.

Article 63.

Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.

Article 64.

Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.

Article 65.

Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.

CHAPTER XV. — LEGAL CAPACITY, PRIVILEGES AND IMMUNITIES

Article 66.

The Organization shall enjoy in the territory of each Member such legal capacity as may be necessary for the fulfilment of its objective and for the exercise of its functions.

Article 67.

(a) The Organization shall enjoy in the territory of each Member such privileges and immunities as may be necessary for the fulfilment of its objective and for the exercise of its functions.

(b) Representatives of Members, persons designated to serve on the Board and technical and administrative personnel of the Organization shall similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connexion with the Organization.

Article 68.

Such legal capacity, privileges and immunities shall be defined in a separate agreement to be prepared by the Organization in consultation with the Secretary-General of the United Nations and concluded between the Members.

CHAPTER XVI. — RELATIONS WITH OTHER ORGANIZATIONS

Article 69.

The Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations. The agreement or agreements bringing the Organization into relation with the United Nations shall be subject to approval by a two-thirds vote of the Health Assembly.

Article 70.

The Organization shall establish effective relations and co-operate closely with such other inter-governmental organizations as may be desirable. Any formal agreement entered into with such organizations shall be subject to approval by a two-thirds vote of the Health Assembly.

Article 71.

The Organization may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations and, with the consent of the government concerned, with national organizations, governmental or non-governmental.

Article 72.

Subject to the approval by a two-thirds vote of the Health Assembly, the Organization may take over from any other international organization or agency whose purpose and activities lie within the field of competence of the Organization such functions, resources and obligations as may be conferred upon the Organization by international agreement or by mutually acceptable arrangements entered into between the competent authorities of the respective organizations.

CHAPTER XVII. — AMENDMENTS

Article 73.

Texts of proposed amendments to this Constitution shall be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly. Amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes.

CHAPTER XVIII. — INTERPRETATION

Article 74.

The Chinese, English, French, Russian and Spanish texts of this Constitution shall be regarded as equally authentic.

Article 75.

Any question or dispute concerning the interpretation or application of this Constitution which is not settled by negotiation or by the Health Assembly shall be referred to the International Court of Justice in conformity with the Statute of the Court, unless the parties concerned agree on another mode of settlement.

Article 76.

Upon authorization by the General Assembly of the United Nations or upon authorization in accordance with any agreement between the Organization and the United Nations, the Organization may request the International Court of Justice for an advisory opinion on any legal question arising within the competence of the Organization.

Article 77.

The Director-General may appear before the Court on behalf of the Organization in connection with any proceedings arising out of any such request for an advisory opinion. He shall make arrangements for the presentation of the case before the Court, including arrangements for the argument of different views on the question.

CHAPTER XIX. — ENTRY INTO FORCE

Article 78.

Subject to the provisions of Chapter III, this Constitution shall remain open to all States for signature or acceptance.

Article 79.

- (a) States may become parties to this Constitution by
 - (i) signature without reservation as to approval ;
 - (ii) signature subject to approval followed by acceptance ; or
 - (iii) acceptance.
- (b) Acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations.

Article 80.

This Constitution shall come into force when twenty-six Members of the United Nations have become parties to it in accordance with the provisions of Article 79.

Article 81.

In accordance with Article 102 of the Charter of the United Nations, the Secretary-General of the United Nations will register this Constitution when it has been signed without reservation as to approval on behalf of one State or upon deposit of the first instrument of acceptance.

Article 82.

The Secretary-General of the United Nations will inform States parties to this Constitution of the date when it has come into force. He will also inform them of the dates when other States have become parties to this Constitution.

IN FAITH WHEREOF the undersigned representatives, having been duly authorized for that purpose, sign this Constitution.¹

DONE in the City of New York this twenty-second day of July 1946, in a single copy in the Chinese, English, French, Russian and Spanish languages, each text being equally authentic. The original texts shall be deposited in the archives of the United Nations. The Secretary-General of the United Nations will send certified copies to each of the Governments represented at the Conference.

¹ For list of signatures, see page 115.

C. ARRANGEMENT CONCLUDED BY THE GOVERNMENTS REPRESENTED AT THE INTERNATIONAL HEALTH CONFERENCE

THE GOVERNMENTS represented at the International Health Conference convened on 19 June 1946 in the City of New York by the Economic and Social Council of the United Nations,

Having agreed that an international organization to be known as the World Health Organization shall be established,

Having this day agreed upon a Constitution for the World Health Organization, and

Having resolved that, pending the coming into force of the Constitution and the establishment of the World Health Organization, as provided in the Constitution, an Interim Commission should be established,

AGREE as follows :

1. There is hereby established an Interim Commission of the World Health Organization consisting of the following eighteen States entitled to designate persons to serve on it : Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian Soviet Socialist Republic, United Kingdom, United States of America, Union of Soviet Socialist Republics, Venezuela and Yugoslavia. Each of these States should designate to the Interim Commission a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

2. The functions of the Interim Commission shall be :

(a) To convoke the first session of the World Health Assembly as soon as practicable, but not later than six months after the date on which the Constitution of the Organization comes into force ;

(b) To prepare and submit to the signatories to this Arrangement, at least six weeks before the first session of the Health Assembly, the provisional agenda for that session and necessary documents and recommendations relating thereto, including :

- (i) proposals as to programme and budget for the first year of the Organization ;
- (ii) studies regarding location of headquarters of the Organization ;
- (iii) studies regarding the definition of geographical areas with a view to the eventual establishment of regional organizations as contemplated in Chapter XI of the Constitution, due consideration being given to the views of the governments concerned ; and
- (iv) draft financial and staff regulations for approval by the Health Assembly.

In carrying out the provisions of this paragraph due consideration shall be given to the proceedings of the International Health Conference.

(c) To enter into negotiations with the United Nations with a view to the preparation of an agreement or agreements as contemplated in Article 57 of the Charter of the United Nations and in Article 69 of the Constitution. Such agreement or agreements shall :

- (i) provide for effective co-operation between the two organizations in the pursuit of their common purposes ;
- (ii) facilitate, in conformity with Article 58 of the Charter, the co-ordination of the policies and activities of the Organization with those of other specialized agencies ; and
- (iii) at the same time recognize the autonomy of the Organization within the field of its competence as defined in its Constitution.

(d) To take all necessary steps to effect the transfer from the United Nations to the Interim Commission of the functions, activities, and assets of the League of Nations Health Organization which have been assigned to the United Nations ;

(e) To take all necessary steps in accordance with the provisions of the Protocol concerning the *Office International d'Hygiène Publique* signed 22 July 1946 for the transfer to the Interim Commission of the duties and functions of the *Office*, and to initiate any action necessary to facilitate the transfer of the assets and liabilities of the *Office* to the World Health Organization upon the termination of the Rome Agreement of 1907 ;

(f) To take all necessary steps for assumption by the Interim Commission of the duties and functions entrusted to the United Nations Relief and Rehabilitation Administration by the International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, the Protocol to prolong the International Sanitary Convention, 1944, the International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention for Aerial Navigation of 12 April 1933, and the Protocol to prolong the International Sanitary Convention for Aerial Navigation, 1944 ;

(g) To enter into the necessary arrangements with the Pan American Sanitary Organization and other existing inter-governmental regional health organizations with a view to giving effect to the provisions of Article 54 of the Constitution, which arrangements shall be subject to approval by the Health Assembly ;

(h) To establish effective relations and enter into negotiations with a view to concluding agreements with other inter-governmental organizations as contemplated in Article 70 of the Constitution ;

(i) To study the question of relations with non-governmental international organizations and with national organizations in accordance with Article 71 of the Constitution, and to make interim arrangements for consultation and co-operation with such organizations as the Interim Commission may consider desirable ;

(j) To undertake initial preparations for revising, unifying and strengthening existing international sanitary conventions ;

(k) To review existing machinery and undertake such preparatory work as may be necessary in connexion with :

(i) the next decennial revision of " The International Lists of Causes of Death " (including the lists adopted under the International Agreement of 1934 relating to Statistics of Causes of Death) ; and

(ii) the establishment of International Lists of Causes of Morbidity ;

(l) To establish effective liaison with the Economic and Social Council and such of its commissions as may appear desirable, in particular the Commission on Narcotic Drugs ; and

(m) To consider any urgent health problem which may be brought to its notice by any Government, to give technical advice in regard thereto, to bring urgent health needs to the attention of Governments and organizations which may be in a position to assist, and to take such steps as may be desirable to co-ordinate any assistance such Governments and organizations may undertake to provide.

3. The Interim Commission may establish such committees as it considers desirable.

4. The Interim Commission shall elect its Chairman and other officers, adopt its own rules of procedure, and consult such persons as may be necessary to facilitate its work.

5. The Interim Commission shall appoint an Executive Secretary who shall :

(a) be its chief technical and administrative officer ;

(b) be *ex-officio* secretary of the Interim Commission and of all committees established by it ;

(c) have direct access to national health administrations in such manner as may be acceptable to the government concerned ; and

(d) perform such other functions and duties as the Interim Commission may determine.

6. The Executive Secretary, subject to the general authority of the Interim Commission, shall appoint such technical and administrative staff as may be required. In making these appointments he shall have due regard for the principles embodied in Article 35 of the Constitution. He shall take into consideration the desirability of appointing available personnel from the staffs of the League of Nations Health Organization, the *Office International d'Hygiène Publique*, and the Health Division of the United Nations Relief and Rehabilitation Administration. He may appoint officials and specialists made available by Governments. Pending the recruitment and organization of his staff, he may utilize such technical and administrative assistance as the Secretary-General of the United Nations may make available.

7. The Interim Commission shall hold its first session in New York immediately after its appointment and shall meet thereafter as often as may be necessary, but not less than once in every four months. At each session the Interim Commission shall determine the place of its next session.

8. The expenses of the Interim Commission shall be met from funds provided by the United Nations and for this purpose the Interim Commission shall make the necessary arrangements with the appropriate authorities of the United Nations. Should these funds be insufficient, the Interim Commission may accept advances from Governments. Such advances may be set off against the contributions of the Governments concerned to the Organization.

9. The Executive Secretary shall prepare and the Interim Commission shall review and approve budget estimates :

- (a) for the period from the establishment of the Interim Commission until 31 December 1946, and
- (b) for subsequent periods as necessary.

10. The Interim Commission shall submit a report of its activities to the Health Assembly at its first session.

11. The Interim Commission shall cease to exist upon resolution of the Health Assembly at its first session, at which time the property and records of the Interim Commission and such of its staff as may be required shall be transferred to the Organization.

12. This Arrangement shall come into force for all signatories on this day's date.

IN FAITH WHEREOF the undersigned representatives, having been duly authorized for that purpose, sign this Arrangement in the Chinese, English, French, Russian and Spanish languages, all texts beings equally authentic.

SIGNED in the City of New York this twenty-second day of July 1946. *

* For list of signatures, see page 115.

D. PROTOCOL CONCERNING THE *OFFICE INTERNATIONAL
D'HYGIÈNE PUBLIQUE*

Article 1.

The Governments signatories to this Protocol agree that, as between themselves, the duties and functions of the *Office International d'Hygiène Publique* as defined in the Agreement signed at Rome on 9 December 1907, shall be performed by the World Health Organization or its Interim Commission and that, subject to existing international obligations, they will take the necessary steps to accomplish this purpose.

Article 2.

The Parties to this Protocol further agree that, as between themselves, from the date when the Protocol comes into force, the duties and functions conferred upon the *Office* by the International Agreements listed in Annex 1 * shall be performed by the Organization or its Interim Commission.

Article 3.

The Agreement of 1907 shall be terminated and the *Office* dissolved when all Parties to the Agreement have agreed to its termination. It shall be understood that any Government Party to the Agreement of 1907 has agreed, by becoming Party to this Protocol, to the termination of the Agreement of 1907.

Article 4.

The Parties to this Protocol further agree that, if all the Parties to the Agreement of 1907 have not agreed to its termination by 15 November 1949, they will then, in accordance with Article 8 thereof, denounce the Agreement of 1907.

Article 5.

Any Government Party to the Agreement of 1907 which is not a signatory to this Protocol may at any time accept this Protocol by sending an instrument of acceptance to the Secretary-General of the United Nations, who will inform all signatory and other Governments which have accepted this Protocol of such accession.

Article 6.

Governments may become parties to this Protocol by :

- (a) signature without reservation as to approval ;
- (b) signature subject to approval followed by acceptance ; or
- (c) acceptance.

Acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations.

Article 7.

This Protocol shall come into force when twenty Governments Parties to the Agreement of 1907 have become Parties to this Protocol.

IN FAITH WHEREOF the duly authorized representatives of their respective Governments have signed the present Protocol, which is drawn up in the English and French languages, both texts being equally authentic, in a single original which shall be deposited with the Secretary-General of the United Nations. Authentic copies shall be furnished by the Secretary-General of the United Nations to each of the signatory and accepting Governments and to any other Government which, at the time this Protocol is signed, is a Party to the Agreement of 1907. The Secretary-General will as soon as possible notify each of the Parties to this Protocol when it comes into force.

DONE in the City of New York this twenty-second day of July 1946 **.

* See page 114.

** For list of signatures, see page 115.

Annex I of the Protocol concerning the Office International d'Hygiène Publique.

1. International Sanitary Convention of 21 June 1926.
 2. Convention modifying the International Sanitary Convention of 21 June 1926, signed 31 October 1938.
 3. International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926.
 4. Protocol to prolong the International Sanitary Convention, 1944 (opened for signature 23 April 1946 ; in force, 30 April 1946).
 5. International Sanitary Convention for Aerial Navigation of 12 April 1933.
 6. International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention for Aerial Navigation of 12 April 1933.
 7. Protocol to prolong the International Sanitary Convention for Aerial Navigation, 1944 (opened for signature 23 April 1946 ; in force, 30 April 1946).
 8. International Agreement relating to Facilities to be accorded to Merchant Seamen in the Treatment of Venereal Diseases, Brussels, 1 December 1924.
 9. Convention on Traffic in Opium and Drugs, Geneva, 19 February 1925.
 10. Convention for limiting the Manufacture and regulating the Distribution of Narcotic Drugs, Geneva, 13 July 1931.
 11. Convention relating to the Anti-diphtheria Serum, Paris, 1 August 1930.
 12. International Convention for Mutual Protection against Dengue Fever, Athens, 25 July 1934.
 13. International Agreement for dispensing with Bills of Health, Paris, 22 December 1934.
 14. International Agreement for dispensing with Consular Visas on Bills of Health, Paris, 22 December 1934.
 15. International Agreement concerning the Transport of Corpses, Berlin, 10 February 1937.
-

E. SIGNATURES OF THE FINAL ACTS

| Countries (Members of the United Nations) and Delegates | Final Act | Constitution of the WHO | Arrangement establishing the Interim Commission | Protocol concerning the <i>Office International d'Hygiène Publique</i> |
|---|-----------|--|--|---|
| Argentina : ALBERTO ZWANCK | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Australia : A. H. TANGE | S | S Subject to approval and acceptance by Government of Commonwealth of Australia | S Subject to approval and acceptance by Government of Commonwealth of Australia | S* Subject to approval and acceptance by Government of Commonwealth of Australia |
| Belgium : Dr. M. DE LAËT | S | S Subject to ratification | S Subject to ratification | S* Subject to ratification |
| Bolivia : LUIS V. SOTELO | S | S <i>ad referendum</i> | S | S* |
| Brazil : GERALDO H. DE PAULA SOUZA | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Byelorussian Soviet Socialist Republic : N. EVSTAFIEV | S | S Subject to ratification by the Government | S | S |
| Canada : BROOKE CLAXTON BROCK CHISHOLM | S | S Subject to approval | S | S* Subject to approval |
| Chile : JULIO BUSTOS | S | S Subject to constitutional approval | S | S* <i>ad referendum</i> |
| China : SHEN J. K. L. CHIN YUAN SZEMING SZE | S | S | S | S |
| Colombia : CARLOS URIBE AGUIRRE | S | S <i>ad referendum</i> | S | S |
| Costa Rica : JAIME BENAVIDES | S | S <i>ad referendum</i> | S | S |
| Cuba : Dr. PEDRO NOGUEIRA VICTOR SANTAMARINA | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S <i>ad referendum</i> |
| Czechoslovakia : Dr. JOSEF ČANČIK | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |
| Denmark : J. OERSKOV | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |
| Dominican Republic : Dr. L. F. THOMEN | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Ecuador : R. NEVAREZ VÁSQUEZ | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Egypt : Dr. A. T. CHOUCHA TAHA ELSAYED NASR bey M. S. ABAZA | S | S Subject to ratification | S | S* Subject to ratification |

The name forms used by delegates in signing are followed in this table.

S = Signature.

S* = Signatory country was also a party to the Rome Agreement, 9 December 1907, setting up the *Office International d'Hygiène Publique*.

E. SIGNATURES OF THE FINAL ACTS (*continued*)

| Countries (Members of the United Nations) and Delegates | Final Act | Constitution of the WHO | Arrangement establishing the Interim Commission | Protocol concerning the <i>Office International d'Hygiène Publique</i> |
|--|-----------|--|--|---|
| El Salvador : ARISTIDES MOLL | S | S <i>ad referendum</i> | S <i>ad referendum</i> | |
| Ethiopia : G. TESEMMMA | S | S Subject to ratification | S | S Subject to ratification |
| France : J. PARISOT | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Greece : Dr. PHOKION KOPANARIS | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Guatemala : G. MORÁN J. A. MUÑOZ | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S <i>ad referendum</i> |
| Haiti : RULX LEÓN | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Honduras : JUAN MANUEL FIALLOS | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| India : C. K. LAKSHMANAN C. MANI | S | S Subject to ratification. These signatures are appended in agreement with His Majesty's Representative for the exercise of the functions of the Crown in its relations with the Indian States | S These signatures are appended in agreement with His Majesty's Representative for the exercise of the functions of the Crown in its relations with the Indian States | S* Subject to ratification. These signatures are appended in agreement with His Majesty's Representative for the exercise of the functions of the Crown in its relations with the Indian States |
| Iran : GHASSEME GHANI H. HAFEZI | S | S Subject to ratification by Iranian Parliament (Madjliss) | S | S* Subject to ratification by Iranian Parliament (Madjliss) |
| Iraq : S. AL-ZAHAWI Dr. IHSAN DOGRAMAJI | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Lebanon : GEORGES HAKIM Dr. A. MAKHLOUF | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Liberia : JOSEPH NAGBE TOGBA JOHN B. WEST | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Luxembourg : Dr. M. DE LAËT | S | S Subject to ratification | S Subject to ratification | S* Subject to ratification |
| Mexico : MONDRAGÓN | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Netherlands : C. VAN DEN BERG C. BANNING W. A. TIMMERMAN | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |
| New Zealand : T. R. RITCHIE | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |

The name forms used by delegates in signing are followed in this table.

S = Signature.

S* = Signatory country was also a party to the Rome Agreement, 9 December 1907, setting up the *Office International d'Hygiène Publique*.

E. SIGNATURES OF THE FINAL ACTS (*continued*)

| Countries (Members of the United Nations) and Delegates | Final Act | Constitution of the WHO | Arrangement establishing the Interim Commission | Protocol concerning the <i>Office International d'Hygiène Publique</i> |
|---|--|--|---|--|
| Nicaragua : A. SEVILLA-SACASA | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S <i>ad referendum</i> |
| Norway : HANS TH. SANDBERG | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |
| Panama : J. J. VALLARINO | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S <i>ad referendum</i> |
| Paraguay : ANGEL R. GINÉS | S | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Peru : CARLOS ENRIQUE PAZ SOLDÁN A. TORANZO | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Philippines : H. LARA WALFRIDO DE LEON | S | S <i>ad referendum</i> | S | S |
| Poland : EDWARD GRZEGORZEWSKI | S | S <i>ad referendum</i> | S | S* |
| Saudi Arabia : Dr. YAHIA NASRI Dr. MEDHAT CHEIKH-AL- ARDH | S | S Subject to ratification | S | S* |
| Syria : Dr. C. TREFI | S | S Subject to ratification | S | S* Subject to ratification |
| Turkey : Z. N. BARKER | S | S Subject to ratification. I sign subject to approval and confirmation by my Government | S | S* |
| Ukrainian Soviet Socialist Republic : L. I. MEDVED I. I. KALTCHENKO | S | S Subject to ratification by the Supreme Council of the Ukrainian Soviet Socialist Republic | S | S |
| Union of Soviet Socialist Republics : F. G. KROTKOV | S Subject to ratification by the Presidium of the Supreme Council of the USSR | S Subject to ratification by the Presidium of the Supreme Council of the USSR | S | S* |
| Union of South Africa : H. S. GEAR | S | S <i>ad referendum</i> | S <i>ad referendum</i> | S* <i>ad referendum</i> |
| United Kingdom of Great Britain and Northern Ireland : MELVILLE D. MACKENZIE G. E. YATES | S | S | S | S* |

The name forms used by delegates in signing are followed in this table.

S = Signature.

S* = Signatory country was also a party to the Rome Agreement, 9 December 1907, setting up the *Office International d'Hygiène Publique*.

E. SIGNATURES OF THE FINAL ACTS (*continued*)

| Countries (Members of the United Nations) and Delegates | Final Act | Constitution of the WHO | Arrangement establishing the Interim Commission | Protocol concerning the <i>Office International d'Hygiène Publique</i> |
|--|---------------------------|--|---|--|
| United States of America : THOMAS PARRAN MARTHA M. ELIOT FRANK G. BOUDREAU | S | S Subject to approval | S | S* Subject to approval |
| Uruguay : JOSÉ A. MORA R. RIVERO CARLOS M. BARBEROUSSE | S | S <i>ad referendum</i> | S | S* <i>ad referendum</i> |
| Venezuela : A. ARREAZA GUZMÁN | S <i>ad referendum</i> | S <i>ad referendum</i> | S | S <i>ad referendum</i> |
| Yugoslavia : Dr. A. STAMPAR | S | S With reservation as to ratification | S | S* With reservation as to ratification |
| Countries (non-members of the United Nations at time of signature) and Delegates | | | | |
| Albania : T. JAKOVA | S | S With reservation | S | S |
| Austria : Dr. MARIUS KAISER | S | S With reservation | S | S |
| Bulgaria : Dr. D. P. ORAHOVATZ | S | S Subject to ratification | S | S* |
| Eire : JOHN D. MACCORMACK | S | S Subject to acceptance | S | S* Subject to acceptance |
| Finland : OSMO TURPEINEN | S | S <i>ad referendum</i> | S | S |
| Italy : GIOVANNI ALBERTO CANAPERIA | S | S Subject to ratification | S | S* Subject to ratification |
| Portugal : FRANCISCO C. CAMBOURNAC | S | S Subject to ratification | S | S* Subject to ratification |
| Siam : BUNLIANG TAMTHAI | S | S Subject to approval | S | S |
| Switzerland : Dr. J. EUGSTER A. SAUTER | S | S Subject to ratification | S | S* Subject to ratification |
| Transjordan : Dr. D. P. TUTUNJI | S | S Subject to ratification | S | S |

The name forms used by delegates in signing are followed in this table.
S = Signature.
S* = Signatory country was also a party to the Rome Agreement, 9 December 1907, setting up the *Office International d'Hygiène Publique*.

Annex 1.

RESOLUTION ADOPTED ON 11 JUNE 1946 BY THE ECONOMIC AND SOCIAL COUNCIL
RELATIVE TO THE REPORT OF THE TECHNICAL PREPARATORY COMMITTEE
OF EXPERTS¹

The Economic and Social Council considered on 27 May 1946 the report of the Technical Preparatory Committee for the International Health Conference² which is to set up a single International Health Organization of the United Nations, and formed a Drafting Committee to deal with this question, made up of representatives of: Belgium, Chile, China, Czechoslovakia, France, Peru, the United Kingdom, the United States of America, the Union of Soviet Socialist Republics and Yugoslavia, under the chairmanship of Sir Ramaswami Mudaliar (India).

The Drafting Committee met on 1, 4 and 8 June 1946.

1. The Committee, fully alive to the desirability of early co-operation of all countries in the health field, and taking into account the nearness of the opening of the Health Conference, decided to invite at once to attend that conference, observers from sixteen States not members of the United Nations, from Allied commissions of control in three other countries, and from ten international organizations interested in public health.

2. The Committee considered a series of points which had given rise to observations in the discussions by the Council of the report of the Technical Preparatory Committee.

3. By a majority of five to four, the Committee decided to recommend that the Constitution Conference should give to the World Health Organization authority to prepare and sign conventions (section VI, 3 (e) of the report³). The minority was not opposed to such an authority but considered that the Committee's opinion should have been expressed in the form of an observation rather than a recommendation.

4. The Committee discussed the question of regional health bureaux (section XII of the Preparatory Committee's report⁴), and their relationship to the "single World Health Organization" to be set up; five of its members desired that the Council recommend Alternative A of the report which corresponds to the placing of the regional bureaux under the authority of the Health Organization. Five other members preferred to let the Conference decide what relationship should exist between the regional bureaux and the central Organization, the views expressed by the members of the Council on the subject being communicated to the Conference for its information.

5. The Committee considered the proposal made by one member according to which the Constitution of the Health Organization should enter into force by a resolution of the General Assembly of the United Nations in September.

Five members expressed the opinion that this method was not practicable in the present state of their national constitutional laws and favoured

a procedure such as is outlined in section XIX¹ of the report of the Technical Preparatory Committee, under which States may sign with or without reservation as to subsequent legislative approval and ratification, according to the requirements of their constitutional legislation.

The Constitution should come into force when the specified number of signatures without reservations and ratifications has been obtained. Two members considered that this number should be twenty-six.

6. On the basis of the views expressed by the members of the Council at their meeting on 27 May, and its own meetings of 1, 4 and 8 June, the Drafting Committee submits for adoption the following draft resolution, to the Council:

THE ECONOMIC AND SOCIAL COUNCIL:

1. NOTES with satisfaction the report (Journal of the Economic and Social Council No. 13, 22 May 1946, pages 138 to 155) of the Technical Preparatory Committee which, as a result of its resolution of 15 February 1946, met in Paris to prepare the International Health Conference which is to set up the Health Organization of the United Nations, and thanks the Chairman and the members of this Committee for the excellent work they have accomplished;

2. ENDORSES recommendation III of the Technical Preparatory Committee and confirms the decision of the Drafting Committee to issue invitations immediately to send observers to the International Health Conference to:

(a) The Governments of: Afghanistan, Albania, Austria, Bulgaria, Eire, Finland, Hungary, Iceland, Italy, Portugal, Roumania, Siam, Sweden, Switzerland, Transjordan and Yemen;

(b) Allied control authorities in Germany, Japan and Korea;

(c) The following international organizations interested in public health: International Labour Organization, United Nations Food and Agriculture Organization, United Nations Relief and Rehabilitation Administration, United Nations Educational, Scientific and Cultural Organization, Provisional International Civil Aviation Organization, *Office International d'Hygiène Publique*, Pan American Sanitary Bureau, League of Red Cross Societies, Rockefeller Foundation, World Federation of Trade Unions;

3. APPROVES recommendation IV of the Technical Preparatory Committee regarding the setting-up by the International Health Conference of an Interim (Health) Commission in the event of the Health Organization not being established upon the conclusion of the June Conference, the functions of this Interim Commission being those enumerated in the above-mentioned resolution and such others as the Conference may determine;

4. RECOMMENDS that until such time as the convention creating the Health Organization comes

¹ See *Off. Rec. Economic and Social Council*, first year, second session, pages 341-346.

² *Ibid.*, pages 140-163.

³ See *Off. Rec. WHO*, No. 1, page 71.

⁴ *Ibid.*, page 73.

¹ See *Off. Rec. WHO*, No. 1, page 75.

into force, and the Health Organization is in a position to start functioning, the Department of Social Affairs of the United Nations should act as the secretariat of this Commission and constitute the temporary machinery mentioned in recommendation V, and, among other functions, carry on the present activities of the League of Nations Health Organization ;

5. APPROVES also recommendation VI of the Technical Preparatory Committee's report regarding the absorption of the *Office International d'Hygiène Publique* by the Health Organization, and recommendation VII concerning the assumption, without interruption, by the latter, or by its Interim Commission and secretariat, and, at the request of either the Organization or the Interim Commission, of the functions and duties assigned to the United Nations Relief and Rehabilitation Administration by the International Sanitary Conventions of 1944 ; and

6. TRANSMITS to the International Health Conference a list of recommendations, suggestions and observations made by one or several of its members in full session (27 May) or in the Drafting Committee (1, 4 and 8 June 1946), in the discussion of the Technical Preparatory Committee's report, together with the full records of its debates on this subject.

Appendix.

RECOMMENDATIONS, SUGGESTIONS AND OBSERVATIONS MADE BY MEMBERS OF THE ECONOMIC AND SOCIAL COUNCIL, IN FULL SESSION (27 MAY) OR IN THE DRAFTING COMMITTEE (1, 4 AND 8 JUNE 1946), CONCERNING THE REPORT OF THE TECHNICAL PREPARATORY COMMITTEE FOR THE INTERNATIONAL HEALTH CONFERENCE ¹

(The items are listed in the order in which they are given in the report of the Technical Preparatory Committee ²; figures in brackets refer to the number of members who expressed the opinion mentioned ; an asterisk (*) indicates that no dissenting opinion was voiced.)

Functions of the Health Organization.

III (a) (b) (f) (g).

Should include urgent health relief measures in war-scarred territories (such as Greece) and include particularly protection of the child, control of malaria and tuberculosis. (Co-operation for this work should be established with the Social Commission of the United Nations.) (2*)

III (g) and I. *Preamble, seventh paragraph.*

Psychological preparation of youth for harmonious social and international relations is not the exclusive responsibility of the Health Organization, but is part of the field of UNESCO. (1*)

III (i).

Should explicitly include social (health) legislation, including health insurance (1) the subject being dealt with in co-operation with the International Labour Organization. (4)

¹ The opinion was expressed by three members that a detailed discussion of the proposals of the Technical Preparatory Committee was the function of the International Health Conference itself rather than of the Council.

² See *Off. Rec. WHO*, No. 1, Annex 23.

(One member considered, however, that this subject should be dealt with exclusively by the International Labour Organization.) (1)

III (j).

A systematic information service on research on curative and preventive medicine should be maintained by the Health Organization. (1*)

Membership.

IV 1 and 3.

The desirability of all States participating in the struggle against disease and particularly epidemic disease, is recognized, but the competent authority of the United Nations should regulate admission to membership. (1)

IV 4.

Suspension of membership privileges, provided in the report, seems to provide against participation of undesirable States in the Organization. (1)

Functions of the World Health Conference.

VI 3 (e) and III (p).

The World Health Conference should be empowered to prepare and sign international conventions without recourse to special diplomatic conferences.

(N.B. This was recommended by a majority of five to four in the Drafting Committee, the minority preferring to present it as an observation.)

Special provision should be made for the signing of international health conventions and regulations, to cover the particular constitutional position of federal States. (1*)

VI 3 (f).

International health regulations should be in force only in States formally accepting them, instead of in those not formally rejecting them. (2)

(The opposite view was held on grounds of expediency by one member.) (1)

Regulations regarding medical standards and biological remedies for international trade should not be obligatory but submitted as recommendations.

Regional Arrangements.

XII A and XVII 2 (b).

Existing international regional health organizations (Pan American Sanitary Bureau) should be absorbed by the World Health Organization (alternative A).

(N.B. This was recommended by a majority of five to four in the Drafting Committee.)

XII B.

Should be co-ordinated with the World Health Organization (alternative B). Two members considered that the role of the Health Organization was to co-ordinate and to recommend, rather than direct the regional health work. (2)

(N.B. A resolution leaving the choice between alternatives A and B to the Conference was the subject of a five to five vote.)

In any case the regional health organization should act as regional bureaux of the World Health Organization. (4*)

Regional committees should carry out the main work of the Organization. They should be set up only by decision of the Conference.

In solving the question of the location and composition of the executive staff of the committees, the opinion of the States concerned with the activities of each regional committee should be decisive. (1)

Finances.

XIII.

There should be a two-thirds majority in the Health Conference regarding decisions involving important financial commitments. (2*)

Financial considerations should not hamper public health work, which pays dividends even in money. (1*)

Relations with other Organizations.

XVII 1. *Relations with the United Nations.*

The tie between the United Nations and the Health Organization should be evident in its name. (1*)

The moral credit of the Health Organization's work should benefit the United Nations. (1*)

The staff of the Health Organization should as far as practicable have the same statute, regulations, salary scales, etc., as that of the United Nations, to permit transfers and promotions between them. (1*)

It should have the same loyalties and freedom from national influences. (1*)

XVII (2b) *Relations with specialized inter-governmental organizations.*

There should be a single Health Organization, which should absorb the existing international health agencies. (*Office International d'Hygiène Publique.*) (2*)

Entry into Force of the Constitution of the Health Organization.

XIX 1.

This entry should take place only after twenty-six ratifications of—or full adhesions to—the constituting conventions from States Members of the United Nations are available. (2)

Two other members held that, on the contrary, the entry into force should be expedited as much as possible, and that the Constitution of the Health Organization should be drafted in such a way as to make it possible for the United Nations Assembly in September to decide upon its entry into force without awaiting more ratifications. (2)

This procedure was, however, considered impracticable in the present state of their national constitutional legislation by five members. (5)

Annex 2.

RULES OF PROCEDURE (ADOPTED BY THE CONFERENCE ON 24 JUNE 1946)

I. MEMBERSHIP

Rule 1.

The delegates to the Conference shall be those persons duly accredited as such by the Governments of States Members of the United Nations.

Rule 2.

Only delegates as defined by Rule 1, shall be entitled to vote.

Rule 3.

Each delegation shall be entitled to only one vote.

Only one delegate shall have the right to speak in the name of his delegation on any given question unless the President, at the request of the delegation, authorizes other delegates to speak.

Rule 4.

Delegates may be accompanied, at plenary meetings and at meetings of committees and sub-committees, by one or more technical advisers.

Rule 5.

Such technical advisers may participate in the proceedings and voting in the absence of, or as substitutes for, the delegates.

Rule 6.

Any delegation representing a State Member of the United Nations shall be entitled to participate in the proceedings and voting of any working committee of the Conference.

Rule 7.

Observers duly accredited to the Conference may attend the plenary meetings of the Conference and on the invitation of the President, submit their observations, but they may not vote.

Rule 8.

Observers may likewise attend under similar conditions the meetings of the working committees, unless the latter decide otherwise.

Rule 9.

Observers may be accompanied by one or more technical advisers whether at plenary meetings or at the meetings of working committees.

Rule 10.

The Conference and its working committees may respectively invite to one or more of their meetings any person whose technical advice they may deem to be useful for their work. *Consultants* thus invited may not speak unless requested by the President. They shall not be entitled to vote.

II. AGENDA

Rule 11.

The Conference may decide to revise the agenda and may accord priority to certain items.

III. MEETINGS

Rule 12.

In principle the meetings of the Conference shall be public. The committees shall themselves decide whether their meetings shall be private or public. Meetings of sub-committees shall be private.

Rule 13.

A quorum shall be constituted by a simple majority of the delegations representing States Members of the United Nations.

Rule 14.

The texts of resolutions and substantive motions shall be introduced in writing and handed to the Secretary of the Conference when possible twenty-four hours before they are laid before the Conference.

Rule 15.

Decisions of the Conference shall be made by a majority of the delegations present and voting.

Rule 16.

If a vote is equally divided on matters other than elections, a second vote shall be taken at the next meeting. If this vote also results in equality the proposal shall be regarded as rejected.

Rule 17.

At the request of any delegation, parts of a resolution or motion shall be voted on separately.

Rule 18.

If two or more amendments are proposed, the Conference shall first vote on the amendment furthest removed in substance from the original proposal and then on the amendment next furthest removed, and so on until all the amendments have been voted on.

Rule 19.

When an amendment revises, adds to or deletes from a resolution or motion, the amendment shall be voted on first, and if is adopted, the amended resolution or motion shall then be voted on.

Rule 20.

During the discussion of any matter, a delegate may rise to a point of order and the point of order shall be immediately decided by the President in accordance with the Rules of Procedure.

Rule 21.

During the discussion of any matter, a delegate may move the adjournment of the debate. Any such motion shall have priority in the debate. In addition to the proposer of the motion, one delegate may speak in favour of and one against the motion.

Rule 22.

The Conference may limit the time allowed to each speaker.

Rule 23.

A delegate may at any time move the closure of the debate whether or not any other delegate has signified his wish to speak. If application is made for permission to speak against the closure, it may be accorded to not more than two delegates.

Rule 24.

The President shall take the sense of the Conference on a motion for closure. If the Conference is in favour of the closure, the President shall declare the closure of the debate.

IV. OFFICERS AND COMMITTEES
OF THE CONFERENCE*Rule 25.*

The Conference shall set up such committees as may be required for the performance of its functions, and shall define the powers and composition of each such committee.

Rule 26.

The Conference shall elect at a plenary meeting its own President and five Vice-Presidents, as well as the Chairman of each of its working committees. Each such committee shall elect its own Vice-Chairman and Rapporteur.

Rule 27.

The function of President (Chairman) or of Vice-President (Vice-Chairman) shall be conferred upon the person elected and not upon the delegation to which he belongs.

Rule 28.

The Presidents and Vice-Presidents of the Conference and the Chairmen of the working committees, together with three delegates elected by the Conference, shall constitute a *General Committee* and be entrusted with the direction of the business of the Conference and with the co-ordination of the work of its committees.

Rule 29.

The Rules of Procedure of each of the working committees shall be the same as those of the Conference; Rules 13-24 of the latter on voting shall be applicable to the working committees and their sub-committees.

Rule 30.

Each working committee shall set up such sub-committees as may be required for the effective performance of its functions. It shall define the terms of reference, powers and composition of each such sub-committee.

Rule 31.

Unless otherwise decided by the working committee concerned, each sub-committee shall elect its own Chairman, as well as his deputy in the event of the chairman being unable to exercise his functions.

Rule 32.

The Rules of Procedure of the Conference shall so far as practicable apply to the proceedings of the sub-committee.

V. SECRETARIAT

Rule 33.

The technical secretariat of the Conference and of its committees and sub-committees shall be provided under the authority of the Secretary-

General of the United Nations, by the Assistant Secretary-General in charge of the Department of Social Affairs, secretary-general *ex-officio* of the Conference, and by the personnel of the Health Division of this Department.

Rule 34.

The secretary-general of the Conference and his deputies may at any time, on the invitation of the President of the Conference or the Chairman of committees and sub-committees, make either oral or written statements concerning any question under consideration.

Rule 35.

In accordance with a decision of the competent organs of the United Nations, no verbatim report of the meetings of the committees and sub-committees shall be drawn up unless the necessity therefor, in respect of a specific meeting or part of a meeting, is recognized by a committee or sub-committee. A summary record of each meeting shall, however, be drawn up by the secretariat in the working languages.

VI. LANGUAGES

Rule 36.

In respect of languages, the business of the Conference and of its committees and sub-committees shall be conducted in accordance with the provisions of the Rules of Procedure adopted by the Economic and Social Council of the United Nations.¹

VII. AMENDMENT AND SUSPENSION OF RULES

Rule 37.

Any of these Rules may be amended or suspended by a two-thirds majority of the delegations of the Conference present and voting.

¹ Excerpts from *Rules of Procedure of the Economic and Social Council*:

Rule 27: Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages of the Council.

Rule 28: Speeches made in either of the working languages shall be interpreted into the other working language.

Rule 29: Speeches made in any other of the three official languages shall be interpreted into both working languages.

Rule 30: Any representative may make a speech in a language other than the official languages. In this case he shall himself provide for interpretation into one of the working languages. Interpretation into the other working language by an interpreter of the Secretariat may be based on the interpretation given in the first working language.

Annex 3.

MINUTES OF THE DISCUSSIONS IN COMMITTEE II ON THE SITE OF THE HEADQUARTERS OF THE WORLD HEALTH ORGANIZATION

[The report of Committee II (Administration and Finance) to the Conference carried the following footnote:

" Since the determination of the headquarters of the Organization is left to the Assembly of the Organization to decide, the Committee recommends that the summary records of the meetings of Committee II in which this subject was discussed should be made available to the Assembly for its consideration in reaching a decision."

The discussions on the subject in the eleventh, twelfth, thirteenth and fourteenth meetings have accordingly been extracted and are reproduced below.]

COMMITTEE II

EXTRACT FROM THE ELEVENTH MEETING

Held on Friday, 5 July 1946, at 10.15 a.m.,

Hunter College, New York City.

Chairman: Dr. G. B. CHISHOLM (Canada).

4. General Discussion on Section XI: Headquarters.¹

The CHAIRMAN announced that six proposals had been submitted for the completion of Section XI: three providing that the site of the headquarters should be decided by the Assembly, by the delegations of the United Kingdom², the United States of America³ and Canada⁴; one

providing that the site should be at the headquarters of the United Nations, by the delegation of Australia; one providing that the headquarters should be located in Paris, by the delegations of the Union of Soviet Socialist Republics, Ukraine, and Byelorussia; and one providing that the headquarters of the Interim Commission should be located at or near New York City, by the delegation of China.

Dr. SHEN (China) stated that his delegation also suggested the deletion of Section XI on the ground that it was not necessary that the site of the headquarters should be written into the Constitution. In his opinion, it was necessary at this time only to decide the site of the Interim Commission.

Dr. LEÓN (Mexico) stated that the questions of the sites of the Interim Commission and of the permanent headquarters were two entirely different points. The Interim Commission was a purely transitory arrangement, and there was no need for its site to be written into the Constitution. He suggested that discussion be confined to the subject of the permanent headquarters.

Dr. BOUDREAU (United States of America), in opposing the proposal of the delegate of China, stated that the authority to determine the location of the headquarters should be clearly stated in the Constitution.

Dr. SHEN (China) stated his willingness to withdraw his amendment in favour of those proposed by the United Kingdom, United States and Canada.

Dr. TANGE (Australia) presented a detailed explanation of the proposal of his delegation to locate the headquarters of the World Health Organization at the headquarters of the United Nations. It was essential that all important inter-

¹ See *Off. Rec. WHO*, No. 1, page 73.

² The United Kingdom proposal read: "The headquarters of the Organization should be located at such place as the Conference may determine".

³ The United States delegation proposed the following wording: "The Assembly should determine the location of the headquarters of the Organization, and before reaching a decision in this matter should consult with the United Nations".

⁴ The delegation of Canada felt that the Organization should not bind itself to have its headquarters fixed by its Constitution. It proposed the wording: "The headquarters of the Organization shall be located where the Assembly may decide".

national agencies should be centred at the headquarters of the United Nations in view of the inclusive obligations stated in the Charter of the United Nations toward health and other closely related economic and social problems. The San Francisco Conference had foreseen the great importance of the close co-ordination of all international agencies working toward human betterment. Bringing the headquarters of these various agencies together physically would be the first step in achieving co-ordination, simplifying co-operative processes, and bringing about many economies in operation. Since the World Health Organization was composed of the representatives of Governments it would be impossible to dissociate it from "political influences" as expressed in the draft of the Technical Preparatory Committee. Another point mentioned by the Technical Preparatory Committee, that the exact location of the United Nations Headquarters had not been settled, had been removed by the decision of the United Nations Assembly. He also pointed out that the establishment of regional agencies would go far to remove any misgivings which might be felt regarding too great centralization of international agencies in one location.

Dr. BUSTOS (Chile) supported the proposal of the delegate of Australia. He pointed out that the location of the headquarters of the World Health Organization and the United Nations at the same site would bring about the close relationship of the two organizations which was very desirable, and would improve co-ordination, efficiency, and economy in technical and administrative functions.

Dr. ROUTLEY (Canada) felt that it would be wise to leave the decision to the Assembly, since if the site were written into the constitution it would be very difficult to change. He therefore moved the adoption of the amendments providing that the headquarters should be located where the Assembly shall decide.

The delegate of India stated that his delegation had no preference for any particular place, but he felt that contact with such specialized agencies as the Food and Agriculture Organization and the International Labour Organization was more important than that with the United Nations. He believed that the Assembly would take those circumstances into consideration, and therefore supported the amendments offered by the United Kingdom, the United States and Canada.

Dr. TREFI (Syria) supported the Australian amendment, and pointed out the many advantages to be gained by the close collaboration of the World Health Organization and the United Nations.

On a point of order raised by the delegate for the Netherlands regarding the motion put by the delegate for Canada, the CHAIRMAN ruled that the Committee should have full opportunity for free discussion of all motions and amendments before it, without being confined to the discussion of a single motion.

Dr. MEDVED (Ukraine) stated that the choice of the place where the Organization should have its seat was of great importance. He did not think it a good solution to leave it to the Assembly to decide on the location of this headquarters. On

the contrary, it was desirable that the Committee should decide right away on the matter, for which two solutions had been proposed: either to have the new organization at the seat of the United Nations, or to establish it in another capital. The former solution appeared *a priori* desirable and convenient, but it entailed serious drawbacks. The seat of the United Nations was not yet definitely fixed, and if the principle of establishment in one and the same place were adopted, difficulties would be encountered, particularly as regards available space. The advantages of co-ordination between the United Nations and the specialized agencies were not necessarily linked to the close proximity of those different organizations. There would therefore seem to be no objection to the seat of the Organization being fixed in some other place than the seat of the United Nations. Dr. MEDVED then submitted, on behalf of the delegations of the Ukraine, the Union of Soviet Socialist Republics and Byelorussia, the concrete proposal to fix the seat of the Organization in Paris. The attitude of the French Government was not yet definitely known. However, location in Paris would be particularly favourable for the development of the new organization. Paris was a most important cultural centre, in constant touch with two other intellectual centres, London and Moscow, and was a nucleus of rapid lines of communication with the whole world. He believed that, with the support of the French Government, all the material difficulties pertaining to the installation of the Organization and its numerous future activities would be easily overcome by locating in Paris.

TWELFTH MEETING

Held on Thursday, 5 July 1946, at 2.30 p.m.,

Hunter College, New York City.

Chairman: Dr. G. B. CHISHOLM (Canada).

I. Continuation of Discussion on Section XI: Headquarters.

Dr. BOUDREAU (United States of America) said that he supported the principle of leaving it to the Assembly to determine the headquarters of the World Health Organization. He thought it was still too soon to decide whether the headquarters should be at the same place as the seat of the United Nations. The Committee was still unaware whether the choice made by the United Nations was final, and to take a decision on the point at the present moment might turn out to be a hindrance later on. In any case, such a decision would remove the choice of the headquarters from the authority of the Assembly and place the responsibility on the United Nations itself. It had to be borne in mind that while distances no longer played a decisive part in international relations, they still were of some importance. The Technical Preparatory Committee had pronounced in favour of an easily accessible site close to a recognized medical centre. In short, the choice of headquarters ought to be left to the Assembly.

Dr. CAVAILLON (France) thanked the delegation of the Ukraine for proposing Paris as the headquarters of the Organization and said that, in effect, they had to choose between centralization

and decentralization of the organizations affiliated to the United Nations. Was the World Health Organization to be linked to such affiliated organizations or to the political organization of the United Nations? For the French delegation, the answer was quite clear: the place of the Organization was in close proximity to the peoples, workers, peasants and officials, that is to say, to the organizations studying the problems which concerned them. The ILO and the FAO had, or would have, their headquarters at Geneva. The headquarters of UNESCO had been fixed at Paris. Since the Organization had to maintain close contact with those three organizations, to which it was related, there was a strong argument in favour of selecting either Geneva or Paris.

As the delegate of the United States had said, the Technical Preparatory Committee had requested that the headquarters of the World Health Organization should be established in an easily accessible town which should at the same time be a scientific and cultural centre. The World Health Organization should have a truly world-wide character, and on that basis, it would not be right for one country to be both the seat of the United Nations and the headquarters of the various organizations affiliated to it.

The French delegation, acting on instructions from their Government, could not support a motion in favour of establishing the headquarters of the World Health Conference at the same place as the seat of the United Nations, but would not oppose a motion which would leave the Assembly free to determine the future headquarters of the Organization. It was quite possible to take a decision immediately; or the Committee could decide to adjourn the problem so as to give delegates an opportunity to consult their Governments pending a final decision on the headquarters of the various affiliated organizations.

The delegate of France again thanked the Ukrainian delegation, which had proposed establishing the headquarters of the Organization in Paris, and said that his country had not wished to take the initiative in proposing Paris, but he was authorized to agree to that choice, and he assured the Committee that the French Government was ready to make all the necessary arrangements at the shortest notice to provide the Organization with the premises and all other facilities in Paris that might be needed.

Dr. LEÓN (Mexico) said that his delegation had no special preferences regarding the headquarters of the Organization, provided that the place chosen complied with the conditions laid down during the Paris meeting. But he pointed out that the Committee was not yet in possession of all the necessary information, and that many countries were not yet represented in the Assembly. It would therefore seem premature to take a decision without the consent of the future members of the Organization, and to choose a country without knowing whether or not it was prepared to accommodate the services of the Organization; due regard should be had to the experience of the United Nations and the other organizations, and their point of view should be taken into account. The Mexican delegation, whilst not objecting to Paris, therefore suggested in agreement with the

proposal made by the United States, the United Kingdom and Canada, that the headquarters of the Organization should be determined by the Assembly after consultation with the United Nations.

Dr. MACKENZIE (United Kingdom) reminded the Committee that at first his delegation had been definitely in favour of having the headquarters in Europe. To-day, however, they were equally strongly in favour of having the headquarters at the same place as the seat of the United Nations. The Committee still did not know where various specialized agencies were going to settle and he saw no reason for attempting to influence their future. He thought it would be unwise to situate the headquarters of the World Health Organization at a distance from the seat of the United Nations, since that would amount to the dispersal of departments which had to work in close contact with each other. Besides, Paris was not the only name which had been proposed; four other cities had been suggested, and that merely added to the confusion. The United Kingdom delegation therefore supported the Australian proposal that the seat of the United Nations should also be the headquarters of the World Health Organization.

Mr. LEBEAU (Belgium) recalled the circumstances in which it had been decided that the seat of the United Nations should be established in the United States, and more specifically in the eastern part of that country. As a result of that decision, the technical international organizations should be distributed all over the world, and particularly in Europe. That view was based on one principal motive—namely, to enable the largest possible number of people to realize the importance of those international organizations and to become daily more interested in them.

Although centralization was a very attractive solution, it was not without its drawbacks. Contrary to the general belief, the proximity of a number of organizations did not necessarily lead to the best co-operation. On the contrary, such an arrangement might lead to rivalry and conflicts between them. Besides, the theoretical centralization which was being sought was provided by the Economic and Social Council, the United Nations organ to which those specialized agencies were affiliated.

The Belgian Government held the same view as that of France: it was opposed to centralization. On practical grounds, the delegation of Belgium viewed with favour the opportunities offered by Geneva. But a definite proposal had been made to establish headquarters in Paris, and in that connexion the Belgian delegation supported the proposal of the Ukrainian SSR. If the Committee could reach a decision now, Paris fulfilled the necessary conditions, and France was more than a mere neighbour to Belgium.

In conclusion, Mr. Lebeau pointed out that, at the present juncture, it would seem hardly fair to take a decision which would rule out Europe; at least ten European countries had been unable to state their views when the General Assembly of the United Nations chose the seat. The Belgian delegation therefore was definitely in favour of decentralization and agreed with the Ukrainian proposal of Paris if the choice was to be made

immediately ; otherwise, they suggested leaving it to the Assembly to reach a decision.

Dr. MEDVED (Ukraine) thought that the Committee represented all parts of the world and that it could not disperse without coming to a decision on the choice of the future headquarters of the Organization.

The Ukrainian delegation had decided in favour of Paris after very careful consideration and for the reasons already stated. Paris was a geographical, cultural and scientific centre of the first rank ; clearly the World Health Organization had to achieve the maximum co-ordination with the United Nations, but that did not mean that its headquarters had to coincide with the seat of the United Nations nor that the place of the headquarters should be specifically mentioned in the Charter.

Dr. ABAZA Bey (Egypt) thought that it would be of great assistance to the work of the General Assembly if there was a thorough discussion of the matter in the Committee. The Egyptian delegation did not agree with those delegates who were in favour of the same headquarters for the United Nations and for the Organization. The technical functions of the World Health Organization did not make such a choice necessary. Although the delegates were fully agreed on the excellent hospitality offered by the United States, the Egyptian delegate did not think that it was suitable to choose that country as the headquarters of the Organization. The question of distances was still an important one, and, in any case, the United States was already the headquarters of the Pan American Sanitary Bureau.

Paris would be an excellent choice but they should not forget other towns. Would it not be a fitting tribute to the work of the League of Nations in the past to choose Geneva, which was far removed from the political passions that were swaying the world ? Moreover, everything was ready in Geneva to receive the future organization, and if it decided in favour of that town the Committee would be giving effect to the wish expressed by the Conference that the Organization should be set up and work to capacity as soon as possible. The Interim Commission being only of a temporary nature could sit in New York.

Dr. DE PAULA SOUZA (Brazil) was definitely against making any stipulation in the text of the Constitution with regard to headquarters. The headquarters of the Organization should be decided by the Assembly, and he recalled the case of the *Office International d'Hygiène Publique* which, by deciding that its headquarters should be in Paris, had caused certain difficulties for that organization during the war. On the other hand, it was very important for the Organization to remain in close contact with the United Nations, and the Brazilian Government had no objection to the choice of the headquarters being postponed.

Dr. BERGLUND (Sweden) said that from the variety of arguments only one conclusion could be drawn : there was no single argument that was decisive. The essential work of the Assembly was scientific and therefore the headquarters chosen should be a medical and scientific centre well known for the quality of its technical installations. Al-

though it as difficult to assess the importance of countries in the field of scientific work, the Swedish observer thought that Europe's progress had been retarded by the war and she would not be able to compete with the United States for another fifty years with regard to the quality of technical installation. He was therefore in favour of the United States.

Dr. GINÉS (Paraguay) thought that the choice of headquarters for the Organization ought to be made here and now. He supported the arguments put forward by the Union of Soviet Socialist Republics and France in particular, and was definitely in favour of Paris, since he thought that by that choice they would be paying a tribute to a country which had always been in the front rank of progress.

The CHAIRMAN said that there might be a certain confusion in the minds of delegates. He wanted to make it clear that it was not the Assembly of the United Nations which would determine the choice of headquarters of the Organization but the Assembly of the World Health Organization itself.

Dr. OERSKOV (Denmark) said that the argument in favour of having headquarters in the same place as the seat of the United Nations had been very well put by Australia, but the Committee had also heard other proposals. Since Geneva had been mentioned that gave him an opportunity to argue that a small country would be a more suitable setting for the work of the Organization ; he had been authorized to suggest Denmark for the purpose, and his Government would feel greatly honoured if Copenhagen, which was also a cultural and scientific centre, were chosen. In that event, the Government of Denmark would place the necessary accommodation at the Organization's disposal and would do all in its power to give its members a pleasant stay in Denmark.

THIRTEENTH MEETING

Held on Saturday, 6 July 1946, at 10 a.m.,

Hunter College, New York City.

Chairman : Dr. G. B. CHISHOLM (Canada).

1. Continuation of Discussion on Section XI: Headquarters.

Dr. HAFEZI (Iran) said that in the absence of instructions from his Government, his delegation was interested only in choosing the site where the Organization could function under the best conditions. He asked for a clarification of the criteria by which his delegation should be guided in making this choice.

The CHAIRMAN summarized the conditions which had been brought out in previous discussions, some of which had been stated in the Paris draft.¹ He mentioned : communication and travel facilities ; adequate housing and meeting accommodation ; a secretarial staff which might be used jointly with other organizations ; the importance of close liaison with (a) the United Nations headquarters or (b) the specialized agencies of the United Nations ; the advantages of the proximity

¹ See *Off. Rec. WHO*, No. 1, page 73 (footnote).

of a research, medical and cultural centre ; educational and library facilities ; and the question of whether it might be desirable to decide only on temporary arrangements and to leave the permanent arrangements to be fixed later.

Dr. TORANZO (Peru) expressed the view that such a vital decision should not be postponed but should be taken by the Conference. His delegation favoured Paris, as the centre of culture and the most fitting site for the World Health Organization. He believed that the majority of the South American countries agreed with him in that choice.

Dr. TURUNJI (Observer from Transjordan) favoured Geneva, since the Health Organization of the League had functioned well there ; it had the advantages already discussed of easy access and adequate building accommodation ; and was characterized by absence of political influence.

Dr. RITCHIE (New Zealand) said that the attitude of his Government was that the headquarters should be located at or near the headquarters of the United Nations. The advantages of that site would outweigh possible disadvantages. Since, however, there was a difference of opinion in the Committee, he felt that the decision should be taken by the Assembly of the World Health Organization.

Dr. DIESEN (Norway) stated that his Government (1) favoured the decentralization of the different specialized agencies of the United Nations ; (2) opposed the location of the World Health Organization headquarters in or near a very large city ; (3) preferred Geneva, of the cities proposed ; (4) would, if Geneva were not chosen, support the proposal to leave the decision to the Assembly.

Dr. MOLL (El Salvador) felt that there was no harm in postponing the decision, but emphasized that if it were referred to the Assembly, the Interim Commission should be given some indication as to the views of the Committee. His delegation was opposed to placing the headquarters in the same place as that of the United Nations ; the Health Organization of the League had only lost by its proximity to the political body. If the Committee should vote, his delegation would favour Europe, and, in particular, Paris. At Paris, the first international health conference had been called and the first international health organization established. He called attention to the fact that France was being asked to give up the international health office located there, and emphasized the generous offer made by the French Government.

Dr. GABALDÓN (Venezuela) believed that it would be necessary to mention specifically in the Constitution the name of any one site. His delegation preferred Geneva, but thought that the Assembly should be left the freedom of choice. He pointed out that all the Latin-American countries did not think alike on the subject.

Dr. VAN DEN BERG (Netherlands) said that the choice was a difficult one. He favoured a site where the Organization could best deal with other organizations with which it would have to operate, and one which would have the best local possibilities. He felt that the Committee was not in a position to decide which site best met those criteria, and that the decision should therefore be postponed.

Dr. KOPANARIS (Greece) stated that in the view of his delegation the headquarters of the World Health Organization should be located in the same place as the headquarters of the United Nations, and mentioned the technical advantages which would result from that choice. He did not exclude the possibility, however, of referring the decision to the Assembly.

Dr. GEAR (Union of South Africa) stated that his Government desired that the headquarters be located in Europe, and favoured London, Geneva, and Paris, in that order. Since the advantages of Paris and Genève had already been discussed he would only recommend that London be also considered as having equally good facilities. It was a communications centre, with direct links with all sections of the world, and possessed a vast store of medical and health knowledge. From the point of view of the policy of decentralization, London would be a suitable choice, other specialized agencies already being located in Paris and Geneva.

2. Discussion on Procedure.

Dr. BOUDREAU (United States of America) suggested that in view of the fact that the Conference had received no official invitation from either the United Nations on the one hand or any government on the other with regard to the location of the Organization, and in order to have a better idea of the facilities offered by the various sites, the Committee might appoint a site-finding sub-committee to study the matter.

Dr. STAMPAR (Yugoslavia) believed that in view of the number of delegates who had spoken in favour of Paris or Geneva, the Committee could decide that the headquarters should be in Europe. Then it could recommend that the Interim Commission appoint a sub-committee to study the matter and to consult with the two Governments concerned.

Dr. MEDVED (Ukraine) thought that there was no necessity for appointing a sub-committee until later. He proposed that the Committee decide, first, whether the name of the site should be mentioned in the Constitution ; secondly, whether the decision should be taken by the Committee, as he had previously suggested, or left to the Assembly. (If it were agreed to take the decision in the Committee, a sub-committee could then be appointed.) His delegation was not against London, but thought it a little far removed from the normal line of communications ; it was not against Geneva, but thought that the main argument in its favour was building accommodation, whereas Paris had offered adequate accommodation and in addition was the most advantageous site, being a cultural, medical and communications (especially air) centre.

Mr. TANGE (Australia) spoke in favour of centralization as against decentralization, pointing out that the Economic and Social Council had a special interest in seeing that the specialized agencies should be located in the same place as the United Nations, and that the United Nations was the only international agency with a specific health clause in its Charter. With regard to the Food and Agriculture Organization, he questioned the statement made that there was a strong chance

that it would locate its headquarters in Europe, quoting from the special agreement between the United Nations and the Food and Agriculture Organization. He suggested: (1) that if that point of view were rejected, the Committee should not vote on a specific site, since the matter was one of principle and would require detailed consideration, and that, furthermore, there would be some advantage in placing the headquarters at the seat of the regional headquarters, which had not yet been fixed; (2) that if the vote were referred to the Assembly, the Minutes of the meetings of Committee II containing the discussion of the question should be sent on to the Assembly as a guide; and (3) that if a vote were taken in the Committee, the question furthest away from the original text be considered first—*i.e.*, that the decision should be referred to the Assembly.

Dr. PANE (Paraguay) rose on a point of order to ask that the specific points of the Ukrainian proposal be put to the vote.

The CHAIRMAN ruled, however, that the proposal previously made by the delegate of Canada was furthest removed from the text and, unless withdrawn, would have to be voted on first.

Dr. ROUTLEY (Canada) agreed to withdraw his motion if it would facilitate the work of the Committee. He considered, however, that his proposal, that "the headquarters of the Organization shall be located where the Assembly of the World Health Organization may decide" might well be considered by the Committee at this point. He remarked that during the discussion four delegates had spoken in favour of establishing the headquarters in the same place as those of the United Nations, eight had spoken for Paris, eight also for Geneva, one for London and one for Copenhagen, whereas eight had been in favour of referring the question to the Assembly. He thought that it would be difficult for the Committee to reach a decision, and supported the suggestion of the delegate of Australia: that a *résumé* of the arguments advanced in the Committee should be prepared and distributed to all delegates, thus enabling the Assembly to appraise the situation and to reach a decision.

The CHAIRMAN pointed out that the Canadian proposal and the first steps proposed by the delegate for the Ukraine were almost identical, and suggested that they be voted on at the same time.

Dr. MEVDED (Ukraine) however, emphasized the differences between his proposal and that of the Canadian delegate, and asked that his be taken first. He believed that the Conference would risk a diminution of prestige if it should postpone taking such an important decision as that determining the headquarters of the Organization.

Dr. CAVAILLON (France) agreed that the Ukrainian proposal should be voted on, but held that, to clarify the situation, the Committee should pronounce on the principle which would lead to the decision. To this end, he asked that the Committee vote on the principle that the Conference, considering the importance of closer liaison with specialized and technical organizations of the United Nations, considering that some of them had decided to have their headquarters in Europe, and considering the problems of distance and facilities, would decide

that the headquarters of the World Health Organization should be fixed in Europe.

The CHAIRMAN stated that according to the Rules of Procedure the proposal furthest removed from the text would have to be voted upon first; and Dr. CAVAILLON (France) suggested that, in that case, the Rules of Procedure be suspended, and the Committee vote on which of the three proposals should have the priority.

Dr. VAN DEN BERG (Netherlands) supported the suggestion that the Ukrainian proposal should be put to the vote first.

Mr. LEBEAU (Belgium) pointed out that it was indeed logical to vote first on the Ukrainian proposal, since a decision on the Canadian proposal would prejudice the situation, whereas a decision on the first suggestion of the Ukrainian delegate—*i.e.*, whether the name of the site of the headquarters should be specified in the Constitution—would still leave the main question open for consideration.

Dr. BOUDREAU (United States of America) and Dr. MACKENZIE (United Kingdom) then pointed out that their delegations had submitted proposals similar to that of Canada, but with the addition of the stipulation made in the United States proposal that the decision should be taken in the Assembly "after consultation with the United Nations". In order that no divergence should be shown from the principle of the United Nations, they suggested that the Canadian proposal be amended to contain this phrase.

This amendment was accepted by the delegate of Canada.

After further discussion, the CHAIRMAN stated that he would ask for a decision of the Committee as to which of two proposals under discussion—*i.e.*, the Canadian proposal or the first point of the Ukrainian—was the furthest removed from the original text.

In the resultant vote, the Committee decided that the Ukrainian was furthest removed.

The first point of the Ukrainian delegate's proposal was then put to the vote—*i.e.*, whether the Committee should mention, in the Constitution, the name of a specific locality and, by a vote of 23 to 13, it was decided that the name should not be inserted.

It was then proposed to put to the vote the Canadian motion, the Ukrainian delegate again protesting against the order proposed.

Dr. BOUDREAU (United States of America) moved that his limiting amendment should also be applied to the Ukrainian proposal, in order that the two proposals be further identified.

The CHAIRMAN ruled that, according to the Rules of Procedure, the amendment should be put to the vote first.

A lengthy exchange of views ensued as to the desirability of or necessity for such an amendment. It was pointed out that it called merely for "consultation with", not "approbation of" the United Nations, and Dr. BOUDREAU (United States of America) explained that it meant consultation with the central organs of the United Nations and that it was a necessary insertion, if the Conference was to show its solidarity with the United Nations.

It was pointed out, however, that it was illogical to vote first on the amendment, which would prejudice the vote on the main issue, for if it were decided that the decision should be taken by the Assembly "after consultation with the United Nations" it would then be impossible to decide that it should "be taken by the Committee".

Once again it was proposed that the Rules of Procedure be suspended; but, because of the lateness of the hour, it was decided to adjourn the Committee and postpone the decision until the next session.

EXTRACT FROM THE FOURTEENTH MEETING

Held on Monday, 8 July 1946, at 2.15 p.m.,

Hunter College, New York City.

Chairman: Dr. G. B. CHISHOLM (Canada).

I. Continuation of Discussion on Section XI: Headquarters.

Dr. BOUDREAU (United States of America) stated that in order to expedite the work of the Committee the United States delegation would withdraw the amendment submitted by it at the last meeting.

Dr. MEDVED (Ukraine) also desirous of saving time, suggested that the Committee should forthwith consider the addition to the Canadian proposal of the phrase "after consultation with the United Nations".

Dr. LEÓN (Mexico), summing up the question, recalled that, in a footnote, the Technical Preparatory Committee had already refused to include in the Constitution any statement as to where the headquarters of the new organization would be. Was it for the Assembly of the Organisation or for the present Conference to determine the location of the headquarters? If the Committee considered that the task should be left to the Assembly, the Committee would have nothing to say on the matter, but if it deferred the answer to be given to the Conference, it would have to adopt some attitude towards the proposals presented. Finally, the Committee would have to state whether it intended that the United Nations should be consulted or not on this question of headquarters.

Dr. BOUDREAU (United States of America) stated that the moment had not yet arrived to take a definite decision in the matter, as all the elements of the problem had not yet been plainly established. One could be certain that the Government of the country in which it was decided to locate the headquarters of the Organization would assist by all means in its power the establishment and successful conduct of the latter. There were, however, certain points which called for consideration, such as exemption from taxes and other details likely to affect efficiency. Moreover, it was not yet known what the United Nations could offer in the way of headquarters. In short, they must rely on the members of the Interim Commission and of the Assembly, who might be expected to show as much sense as the delegates to the Conference.

Dr. MEDVED (Ukraine) remarked that the position was now very plain. Whose task should it be

to decide the headquarters of the Organization? That of the Conference or the Assembly?

The CHAIRMAN agreed and proposed to put the question to the vote.

The question whether the choice of headquarters for the future Organization should be decided by the Conference was put to the vote, and answered in the negative.

It remained to be decided whether the Conference wished the choice to be made by the Assembly after consultation with the United Nations, or not. Dr. LEÓN (Mexico) requested that the vote should be divided into two parts: first to determine whether the decision belonged to the Assembly, and then to make clear whether it could only be taken after consultation. The delegate of Poland suggested that there be added to the Canadian amendment a text indicating to the Interim Commission what enquiries it should make prior to consultation with the United Nations and before the vote was taken in the Assembly. The Assembly would have to be in possession of all the necessary information so as to be able to take its decision with a full knowledge of the facts. The Commission should know that in Committee II the feeling had been plainly expressed that it was not necessary that the headquarters of the Organization should be situated in the same city as the headquarters of the United Nations, since the desire had been expressed and widely supported that the headquarters should rather be in Europe.

Dr. MEDVED (Ukraine) shared that opinion.

Dr. BIRAUD (Secretary of the Conference) explained what procedure might be followed in the matter of consultation with the United Nations. Such consultation might take place with the General Assembly, the Economic and Social Council or the Secretariat of the United Nations.

Dr. MACKENZIE (United Kingdom) considered that such consultation should be conducted with a body belonging to the United Nations and specially created for the purpose.

Dr. BOUDREAU (United States of America) pointed out that the question of possible negotiations had been considered in Paris, as was shown by a footnote (sub-paragraph (i)) "Location of Headquarters" to Section XVII of the Technical Preparatory Committee's "Proposals for the Constitution of the World Health Organization".¹

Dr. VAN DEN BERG (Netherlands) considered that consultation with the United Nations was a self-evident obligation for specialized agencies created under its auspices.

The delegate of Canada, before the vote was taken on his amendment, wished to point out that it left the future open and gave room for co-ordination. He expressed the hope that it would secure a unanimous vote.

Dr. LEÓN (Mexico) supported the amendment. The text of the Canadian amendment reading as follows, "The headquarters of the Organization shall be located where the Assembly (of the Organization) may decide", was adopted unanimously. The addition to this text of the words "after consultation with the United Nations" was also adopted.

¹ See *Off. Rec. WHO*, No. 1, page 74.

Annex 4.

*Extract from the Report of Committee III*¹VI. WORLD HEALTH CONFERENCE²

3. Functions.

(e) Members undertake in relation to conventions, regulations and recommendations adopted by the Assembly the obligations set forth in Annex I to this Constitution.

ANNEX I

Article 1

1. Each member of the Organization which is responsible for the conduct of international relations of non-metropolitan territories, including any trust territories for which it is the administering authority, shall take all practicable steps to secure the effective application in such territories of conventions and regulations which have become binding on the member and of recommendations which have been made by the Organization to the member.

2. In particular, within the period of one year from the approval of the convention, regulation or recommendation by the Conference or, if it is impossible owing to exceptional circumstances to do so within the period of one year, then at the earliest practicable moment and in no case later than eighteen months from the date of such approval, each member will bring the convention, regulation or recommendation before the authority or authorities competent to make them effective in each such territory.

3. Each member shall communicate to the Director-General at the earliest possible date particulars of the action taken in each such territory to make effective the provisions of conventions or regulations which have become binding on the member, or recommendations which have been made by the Organization to the member, and shall further report annually to the Director-General with respect to the action taken in each such territory to carry out these provisions.

¹ This part of the report was deemed more appropriate for consideration by the World Health Assembly than by the International Health Conference, and was accordingly withdrawn. (See page 76.)

² This title was changed by the International Health Conference to "World Health Assembly".

Article 2.

Except in cases falling within the provisions of Article 3 and Article 4 below, each member shall, as soon as possible after any such convention or regulation becomes binding on the member, communicate to the Director-General of the Organization a declaration stating:

- (a) the territories in respect of which it undertakes that the provisions of the convention or regulation shall be applied;
- (b) the territories in respect of which the convention or regulation is inapplicable and in such cases the grounds on which it is inapplicable; and
- (c) the territories in respect of which it reserves its decision.

Article 3.

Where the subject-matter of the convention or regulation is within the self-governing powers of the territory, the member responsible for the conduct of international relations of the territory may upon request made by the territory communicate a declaration to the Director-General of the Organization accepting the obligations of such conventions or regulations on behalf of such territory.

Article 4.

A declaration accepting the obligations of any convention or regulation may be communicated to the Director-General of the Organization:

- (a) by two or more members of the Organization in respect of any territory which is under their joint authority, or
- (b) by any international authority responsible for the administration of any territory in virtue of the Charter of the United Nations or otherwise in respect of any such territory.

Article 5.

Acceptance of the obligations of a convention or regulation in virtue of Article 2, 3, or 4 shall involve the acceptance on behalf of the territory concerned of the obligations stipulated by the terms of the convention or regulation and the obligations under the Constitution of the Organization which apply to conventions or to regulations.

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OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION

No. 2

SUMMARY REPORT ON PROCEEDINGS
MINUTES
AND
FINAL ACTS
OF THE
INTERNATIONAL HEALTH CONFERENCE
HELD IN NEW YORK FROM 19 JUNE TO 22 JULY 1946

United Nations
WORLD HEALTH ORGANIZATION
Interim Commission

350 Fifth Avenue, New York

Palais des Nations, Geneva

JUNE 1948

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