Article 2 (a) of the Arrangement concluded by the Governments represented at the International Health Conference, held in New York in June-July 1946, required the Interim Commission of the World Health Organization "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".

The Constitution came into force in April 1948, when twenty-six Members of the United Nations had become parties to it as required by Article 80.

This event had, however, been imminent for some time, and was anticipated by a decision of the Commission at its fifth and final session in January-February 1948. By this decision Geneva was chosen as the place and 24 June as the opening date of the Health Assembly.

The Health Assembly adopted as its agenda the Provisional Agenda presented as part II of the Interim Commission's report (Official Records of the World Health Organization, No. 10).
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## II. VERBATIM RECORDS OF THE PLENARY MEETINGS

### FIRST PLENARY MEETING, Thursday, 24 June 1948, at 11 a.m.

1. Opening of session by the Chairman of the Interim Commission of the World Health Organization, and welcome to delegations and observers...
2. Address by the Head of the Department of the Interior of the Swiss Confederation...
3. Address by the Director of the United Nations European Office...
4. Adoption of provisional Rules of Procedure...
5. Establishment of Committee on Credentials...
6. Establishment of Nominations Committee...
7. Publication of an Assembly Journal...
8. Announcements by the Acting President...

### SECOND PLENARY MEETING, Thursday, 24 June 1948, at 4.30 p.m.

9. Announcements by the Acting President...
10. First Report of the Committee on Credentials...
11. First Report of the Nominations Committee...
12. Election of the President...

### THIRD PLENARY MEETING, Friday, 25 June 1948, at 10.30 a.m.

13. Announcements by the President...
14. Address by the Assistant Secretary-General of the United Nations...
15. Presidential address...
16. Second Report of the Committee on Credentials...
17. Presentation of the Report of the Interim Commission...
   Speeches by Rajkumari Amrit Kaur (India) and Dr. Cheer (China)...

### FOURTH PLENARY MEETING, Friday, 25 June 1948, at 4 p.m.

   Speeches by Lt.-Col. Jafar (Pakistan), M. Verbiest (Belgium), Sir Wilson Jameson (United Kingdom), Dr. Laves (Observer, UNESCO) and Dr. Martha Eliot (United States of America)...
20. Second Report of the Nominations Committee...

### FIFTH PLENARY MEETING, Saturday, 26 June 1948, at 10 a.m.

21. Third Report of the Committee on Credentials...
   Speeches by Dr. van der Spuy (Union of South Africa), Dr. Vinogradov (Union of Soviet Socialist Republics), Dr. Tok (Turkey) and Dr. Reuter (Austria)...

### SIXTH PLENARY MEETING, Monday, 28 June 1948, at 10 a.m.

23. Consideration of requests for admission to membership of WHO by Ceylon, the Principality of Monaco and the Republic of San Marino...
   Speeches by Dr. Baran (Ukrainian SSR), Mme Poinso-Chapuis (France), Dr. León (Mexico), Dr. Chellappah (Ceylon), Dr. da Silva Travassos (Portugal) and Dr. Maclean (New Zealand)...

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**Note:** The above content is a transcription of the table of contents from a document, formatted in a readable manner. The content includes the main headings and major points discussed during the plenary meetings. The actual meeting records and discussions would be more detailed and extensive.
SEVENTH PLENARY MEETING, Monday, 28 June 1948, at 2.30 p.m.
25. Discussion on the Report of the Interim Commission (continuation) Speeches by Dr. Togba (Liberia), Dr. Bárðos (Czecho-Slovakia), Dr. Choi (Observer, Southern Korea), Dr. Mateeff (Bulgaria), M. Shtylla (Albania), Dr. MacCormack (Ireland) and Dr. Vollenweider (Switzerland).

26. Announcements by the President.

EIGHTH PLENARY MEETING, Tuesday, 29 June 1948, at 10 a.m.
27. Discussion on the Report of the Interim Commission (continuation) Speeches by Dr. Evstafiev (Byelorussian SSR), Dr. Amyot (Canada), Dr. Ghani (Iran), Professor Parisot (France), Dr. Kozusznik (Poland), Professor Sigurjonsson (Iceland), Dr. Dimitriu (Roumania) and Dr. Soper (Observer, Pan American Sanitary Bureau).

NINTH PLENARY MEETING, Tuesday, 29 June 1948, at 2.30 p.m.
28. Discussion on the Report of the Interim Commission (continuation) Speeches by Dr. de Paula Souza (Brazil), Dr. Simonovits (Hungary), Dr. Bantug (Philippines) and Dr. Orfanidis (Greece).

29. Announcements by the President.

TENTH PLENARY MEETING, Friday, 2 July 1948, at 11.30 a.m.
30. First Report of the Legal Committee : admission of the Principality of Monaco to Membership of WHO.
33. Ratification of the WHO Constitution by the United States of America.

ELEVENTH PLENARY MEETING, Saturday, 10 July 1948, at 10 a.m.
34. Announcement by the President on membership of WHO.
38. Draft resolution on the Report of the Interim Commission, proposed by the delegation of Mexico.
39. First and Second Reports of the Committee on Relations.
41. Appointment of Central Drafting Committee.
42. Discussion on the election of the Executive Board.

TWELFTH PLENARY MEETING, Saturday, 10 July 1948, at 3 p.m.
43. Election of the delegate of France to the Central Drafting Committee.
44. Discussion on the election of the Executive Board (continuation).

THIRTEENTH PLENARY MEETING, Monday, 12 July 1948, at 5 p.m.
45. Discussion on the election of the Executive Board (continuation).
46. Election of the Executive Board.

FOURTEENTH PLENARY MEETING, Saturday, 17 July 1948, at 10 a.m.
47. Procedure for voting in the Health Assembly on proposals previously circulated in documents.
48. Telegram from the Prime Minister of India concerning the location of a regional bureau in India.
49. Adoption of committee reports : Third Report of the General Committee; Third, Fourth, Fifth, Sixth and Seventh Reports of the Committee on Relations; First and Second Reports of the Committee on Administration and Finance; Fifth Report of the Committee on Credentials; Second and Third Reports of the Legal Committee; Second Report of the Committee on Programme; addendum to Second Report of the Committee on Headquarters and Regional Organization; correction to Third Report of the Committee on Relations.
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#### 2. General Committee

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#### 3. Committee on Programme

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#### 4. Committee on Administration and Finance

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#### 6. Committee on Headquarters and Regional Organization

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1 As the reports of the Nominations Committee were delivered verbally, they have not been included with the other committee reports but will be found in the verbatim records (pages 28 and 38).

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1. LIST OF DELEGATIONS AND OBSERVERS

Delegations of States Members of WHO

ALBANIA

Delegates:
Mr. B. SHTYLLA, Minister Plenipotentiary, Ministry of Foreign Affairs (Chief Delegate)
Dr. S. KLOSI, Ministry of Public Health
Mr. V. NATHANAIL, Ministry of Foreign Affairs

ARGENTINA

Delegate:
Dr. A. ZWANCK, Professor of Hygiene, University of Buenos Aires (Chief Delegate)

Adviser:
Dr. GÁLVEZ BUNGE, Director-General, Department of Sanitary Legislation, Ministry of Public Health

AUSTRALIA

Delegate:
Dr. G. M. REDSHAW, Chief Medical Officer, Australia House, London (Chief Delegate)

Alternates:
Mr. B. C. BALLARD, Counsellor, Australian Embassy, Paris
Mr. W. G. A. LANDALE, Second Secretary, Australian Legation, The Hague

AUSTRIA

Delegates:
Dr. F. REUTER, Professor, University of Vienna; Chief, Bureau of Public Health, Ministry of Social Welfare (Chief Delegate)
Dr. F. PUNTIGAM, Counsellor, Ministry of Social Welfare
Mr. K. STROBL, Counsellor, Ministry of Social Welfare

BELGIUM

Delegates:
M. A. VERBIST, Ministre de la Santé publique et de la Famille (Chief Delegate)
M. L. A. D. GEAERS, Directeur de Chancellerie de première classe au Ministère des Affaires étrangères et du Commerce extérieur
Professor M. DE LAET, Secrétaire général du Ministère de la Santé publique et de la Famille

Alternates:
Baron C. VAN DER BRUGGEN, Attaché de Cabinet au Ministère de la Santé publique et de la Famille
Dr. P. J. J. VAN DE CALSEYDE, Directeur général de l’Hygiène, Ministère de la Santé publique et de la Famille
Dr. J. GOOSSENS, Directeur général au Ministère de la Santé publique et de la Famille
Dr. J. SPAEY, Chef de Cabinet au Ministère de la Santé publique et de la Famille

Advisers:
M. F. BLONDEEL, membre de la délégation permanente belge auprès des organisations internationales à Genève
Dr. L. VAN HOOF, Professeur à l’Institut de Médecine tropicale, Anvers ; Médecin en chef honoraire du Congo, Médecin général de la Colonie
Dr. J. RODHAIN, Directeur honoraire de l’Institut de Médecine tropicale, Anvers ; Médecin en chef honoraire du Congo

BRAZIL

Delegates:
Dr. G. H. DE PAULA SOUZA, Professor and Director, Faculty of Hygiene and Public Health, University of São Paulo (Chief Delegate)
Professor P. E. DE BERREDO CARNEIRO, Brazilian Delegate to UNESCO, Paris
Dr. A. G. DE ALMEIDA E CASTRO, Director, Plague Service, Department of National Health

BULGARIA

Delegates:
Dr. D. MATEEFF, Rector, College of Physical Education, Sofia (Chief Delegate)
Dr. S. STOYANOFF, Assistant Chief, Dermatological Clinic, Faculty of Medicine, University of Sofia

BURMA

Delegate:
Dr. BA MAUNG, Port Health Officer, Rangoon

BYELORUSSIAN SOVIET SOCIALIST REPUBLIC

Delegates:
Dr. N. T. EVSTAFIEV, Deputy Minister of Public Health (Chief Delegate)
Dr. N. T. PETROV, Deputy Director, Institute of Medicine ; Director, Surgical Clinic, Minsk
CANADA

Delegates:
Dr. G. D. W. Cameron, Deputy Minister of National Health, Department of National Health and Welfare (Chief Delegate)
Dr. G. F. Amyot, Deputy Minister of Health, Province of British Columbia
Dr. T. C. Routley, General Secretary, Canadian Medical Association, Toronto

Advisers:
Dr. A. Frappier, Directeur de l'Institut de Microbiologie et d'Hygiène et de l'Ecole d'Hygiène de l'Université de Montréal
Mr. J. G. H. Halstead, Foreign Service Officer, Office of the High Commissioner for Canada in the United Kingdom, London
Mr. L. A. D. Stephens, Department of External Affairs, Canadian Legation, Berne

CEYLAN

Delegate:
Dr. S. F. Chellappa, Director, Medical and Sanitary Services

CHINA

Delegates:
Dr. S. N. Cheer, Professor of Medicine; Dean, Medical College, National Central University, Nanking (Chief Delegate)
Dr. C. K. Chu, Director, National Institute of Health, Ministry of Health
Dr. W. W. Yung, Director, Department of Epidemic Prevention, Ministry of Health

Advisers:
Mr. Y. S. Chen, First Secretary, Chinese Embassy, London
Dr. K. Cheung, Dean, Army Medical College

Technical expert:
Dr. C. Y. Shu, Resident Representative, Chinese Ministry of Health, Washington, D.C.

CZECHOSLOVAKIA

Delegates:
Dr. E. Ungár, Head of Department, Ministry of Health (Chief Delegate)
Dr. V. Bárdos, Member, Health Department for Slovakia
Dr. B. Schober, Ministry of Health

Advisor:
Mr. J. Pospíšil, Consul General in Zurich

DENMARK

Delegates:
Dr. J. Frandsen, Director-General, National Health Service (Chief Delegate)
Dr. O. Andersen, Professor, University of Copenhagen; Adviser, National Health Service
Dr. J. H. Holm, Chief, Tuberculosis Division, State Serum Institute, Copenhagen

Advisor:
Mr. N. C. Rasmussen, Chief Assistant, Ministry of Health

DOMINICAN REPUBLIC

Delegate:
Dr. M. Pastoriza Valverde, Minister Plenipotentiary to France and Switzerland

EGYPT

Delegates:
Sir Aly Tewfik Shousha, Pasha, Under-Secretary of State, Ministry of Public Health (Chief Delegate)
Mr. H. A. Baghdadi, Professor and Vice-Dean, Faculty of Law, University Farouk I, Alexandria
Dr. M. Nazif Bey, Under-Secretary of State for Quarantine, Ministry of Public Health

EL SALVADOR

Delegate:
Mr. A. Amy, Consul in Geneva

ETHIOPIA

Delegates:
Mr. A. G. Zallaka, Counsellor and Chargé d'Affaires a.i., Imperial Ethiopian Legation, Stockholm (Chief Delegate)

Adviser:
Dr. F. Hylander, Inspector-General, Ministry of Public Health

FINLAND

Delegates:
Dr. O. Reinikainen, Director-General of Health Services (Chief Delegate)
Dr. T. I. Putkonen, State Venereologist, State Medical Board
Dr. K. H. Sarkko, Director, Bureau of Hygiene and Communicable Diseases, State Medical Board

FRANCE

Delegate:
Dr. J. Parisot, Professeur d'Hygiène et Médecine sociale à la Faculté de Médecine de Nancy (Chief Delegate)

Advisers:
Dr. E. J. Y. Aujaleu, Directeur de l'Hygiène sociale, Ministère de la Santé publique et de la Population
Dr. L. Bernard, Chef de Bureau d'Epidémiologie, Ministère de la Santé publique et de la Population
M. P. Bertrand, Délégué adjoint de la France auprès de l'Office européen des Nations Unies
Dr. A. J. CavailIon, Directeur général de la Santé, Ministère de la Santé publique et de la Population
Dr. A. R. Dujarric de la Rivière, Sous-Directeur de l'Institut Pasteur, Paris; Membre de l'Académie de Médicine
Mme C. Labeyrie, Secrétariat des Conférences, Ministère des Affaires étrangères
FRANCE (continued)
Dr. G. MONTUS, Inspecteur divisionnaire de la Santé, Ministère de la Santé publique et de la Population, Marseilles
M. P. M. RAFFARD, Division des Finances extérieures, Ministère des Finances et des Affaires économiques
Médecin Général Inspecteur M. A. VAUCEL, Directeur du Service de Santé colonial, Ministère de la France d'Outre-Mer

GREECE
Delegates:
Dr. A. ORFANIDIS, Minister of Public Health (Chief Delegate)
Dr. S. B. BRISKAS, Professeur agrégé, Faculté de Médecine de Paris

HAITI
Delegate:
M. A. ADDOR, Consul-General in Switzerland

HUNGARY
Delegates:
Dr. J. VIKOL, Secretary of State, Ministry of Welfare (Chief Delegate)
Dr. S. SIMONOVITS, Chief, Section of Public Health, Ministry of Welfare
Alternates:
Dr. G. PETÉNYI, Professor of Pediatrics, University of Budapest
Dr. S. TARISKA, Counsellor, Ministry of Welfare
Mr. B. VESZPRÉMY-BANGHA, Counsellor, Hungarian Legation, Berne

ICELAND
Delegate:
Dr. J. SIGURJÓNSSON, Professor, University of Iceland, Reykjavik

INDIA
Delegates:
Rajkumari AMRIT KAUR, Minister of Health (Chief Delegate)
Sir A. Lakshmanaswami MUDALIAR, Vice-Chancellor, University of Madras
Dr. C. MANI, Deputy Director-General of Health Services
Alternates:
Sir Dhiren MITRA, Legal Adviser to the High Commissioner for India in the United Kingdom, London
Lt.-Col. C. L. PASRICH, Medical Adviser to the High Commissioner for India in the United Kingdom, London

Advisers:
Dr. S. C. SEN, Radiologist; Vice-President, Indian Medical Association
Lt.-Col. J. SINGH, Director, Malaria Institute of India, Delhi

IRAN
Delegates:
Dr. G. GHANI, Ambassador in Cairo, Egypt (Chief Delegate)
Dr. M. H. HAFEZI, Director, Department of International Health, Ministry of Health; Deputy Adviser to the Minister of Health
Dr. J. MONJÉTHÉN, President, Committee on Health, Parliament of Iran

Delegate:

IRAQ
Delegates:
Dr. S. ZAHAWI, Professor of Pathology; Director, Pathological Institute, Medical College, Baghdad

IRELAND
Delegates:
Dr. J. A. DEENY, Chief Medical Adviser, Department of Health (Chief Delegate)
Dr. J. D. MACCORMACK, Deputy Chief Medical Adviser, Department of Health

Alternates:
Mr. T. J. BRADY, Principal Officer, Department of Health

ITALY
Delegates:
Professor M. COTELLESSA, High Commissioner for Hygiene and Public Health (Chief Delegate)
Professor G. A. CANAPERIA, Chief Medical Officer, Department of Public Health
Baron G. V. CONFALONIERI, Minister Plenipotentiary; Consul-General in Geneva

Alternates:
Dr. S. CRAMAROSSA, Professor of Hygiene, School of Engineering, University of Rome; Director, Bureau of Health of the City of Rome
Mr. F. MALFATTI, Consul in Geneva
Dr. V. PUNTONI, Director, Institute of Hygiene, University of Rome

LIBERIA
Delegates:
Dr. J. N. TOGBA, Director of Public Health and Sanitation (Chief Delegate)
Dr. A. S. SCHNITZER, Member, Medical Board of the Republic of Liberia

MEXICO
Delegates:
Dr. A. P. LEÓN, Professor of Preventive Medicine; Chief, Bacteriological Laboratory, Institute of Hygiene and Tropical Diseases, Mexico City, D.F. (Chief Delegate)
Dr. J. ZOZAYA, Technical Adviser, Ministry of Health and Welfare; Director, Graduate School, University of Mexico

Advisor:
Mr. J. G. DE WERRA, Technical Adviser
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<th>Country</th>
<th>Delegates</th>
<th>Alternate</th>
<th>Advisers</th>
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<td>Monaco</td>
<td>M. M. Lozé, Envoyé extraordinaire et Ministre plénipotentiaire en France (<em>Chief Delegate</em>)</td>
<td>Dr. E. Boeri, Directeur du Service d’Hygiène et de Salubrité publique</td>
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<td>Netherlands</td>
<td>Dr. C. van den Berg, Director-General of Public Health, Ministry of Social Affairs (<em>Chief Delegate</em>)</td>
<td>Dr. C. Banning, Chief Medical Officer of Public Health</td>
<td>Dr. W. Aeg. Timmerman, Director, Rijks-instituut voor de Volksgezondheid, Utrecht</td>
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<td>Mr. N. A. Roozenaal, Chief Pharmaceutical Officer of Public Health</td>
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<td>New Zealand</td>
<td>Dr. F. S. Maclean, Director, Division of Public Hygiene, Department of Health (<em>Chief Delegate</em>)</td>
<td>Dr. D. P. Tahitoe, Government Physician, Macassar</td>
<td>Dr. A. E. Wolff, Chief, Bureau of Communicable and Endemic Disease Control, Surinam</td>
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<td>Norway</td>
<td>Dr. K. Evang, Director-General of Public Health (<em>Chief Delegate</em>)</td>
<td>Dr. J. Bjørnsson, Chief, Division of Epidemiology and Hygiene, Ministry for Social Affairs</td>
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<td>Dr. A. Diesen, Chief Public Health Officer of the City of Oslo</td>
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<td>Pakistan</td>
<td>Mr. M. M. Shah, Minister of Health (<em>Chief Delegate</em>)</td>
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<td>Mr. V. Inayat-Khan, Secretary, Office of the High Commissioner for Pakistan in London</td>
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<td>Lt.-Col. M. K. Afridi, Director, Malaria Institute and Bureau of Laboratories</td>
<td>Lt.-Col. F. M. Khan, Director of Public Health, East Bengal</td>
<td>Mr. G. A. Madani, Deputy Secretary, Ministry of Health</td>
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<td>Philippines</td>
<td>Dr. J. P. Bantug, Chief, Division of Health Education and Information, Bureau of Health (<em>Chief Delegate</em>)</td>
<td>Dr. M. V. Arguelles, Government Specialist on BCG vaccination</td>
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<td>Poland</td>
<td>Dr. B. Kozusznik, Under-Secretary of State, Ministry of Health (<em>Chief Delegate</em>)</td>
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<td>Mr. V. Inayat-Khan, Secretary, Office of Health Education and Information, Bureau of Health</td>
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<td>Dr. D. Borensztajn, Inspector, Ministry of Health</td>
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<td>Dr. M. Kacprzak, Professor of Hygiene; Director, State School of Hygiene; President, National Health Council</td>
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<td>Portugal</td>
<td>Dr. A. da Silva Travassos, Director-General of Public Health, Ministry of Interior (<em>Chief Delegate</em>)</td>
<td>Dr. F. J. C. Cambournac, Director, Malaria Institute; Professor, Institute of Tropical Medicine</td>
<td>Dr. A. A. de Carvalho Dias, Director, Technical Services, General Directorate of Health, Ministry of Interior</td>
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<td>Dr. B. A. V. de Pinho, Director, Technical Services, General Directorate of Health, Ministry of Interior</td>
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<td>Roumanie</td>
<td>Dr. V. Dimitriu, Secretary-General, Ministry of Health (<em>Chief Delegate</em>)</td>
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<td>Dr. S. Cupcea, Professor, Faculty of Medicine, University of Cluj</td>
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<td>Dr. G. Lupasco, Professor, Faculty of Medicine, University of Timisoara</td>
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<td>Dr. M. Minculesco, Children’s Hospital, Bucharest</td>
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SAUDI ARABIA

Delegates:
Dr. R. PHARAON, Chief Medical Adviser and Counsellor to H. M. the King of Saudi Arabia (Chief Delegate)
Dr. M. KHASHORJI, Inspector General of Public Health

Delegate:
Dr. VEJJASAISTE LUANG BHAYUNG, Director-General, Department of Public Health (Chief Delegate)

Alternate:
Dr. B. TAMTHAI, Lecturer, Ministry of Public Health

SIAM

Delegates:
Dr. M. KHASNOXP, Inspector General of Public Health

SWEDEN

Delegates:
Dr. J. A. HöJER, Director-General of Public Health (Chief Delegate)
Dr. R. K. BERGMAN, Chief, Section of Hygiene and Epidemiology, Public Health Administration
Professor G. OLIN, Director, State Bacteriological Institute

Advisor:
Mr. S. F. V. BUCHT, First Secretary, Ministry of the Interior and Public Health

SWITZERLAND

Delegates:
Dr. P. VOLLENWEIDER, Directeur du Service fédéral de l’hygiène publique (Chief Delegate)
M. A. BOISSIER, Premier Secrétaire de Légation; Suppléant du Chef du Service des Organisations internationales, Département politique fédéral
Dr. E. GRASSET, Professeur d’Hygiène et de Bactériologie; Directeur de l’Institut d’Hygiène de l’Université de Genève

Alternate:
Dr. A. SAUTER, Sous-Directeur du Service fédéral de l’hygiène publique

Advisor:
M. C. MULLER, Economiste au Département politique fédéral

SYRIA

Delegates:
Dr. R. TARAZI, Inspector-General of Health and Public Welfare

TURKEY

Delegates:
Dr. E. TOX, Under-Secretary of State, Ministry of Health and Social Assistance (Chief Delegate)

Alternate:
Dr. N. KARABUDA, Director-General, Department of Health, Ministry of Health and Social Assistance

UKRAINIAN SOVIET SOCIALIST REPUBLIC

Delegates:
Dr. N. A. BARAN, Deputy Minister of Public Health (Chief Delegate)
Dr. O. A. BOGOMOLETS, Director, Institute of Experimental Biology and Pathology, Kiev

Advisor:
Dr. V. N. BUTROV, Deputy Chief, Department of Scientific Information, Ministry of Health

UNION OF SOUTH AFRICA

Delegates:
Dr. A. J. VAN DER SPUY, Deputy Chief Health Officer for the Union of South Africa, Pretoria (Chief Delegate)
Dr. H. S. GEAR, Deputy Chief Health Officer for the Union of South Africa, Cape Town
Mr. T. Hewitson, Second Secretary, Office of the High Commissioner for the Union of South Africa to the United Kingdom

Alternate and advisers:
Mr. F. L. PENBERTHY, Member of the Union Department of Public Health
Mr. J. G. STEWART, Secretary of Legation, Legation of the Union of South Africa, Paris

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:
Dr. N. A. VINOGRADOV, Deputy Minister of Public Health (Chief Delegate)
Dr. Maria KOVRIGINA, Deputy Minister of Public Health
Dr. B. D. PETROV, Director, First Moscow Medical Institute

Advisers:
Dr. B. D. VASILIEV, Chief, Service of Scientific Information, Ministry of Public Health
Dr. K. VINOCOUROV, Professor of Medicine, Medical Academy, Moscow

UNITED KINGDOM

Delegates:
Sir Wilson JAMESON, Chief Medical Officer, Ministries of Health and Education (Chief Delegate)
Dr. Melville MACKENZIE, Principal Medical Officer, Ministry of Health
Dr. A. M. W. RAS, Deputy Medical Adviser, Colonial Office, London

Alternate:
Dr. R. H. BARRETT, Medical Officer, Ministry of Health
Dr. G. NORTH, Registrar-General of England and Wales
Dr. P. G. STOCK, Medical Adviser, Ministry of Health
Dr. Percy STOCKS, Chief Medical Statistician, General Register Office, London
### UNITED KINGDOM (continued)

**Advisers:**
- Mr. J. K. Creer, Colonial Office, London
- Mr. C. H. K. Edmonds, Assistant Secretary, Ministry of Health
- Miss K. V. Green, Executive Officer, Ministry of Health
- Mr. T. Lindsay, Principal Assistant Secretary, Ministry of Health
- Mr. F. A. Mills, Accountant-General's Department, Ministry of Health
- *Brigadier W. Strelley Martin, Public Health Adviser to the Military Governor, Control Commission for Germany*
- Dr. I. N. Sutherland, Senior Medical Officer, Department of Health for Scotland
- Mr. F. A. Vallat, Assistant Legal Adviser, Legal Department, Foreign Office

### UNITED STATES OF AMERICA

**Delegates:**
- Dr. T. Parran, Medical Director, US Public Health Service (*Chief Delegate*)
- Dr. Martha M. Eliot, Associate Chief, Children's Bureau, Federal Security Agency
- Dr. J. R. Miller, Trustee, American Medical Association, Hartford, Conn.

**Congressional Adviser:**
- Mr. I. D. Fenton, Member, House of Representatives, Congress of the United States

**Alternates:**
- Dr. F. P. Corrigan, Political Adviser on Latin America, US Mission to the United Nations
- Dr. J. A. Doull, Medical Director; Chief, Office of International Health Relations, US Public Health Service
- Dr. W. Halverson, Director of Public Health, State of California
- Dr. H. van Zile Hyde, Division of International Labour, Social and Health Affairs, Department of State
- Mr. D. V. Sandifer, Deputy Director, Office of United Nations Affairs, Department of State

**Advisers:**
- Mr. H. B. Calderwood, Division of United Nations Economic and Social Affairs, Department of State
- Mr. N. H. Cruikshank, Director, Social Insurance Activities, American Federation of Labour, Washington, D.C.
- Mr. A. W. Dent, President, Dillard University, New Orleans, La.
- Mr. M. Kramer, Chief, Research and Information, Office of International Health Relations, US Public Health Service
- Mrs. D. M. Levy, President, Citizens' Committee on Children of New York City

*See also under Germany, British Zone of Occupation*

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### VENEZUELA

**Delegates:**
- Dr. F. Castillo-Rey, Assistant Director of Public Health, Ministry of Public Health and Social Welfare (*Chief Delegate*)
- Dr. C. L. González-Velasco, Health Officer, Ministry of Public Health and Social Welfare
- Dr. S. Ruesta Marco, Technical Adviser, Ministry of Public Health and Social Welfare

### YUGOSLAVIA

**Delegates:**
- Dr. A. Stampar, President, Yugoslav Academy of Sciences and Arts; Professor of Public Health and Social Medicine, University of Zagreb (*Chief Delegate*)
- Dr. J. Milčinski, Professor of Forensic Medicine, Medical Faculty of Ljubljana
- Dr. C. Plavšič, Assistant Professor, Medical Faculty of Belgrade

**Observers for States non-Members of WHO**

### BOLIVIA

**Dr. F. Ferrièr, Consul in Geneva**

### CHILE

**Dr. A. Alonso Vial**

### ECUADOR

**Mr. A. Casteló, Consul-General in Geneva**

### GUATEMALA

**Mr. A. Dupont-Willemin, Honorary Consul in Geneva**

### LUXEMBURG

**Dr. P. Schmol, Directeur du Laboratoire sérologique de l'Etat**

**Dr. L. Molitor, Directeur de la Santé publique**
NICARAGUA
Mr. A. ARGUELLO CERVANTES, Minister Plenipotentiary and Consul-General in Paris

PANAMA
Dr. S. E. BARRAZA, Minister Plenipotentiary and Envoy Extraordinary, in London

REPUBLIC OF SAN MARINO
Dr. B. LIFSCHITZ, Consul-General in Lichtenstein

URUGUAY
Dr. A. SAENZ, Deputy Minister Plenipotentiary, Paris (Chief Delegate)
Mr. A. M. CARVALHO, Chargé d’Affaires in Switzerland

Observers for Allied Control Authorities

GERMANY
(1) AMERICAN ZONE OF OCCUPATION:
Col. M. T. KUBIN, Chief, Public Health Branch, Civil Administration Division, Office of the Military Government for Germany

(2) BRITISH ZONE OF OCCUPATION:
Brigadier W. STRELLEY MARTIN, Public Health Adviser to the Military Governor, Control Commission for Germany

(3) FRENCH ZONE OF OCCUPATION:
Inspecteur général G. COULON, Chef de la Division des Affaires administratives et sociales, Commandement en chef français en Allemagne
Médecin-Général F. DESPLATS, Chef de la Section de Santé publique et d’Aide sociale

JAPAN
Dr. R. AZUMA, Technical Adviser to Col. C. S. Mollohan; Director, Bureau of Medical Affairs, Ministry of Welfare

SOUTHERN KOREA
(AMERICAN ZONE OF OCCUPATION):
Dr. Y. T. CHOI, Bureau Chief of Preventive Medicine, Department of National Health

Observers for International Organizations

UNITED NATIONS
Dr. H. LAUGIER, Assistant-Secretary-General in charge of Social Affairs
Sir Raphael CILENTO, Director, Division of Social Activities
Mr. V. DUCKWORTH-BARKER, Director, Information Centre, Geneva
Dr. J. A. LUCAS, Chief General Research Section, Department of Trusteeship and Information from Non-Self-Governing Territories
Dr. S. SZE, Chief, Specialized Agencies Section, Joint Division of Co-ordination and Liaison
Mr. W. J. BRUCK, Assistant Director, Statistical Office
Mr. V. PASTUHOV, Member, Division of Narcotic Drugs
Dr. A. BARKHUUS, Medical Specialist, Department of Trusteeship and Information from Non-Self-Governing Territories

PERMANENT CENTRAL OPIUM BOARD AND DRUG SUPERVISORY BODY
Mr. E. FELKIN, Secretary
Mr. L. F. ATZENWILER, Assistant Secretary

UNITED NATIONS INTERNATIONAL CHILDREN’S EMERGENCY FUND (UNICEF)
Mr. A. E. DAVIDSON, Director, European Headquarters

FOOD AND AGRICULTURE ORGANIZATION (FAO)
Dr. J. M. LATSKY, Nutrition Representative in Europe; Chief Nutrition Consultant to UNICEF in Europe

INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)
Dr. E. WARNER, President of the Council
Mr. A. ROPER, Secretary-General
Mr. E. R. MARLIN, Liaison Officer

INTERNATIONAL LABOUR ORGANIZATION (ILO)
Dr. A. GRUT, Chief, Industrial Hygiene Section
Mr. J. L. MOWAT, Chief, Maritime Section
Mr. L. FÉRAUD, Actuarial Adviser, Social Insurance Section
Mme. E. H. M. BRUNN, Member, Women and Children Section
Mr. R. E. MANNING, Secretary

PREPARATORY COMMISSION FOR THE INTERNATIONAL REFUGEE ORGANIZATION (PCIRO)
Dr. R. L. COIGNY, Director, Health Division

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)
Dr. W. H. C. LAVES, Deputy Director-General
Dr. Irina M. ZHUKOVA, Counsellor in Medical Sciences, Department of Natural Sciences

OFFICE INTERNATIONAL D’HYGIÈNE PUBLIQUE (OIH)
Dr. M. T. MORGAN, Président du Comité permanent
Dr. M. GAUD, Président de la Commission des Finances et du Transfert

PAN AMERICAN SANITARY BUREAU (PASB)
Dr. F. L. SOPER, Director
Dr. M. E. BUSTAMANTE, Secretary-General
2. OFFICERS OF THE ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

Officers of the Assembly

President:
Dr. Andrija STAMPAR (Yugoslavia)

Vice-Presidents:
Rajkumari AMRIT KAUR (India)
Sir Aly SHOUSHA, Pasha (Egypt)
Dr. G. H. DE PAULA SOUZA (Brazil)

Secretary:
Dr. Brock CHISHOLM, Executive Secretary of the Interim Commission

Assistant Secretaries:
Dr. Raymond GAUTIER, Counsellor, Head of the Geneva Office of the Interim Commission
Dr. Frank CALDERONE, Director of the Headquarters Office of the Interim Commission
Mr. C. PURVES, Conference Officer

Committee on Credentials
The Committee on Credentials was composed of the delegates of Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Portugal, Siam, Sweden.
Chairman: Sir Aly SHOUSHA, Pasha (Egypt)
Vice-Chairman: Dr. E. UNGÁR (Czechoslovakia)
Rapporteur: Dr. M. H. HAFEZI (Iran)
Secretary: Dr. M. PASCUA

Nominations Committee
The Nominations Committee was composed of the delegates of Australia, India, Iraq, Italy, Mexico, Netherlands, Norway, Poland, Roumania, Ukrainian Soviet Socialist Republic, Union of South Africa, Venezuela.
Chairman: Dr. C. MANI (India)
Vice-Chairman: Dr. M. KACPRZAK (Poland)
Secretary: Dr. Brock CHISHOLM

General Committee
The General Committee was composed of the President and Vice-Presidents of the Assembly and the chairmen of the main committees, together with the delegates of China, France, Siam, Syria, the Union of Soviet Socialist Republics and the United States of America.
Chairman: Dr. Andrija STAMPAR (Yugoslavia)
Secretary: Dr. Brock CHISHOLM

Main Committees

Under Rule 28 of the Rules of Procedure each delegation was entitled to be represented on each main committee by one of its members.

Programme:
Chairman: Dr. K. EVANG (Norway)
Vice-Chairman: Dr. F. CASTILLO-REY (Venezuela)
Rapporteur: Dr. G. F. AMYOT (Canada)
Secretary: Dr. W. M. BONNE

Administration and Finance:
Chairman: Dr. M. KACPRZAK (Poland)
Vice-Chairman: Dr. A. J. VAN DER SPUY (Union of South Africa)
Rapporteur: Dr. C. K. CHU (China)
Secretary: Mr. Milton P. SIEGEL

Relations:
Chairman: Dr. Melville MACKENZIE (United Kingdom)
Vice-Chairman: Lt.-Col. M. JAFAR (Pakistan)
Rapporteur: Professor M. DE LAËT (Belgium)
Secretary: Dr. W. P. FORREST

Headquarters and Regional Organization:
Chairman: Dr. J. ZOZAYA (Mexico)
Vice-Chairman: Dr. E. UNGÁR (Czechoslovakia)
Rapporteur: Mr. T. HEWITSON (Union of South Africa)
Secretaries:
Headquarters: Mr. Z. DEUTSCHEMAN
Regional Organization: Dr. M. M. SIDKY

Legal:
Chairman: Dr. C. VAN DEN BERG (Netherlands)
Vice-Chairman: Dr. F. S. MACLEAN (New Zealand)
Rapporteur: Mr. D. V. SANDIFER (United States of America)
Secretary: M. A. H. ZARB

Central Drafting Committee
The Central Drafting Committee was composed of delegates of Belgium, Chile, France, New Zealand, the Union of Soviet Socialist Republics and the United States of America.
Chairman: Professor J. PARISOT (France)
Secretary: Dr. N. HOWARD-JONES

1 Later elected Director-General of WHO.
II. VERBATIM RECORDS OF THE PLENARY MEETINGS
II. VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING

Thursday, 24 June 1948, at II a.m.

Acting President: Dr. Andrija Stampar (Yugoslavia), Chairman of the Interim Commission

CONTENTS

1. Opening of Session by the Chairman of the Interim Commission of the World Health Organization, and Welcome to Delegations and Observers
2. Address by the Head of the Department of the Interior of the Swiss Confederation
3. Address by the Director of the United Nations European Office
4. Adoption of Provisional Rules of Procedure
5. Establishment of Committee on Credentials
6. Establishment of Nominations Committee
7. Publication of an Assembly Journal
8. Announcements by the Acting President

1. Opening of Session by the Chairman of the Interim Commission of the World Health Organization, and Welcome to Delegations and Observers

The Acting President: Over two years have elapsed since the representatives of more than 60 nations assembled in New York at the International Health Conference and decided, on the suggestion of the representatives of China and Brazil—to establish the World Health Organization. The International Health Conference entrusted to the Interim Commission of the World Health Organization—over which I have had the honour to preside for these two years—the administration of the affairs of the Organization until the first World Health Assembly was convened.

The objectives of the Constitution of the World Health Organization have guided the Interim Commission in its work to promote international health and the attainment of higher health standards for the peoples of the world. A report outlining the Commission's activities and the spirit that guided it has been submitted to the delegations. If you want to render full justice you must bear in mind the whole atmosphere of the Commission's work as well as the means at its disposal.

There are great traditions in the field of international health. The World Health Organization has inherited obligations from pre-existing international health bodies. The Health Organization of the League of Nations held many of its meetings in the halls of this building. The functions of the Office International d'Hygiène Publique were taken over by the Interim Commission according to the Agreement with that body, and work is under way for the integration of pre-existing international health bodies, the objective being to establish a single world health organization, to include everything in the field of international health relations, based on treaties, conventions and agreements.

Although the International Health Conference at New York was characterized by a spirit of true understanding of health matters, by optimism and by faith that the World Health Organization would become permanent within a short period of time, no less than two years passed before the required number of States ratified the World Health Organization Constitution. The members of the Interim Commission were often impeded in their work by this fact, but they never lost faith in their cause. Today we see that this endurance has been justified, and the impressive gathering of delegates, representatives and observers attending this Assembly from so many countries and organizations in the world testifies to this effect.

The Interim Commission will terminate its work shortly, and I should like to avail myself of this opportunity to stress one point. During its relatively long existence the work of the Commission was never impaired by any important disharmony, and all differences of opinion were settled by friendly agreement. It rarely proved necessary for the Commission to decide any matter by a vote.

The members of the Interim Commission were conscious that they represented all the countries which took part in the International Health Conference in New York, and they considered it their duty to conduct international health matters in what they believed to be the best possible way, constantly bearing in mind the interests of world health.

With these words it is my privilege to extend to you all, delegates, representatives and observers, a hearty welcome on behalf of the Interim Commission, and to declare the first World Health Assembly open.

We have the honour to welcome also to the first World Health Assembly M. Etter, Federal Councillor, Chief of the Department of the Interior of the Swiss Federation, representing the country
which will be our host during the five weeks this Assembly will last. I further have the honour to welcome Mr. Moderow, representative of the United Nations in Geneva. To the delegates I offer my very best wishes for a fruitful and pleasant sojourn in this city, famous for the role it has played and is playing in international affairs, and have the honour to welcome to the Assembly the Vice-President of the Conseil d'Etat, the Chancellor of the Republic and Canton of Geneva and the President of the Conseil Administratif of the City of Geneva.

With these words, I beg the delegates to proceed to the discussion of the questions awaiting our consideration in that same spirit of mutual trust, friendship and co-operation which animated the meetings of the Interim Commission.

2. Address by the Head of the Department of the Interior of the Swiss Confederation

The ACTING PRESIDENT: M. Etter, Chief of the Department of the Interior of the Swiss Confederation, will address the Assembly.

M. Etter (translation from French): As head of the department which is responsible for the public-health service of my country, I have the honour to convey the greetings of the Swiss Federal Council to the World Health Assembly.

We are highly gratified that you should have decided to hold your first Assembly in our country, and we warmly thank you for this gesture and for the honour you have conferred upon us.

The Republic and Canton of Geneva, for centuries a bulwark of freedom and humanitarian ideals, has always been a rallying point and an international centre. Throughout the centuries, students from all countries have come to our ancient Geneva university in quest of knowledge and culture of the mind. In times of persecution the city opened wide her gates to fugitives and émigrés. Geneva is also the headquarters of the International Red Cross Committee, the conception of which was due to one of her sons, M. Henri Dunant, the great philanthropist. Here, therefore, you will find a favourable atmosphere and tradition for your labours.

The mission entrusted to you by the United Nations is surely one of the highest and noblest in the field of international co-operation. The health of individuals and of peoples is one of the primary conditions of the common good and of social progress and well-being. To safeguard such a treasure we shall need to exert every ounce of our energy. There can be no better definition of the aims and principles of your institution than this preliminary sentence from the preamble of your Constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

In comparison with past programmes of international co-operation in the field of public health, this extremely wide definition marks a great step forward, indeed almost a revolution; and our predecessors considered that their essential object was to fight disease and epidemics. But the World Health Organization has set itself a more far-reaching and more concrete target. Its efforts will not be confined to fighting the dangers which threaten the health of peoples; they will more especially be directed towards developing well-being and health in general, embracing the whole nature of man, physical and spiritual, and so you will be opening up new paths towards a vaster and more universal conception.

In endeavouring to carry out this scientifically and socially constructive programme by unremitting efforts, and spurred on by lofty ideals, you are undertaking the magnificent task of forging closer links between men and between peoples in the service of peace and general happiness. And each State, each nation, will be able to take part in this great work, universal both in its design and in the opportunity of co-operation which it offers to all peoples. Such is the meaning of that other cogent sentence in your fundamental charter, "Membership in the Organization shall be open to all States "; and so every State, not only those which are Members of the United Nations, will be able to join the Organization and share in its work. Our own country has accepted the invitation with the utmost pleasure. From the very first, Switzerland has followed with keen interest the development of the United Nations organization, whose objectives, as set out in the preamble to its Charter, are in perfect harmony with the ideals of the Republic and Canton of Geneva's foreign policy has always been to maintain peaceful and friendly relations with all States and to encourage any movement towards developing international co-operation. In this spirit, Switzerland, though not a member of the United Nations, considered the possibility of co-operating with its specialized agencies; and the Federal Assembly, in December 1946, authorized the Federal Council to ratify the Constitution of the World Health Organization. This was done in February 1947.

In offering her accession, Switzerland not only obeyed the impulse of sentiment, but acted in close conformity with her most cherished traditions, seeing that she owes to the organisation of the Republic and Canton of Geneva's foreign policy has always been to maintain peaceful and friendly relations with all States and the need for co-operation. Should the Assembly decide to establish the headquarters of the Organization in Geneva, we, not only in this city, but throughout the whole country, will highly appreciate the honour, and the whole Confederation, as well as the Canton of Geneva, would gladly offer it all possible facilities.

The Geneva authorities recently submitted to the Federal authorities a plan which provides for the establishment at Geneva of an institute for hygiene and public health, which would be not only national, but also international, in character. According to its Constitution, the World Health Organization proposes to guide all health research work, using for this purpose the personnel of the Organization, setting up agencies of its own, and co-operating with official or unofficial agencies of the various members, with the consent of their governments. In Switzerland, and more particularly in Geneva, it would be a matter for rejoicing if the World Health Organization could take an interest, or even participate, in the international activities of this institute.

In the truly impressive work performed by the Interim Commission we see proof of the energy
with which your full Organization will carry out its international programme. May I remind you that it was a Swiss citizen, Dr. Sonderregger, who first proposed the creation of an international office, at a time when it was considered sufficient simply to convene sanitary conferences. It was only in 1887, at the time of the Health Congress of Vienna, that he was able to make his views prevail.

Another twenty years had to pass before this idea actually took concrete shape at the Rome Conference of 1907. Since then, Switzerland has participated in all public-health agreements between States. Our satisfaction is the greater since we are able to continue this tradition as a Member of your Organization. We should be happy indeed if the bonds which unite the Organization with our country became even closer. Hitherto, Geneva has had the honour of offering hospitality to the European headquarters of your institution, which included the Secretariat and various important technical services. The Interim Commission, too, except for its first session, has always worked in this city. The lofty aims which you have set before you and the high aspirations of the devoted men and women who have dedicated themselves to this vast enterprise offer us a sure guarantee for the success of your efforts.

On behalf of the Federal Council and of the Swiss nation, I express to you our fervent wishes for the success of your Assembly and of the work of the World Health Organization in promoting the welfare of men, nations and humanity as a whole.

The Acting President: We are all happy to have Mr. Etter with us, and are very grateful for his encouraging words. I will now call upon Mr. Moderow, Director of the European Office of the United Nations and representative of the Secretary-General of the United Nations.

3. Address by the Director of the United Nations European Office

M. Moderow: M. Laugier, Assistant Secretary-General, Chief of the Department of Social Affairs, who was due to come this morning to welcome this Assembly on behalf of the Secretary-General, was unfortunately prevented from arriving in time. I have therefore the great honour of welcoming you on behalf of the Secretary-General of the United Nations.

I can assure you that the Secretariat of the United Nations is happy and proud that the first Assembly of the World Health Organization is being held in United Nations premises. The United Nations organization and its secretariat have always taken a keen interest in the building-up and future activities of the World Health Organization. Its importance cannot be exaggerated. The war devastated not only towns, factories, villages, homes and so on, but also the health of millions of people; and—I should like to emphasize—not only the health of the body, but also that of the soul. You face a tremendous task. This was entirely understood from the beginning by the United Nations. The Constitution of the Organization was drawn up, and the Organization established, as a result of two conferences called by the United Nations under Article 62 of the Charter. The first of these conferences, a preparatory committee, 1 which met in Paris in March 1946, was called through one of the earliest actions of the Economic and Social Council of the United Nations at its first session in London. The second was a plenary conference of governments 2 which took place at Hunter College in New York in June and July 1946, when the Interim Commission was set up and the Constitution established with 84 signatures. The Interim Commission was accommodated in the present building.

I wish to put on record on this occasion how harmonious the co-operation has been between the Secretariat of the United Nations on the one hand—and especially the European Office—and the Secretariat of the World Health Organization on the other, from the beginning until this important stage in the building-up of the Organization. I am sure that the Assembly will be inspired by the same spirit, and I wish you, on behalf of the Secretary-General, full success in your important work.

The Acting President: We all express our thanks to Mr. Moderow for the facilities given in this building by the United Nations. Our Organization is in fact housed in the same building as the Assembly. We are a creation of the United Nations and we are glad to greet here the representative of the Secretary-General of the United Nations.

We have received many messages of welcome, and I propose that these messages should not be read here, but that we should have them multi-graphed and distributed to the delegates. Are the delegates in agreement with this? This is agreed.

Several observers have expressed a wish to address our Assembly on this opening day. I propose that the observers should take part in our debates when we discuss item 10 of our provisional agenda. 3

4. Adoption of Provisional Rules of Procedure

The Acting President: I am sure that all delegates will agree to the following proposal: that we should do our best to constitute our Assembly as harmoniously as possible.

In order that we may do so, I propose that we should provisionally accept the draft provisional

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1 See Off. Rec. WHO, 1
2 The International Health Conference: see Off. Rec. WHO, 2
3 Ibid. 10, 1

5. Establishment of Committee on Credentials

The Acting President: According to Rule 17 of the provisional Rules of Procedure, we have to establish a special Committee on Credentials. This committee will examine the credentials presented by delegates and other members of this Assembly. In order to ensure the proper geographical distribution of the members of the Credentials Committee, I propose that the committee should consist of the following delegations.

I will read the names of the twelve members who will form the Committee on Credentials. Will you please take note of them?

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Portugal, Siam, Sweden.

Many delegations have submitted their credentials, but some delegations have not yet done so. After this meeting is adjourned, they should submit them to Dr. Pascua, Room 466, or hand them in at the desk to the right of the entrance hall outside the Assembly Room.

Are there any objections to my proposal with regard to the composition of the Credentials Committee? As there are no objections, I declare the Committee on Credentials established. May I ask the members of the Credentials Committee, after this meeting is adjourned, to go to Room IX and to constitute the committee? At 2.30 p.m. this committee should start the examination of the credentials presented.

6. Establishment of Nominations Committee

The Acting President: According to the Rules of Procedure provisionally adopted by this Assembly, we have to appoint a Nominations Committee. There are no provisions in the rules of procedure as to how this should be done. Therefore, I think you will not object to the proposal which I am going to make. The Nominations Committee has to propose to the World Health Assembly, for decision, the candidates for President of the Assembly; for three vice-presidents, for five chairmen of the five committees, as established in our provisional agenda. In addition, the Nominations Committee has to propose six members from the floor of the Assembly.

The General Committee will consist of the President, three vice-presidents, the chairman of committees, and six members from the floor. In order to ensure proper geographical distribution, I am going to propose that the following twelve members should form this very important committee:

Australia, India, Iraq, Italy, Mexico, Netherlands, Norway, Poland, Roumania, Ukrainian Soviet Socialist Republic, Union of South Africa, Venezuela.

Are there any objections to my proposal? If there are no objections I declare that the Nominations Committee is composed as I have indicated. May I ask the members of this Nominations Committee to meet, after the present meeting is adjourned, in Room X and to constitute the committee? This committee is authorized to make proposals for the election of the President, the three vice-presidents, the five chairmen of committees and six members from the floor of the Assembly. It is very important for the work of our Assembly to elect a President as soon as possible.

7. Publication of an Assembly Journal

The Acting President: Now comes the question of the Assembly Journal. Is the Assembly in agreement with the proposal that we should issue an Assembly Journal?

There being no objection, the proposal is adopted.

8. Announcements by the Acting President

The Acting President: The administration has arranged for sound-recording; therefore it is very important that speakers should come to the rostrum to speak; only in this way can their speeches be sound-recorded. For our documents, it is very important to have the speeches recorded properly.

Every delegate who wishes to speak is asked to stand up, to state his name and the name of the country which he represents and come to the rostrum to deliver his speech.

We have arranged for an information office here, and I am quite sure that the members of this Assembly will do everything possible to help this information office.

May I now ask that the two committees just established should meet after this meeting is adjourned and constitute themselves? I would ask them to come back at 2.30 p.m. and discuss the questions on their agenda. The Nominations Committee should propose the candidature for the President of the Assembly by 4.30 p.m. today.

The next meeting of the Assembly will take place at that time. The agenda will be as follows: the report of the Committee on Credentials, if any, and the report of the Nominations Committee with regard to the election of the President.

The meeting rose at 12.5 p.m.
SECOND PLENARY MEETING
Thursday, 24 June 1948, at 4.30 p.m.

President: Dr. Andrija Stampar (Yugoslavia)

CONTENTS
9. Announcements by the Acting President
10. First Report of the Committee on Credentials
11. First Report of the Nominations Committee
12. Election of the President

9. Announcements by the Acting President

The ACTING PRESIDENT: I have some announcements to make, first about the distribution of documents. Delegates will find on their desks a green form headed "Distribution of Documents". Will you all please fill in the form and leave it on your desks? This is essential, as otherwise the Secretariat will be unable to make a proper distribution of documents to the delegations. Additional forms may be obtained from the inquiry desk at the entrance lobby to the Assembly Hall.

Secondly, about speeches delivered at plenary meetings. May I ask members of this Assembly wishing to speak to raise their hands to be recognized and afterwards to come to the rostrum and state their names and the countries they represent? Only in this way can the speakers be recorded, which is very important for our minutes.

Unfortunately, the Committee on Credentials has not finished its deliberations, but it is now preparing a report which will be ready in a few minutes. Therefore, I propose that our meeting be postponed until 5.15 p.m.

The meeting adjourned at 4.50 p.m. and resumed at 5.15 p.m.

10. First Report of the Committee on Credentials

The ACTING PRESIDENT: May I call upon Sir Aly Shousha, Pasha, Chairman of the Credentials Committee?

Sir Aly Shousha, Pasha (Egypt): The Committee on Credentials held two meetings, this morning and this afternoon. The Rapporteur is prepared to submit his report.

The ACTING PRESIDENT: May I propose to the Assembly that the delegate of Pakistan should take his seat as full member here? Are there any objections? The delegate of Pakistan is entitled to sit here as delegate with full rights.

May I thank the Chairman of the Credentials Committee, the Rapporteur and all members for...
their rapid and efficient work? I am quite sure that they are going to examine further credentials and report to the Assembly.

11. First Report of the Nominations Committee

The Acting President: With regard to the third item of our agenda, may I ask the Chairman of the Nominations Committee to appear on the rostrum?

Dr. Mani (India): The Nominations Committee held two meetings, one this morning and another this afternoon. We have been able so far only to nominate the President of the Assembly. I hope some time tomorrow to be able to give you some of the remaining nominations, if not all. The Nominations Committee has decided unanimously to nominate Dr. Andrija Stampar of Yugoslavia as President (Applause).

12. Election of the President

The Acting President: Are there any other proposals on this point?

Dr. Van der Spuy (Union of South Africa): I propose that Dr. A. Stampar be unanimously elected President of this Assembly.

Dr. Höijer (Sweden): I second this proposal.

The Acting President: Are there any other proposals? No objections?

Dr. Stampar was elected President by acclamation.

THIRD PLENARY MEETING

Friday, 25 June 1948, at 10.30 a.m.

President: Dr. Andrija Stampar (Yugoslavia)

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13. Announcements by the President
14. Address by the Assistant Secretary-General of the United Nations
15. Presidential Address
16. Second Report of the Committee on Credentials
17. Presentation of the Report of the Interim Commission
18. Discussion on the Report of the Interim Commission
   Speeches by Rajkumari Amrit Kaur (India) and Dr. Cheer (China)

13. Announcements by the President

The President: The meeting is called to order. I have an announcement to make. We have been notified by the Secretary-General that the new State of Pakistan has deposited the instruments of ratification, so that Pakistan is now a full-fledged Member of our Organization.

The President: Fellow-delegates, I am deeply moved by your election and particularly by its unanimity, and I will express my feelings to you tomorrow in a presidential address.

Now I think we should conclude our meeting, and adjourn until tomorrow at 10 o'clock, when the agenda will be as follows: first, the presidential address; secondly, the report of the Interim Commission and general discussion of the report.

I would ask the members of the Credentials and Nominations Committees to proceed with their deliberations and to report to the Health Assembly as soon as possible. Dr. Mani, Chairman of the Nominations Committee, has expressed his wish that that committee should sit tomorrow. May I ask him to convene the meeting at 9.30? The Assembly will meet here at 10.30. The Credentials Committee should meet at 9.30.

One more announcement. The delegates and observers who wish to address the Assembly during the discussion of the Interim Commission's report should hand in their names as soon as possible. Copies of addresses to be presented should also be handed in in advance if possible.

Pending the election of the Director-General, all references in the provisional Rules of Procedure of the Assembly to the Director-General should be taken as applying to the Executive Secretary of the Interim Commission.

The meeting rose at 5.45 p.m.

Several delegations have asked that the documents relating to the United States ratification and the telegram sent in reply by the Secretary-General should be distributed. These documents have already been distributed to all delegations. Therefore, no further action is necessary.

M. Laugier, Assistant Secretary-General of the United Nations, was unable to attend our opening meeting yesterday. He is Chief of the Department of Social Affairs of the United Nations Secretariat. May I call upon M. Laugier to address the Assembly?

14. Address by the Assistant Secretary-General of the United Nations

Professor Laugier (translation from French): The Secretary-General of the United Nations has instructed me to convey his congratulations, hopes and best wishes to the first Assembly of...
the World Health Organization. In the first
place, congratulations to the Interim Commission
and its Chairman, who, in the midst of present-day
difficulties, have brought a fragile bark, bearing
such high hopes, safely into port. Everyone
familiar with the vicissitudes that beset the
gestation and birth of a specialized agency will
be delighted to see that all the problems of vital
importance confronting the directors of the pre-
paratory organization have already been
solved, or are well on the way to solution, although
an administration with its rules and procedure had
to be built up and an international personnel
recruited, while at the same time technical work
had to be done with means that were still limited
and often uncertain.

After a difficult voyage, the frail bark which
but the hopes of the World Health Organization
is now to entrust them to a more powerful vessel,
which will manoeuvre in calmer and henceforth
safer waters. Let us rejoice and convey our
thanks and congratulations to the dauntless and
devoted men whose vigilance and unflagging
energy has won the first hard-earned successes of
the Organization. And let us all today solemnly
declare that the immense hope placed in interna-
tional co-operation in the field of health by all
men and women and children of every colour and
every race shall not be disappointed.

The task before us is enormous: let us frankly
admit it; it is almost unlimited. Before the
high authorities assembled here, it would not be
fitting for me to define this task, but being myself
a biologist and a doctor, may I be allowed to
observe that your countless duties must fall
essentially into two groups, with two chief aims?

The first of these is to prepare the way so that
the benefits of medical science may ultimately
be placed at the disposal of every human being
in the world. In the course of one century,
assisted by the marvellous discoveries in physics,
chemistry and biology, medical science has made
giant strides in the field of therapeutics, hygiene
and prophylaxis. But such progress and such
benefits are so far available only to a small
minority of men in the world. Certain diseases
which are a scourge of the human race and whose
origin, treatment and prevention are well known,
could be swiftly eliminated by national legislative
measures or by concerted international action.
To set up this powerful instrument of aid to
governments and their peoples, to ensure that to
an ever-increasing extent all men, even the
humblest, may travel through life with healthier
and less vulnerable bodies—that is the first of
the great objectives which your organization has
in view.

But there is a second objective: it is not enough
to place at everyone's disposal the knowledge
which has been wrested from the near or remote
past; discovery, which is the leaven of human
ambition, must be still further stimulated. Man
kind nowadays is still attacked by scourges which
cause immense suffering, enormous losses and
expenses for assistance or treatment, of which it
is impossible to give even a rough estimate, but
which reach truly astronomical figures. If effec-
tive curative and preventive treatments could
be discovered for cancer, rheumatism, mental diseases
and many other calamities of equally obscure
origin, what an immense relief it would be for
suffering humanity! In the field of health, as
everywhere else, it is one of the great weaknesses
of the human mind to over-estimate the knowledge
already acquired, in comparison with that which
remains to be gained. To increase medical
knowledge in breadth and in depth, to help to
stimulate research and promote discoveries in medical
cience—which will undoubtedly be the
second fundamental objective for your fruitful
activities.

When the United Nations at San Francisco
decided to undertake a large-scale economic
and social task, they wished to emphasize that
once the war was over, the true duties of man still
remained to be discharged. It confirmed that,
if danger were to be removed and fear banished,
victory over the enemy was not enough: the
economic and social conditions which had made
possible this madness of a group of human beings
had to be radically altered. In this immense
worldwide effort, the Health Organization is a
pioneer and its mission is of capital importance.
When it is finally constituted, it will probably
be the most all-embracing international organiza-
tion which ever existed in the history of the world.
It may legitimately entertain the most soaring
ambition. Wisely cautious at the beginning, it
will acquire force, authority and scope by the
very fulfilment of its duties: it is not an idle
dream to hope and to trust that one day, as soon
as possible, the Organization will include the
worldwide fraternity of free men in a powerful
and constructive network of protection against
disease, suffering and death. Working in a
technical field which it is in everybody's interest
to cultivate with zeal, uniting nations and peoples
in a peaceful co-operation which should develop
and bear fruit outside and in spite of all ideo-
logical differences, the World Health Organization
is already giving authoritative support to the
ideal which brings us all together in conference
after conference, in numerous committees, in
assembly after assembly, pilgrims of peace tra-
velling across continents, urged on by this ideal
which is finally to unite the United Nations.

15. Presidential Address

The PRESIDENT: We have on our agenda for
this morning, first the address of the President,
and secondly the reports of our Committees on
Credentials and Nominations.

First of all I should like to thank you for the
great honour I have received and for the confi-
dence shown in me by the election. I think I
am right in interpreting it as a token of apprecia-
tion of my endeavours in the field of international
health during these last two years as Chairman
of the Interim Commission.

This is an occasion to remember all those who,
for their part, have contributed so much to the
foundation of the World Health Organization
and thus to the convocation of this Assembly.
At the Conference at San Francisco, the delegates
of China and Brazil submitted a proposal for the
founding of an international health organization
embracing everything that had previously been
established in the field of international health. We must be grateful to them for having put forward the health idea, and at the right moment, when so many nations of the world were assembled to develop international relations to promote and organize world peace.

The Economic and Social Council agreed to their proposal, and by its resolution of February 1946 determined that an international health conference should be convened with the task of carrying out the proposals set forth in San Francisco. Our grateful thoughts should go also to the members of the Technical Preparatory Committee, who met in Paris in the spring of 1946 to draft the necessary documents for the International Health Conference. They owe the successful result of their work largely to the competent conduct of their meetings presided over by our esteemed friend, Professor René Sand, who is famous the world over for his progressive ideas in the field of health.

When the International Health Conference met in New York in June 1946, Dr. Thomas Parran, the eminent representative of public health and former Surgeon-General of the United States, was unanimously elected its President. All these initial achievements, however, might not have led to the present success and at the work accomplished by the Interim Commission, whose members have, to the best of their ability, safeguarded the interests of the organization entrusted to them.

When we think of all those deserving praise, we must not forget those international health organizations which, working in the course of the last few decades, have paved the way for the realization of the ideas for which we are struggling today. Those preparatory activities have lasted almost a hundred years and have led from a single international conference to the creation of permanent international institutions and organizations, among which I should like particularly to mention the Office International d’Hygiène Publique, the Pan American Sanitary Bureau, and the Health Organization of the League of Nations. These institutions launched large-scale co-operation in international health matters and on many occasions promoted progressive ideas concerning the health care of peoples. Starting with protective measures against violent epidemic diseases spreading from one country to several others, they gradually undertook problems relating to the preservation of health. In this respect, the Pan American Sanitary Bureau and the League of Nations Health Organization were particularly outstanding. Unfortunately, the early attempts were not dynamic enough to earn for the views inspiring them the respect they deserved. Nevertheless, this more positive approach to the problems of health showed some lasting results, such as the exchange of thought and experiences between nations, the promotion of new ideas in medicine, and the gradual assertion of the social and economic aspects of medicine as main points in the national health programmes of many administrations.

I should particularly like to point out the very important activities of the League of Nations Health Organization relating to the solution, from the international point of view, of such questions as housing, nutrition, field application of medical science, and training of physicians and other personnel working on tasks of sanitary protection—a scientifically based solution for social as well as for all widespread diseases.

There are, of course, numerous other institutions of international character founded by intergovernmental agreement and by agreements of experts, as, for example, scientific congresses convened to consider more specialized questions; the Red Cross societies; special associations with determined tasks of international scope; the great foundations which have been granting funds for the promotion of the international spirit in medicine—but it would take too much of our time if I were to deal in detail with their merits. I feel, however, that by their comprehensive services to mankind they have deserved our attention, and therefore I wish to mention them as helpers, and forerunners in the task we have before us.

It may be expected of the elected President of such a great and important gathering that he should submit some of his views on the main subjects awaiting consideration, which, to many delegates, may prove useful. I think this cannot apply here, however, as I am amongst specialists who have worked for years on problems of public health and who have, in many cases, achieved great results in the field of both national and international health. Moreover, our Constitution, and especially its preamble, expresses the quintessence of all that has occupied the greatest minds working during the last two hundred years in the field of health and its bordering regions. I think we can be proud that over 60 delegates from various countries agreed in New York in 1946 that our Constitution should contain precisely those ideas and provisions.

I should like, nevertheless, to say a few words to express what I feel on this occasion, as a result of my many years of experience in the field of public health in various lands. During the last 25 years of my work and co-operation in the field of international health, I have keenly felt that great results in our strivings for more and better health can be obtained by an interchange of thoughts and experiences. Science has taught us how to secure health for everyone, but the results of this scientific research cannot become reality and materialize before the existing economic, social and other relations among peoples have been further improved. During my numerous journeys all over the world I have realized that we can learn so much from one another. It is obvious that we cannot proceed to the solution of health problems in the same way in all countries. Each country has its own peculiarities, and what may be good for one may not be so good for another. But one basic truth applies to all of them and that is that every individual has a fundamental right to health.
If our new organization directs its activities positively in this sense, it will, no doubt, be crowned by lasting achievements.

Disease is not brought about only by physical and biological factors. Economic and social factors play an increasingly important part in sanitary matters, which must be tackled not only from the technical, but also from the sociological point of view. Although medicine is over 5,000 years old and modern science about 250, it is only during the last 50 years that this idea has gained ground. Health should be a factor in the creation of a better and happier life. Since health for everyone is a fundamental human right, the community should be obliged to afford all its peoples health protection as complete as possible. The preamble to our Constitution represents, therefore, a great victory, embodying as it does this correct conception of public health and thus throwing a guiding light on the long and difficult path ahead.

Medical science must adopt a positive rather than a defensive attitude. Great tasks await the World Health Organization in this field, and its future success will largely depend on its ability to put these ideas into practice. It is evident that the World Health Organization cannot be a health-administration placed above the national health-administrations; but by an exchange of ideas, a correct attitude, and a propagation of experience, it can do very much in this respect.

If, on the other hand, the World Health Organization adopts a negative attitude, that is, an attitude of defence against certain diseases of international importance, and does not treat the health problems as problems of global importance, it is bound to experience setbacks right from the beginning, and we shall gradually lose the faith in it which all of us express at present.

Several countries have already achieved great results in the execution of the ideas I have just outlined. It is therefore the easier for the World Health Organization to take advantage of these experiences. With this idea in mind, we should encourage and obtain the co-operation of physicians and scientific workers in the field of health. In the past, the most progressive ideas in public health were often put forward by those who were not physicians themselves, while the physicians stood aloof in hostile attitudes. This should not happen in the future.

There also looms ahead another task for the World Health Organization—to contribute to the development of a new type of physician and specialized health worker, the type who will devote his services to those with impaired health, at the same time realizing that this is only part of the duties and work of the modern public-health doctor. The aim should be to contribute fully to the accomplishment of health for everybody, in the widest sense of that word. If we proceed in this way, the World Health Organization may well become a powerful pioneer of world peace and understanding among nations.

We have in our initial work applied these principles, but we must promote them more deeply in the years to come and let the words of our Constitution be followed by deeds.

16. Second Report of the Committee on Credentials

The President: The Rapporteur of the Committee on Credentials is going to report on the decisions made this morning by that committee.

Dr. Hafezi (Iran) read the second report of the Committee on Credentials.

The President: I propose the adoption of the report as presented by the Committee on Credentials. Are there any objections to my proposal? I see there are no objections; therefore the report of the Committee on Credentials is approved.

The Nominations Committee is not yet ready to make a report.

17. Presentation of the Report of the Interim Commission

The President: The next item on our agenda this morning is the report of the Interim Commission of the World Health Organization. The report consists of three parts: the first part, describing in general the activities of the Interim Commission; the second part, consisting of the Provisional Agenda with documents and recommendations; and the third part, additions to different proposals and recommendations and to reports.

May I ask all delegates attending this meeting to take this opportunity of fully discussing the report? As you all know, the Interim Commission was entrusted by the International Health Conference in July 1946 with a rather difficult task, but the Commission never expected to act over such a long period as two years, and therefore it was sometimes obliged to undertake other activities which, although considered urgent, did not exactly come under its terms of reference.

It is very important that delegations should take part in the discussions, and I would beg them to be critical and not only to praise the work of the Interim Commission. I think that every member of the Commission will be pleased to listen to your criticisms and to your remarks. Only by thus exchanging our sentiments and opinions in open and friendly criticism can we achieve better results.

I therefore declare open the discussion and general debate on the Interim Commission's report.
18. Discussion on the Report of the Interim Commission

The President: I requested yesterday that those delegations who intended to speak should inform me in advance. So far, only four delegations have reported their intention to speak on this occasion. May I call first on the chief delegate of India?

Rajkumari Amrit Kaur (India): Before I say anything else, I should like to congratulate the Chairman and members of the Interim Commission on the excellent work they have done during the last two years. Their terms of reference and budget were limited, but, in spite of this, they have given us much food for reflection in the interesting and exhaustive report which they have placed before us. We are assembled here today to witness the inauguration of a health organization which is unique in many ways. It has a membership of 63 nations, which makes it one of the largest international organizations up to date. It has a Constitution which embraces all aspects of health work, both curative as well as preventive. It is the single health organization for the entire world committed to the attainment of the highest possible standards of health for all peoples. This is indeed a high ideal, but, given the goodwill and co-operation of all the States represented here, there is no reason why it should not be achieved within a reasonable period of time, especially as this organization is fortunate in dealing with a sphere of human activity which is free from political and racial considerations.

India has great hopes that the beneficent activities of this organization will spread throughout the countries of the world, and especially to those unfortunate areas where the existing low standards of health are crying out for immediate assistance. I realize that the main responsibility for the preservation of the health and welfare of the peoples of individual countries rests on their own governments. Even so, a reasonably rapid and uniform advance in the field of public health throughout the world will become possible only if the World Health Organization promotes actively the utilization of the joint resources in men and material of all nations, for rendering such assistance to those countries in which existing standards of health are low. It gives me great pleasure, therefore, to welcome on behalf of my country the formation of this organization.

Having said these few words of welcome, I would suggest that instead of dispersing our resources over a wide field, our work should be concentrated during the first few years on certain selected concrete problems. These fall, in my opinion, into three broad groups: (a) the control of communicable diseases, such as malaria, tuberculosis, venereal diseases, smallpox, cholera and plague; (b) assistance to backward countries for the training of health personnel, medical and non-medical; and (c) the promotion of special measures for the protection of the health of mothers and children. It is obvious that, with our limited resources, the development of adequate measures in each of these fields in a number of countries simultaneously will be impossible. For instance, in most of the tropical countries, the diseases mentioned above are responsible for the greater part of the sickness and suffering which the inhabitants undergo. It would therefore seem to be necessary to offer assistance to individual countries in respect of any single major disease which they have to tackle. On the other hand, in regard to the training of health personnel and the promotion of maternity and child welfare work, I would urge the extension of help over as many countries as possible.

These are only suggestions for consideration by the World Health Organization, and I have no doubt that the experts present here are in a much better position than I am to examine these suggestions and investigate how far, and in what manner, they can be translated into action. I would, however, like to ask the experts, in the light of my humble experience of health conditions in my own country, to turn their attention more and more to the preventive side of health work. Tuberculosis surely would not spread as it is doing in India, for example, if we had better dwelling-houses, nor would it and other diseases consequent on malnutrition take such a heavy toll of human life if the vast mass of the people were not under-nourished. A marked rise in the standard of the peoples of backward countries is, therefore, an essential step towards the building of their national health on a sound foundation. The more prosperous nations, therefore, must give all the help they can to the less favoured countries, if the struggle of the latter for the attainment of better living conditions is to succeed.

Let us not forget that the different countries are today much closer to each other than ever before, through the development of communications on a scale unprecedented in the history of the world. It is, therefore, becoming increasingly clear that no country can live in isolation, and that poverty and disease in other parts of the world must have their repercussion on the health and well-being of even the prosperous nations. Our experts in the Interim Commission have pointed out that success in the control of epidemics, of pestilential diseases, can be achieved only by concentration of effort on endemic foci in backward countries, which not only witness unnecessary sacrifice of hundreds of thousands of lives every year, but also continual re-emergence as permanent sources of danger to other parts of the world, as was clearly demonstrated by the recent epidemic of cholera in Egypt after a period of almost fifty years. The national administrations of such endemic countries have not, of their own, been able to eradicate these diseases up to date; and they, therefore, stand in need of large-scale help from an international organization like this. And here, too, the preventive side is of the utmost importance. These diseases can be eliminated only if the peoples are educated enough to be alive to the nature of the maladies and the causes of their spread. Health education in the backward countries of the world is, therefore, an urgent necessity.

Another suggestion relates to the development of regional branches of the World Health Organization; its Constitution has, very rightly,
recognized the need for regional bodies. After all, it is here that the results of centralized research and the excellent recommendations of our expert committees must be tested in the field. It is here that local problems can best be studied on the spot and schemes implemented for their solution. While the centre acts as the directing brain, the regional branches are the limbs for carrying out the directions of that brain. It may not be within the bounds of practical possibility to divide the whole world straight away into a number of regional areas, but I do consider that a beginning should be made in this direction immediately. In some areas, there are existing regional organizations which require to be integrated and expanded to meet the needs which I have just described. There are, however, other regions where no such organizations exist and where the need is very great. In this category come vast areas in the great continents of Asia and Africa. I hope, therefore, that when you come to discuss the programme of work for 1949 you will bear my suggestions in mind.

In conclusion, I should like to stress once again the immense potentialities for good that the World Health Organization has, if we can harness our energies, in the many spheres of activity open to us. I am of the opinion that if the nations of the world were to unite on such humanitarian activities as do not, or should not, come within the sphere of power politics, we would help enormously towards breaking down the barriers of race and eliminating that mutual suspicion and mistrust which today block the way of peace and progress throughout the world.

I thank you for having given me an opportunity of extending a warm welcome to the World Health Organization on behalf of my country. I wish to assure you of India's co-operation in every effort put forward by this organization for world health and happiness.

Dr. CHEER (China): The World Health Organization has attained the status of a full-fledged specialized agency of the United Nations and is now ready to embark on a larger enterprise in the matter of international health co-operation.

On this historic occasion, China is particularly happy because of the part she played, in association with Brazil, in securing appropriate recognition of health in the Charter of the United Nations at San Francisco, in proposing the convening of the International Health Conference, and in the excellent recommendations of our expert committee, which culminated in the establishment of the World Health Organization.

At this Assembly many important organizational and technical problems will be discussed, and our delegation will endeavour, to the best of its ability, to assist in arriving at decisions that shall be agreeable to all. It is our firm belief that co-operation and mutual assistance in health matters among nations will not only guard against the spread of serious epidemic diseases from one country to another, but will also, by the concerted efforts of nations, hasten the conquest of disease and ill-health in mankind. The objective of the World Health Organization is the attainment of the highest possible level of health and well-being by all peoples, without distinction of race, religion, political belief, or social or economic conditions. No nation by gaining health takes it away from another. The achievement of health in one nation is of benefit to all. In no other field of international endeavour can we expect greater success than in the field of health.

It is our considered opinion that, for the promotion of world health, both centralized and decentralized efforts are necessary. In addition to central planning, standardization, and the co-ordination of health activities of worldwide importance, there should be established regional committees and offices for technical assistance to areas that are less developed in terms of health and sanitation and for the initiation and promotion of special health programmes to meet distinctive regional needs. In this connexion, we feel that the Far East, with a population constituting about one half of all the people on earth, and with health conditions which may directly or indirectly affect the health of other parts of the world, should receive the major attention of the World Health Organization.

The development of public health in China is still in its infancy. During the last twenty years, despite wartime and post-war difficulties, there has been established a system of national, provincial and county health-organization. In the face of a prevalence of disease and a scarcity of modern medical personnel, these health organizations aim at providing the general population with both curative and preventive services. Indeed, China is a virgin soil, most suitable for the testing and demonstration of a complete system of public health through governmental efforts. For the purpose of such testing and demonstration, China welcomes the technical assistance of the World Health Organization.

Malaria, tuberculosis and venereal diseases are of worldwide prevalence and claim millions of victims each year. Other epidemic diseases, such as plague, cholera and yellow fever, seem to be of only regional significance, but modern transportation facilities may cause them to spread far and wide and even to reappear in countries that have long ago got rid of them. The control of epidemic diseases will undoubtedly be one of the major activities of the World Health Organization, and China looks forward to the early eradication of these scourges of mankind as an international co-operative enterprise.

There will be many other important problems for consideration at this Assembly, all aiming not only at promoting complete physical, mental, and social well-being of the individual, but also at contributing to the harmony of human relations and world peace and security. We cherish high hopes for the success of this historic meeting.

The PRESIDENT: We will adjourn our general debate on the report of the Interim Commission until this afternoon at 4 o'clock. May I ask delegates wishing to speak this afternoon to report as soon as possible.

The meeting rose at 12.20 p.m.
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Speeches by Lt.-Col. Jafar (Pakistan), M. Verbist (Belgium), Sir Wilson Jackson (United Kingdom), Dr. Laves (Observer, UNESCO) and Dr. Martha Eliot (United States of America)

20. Second Report of the Nominations Committee


The chief delegate of Pakistan.

Lt.-Col. Jafar (Pakistan): We are very glad to be participating in this historic first session of the World Health Assembly, convened to consider problems of vital importance to the health and well-being of the peoples of the world. Pakistan, although it has only recently come into existence as an independent sovereign State, and though we have been preoccupied with manifold problems of a very pressing nature, has since her birth taken keen interest in the promotion of the ideals of the World Health Organization. I need hardly say that we will play our part to the best of our ability and do all that lies in our power to translate into practice the principles and ideals embodied in that noble document, the charter of this Organization.

It is common knowledge that, compared with those of Western countries, the standard of living and expectation of life in Asiatic countries are deplorably low. It is therefore necessary that special care should be bestowed on countries which lack the resources possessed by the more advanced and prosperous countries of Europe and America. Unless that is done, this organization will not be acting up to the principles recognized by the United Nations as basic to the happiness, harmonious relations and security of all peoples: namely, that "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"; secondly, that "unequal development in different countries in the promotion of health and control of disease... is a common danger".

I hope and trust this Assembly will be animated and inspired by a real desire to take effective measures to promote the health and happiness of peoples in all parts of the world and that it will lay down that its organs will do their utmost to help the less fortunate countries to enable their people to attain higher standards of health.

The reports of the expert committees appointed by the Interim Commission which are before us give us an idea of the magnitude of the work that lies ahead of us. We have also before us the plans and the programme they have recommended to accomplish the work. Let us hope and pray that the programme drawn up by the expert committees will go through without any extraneous consideration influencing the decisions of this Assembly. Without doubt, in conclusion, I thank you, Mr. President, for having given me an opportunity to place before this Assembly my country's point of view.

M. Verbist (Belgium) (translation from French): At this time, when your Assembly is considering the work accomplished by the Interim Commission and is about to set in motion the permanent machinery of the World Health Organization, I wish to convey to you the greetings of the Belgian Government and to pledge our full co-operation in carrying out the decisions we are about to take.

I should like to remind you that one of my compatriots, Dr. René Sand, was a pioneer of the World Health Organization.

Owing to the central geographical position of our country both in Europe and in Africa, we are well placed to take an active part in all international measures to improve health, and above all, to combat epidemics. These tasks, without doubt, will be among your main preoccupations, and I sincerely hope that, continuing the work of the Office International d'Hygiène Publique, of the League of Nations, and of UNRRA, the World Health Organization will constantly improve its epidemiological information service, and will make it both speedy and efficient.

Another important aspect of the future activity of our Organization is co-operation in the sphere of scientific research. In this field Belgium, stricken by two wars, is prepared to make the fullest possible contribution within the framework of international solidarity. With regard to matters more particularly connected with the control of tropical endemic diseases, the Belgian Congo could play an important part owing to its position in the centre of a region in which these diseases are most serious, and the scientific and practical medical work it has already carried out.

I do not intend to make a comprehensive statement during this general discussion and cannot go into all the great problems, such as tuberculosis, cancer, malaria and other diseases which cause us grave concern in Belgium, as well as in the Belgian Congo, in both their technical and social aspects.

It seems to me essential that an international organization on logical and scientific lines should
be created here which would, from the beginning, endeavour to avoid overlapping both in the administrative and scientific fields. The delimitation of the powers of the provisional agencies set up on the conclusion of the war, and their integration in permanent organizations such as ours, are, in my opinion, matters which call for the fullest attention of your committees.

This international organization should not only be built on sound lines, but should be socially efficient and aid men and women wherever its services are most needed: in other words, it must help those peoples whose health is still insufficiently protected.

It is in that spirit that my country has adhered to the Constitution of the World Health Organization, to which it gives its full support.

My last duty is to pay a tribute to the Interim Commission and to its Chairman and Executive Secretary for the extensive preparatory work accomplished, and to express the wish that the Assembly may pursue its labours in that spirit of sympathy and goodwill which has marked its beginnings, and that it may provide concrete results beneficial to individuals, families and peoples.

Sir Wilson Jameson (United Kingdom): I am grateful for your permission to say a few words this afternoon. I am here to testify to the belief of my Government in the future of the World Health Organization. We have always believed in it, and it may be recalled that the United Kingdom was one of the two countries, out of the 91 initial signatories, that gave their delegations plenipotentiary powers to ratify the Constitution on the spot.

The United Kingdom has done everything in its power to make a success of the work leading up to this, the first meeting of the World Health Assembly. Our International Organizations Committee, which includes representatives of the Commonwealth Relations, the Colonial, and other government departments, has been kept informed of the work of the United Nations and its committees, commissions and specialized agencies. Thus, the interest and help of all these groups have been secured, and I venture to hope that this has been of some service to the Interim Commission. The life of the Interim Commission may have been of some service to the Interim Commission. The year 1948 is of great personal interest to me. Not only does it see the birth of this international organization in which we have placed so much of our hope and trust; it also marks the completion of a century of public-health legislation and of local and central health administration in Britain. Furthermore, in a few days' time, our new and comprehensive national health service and social security scheme will come into operation.

I speak not only for the people of the United Kingdom; I speak also for more than 60 millions of people scattered over a large part of the tropics and sub-tropics. There is no medical or social problem in which we are not vitally interested and in which we shall not desire to co-operate. The bodily and mental health of mankind is in itself a worthy goal, but the World Health Organization, in striving for it, may go far to secure what this war-weary world most needs—peace in our time.

Dr. Laves (observer, UNESCO): The creation of the World Health Organization nearly completes the pattern of United Nations institutions required for carrying on the world's international business. I know the people of the world are happy that in this framework provision exists for looking after the world's health on an organized basis. Without this corner-stone, the structure for international co-operation would have been lacking in a firm or adequate foundation.

On behalf of the Director-General of the United Nations Educational, Scientific and Cultural
Organization, I have the honour to extend to the World Health Organization the welcome of UNESCO to this new member of the family of United Nations specialized agencies.

Almost three years ago to the day, the Charter of the United Nations was signed. Its objective, to further peace, prosperity and human welfare, is, of course, also the objective of each of the specialized agencies. Each agency has its own special task, its own particular contribution to make towards this common end. Each has its own method of operation. Each has its own composition of Member States. Each, no doubt, has its own special set of problems. However different we may all be in these and other respects, our ultimate masters—the peoples of the United Nations—consider us merely as parts of one large design, created to implement the hopes of mankind for peace, prosperity and human welfare.

These people make no fine distinctions between agency names. They become active under efforts to distinguish our names and functions and to draw jurisdictional lines. Nor will they judge us by long-range results alone, however good these may be. The history of mankind is long, and progress is necessarily recorded slowly. But the lives of men are short, and they rightly demand of us some results which can be measured against the needs of their living days. That they especially expect results on the big problems endangering peace, prosperity and human welfare is understandable when one sees the great human and material pressures, outgrowths of the war, which require almost immediate and simultaneous attention.

Today, when the World Health Organization joins the United Nations family of specialized agencies, the value of the United Nations approach has shown itself in innumerable ways.

However, two problems of high order have emerged, in respect to the working of the entire United Nations system. The solution of these will determine in large measure the effectiveness of the United Nations approach as a whole and the continued confidence of the people in it. The truth is, of course, also the objective of each of the international organizations. Each agency has its own special set of problems, endangering peace, prosperity and human welfare is understandable when one sees the great human and material pressures, outgrowths of the war, which require almost immediate and simultaneous attention.

The first, and to me the most important, is that of finding procedures for doing our business with greater dispatch. The need for cutting red tape is an age-old problem of private and public enterprise. Governments continually give much time to the task of streamlining their procedures, and the United Nations agencies are doing the same.

But the real issue in speeding international action is much greater. International public work, like national, is enmeshed in a mass of customs, amenities, traditions and concepts accumulated over decades and centuries of experience. While suitable to their times and slightly modified by the continuing pressure of events, they largely reflect a period of history when international relationships constituted a very thin veneer upon the solid base of the nation-state. International relations were then of an essentially optional character.

Modern international relations, however, largely concern problems which derive from the technological and industrial revolution that has completely altered the relations of men around the world. This revolution took place over a long period of time, but its full meaning for the conduct of international affairs is only beginning to be realized. Our greater proximity and complete interdependence are modern phenomena arising from this revolution. The consequent alteration in international political and social relationships must be dealt with by appropriately altered international institutions. The truth is, however, that the United Nations agencies, created since the Second World War, based on a recognition of the altered character of the international problems to be dealt with, clearly reflect the impact of tradition and appear designed to move in ways far too slow for the fast pace of modern events.

Unfortunately, it is true that much more modern institutions, designed for more efficient action, would probably not have been acceptable in 1945 on as universal a basis as was desired when establishing United Nations institutions. It is likely that many of the people who today are most critical or most concerned over the slowness of the international process are the same who would have resisted the effort to make the institutions more realistic three years ago.

The critical situation in which the world finds itself today calls for the most imaginative and vigorous action possible through the agencies of the United Nations. It is therefore of surpassing importance that no time or ground be lost in executing the minimum programme upon which the respective Member States are willing to agree. The required speed and vigour must obviously be influenced by prudence, as is always the case in public affairs. Yet there must be a continuing conscious effort to press to the maximum of usefulness the inevitably small area of agreement for action which today expresses the common will towards peace and the advancement of human welfare. Upon the United Nations agencies themselves inevitably falls the major responsibility for making this effort.

I would urge not only that the internal administrative machinery concerned with details of finance and housekeeping needs review, but also that the larger organizational relationships within each of our agencies, and among their legislative bodies, their governing bodies, their committees, their secretariats and their Member States, should all be subject to continual review. In too many respects these relationships would seem to have been conceived under the influence of doctrines more suitable to the period of independent national, rather than international, action. No doubt the pattern of these relations has also been influenced by age-old mutual suspicion and fear. A remedy must therefore be found within each of our agencies to ensure the maximum possible effectiveness within the common consent found among our Member States.
The second central problem facing the United Nations agencies is closely related to the first and concerns the relationship among the specialized agencies and the United Nations.

For many reasons, the United Nations and specialized agencies have been established under separate charters with fundamental differences in purposes and organization and with different memberships. The possibilities of confusion and duplication are many, but happily few have been realized, owing to the combined efforts of the heads of agencies, Member States and the Economic and Social Council. Remarkably good working relations exist, and only rarely does one see envious eyes cast into the greener pastures of another agency. Practical United Nations co-operation is continually possible among the meagre resources at our disposal today.

Furthermore, positive efforts to co-ordinate activities are continually under way, and real progress is being made towards the development of an international civil service of the United Nations.

As one illustration, one may recall that, since the spring of 1947, practical working arrangements between the Interim Commission and United Nations, defining areas of common interest and providing for common action when circumstances require.

The project of the Permanent Bureau for Co-ordination of International Congresses of Medical Sciences, the Interim Co-ordinating Committee on Medical and Biological Abstracting and the Hýlean Amazon Project are illustrations of the concrete co-operation possible between our two bodies.

Within a few days the draft of a formal agreement between our own organizations, within the framework of the United Nations, will be submitted to you and to our Executive Board.

Still urgently required, however, is advanced planning of programmes in terms of the over-all needs of the United Nations world. Co-ordinated efforts, with respect to the world problems of nutrition, health, trade and education, all of which are related, whether attacked on a world, regional or national basis, require all the collaboration possible among the meagre resources of international co-operation available for their solution.

Such collaboration in planning is admittedly difficult of achievement when one considers the magnitude of the problems themselves and the diversity of agency memberships and their essentially autonomous character. Yet here, too, results must be shown, based on imagination; and here again success depends largely upon the vigour and the initiative provided by the agencies themselves.

The United Nations agencies are agencies of the people of the world, even though our State memberships may differ. The hope of mankind, born of the trials and suffering of war, that a United Nations approach would be found for dealing with common problems, was not an idle or an unrealistic one.

To this hope we dare not trifle. We need daily to remind ourselves that it is upon these agencies and their Member States that there rests the urgent task for proving the worth of this United Nations method. In spite of the absence of any better method, we may be forced by widespread disillusionment to a reaction favouring a reversion to the archaic national methods proved inadequate during the last inter-war period.

The United Nations concept was and is sound, however difficult it may be in application. What is needed at this stage is a little more plain speaking and precision in thinking about objectives and methods, and considerably more courage in holding to our faith in international collaboration and in cutting through the miasma of inertia and obstruction to the attainment of our common goal. To this task it is a special pleasure to welcome the assistance of the World Health Organization.

Dr. Martha Eliot (United States of America) : I want to thank you first, Mr. President, for giving me an opportunity to say just a few words at this point. I want to express the continuing interest of the people of the United States in the work of the World Health Organization, and, further, the support of our Government for the report of the Interim Commission. This report lays a basis for the future development of sound public health for the people of the world, and I believe that it bodes well for the future physical and mental health of the world's children.

The United States has taken an active and sustained interest in the work of the Interim Commission. The elements of the total programme that have been recommended for priority in the work of the World Health Organization, we believe, are all of the greatest importance to world health. But there are also many other aspects of work that must be developed as soon as possible, and I am sure this Assembly will give its undivided attention to developing as fast as possible the programme as laid out.

It is the desire of the United States to give continuing support to the ongoing work of the World Health Organization through the years. I want to offer my congratulations, and the congratulations of my Government, to the Interim Commission and to the staff, for their skill and wisdom in designing and putting forward the excellent proposals that have been laid before this Assembly as a basis for its work. May I say that I am very sorry that Dr. Parran has not yet been able to reach Geneva? As you know, he has been delayed by transportation and has not yet arrived, and we are hoping that he will be here soon. He will, no doubt, wish to make further remarks to the Assembly on his arrival.

The President : Are there any other delegates who intend to address the Assembly? There are no other delegates?

We have to conclude our debate on the Interim Commission's report today. May I ask the delegates members of this Assembly to report to the Secretariat by tomorrow at 10 a.m. whether they intend to speak or not, so that I can arrange for further meetings according to the list which I receive? I think you will agree with me that all delegates should speak on this item and discuss the Interim Commission's report. It is all-
important that our main committees should discuss some particularly important questions and prepare their reports for the Assembly. Therefore, may I ask you to submit your intentions to address the Assembly by 10 o'clock tomorrow at the latest?

20. Second Report of the Nominations Committee

The President: Our Nominations Committee is ready to report. I am informed that this committee reached unanimous decisions on the nomination of the members of the main committees and of the three vice-presidents. May I ask the Chairman of the Nominations Committee to report?

Dr. Mani (India): Your Nominations Committee had a long session this morning and this afternoon, and was able to conclude its labours about 4 p.m. The committee had to consider, in addition to the nomination already made for the presidency of the Assembly, nominations for three vice-presidents of the Assembly, five chairmen and five vice-chairmen of the main committees, and six additional countries for the General Committee taken from the floor. In other words, we had to select 19 names in addition to that of the President (already nominated some time ago). In our discussions, we took account of the various aspects of this somewhat difficult problem. We had to consider adequate geographical distribution, but—more than that—we had to consider the ability of the persons selected, according to what they were going to be asked to do. In selecting the chairmen of your committees, we were guided almost exclusively by the ability of the person to deliver the goods. We based our selection of your vice-presidents somewhat on the excellent work done by certain members of the Organization whose abilities are still available. Taking these preliminary remarks into consideration, I hope you will look kindly on our nominations, given adequate consideration to the facts arising from the ratifications in the different continents. Your 20 nominations include: from Europe, eight; from Asia, five; from the Americas, four; from Austrasialasia, one; from Africa, two. I have not here the exact figures for ratifications from these several continents. If you wish to have them, I believe they will be available from the Executive Secretary.

If you look at the over-all picture in the General Committee, your geographical distribution gives you the following results: Europe, seven; Asia, four; the Americas, three; Africa, one; total, 15.

Finally, I should like to thank the members for their very considerable co-operation in this difficult task, and I hope that these nominations will prove acceptable to you.

The President: I wish to thank Dr. Mani and congratulate him on his really remarkable report. It is very important to emphasize that this committee, consisting of 12 very carefully selected members, made its proposals unanimously. Therefore, I propose to the Assembly that we should accept the proposals presented by Dr. Mani and show our unanimity and our willingness to collaborate in a friendly manner.

Are there any objections to my proposal? It seems to me that there are no objections. Therefore, the proposals submitted by our Nominations Committee are unanimously accepted.

We will meet tomorrow at 10 o'clock exactly, and will continue our discussion on the Interim Commission's report.

The meeting rose at 5.35 p.m.
FIFTH PLENARY MEETING

Saturday, 26 June 1948, at 10 a.m.

President: Dr. Andrija Stampar (Yugoslavia)

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21. Third Report of the Committee on Credentials


Speeches by Dr. van der Spuy (Union of South Africa), Dr. Vinogradov (Union of Soviet Socialist Republics), Dr. Tok (Turkey) and Dr. Reuter (Austria)

21. Third Report of the Committee on Credentials

The President: The meeting is called to order. May I ask the Rapporteur of the Committee on Credentials to report?

Dr. Hafezi (Iran) read the third report of the Committee on Credentials.\(^{12}\)

The President: Is the Assembly in agreement with the report as presented? No objections? The report is adopted.


The President: According to the list of members who have expressed a wish to address the Assembly, we shall conclude our debate on Tuesday. On that day we shall set up the committees and start to work in committees so that we may finish our job as soon as possible. I call upon the chief delegate of South Africa.

Dr. van der Spuy (Union of South Africa): The Union of South Africa is happy to associate itself with the large number of States which have recognized the importance of the World Health Organization as an instrument for the betterment of mankind. The South African delegation is also pleased to join in the many tributes paid to the Chairman and members of the Interim Commission and to the Executive Secretary and his staff. As the high ideals and worthy objects of this new international health agency have been so eloquently described by previous members before this Assembly, it would be superfluous to say more in this connexion. The Union of South Africa, however, fully endorses the aims and objects of the World Health Organization and is determined to co-operate fully in its work.

In its very earnest desire for the World Health Organization to be an efficient and successful instrument, the Union of South Africa would urge that the Assembly, in its present deliberations, should bear in mind the importance of subscribing to well-recognized principles of administration. International health problems are complex. Only an efficient, well-organized and prudent organization can hope to solve them. It is perhaps necessary, therefore, to urge that proposals involving new or extended undertakings be examined carefully and accepted only in so far as their implementation may be within the capacity of a young, growing administration.

Faced with the many pressing needs of a world riddled by physical and mental diseases and defects, it is very necessary to plead for careful and logical planning. If we bear in mind that the World Health Organization has to face years, in fact centuries, of effort, we must accept the importance of a sound foundation. In the various committees, attention to this aspect will most certainly be given by the members. In this way our Assembly can give the assurance we desire to have: that we are preparing an organization which will make an important contribution to the happiness and betterment of mankind.

Dr. Vinogradov (Union of Soviet Socialist Republics) (translation from Russian): The Soviet delegation welcomes the World Health Organization, which has set itself the great task of improving the health of the populations of the whole world. The establishment of the World Health Organization indicates a new stage in international co-operation in the field of health services. The Constitution of the Organization compares favourably with those of all previous international organizations.

What are to be the fundamental tasks of the Organization in years to come? In our opinion they should comprise, in the first instance, assistance to nations which have suffered from the war, elimination of the effects of the war on health, co-operation in the fight against epidemics, and a strengthening of international relations in the field of science.

One of the most important tasks is to assist the peoples of colonial countries and to free them from diseases arising from colonial oppression. The lowering of the terrible infant mortality is also a task of primary importance. How can these problems be effectively solved? From favourable and unfavourable experiences in the past we should try to draw useful lessons for the future. History teaches that there is often a great difference between formulating a task and carrying it out. A sad example of this discrepancy between good intentions and actual facts is the Health Organization of the League of Nations. In the twenty years of its existence it was unable to achieve any practical results. The Interim Commission of the World Health Organization has, in two years, carried out a great and

\(^{12}\) See p. 296.
useful work. By unanimously electing the Yugoslav representative, Dr. Stampar, Chairman of the Interim Commission, as President of the World Health Assembly, the delegates have already shown their positive appreciation of the work of the Interim Commission. All this indicates that the Constitution of the Organization represents a satisfactory basis for the solution of the problems which face us. But it would be naive to delude ourselves with the thought that the existence of the Constitution is in itself a guarantee of the continued success of the Organization. A satisfactory Constitution is only one of the prerequisites for successful work. The practical activity of the Organization is the most important factor.

The activities of the Interim Commission cause us to feel some alarm for the future of the new organization, and as we wish the latter well, we should like to point out some of its shortcomings. Criticism is also essential to the shaping of a positive and constructive programme of work for the World Health Organization. When we analyse the activities of the Interim Commission for the past two years, we note the insufficiency of concentrated purpose in its work. Instead of directing all its action towards the solution of the most important problems and trying to achieve concrete results at least in one field, the Interim Commission has divided its attention between many different objectives. In the opinion of the Soviet delegation, the first and most important condition for the success of the World Health Organization is that it should orientate its efforts and organize its activity, above all for the consolidation and development of national health services. Measures for preserving the health and social welfare of its own people should be the responsibility of each government and not be imposed from outside. Yet the Interim Commission has done very little to strengthen the position of the national health-services. The principal way in which the Interim Commission has assisted the various governments has been by sending missions; on these more than $500,000 was spent in 1947 alone. We consider that this form of activity is not very useful or effective. We consider it one of the least useful or effective forms of activity. What we need is not expensive missions, but assistance to the national agencies. The health services in different countries are developed in different ways, in accordance with the national and social peculiarities of each country. One must not impose from outside principles of health service which arise from a particular way of life and do not correspond to the way of life of another country. The missions sent out by the World Health Organization, not being familiar with local peculiarities, were unable to give adequate guidance to those responsible for local health-services.

Further, it is sufficient to examine carefully the present structure of the Organization to realize that it is complex and clumsy and not conducive to the best interests of the work. The Interim Commission has hurriedly created more than fifteen different committees and sub-committees with various functions and composed of a large number of members. As is shown in the report, during the year 1947, $172,000 was spent on conferences and technical committees; in 1948 it is proposed to increase the expenditure to $430,000. Expenditure on personnel is also very high, more than $800,000 in 1947 and more than $900,000 in 1948. Even on a superficial examination of the budget one is struck by the enormous expenditure of $260,000 for the upkeep of the New York Office, and of $672,000 for the Geneva Office. In this connexion it should be stressed that the existence of two centres, and in addition to these the independent Pan American Sanitary Bureau, is totally unjustified. If the increase of expenditure for the upkeep of this enormous structure of the World Health Organization continues at the same rate, we shall have no funds left for assisting national organizations.

An examination of the work of the expert committees reveals that this work calls for highly critical judgment. We cannot consider it right that experts—for instance, experts on malaria or tuberculosis—should make recommendations on these questions without submitting reviews of up-to-date publications or describing the new prophylactic agents or methods of curing the diseases. We assume that the World Health Organization will be able to develop more successfully as it begins to make greater use in its activities of the latest achievements of science. For this reason one of the main tasks of the Organization is a speedy distribution of information on the newest achievements of science, by means of a well-developed publications service. The Executive Board and the Director-General should bear in mind all these indisputable deficiencies of our young organization, and concentrate all their efforts on assistance to national health organizations, aiding in every possible way in training medical personnel, co-operating in the activities of the latest health organizations, and by disseminating the best achievements of the various national health-services.

Another considerable deficiency in the work of the Interim Commission is its failure to devote the necessary attention to the problem of eliminating the effects of the war on the health of the people. We cannot and must not forget so soon the distress and suffering of the populations of those countries which were subjected to the Nazi occupation. We must help the populations of the countries thus occupied during the war to re-establish as rapidly as possible the normal activities of their health services, and to rebuild the hospitals destroyed by the Germans, the clinics, and in particular the institutes for the care of children.
It is obvious that this work should be carried out by the national health-services, who, better than any committee or mission, know the needs of the population and where our assistance should be given.

We cannot consider as fair the allocation of the funds for assistance. An analysis of the budget for 1947 shows that the countries which have suffered most from the war-Poland, Yugoslavia, Byelorussian SSR, Uman-have received only $303,000 out of the total fund of $1,250,000. Such an allocation cannot be accepted as normal. The Soviet delegation considers that the Assembly should take a decision which would oblige the Executive Board and the Director-General to work out a special plan of action for the elimination of the effects of the war on health, and for providing assistance, in the first instance, to national health-services in countries which suffered from the German occupation.

With regard to epidemic control, an analysis of the activities of the Interim Commission of the World Health Organization shows that in this field very little has been achieved in the last two years. In particular, epidemics which broke out last year show that the world is no more free from the threat of cholera than it was before. The delegates to the Assembly know very well that some colonial countries which are backward both economically and culturally have long been endemic foci of these diseases.

Epidemics are due to poverty and colonial oppression, as well as to the arbitrary exploitation of populations deprived of their rights, and the lack of effective organization of health services in colonial and non-autonomous territories. The League of Nations Health Organization and the Office International d'Hygiène Publique in Paris, instead of eradicating the endemic foci, were principally concerned with the creation of sanitary barriers. The liquidation of endemic foci and the saving of many thousands of people in territories stricken by epidemics have been replaced by pitiful palliative measures. The world is still exposed to the constant threat of epidemics arising from the presence of active endemic foci in colonial, semi-colonial and non-autonomous territories. This danger has immensely increased at present with the development of transport by sea, by land and, in particular, by air.

In the opinion of the Soviet delegation the main task of the World Health Organization should be not the creation of sanitary barriers, but the eradication of the endemic foci. The present state of medical science would permit the solution of this problem if the necessary machinery were available and the work co-ordinated. The Assembly should instruct the Executive Board and the Director-General to include in their plans a comprehensive study of endemic foci of infections, with a view to their subsequent eradication.

Venerable diseases occupy a special place in the group of social diseases. In spite of the present successful methods of diagnosis, cure and prophylaxis, they are increasing. It must be stressed that this phenomenon may also be observed in countries where the number of institutions dealing with the control of venereal diseases is growing apace, and where the most up-to-date methods of prophylaxis and treatment of venereal diseases literally flood the market.

The reason for this apparently paradoxical situation lies in the age-old social evil, prostitution. So long as it exists, the growth of venereal diseases is inevitable. If the World Health Organization intends to deal seriously with their control it cannot, and must not, close its eyes to the social root of this evil. The Organization must consider the liquidation of the conditions which facilitate the spread of venereal diseases-such as discrimination against women in employment, inequality or absence of rights for women, homeless women and children; and it must collaborate in maternity welfare, social insurance, and so on.

In the Soviet Union, cases of venereal disease are now decreasing year by year. In Moscow, the capital of the USSR, the clinics and medical institutes are experiencing great difficulties in instructing personnel owing to the increasing rarity of cases of newly contracted syphilis—in other words, lack of instructional demonstration material on syphilis.

This considerable success in the control of venereal diseases in the USSR is explained, in the first place, by social reasons. Amongst these are the abolition of unemployment, the recognition of the right to work for men and women, equal pay for men and women and the suppression of prostitution and alcoholism. It is evident that the achievements in this field are also due in large measure to the system of health organization adopted in our country-i.e., to the fact that medical treatment is available to the whole population.

From what I have said it is obvious that, in order to solve this problem, not only measures in the field of medicine, but also social measures, are needed. The prerequisites of the medical success achieved in this field by the Soviet Union are founded on the social structure of the Soviet regime.

The Soviet delegation considers that the gigantic problems which face the World Health Organization can be solved only by a system of government health-services, in conjunction with social reform. In countries where medical aid must be paid for, very often at a cost beyond the reach of the great majority of the population, it is impossible to conduct a successful campaign against venereal and other widespread diseases.
Even in a country such as the United States, for instance, medical aid is not available to the poorer sections of the population, and this is the root of the whole trouble. As an illustration of this, it may be recalled that, in the message of the President of the United States of America to Congress on 7 January 1948, he said: "The fact is . . . that most of our people cannot afford to pay for the [medical] care they need."

In the United States there are approximately 200,000 doctors, and in spite of this, the majority of the population of the United States, on the authoritative statement of Mr. Truman, is not in a position to obtain adequate medical aid.

The present state of development of medical science is in contradiction to the basic organization of medical aid for the population in most countries. Medicine, in its present state of development, has grown out of the private-practice system of treatment for payment, which is not available to the poorer sections of the population. Nor are the measures taken by the municipal authorities more effective, and still less the activities of philanthropic organizations. All these measures, for the most part, are only pitiful palliatives, caricatures of a genuine public-health service.

The basic aim of the World Health Organization, according to its Constitution, is "the attainment by all peoples of the highest possible level of health". Clearly this aim cannot be reached without completely demolishing out-dated forms of health organization. New times demand new forms of organization of medical aid and sanitary services for the population. The World Health Organization should give the lead in placing health services on a higher level, with the aim of providing qualified medical aid to all the population on an equal footing, irrespective of social or financial position. The gradual nationalization of health services, on the basis of the nationalization of the most important branches of industry—railways, coal mines and so on—is the means which can lead to the achievement of this aim. Private medical practice is, however, retained. The efficacy of this new form of health service has been proved by thirty years' experience in the successful development of health services in the Soviet Union, and these health services have successfully withstood the rigours of a war of hitherto unequalled savageness.

Care of the health of the population of the Soviet State is one of the basic aims of the Soviet Government. The Constitution of the Union of Soviet Socialist Republics states the following: "Article 120—Citizens of the USSR are entitled to material security in old age and also in case of illness or loss of capacity to work. This is guaranteed by the extensive development of State social insurance of workers and employees, by free medical aid to the workers, and by a wide network of health resorts, placed at the disposal of the workers."

In the USSR the whole network of medical and sanitary institutions of the country is under State control, and the doctors are in government service. Any citizen who is ill can, at will, apply for treatment either to a free government hospital or to a private doctor. The Soviet system of health services ensures that all citizens of the country, irrespective of nationality or creed, receive free medical treatment available to all sections of the population. The Soviet system of health services is based on prophylaxis and is a unified system of curative and sanitary institutions, health resorts and rest homes, pharmaceutical supplies services and a network of dispensaries.

Particular attention is paid to maternal and child welfare. The State medical services become available from the first days of a child's life and are continued at school, at work and in various establishments throughout the country. The Soviet system of health services has freed the doctor from any commercial relationship with his patients, has transformed him into a person who is no longer interested in his own financial betterment, but who represents the State health service—a man who possesses and furthers medical knowledge and serves his people. Convinced as we are of the sound scientific basis and the social expediency of the principles of the health organization in the Soviet Union, we call upon the World Health Organization to study them attentively and to apply them in its practical activities. The World Health Organization cannot interfere in the internal affairs of its Member States, but it can and must authoritatively recommend the most progressive methods of attaining the high aims which form the basis of its Constitution.

In conclusion, I should like to say that the Soviet delegation acknowledges with great satisfaction that the difficulties which are unavoidable in the early stages of such a great task as the building up of the World Health Organization have been successfully overcome.

What should we do in order that our work may be just as successful in the future? First of all we must strengthen the authority of the World Health Organization and prevent its exploitation for aims which have nothing in common with its actual task. Members of the Organization must strictly and accurately observe the Constitution. We must hasten to accomplish the process of moulding the structure of the World Health Organization, and abolish the costly multiplicity of centres, which is prejudicial to the success of its work. We are convinced that the members of the World Health Organization should make all possible efforts in order that the noble and lofty tasks which face our Organization may be accomplished for the good of the whole world.
The Soviet delegation welcomes the first Assembly and wishes it every success in its labours.

Dr. Tok (Turkey) (translation from French)

I am very happy to have the opportunity of speaking before this Assembly of the World Health Organization, in which we place so many of our hopes. It is a great pleasure indeed to note that the very important report submitted to the Assembly by the Interim Commission, which we have all studied, faithfully records the arduous tasks it has accomplished since the second half of 1946.

On behalf of my Government, I desire to con­gratulate the Chairman, the Executive Secretary and the members of the Interim Commission. At the same time, I should like to say a few words on certain subjects mentioned in the report which, in my opinion, should be given priority by the World Health Organization. It would be desirable for this organization to support as soon as possible, and with all the means at its disposal, those countries which need help in dealing with tuberculosis, the scourge of the post-war period, or with malaria. The World Health Organization, whose purpose is to protect the health and to promote the well-being of humanity, should do everything in its power to prepare comprehensive programmes for standardizing and unifying the methods employed to combat certain pestilential diseases, such as cholera, plague, exanthematic typhus, smallpox. These diseases rage with deadly effect at various periods in different parts of the world, and the means of preventing them are not very well known to us. Such programmes would render the efforts made by the countries concerned in this field very much more effective.

To facilitate the execution of these programmes by governments, the World Health Organization should also accord all facilities to countries which require them and send qualified technicians and adequate equipment. With these words, I extend to the President and members of the Assembly my best wishes for the success of this noble work, whose results, I am sure, will contribute to the making of a better world and the greater happiness of mankind.

Dr. Reuter (Austria): I have the honour to transmit the greetings and best wishes of my Government to this important first meeting of the World Health Organization. I wish also to express my heartiest thanks for the help the Organization has given our country in its struggle to overcome its serious health situation. Austria is proud to be a Member of this great worldwide organization, which has taken upon itself to protect and further the health of populations—that most precious asset of nations.

In accordance with the President’s request for constructive criticism, I should like to make some comments on the work of the Interim Commission, based on a summary of the health situation of Austria and the aid of the World Health Organization to that country.

After the breakdown of the Nazi regime in 1945, Austria had to face a very difficult political and sanitary situation. The country was deprived of all material resources. The city of Vienna was partly destroyed by air-raids and other effects of war. Food was extremely scarce and distribution handicapped. The immediate repercussion of these events on the health situation of Vienna was disastrous. While the city was practically free from any infectious diseases until the entry of the Allied troops into Vienna, a serious typhoid epidemic occurred during the spring of 1945. This epidemic was all the more dangerous in that, in various districts of the city, the water mains and sewage system had been severely damaged, thus allowing the typhoid bacillus to enter the chief mains of the Vienna water-supply. By immediate and energetic measures, the primary focus (in the 10th District of Vienna) was isolated and extinguished, and after some weeks the Vienna water was again fit for consumption. At the same time, a heavy epidemic of dysentery broke out, which lasted until late in the autumn of 1945. Moreover, in the autumn of 1945, Vienna was in danger of having typhus exanthematicus imported into the city by the daily influx of hundreds of refugees who came into Austria and Vienna from the southeast. This danger also was avoided, thanks to the aid of the Allies.

In the battle against acute and chronic infections, like tuberculosis, as well as in combating the spread of venereal diseases, the Austrian public-health service has been given substantial support by UNRRA and the World Health Organization, which Austria had joined. At first it was UNRRA that lent a helping hand; later, when UNRRA’s work ceased, the Interim Commission of the World Health Organization stepped in and assisted us in every respect through the intermediary of its liaison officer, Dr. Cottrell, who already during the UNRRA period was active on behalf of Austria, and who, being on the spot, was well informed about the Austrian situation. This support, for which the Austrian Government, and particularly the Austrian public-health service, are much obliged, extended to the granting of fellowships, the placing at our disposal of foreign literature, and visits of foreign scientists.

As regards the fellowships, eleven fellowships were granted in 1947, two of which were given to public-health physicians, the remainder to physicians working in hospitals or institutes. In 1948, twelve fellowships are being considered, including a senior travelling fellowship.
I need not stress the importance of these fellowships for the education of clinical physicians and public-health doctors as well. For the younger generation of Austrian physicians it is, of course, absolutely necessary that at least a number of them be given the possibility of visiting foreign countries in order to study public health, see medical establishments and colleges, etc., thus gathering experience to use for the benefit of the homeland. Further, it is of particular importance that the young Austrian physicians should come into closer relation with their colleagues abroad, so that they can discuss in personal contact interesting medical problems. As regards our public-health doctors, the granting of fellowships to this category of physicians is all the more important, as public health has made great progress during the last decade in many countries of the Western Hemisphere, and the whole health organization changed fundamentally through the development of industry and traffic, especially air traffic. The question whether, and to what extent, the public-health service should be centralized or decentralized, can only be studied and decided on the spot. Only in this way is it possible for the Austrian physician to become acquainted with the difficulties arising from the fact that in some countries the constitutional laws are in contradiction to the aims and requirements of the health organization built up for the benefit of their population. I hope that in the future it may be possible to extend the fellowship scheme to allow professors and specialists to go to congresses and conferences which they would otherwise be unable to attend.

As regards foreign literature, this is much needed in Austria, which was completely cut off during the last war. Most of the physicians—outstanding scientists and chiefs of clinics included—had no opportunity to study foreign literature and could obtain no information whatsoever on the enormous development of medical science during all these years. We have had under consideration the establishment in some places in Austria—especially at the three university cities of Vienna, Graz and Innsbruck—of central libraries where current foreign literature would be available at any time. A central library has been established in the building of the Society of Physicians (Billrothaus), a scheme which I strongly support. Up to the present, the World Health Organization has made an annual contribution to the completion of this library by gifts of books, periodicals and photo-copies, so that the scientific inventory has been greatly enriched.

If I am allowed to make a suggestion, I should like to add that up to the present certain amounts have been made available for one year at a time. It would be of great advantage for the functioning of a reliable service of literature if an adequate amount could be dedicated to cover several years in advance—about three or four years—so that no interruption would occur in the dispatch of foreign periodicals, which have to be paid for in foreign currency.

As regards the visits of experts, the Austrian Government was pleased in 1947 to welcome to Vienna, Graz and Innsbruck a number of outstanding scientists from the United States and Switzerland, and we were grateful to be able to listen to their reports on recent progress in every branch of scientific work. In my capacity as Chief of Public Health of Austria, I have arranged these visits to Austria, and I should be very glad if this exchange of scientists between Austria and other countries could be continued and developed into a lasting arrangement.

However, the World Health Organization has not only materially supported Austria by granting fellowships, by helping to fill up our libraries and by promoting the visits of foreign scientists to our country; it has also assisted me morally in my difficult task as Chief of Public Health, responsible for the functioning of these services throughout the country. As Chief of Public Health, I should like to mention the following in this connexion. Immediately after the collapse of the Nazi regime in 1945, I had, in my capacity as city councillor of Vienna, an opportunity to study on the spot the desolating health conditions of the city. In the struggle against typhoid fever, typhus, dysentery and other infectious diseases, I was greatly assisted by the Allied Sanitary Commission; this assistance turned into a lasting institution through the founding of the World Health Organization. It is a great pleasure to me to be in continual contact with the Field Services Division in Geneva, through the intermediary of the liaison officer. In this way I am informed on all important questions of the World Health Organization.

Although Austria is only a small country on the European Continent, Vienna is situated on a great and broad stream with important international navigation. Frontiers of countries have become somewhat looser as a result of the international air traffic system. Vienna, economically speaking, is at present a nodal point, an important place of transhipment from west to east, from north to south, and vice versa. In regard to public health, Vienna is in many respects in ever greater danger as a result of the steadily increasing international traffic. The city, which during the Austro-Hungarian monarchy was in the centre of a well-protected empire with far-reaching frontiers, faces at present quite a different situation from the health point of view. More easily than ever before can infectious diseases from other countries be introduced and spread over the whole country. A conscientious Austrian health administration must therefore keep in close contact with the World Health Organization so that it may be duly informed of any protective measures against the introduction or spreading of diseases and epidemics, which the World Health Organization may at a given moment deem necessary to set up. The question whether, and to what extent, the existing quarantine measures should be relaxed or tightened can only be solved in close co-operation with a worldwide organization.
In the course of my three years' service as Chief of Public Health for Austria, there was one matter which complicated enormously the carrying-through of protective measures against epidemics: the way public health is dealt with under our Constitution. Although public health is entirely embraced within the sphere of action of the Federal State, yet by the Constitution the execution of all measures and directives drawn up and issued by the Central Public Health Department is left to the discretion and goodwill of the authorities of the Federal provinces. Under favourable economic and sanitary conditions, such an organization does not meet any difficulties. However, difficulties arise the moment there is any immediate danger of an epidemic and if, in the endeavour to combat epidemics, the highly important prophylactic measures are not being carried out by the provinces. In the combating of epidemics, prophylaxis is of special importance, chiefly as regards water supply and sewerage in the towns.

In case of the outbreak of an epidemic, errors and negligence often bring bitter consequences. It is true that on the outbreak of an epidemic the Austrian law on epidemics is immediately put into force, but the success of the struggle against an epidemic may often depend upon the rigorous execution by all provinces of the necessary prophylactic measures.

If the measures called for from a sanitary standpoint with regard to water supply and sewerage have not been strictly carried out by the responsible provincial authorities, epidemics may break out in these places with the violence of an explosion.

The central public-health service in Austria has to face the same difficulties in combating other common diseases, amongst which tuberculosis comes first. In the struggle against this scourge, preventive measures like welfare and prophylaxis are often more important than therapeutic measures. Tuberculosis has become a universal problem, and the spreading of tuberculosis in a small country represents a continual danger to its neighbours. It is therefore of the utmost importance that all the necessary measures for combating this disease be uniformly executed by all parties. Among these measures, BCG vaccination seems to me a particularly effective means, because this vaccination, when carried through on a general basis throughout the country, increases the resistance of the population to this infection. Therefore, Austria welcomed the helping hand extended by the Danish Red Cross, and we hope that with the assistance of UNICEF and the World Health Organization, BCG vaccination, which for the time being is carried out in the city of Vienna on a smaller scale, will be generally applied throughout Austria.

A special difficulty not to be overlooked is presented by the low salaries of public-health officials in Austria. The usual argument against an improvement of the financial situation of the public-health staff is that the staff of other departments are no better off, and that to increase the salaries of the public-health staff would be considered an injustice towards other staff categories. However, it must be borne in mind that in addition to his longer period of training, the public-health officer is often exposed to dangers to his health which other staff do not have to face, and that in carrying through his duties, the responsibility of the individual is often much greater than it is for the average staff member in other administrative sections where the directives issued are continually supervised by higher quarters.

If I am permitted to make a suggestion, the World Health Organization is directed under Article 2 of its Constitution to study and report on administrative and social techniques affecting public health. I would request the establishment by the World Health Organization of principles covering the organization of public-health services which would serve as a guide for all Members of the Organization.

The President: There are no more speakers for this morning.

Ceylon, Monaco and San Marino have applied for membership in the World Health Organization as provided for in Article 6 of the Constitution. We will discuss the matter of their admission to membership on Monday morning at 10 o'clock. Afterwards, we shall continue our debate on the report of the Interim Commission. May I ask delegates to confine their speeches as much as possible to constructive criticism of the work of the Interim Commission?

The meeting rose at 12.5 p.m.
23. Consideration of Requests for Admission to Membership of WHO by Ceylon, the Principality of Monaco and the Republic of San Marino

The President: The meeting is called to order.

Here is an announcement. Applications for membership of the World Health Organization have been received from Ceylon, San Marino and Monaco. In view of the fact that the General Committee of the Assembly has now been established, and in accordance with Rules 25 and 26 of the draft provisional Rules of Procedure adopted by the Assembly, the applications of the above countries for membership are being referred to the General Committee for consideration. A meeting of the General Committee will take place this afternoon in Room IX at 5 o'clock. Are there any remarks in regard to this announcement?

Dr. Mani (India): I have the honour to propose that Ceylon be accepted as a Member of the World Health Organization. Ceylon has applied for membership. Membership is permissible under our Constitution. Ceylon is an independent country, as you all know—just as independent as India—and I hereby make a formal proposal to the Assembly for the admission of Ceylon as a full Member of the World Health Organization.

Dr. van den Berg (Netherlands): You have rightly stated, Mr. Chairman, that the General Committee is established. There are still other committees. There is a Legal Committee, of which I have the honour to be Chairman. Now, I believe it is my duty to defend the right of the Legal Committee, and on the agenda of that committee (12.5.7) is "Consideration of applications for membership"; and therefore I should like to propose that all applications for membership should be referred to the Legal Committee.

Dr. Gear (Union of South Africa): If this Assembly is going to consider the application of Ceylon for full membership of the World Health Organization, South Africa is very happy to second the proposal of India.

The President: Are there any other proposals in regard to the admission of new Members? There are no proposals. The proposal of Dr. Mani was seconded by the delegate of the Union of South Africa. Is the Assembly prepared to decide on the admission of Ceylon, as an independent State, to the World Health Assembly and World Health Organization? According to Article 6 of our Constitution, we have to vote on the admission; and if the country is admitted, it is obliged to deposit the instrument of ratification and acceptance with the Secretary-General of the United Nations. Are the members of the Assembly in agreement with the proposal made by Dr. Mani? Are there any objections to it? I see that Ceylon, as an independent State with dominion status, is admitted. I must ask the representative of Ceylon to get in contact with his Government with regard to ratification and the deposit of the instrument of ratification with the Secretary-General of the United Nations.

The admission of San Marino and Monaco will be referred to the appropriate committee.

Since the main committees have now been established, it is proposed that a meeting be called, five minutes after the adjournment of this morning's plenary session, in Room X. The chairman of the main committees—Committee on Programme, Committee on Relations, Committee on Administration and Finance, Committee on Headquarters and Regional Organization, and the Legal Committee—are requested to attend this meeting to acquaint themselves with the secretaries of the committees.


The President: The first speaker is Dr. Baran, chief delegate of the Ukrainian SSR.

Dr. Baran (Ukrainian SSR) (translation from Russian): The delegation of the Ukrainian SSR welcomes with pleasure the first Assembly of the World Health Organization, whose work is based upon great humanitarian ideals. I should like to make a few remarks on the subject of that work.

Reference has already been made to this in the speeches of several delegations. I should like to take advantage of the invitation extended by our President at the last meeting to advance some criticism of the Interim Commission, and to point out, in one respect particularly, the defects in the work so far accomplished.
The delegation of the Ukrainian SSR considers that the weakest point in the activity of the Interim Commission lies in its work of assistance to the health services of countries devastated by war, and the elimination of the consequences of war on the health of the people. Achievements in this field have been quite inadequate. We must insist on a considerable extension and intensification of the work in this field.

What we have to do is quite clear, but how are we to do it? In my opinion, we shall all be satisfied with the answer: That the elimination of the consequences of war on the health of the people must in the first instance be the responsibility of the national health-services; but we must also intensify the part to be played by the World Health Organization in this work. In particular we wish to make one proposal. The World Health Organization must insist that its aims and recommendations should be implemented by means of legislative measures in the various countries which arc Members of the Organization. By this means, the work of eliminating the consequences of war in the field of health could be considerably speeded up and improved. Experience obtained in the USSR confirms this.

The second question that the delegation of the Ukrainian SSR desires to place before the Assembly is the question of expanding the health services for the rural population. It must be admitted that, in many countries, medical aid to the rural population is on an extremely low level. Even in countries which have a large number of doctors, the doctors are very unevenly distributed between town and country, and the rural population cannot obtain the necessary medical aid. Even in such a wealthy country as the United States of America, according to data given by Dr. Parran in an article on hospitals and health in the United States of America, printed in the *Journal of the American Medical Association* for 1947, 40 per cent of the rural areas have no hospitals and 81 regions have not a single doctor. The Health Organization of the League of Nations tried to raise this important question, but without avail. We consider that the World Health Organization can do a great deal in this direction. We must study and make available the fruit of the most successful experiment in providing health services for the rural population. We must consider the publication of a series of books for the use of doctors working in rural areas, and finally, we should study the best method of raising the standard of the qualifications of rural doctors and of increasing the facilities for specialization available to them.

In the Ukrainian SSR, the rural population obtains medical aid through so-called rural medical districts, comprising one or two doctors, a small hospital, an out-patient department, a dispensary, and equipment for epidemic control. In rural medical districts both treatment and prophylaxis are provided. In particular, health-service education of adults, and especially of children, is given there. The staff of each section of this service consists of 10 to 15 persons, including a surgeon, a midwife, an assistant medical officer, nurses and a disinfection officer. The number of rural district medical services is constantly growing and at present we have more than three times as many of these sections as there were in 1913.

City medical organizations constantly render aid to rural doctors. Congresses of rural doctors are regularly convened. This method of work has proved its worth, and in our opinion the Executive Board and the Director-General of the World Health Organization would do well to study it with a view to making recommendations to other countries.

The third question which we should like to raise is that of aid by the World Health Organization to the smaller countries in the adoption of the newest scientific methods. These new methods are usually complicated and their introduction is very expensive. The health services of many small countries, with their very limited incomes, are often completely unable to deal with this matter unaided. The World Health Organization should aid them. I will give an instance of this. Radio-isotopes are playing an increasingly important part in medicine and biology. Even now, in many areas, it is impossible to carry out serious scientific work without radio-isotopes. The regulations for obtaining radio-isotopes which were established by the Commission on Atomic Energy in the United States of America practically exclude the possibility of using them. The methods introduced by that Commission for controlling the activities of scientific research institutes and laboratories working on isotopes obtained from the United States of America, are incompatible with the sovereignty of States.

These regulations are due to the influence of reactionary elements in countries which are trying to interfere in the internal affairs of other countries, using both medical institutes and medical science for their own narrow factional political ends.

It may be appropriate here to remind the delegates of the Assembly of the preamble to the Constitution, which states that "the achievement of any State in the promotion and protection of health is of value to all". Nor should we forget Article 2, Chapter II, of the Constitution, which lays on the World Health Organization and its affiliated bodies the following responsibilities: "to promote co-operation among scientific and professional groups which contribute to the advancement of health" and "to promote and conduct research in the field of health". The regulations for obtaining radio-isotopes established by the Commission on Atomic Energy of the United States of America are in contradiction to the Constitution of the World Health Organization. The Soviet Socialist Republic of the Ukraine, with its wide network of scientific institutions, will, we suppose, be able to obtain for its own use.
the necessary quantity of isotopes, but the World Health Organization should attend to the needs in this respect of smaller countries which have no such possibility.

In connexion with the safeguarding of the interests of smaller countries, we should also consider the question of convening international conferences on various aspects of medical science. At present there is a complete absence of any concrete plan in this field. Conferences on various subjects are convened either very rarely, or for fortuitous reasons too frequently. The agendas of the conferences are over-loaded with secondary questions. Very often too much of the agenda is devoted to the laboratories of firms manufacturing this or that apparatus or medicine. As a result of all this conferences are not very useful, participation in them is extremely expensive, and doctors and scientific workers of small countries are almost unable to take part in them. The Executive Board and the Director-General should consider measures for improvement in this field.

The interests of small countries which are unable to publish on a large scale scientific or medical literature should also be considered when the publication plans of the World Health Organization are discussed. We cannot feel satisfied with the work carried out by the Interim Commission in this field. An extensive publishing activity is needed. We must publish monographs on special questions. We must issue annual reviews of scientific achievement in separate fields. It is particularly necessary to issue the reports of the expert committees in print.

In conclusion, I should like to say the following: it is well known that the Interim Commission was entrusted with the settlement of the question of including the Pan American Sanitary Bureau within the system of the World Health Organization. So far this question has not been settled, and the reasons for this are not clear. It is impossible to understand why a decision on this matter should be delayed. It is impossible to understand who is interested in the existence of such a parallel organization. The delegation of the Republic of the Ukrainian SSR considers that this question should be settled as soon as possible.

We are of the opinion that the implementation of the suggestions of which I have spoken can improve the work of the World Health Organization.

The present Assembly has begun the task devolving upon the World Health Organization, from which so much is expected by the peoples of the world. The delegation of the Soviet Socialist Republic of the Ukraine will make every effort to facilitate the successful carrying-out of the difficult but rewarding task which now confronts the World Health Organization.

The President: We are very happy to have with us Madame Poinsot-Chapuis, Minister of Health of France, who has come from Paris specially to attend our meeting and to address the Assembly. May I ask Her Excellency to come to the rostrum?

Madame POINSO-CHAPUIS (France) (translation from French): Allow me, Mr. President, first of all to thank you for the kind words with which you have been good enough to welcome me. It is particularly gratifying to me to speak in these surroundings and to bring greetings and congratulations from the Government of the French Republic to the President and the delegates of so many nations assembled in Geneva. You have an important task before you, as witness the programme of work which will be the subject of your discussions. I do not doubt that you will successfully accomplish your arduous and noble work for the benefit of humanity, for the ideals which support you are those of mutual help and solidarity, to which France is traditionally attached.

I much regret that my duties have prevented me from attending the first sitting of your Assembly, thus delaying the participation of Professor Parisot, head of the French delegation, in the discussion now taking place. But I was anxious to tell you myself how carefully we have followed the preliminary work of your Interim Commission, to add my good wishes to those that have already been expressed in this Assembly, to congratulate the President, Dr. Stampar, the Executive Secretary, Dr. Chisholm, and all those who during the past two years have undertaken and brought to a conclusion the responsible work entrusted to them.

The majority of the problems of health which are announced in your programme have been, or are, the subject of study by my own Ministry. It is therefore with keen interest that I shall follow the course of your labours, and the conclusions which may gradually be harvested. France is happy to see continued and developed the fruitful work carried out by the Health Committee of the League of Nations under the presidency of Professor Parisot, and by the Office International d’Hygiène Publique in Paris, which played such an impressive part in combating the terrible scourge of epidemics.

In the wake of the most appalling war, among the questions of health and social welfare which are now so sharply in evidence in all parts of the world, the problem, or rather the problems, of maternal and child welfare should be most urgently considered, for in them lies the future of us all. Questions of health and social welfare are hardly separate problems, and I would here stress their interdependence. How often problems which seem on the surface to concern health are found to spring from social causes! How many health troubles are the result of social misfits—over-population, with the contacts and promiscuities which it entails, slums, alcoholism, prostitution! Equally, how many social troubles are
caused by some health maladjustment, heredity for example, whereby the burden is laid on the children, and contaminations of all kinds.

This interdependence makes it impossible for me to consider the problems of maternal and child welfare without studying them from both health and social angles, and without insisting on co-ordination in the methods of their treatment. It is for this reason that my department, after dealing mainly with problems of health and hygiene, has come to give special attention during the past few months to social questions: undertaking further legislation for children’s homes, adopting a new law on child welfare councils, and providing special regulations for teachers, particularly for the category of "mentally deficient" children, who should be the object of our special care. The principles and doctrines of health and social welfare are treated with the same consideration by France on her own territory and on that of the peoples associated with her within the framework of the French Union.

I should like to express my warmest wishes for the constructive planning and practical development of this essential work, which it is the duty and the interest of all nations to support.

Dr. León (Mexico) (translation from Spanish): Before expressing the views of the Mexican delegation on the report and provisional agenda drawn up by the Interim Commission for the first World Health Assembly, I should like, on behalf of the people and Government of Mexico, to convey the most cordial greetings to the peoples and governments represented here, and to their delegates. I should also like to express the heartfelt wish that our work may be inspired solely by the ardent desire to serve the ideals we cherish—the health and happiness of mankind; that it may be guided only by science and knowledge, and carried out in an atmosphere of the greatest cordiality.

I should also like to take advantage of this opportunity which has been given me of speaking for the first time at the World Health Assembly to convey the sincerest congratulations of the health authorities of my country, as well as my own, to the officials and members of the Interim Commission for the splendid work they have done in fulfilling the duties and responsibilities with which they were charged by the Arrangement concluded by the governments represented at the International Health Conference held in New York in 1946.

Thanks to their work, the World Health Organization was constituted on 7 April 1948, in accordance with Article 80 of its Constitution, when 26 Members of the United Nations had ratified their signatures and deposited their formal instruments of ratification. Thanks to their work, the first World Health Assembly is meeting today. Thanks to them also, to a great extent, the work and services previously performed by the Office International d’Hygiène Publique, the League of Nations Health Organization and UNRRA were continued without a break, expanded and improved. Likewise, the Commission was able to give special attention to, and co-operation in, solving the urgent health problems of worldwide interest. In addition, it prepared with great care a fully documented provisional agenda for this Assembly, which will be of invaluable assistance in the arduous task confronting us. This work is particularly praiseworthy, accomplished as it was amid conditions of a post-war world, and in face of the difficulties inherent in the launching of any scheme of such gigantic proportions.

In view of these considerations, the Mexican delegation approves the report of the Interim Commission, in principle and in general, as well as the provisional agenda, documents and recommendations before this Assembly.

Consequently, I wish to move formally that these documents be approved in principle and in general by the Assembly, and I should like to ask the President to be so good as to take note of this proposal so that it may be duly submitted to the Assembly for consideration and subsequently put to the vote. Each working committee could then proceed to discuss in detail, and approve where desirable, each of the special items in the documents before us.

It would be neither appropriate nor possible for us to discuss at this time all the items in the report and provisional agenda drawn up by the Interim Commission. Nevertheless, we should like to make a few brief remarks on some of the points which we consider to be of special interest.

In view of the importance of controlling and preventing communicable diseases (especially those which are the main causes of death), of improving and safeguarding the health of all people, and of lowering the death-rate and lengthening life, we shall first take up the points in the report and the agenda which bear on these matters.

We are pleased to see that the Interim Commission has paid particular attention to the problems of malaria, tuberculosis, venereal diseases, and the international control of epidemics.

The first three are diseases which are the chief causes of morbidity or mortality throughout the world, and since the war they have shown a marked tendency to increase and spread. We believe that what has been done by the Interim Commission, together with the correlative proposals contained in the agenda, is adequate, but we think it appropriate to mention the following considerations.

In the case of venereal diseases, even though the modern tendency of health science has been to control them by epidemiological principles in the same manner as the other communicable diseases, nevertheless, we should bear in mind the close relationship of prostitution to venereal diseases, as well as the necessity for regarding it
We also desire to draw your attention to the cation of sanitary measures, especially by means of more widely and more often. Actually, the application of these principles of the WHO Constitution and the resolution adopted by the twelfth Pan American Sanitary Conference. Negotiations by the Interim Commission have already paved the way: the rest depends on the Assembly.

In conclusion, permit me to convey the best wishes of the people and Government of Mexico and their earnest desire to cooperate. May all the efforts of the World Health Organization be crowned with success, and may it effectively contribute to the attainment of the common ideal of happiness for mankind, still tossed between suffering and uncertainty.

Dr. Chellappah (Ceylon): As observer, I am greatly indebted to the President for the privilege he has afforded me of addressing you. The Interim Commission is to be heartily congratulated on the excellent report that it has submitted to this Assembly, and the hard work entailed is very much appreciated by all.

The Commission has done a splendid piece of work. Its programme is comprehensive and has for its object not merely the prevention of disease but also the promotion of health in its widest spread, have been effective merely as palliatives.

The Interim Commission has agreed that international control of epidemics of pestilential diseases should require, first, the delimitation of areas in which these diseases are endemic, and secondly a continuous attack on the focal point of endemity by joint international action. Considering the advances in hygiene and preventive medicine and the existence at present of the means of eradicating these diseases at their focal points, we suggest including in the plan of work of the World Health Organization the creation of a committee to study and apply the necessary measures for eradicating these pestilential diseases at their point of origin, regardless of the time and cost involved. Should the undertaking succeed, we feel that it alone would justify the existence of the World Health Organization for ever.

Finally, I should like to refer to the absolute necessity and value of establishing regional organizations, which, in accordance with Chapter XI of our Constitution, will meet the special needs of the geographical areas to be defined. Each region has its own character and its own requirements, and to solve its problems it needs people acquainted with its special conditions. That is why my Government is particularly interested in defining such areas, and in setting up the corresponding regional organizations.

The Western Hemisphere, we believe, is perfectly well defined as a separate geographical area which must have a regional organization. The existence of the Pan American Sanitary Organization in this area, with its 50 years of continuous service, with an unparalleled record of efficient cooperation in international health, fully merits our desire for its Bureau and Conference to be integrated as soon as possible with the World Health Organization as a regional committee and office, in accordance with the principles of the WHO Constitution and the resolution adopted by the twelfth Pan American Sanitary Conference. Negotiations by the Interim Commission have already paved the way: the rest depends on the Assembly.

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as a factor in their control. Therefore, it would be desirable to include in our agenda items which would promote the adoption by all countries of a unified legislation having as its object: (1) the abolition of licensed prostitution; (2) the consideration of pimping as an offence and (3) the punishment of moral lapses that encourage prostitution, as well as the enactment of legislation which would ensure the constant and fullest enforcement of these laws.

In the case of tuberculosis, we have noted with great interest the co-operation of the Interim Commission with UNICEF in the large-scale campaign designed to test the tuberculin reactions of approximately 50 million children in Europe and to vaccinate about 15 million with BCG. However, we believe that the agenda should include a provision whereby the World Health Organization would itself assume direct responsibility for the BCG vaccination campaign and would extend its benefits to other parts of the world. With this idea in mind, we think special attention should be given to the resolutions of the first International Congress on BCG held in Paris from the 18th to the 23rd of this month. One of these resolutions shows that BCG vaccination is the best single effective measure for preventing tuberculosis known at the present time.

We now wish to call your attention to the water-borne diseases, especially typhoid and paratyphoid, dysentery and diarrhoea—illnesses which are the chief causes of death in many countries in the world and a constant threat to all. It should be technically possible to eradicate these diseases. We possess the necessary knowledge and tools for doing so; it is only necessary to apply them more widely and more often. Actually, the application of sanitary measures, especially by means of purifying water-supplies and providing adequate sewage disposal, would soon lower the mortality-rate (not only the number of deaths caused by these diseases, but general mortality) to a greater extent than can be expected from the use of methods designed chiefly to decrease water-borne diseases—methods well known as the axiom of Sir Edwin Chadwick. We therefore believe that the World Health Organization should take direct action to promote and encourage the application of the sanitary measures necessary for the prevention of these diseases, and we propose that to this end a special office and committee should be established.

We also desire to draw your attention to the problem of brucellosis. As far back as 1909, Charles Nicolle said that brucellosis would be the disease of the future. It has increased and is still increasing so rapidly in some countries that today we can regard it as the disease of the present.

Then we come to the control of the international spread of epidemics. Experience has shown that the methods applied up to now, consisting chiefly in erecting road barriers and barriers against the means by which these diseases are spread, have been effective merely as palliatives.

The Interim Commission with UNICEF in the large-scale campaign designed to test the tuberculin reactions of approximately 50 million children in Europe and to vaccinate about 15 million with BCG.
sense. It does not propose to wait for some calamity to occur before it will act, but will take all suitable measures to prevent the occurrence of such calamities by discovering and dealing with their causes in time. It proposes to make intensive studies of the health requirements of every part of the world and to take action to meet these requirements according to a priority based on urgency, as it would not be possible to deal with all problems at one and the same time.

Ceylon is a small country which has only recently attained dominionhood. She is tremendously interested in the improvement of the health of her people and is willing to assist in the improvement of the health of her neighbours. I have to report that Ceylon subscribes to the Constitution of the World Health Organization and is prepared to give it every possible assistance. Ceylon has contributed in a small way to the propagating of the modern idea of health work, by reorganizing and carrying out its work on intensive lines, with very encouraging results, during the last 22 years, and by making available that work for the training of health personnel from many neighbouring countries. Ceylon considers it a very great privilege to have been able to provide this assistance, and it would be a matter of the utmost satisfaction to her in the future to make these facilities available in greater measure, when the new set-up of fuller co-operation among the nations of the world calls for her assistance. I allude to this because mention has been made of the need of the proper training of health personnel.

Let me not give the impression that Ceylon does not need assistance in her own health problems. Some of these problems have been solved, but there are others, especially tuberculosis, that call for assistance. We propose to seek it in the same spirit that has animated us in giving it to others.

The President in his address has stressed a very important point: that we could not proceed to the solution of health problems in the same way in all countries. Students from the East come to the West to study public health. What they acquire is the principles of the science and art of public health and the spirit that animates the people in the West. The application of these principles as seen in the West will not wholly suit or be possible in the East.

The application of the principles of modern public-health work has meant work in the field, and what has been instilled into our health worker in Ceylon is that, if he has no work in the office, he should go into the field, where he will get to know the people and their needs. Our slogan is, "Know your area, know your people." What applies in a small way in intensive health work in a small country would no doubt apply equally well in a larger setting under similar conditions.

I have mentioned this to lead up to the subject of regional bureaux. Delegates who have spoken before me have laid special stress on this, and my purpose in seeking to address you is to add the small voice of Ceylon to urge the Assembly to give the matter its most careful and serious consideration.

The excellent programme outlined by the Interim Commission would not be possible to be carried out from a centre located at one spot in the world. The task, to be effectively done, is superhuman, especially when it comes to work being intensively carried out. Even in national health work there is decentralization for effective investigation and execution of work. How much more would decentralization be necessary when the whole world is concerned! As an Asiatic, at this moment I am interested in Asia, where the need for intensive work is very great. There are most urgent problems that cry for attention. The solution that has been found for such problems in the West may not be the solution in the East. They need study as to proper action. These problems are not only in one part of Asia, but in many parts. Therefore, there is an urgent need for an international organization for this part of the world to see that its needs are met. It is only sons of the soil, who will feel for their own people and who will know their needs, customs and habits, that can find the necessary solutions.

In this matter we have the excellent work that has been done and is being done by the Pan American Sanitary Bureau. The Americas have found the work of this bureau of the utmost use and importance in their problems. If a bureau of this nature has been found most useful in that part of the world, would not similar ones in other regions be found to be equally useful for the work of WHO?

It has been said that there would not be funds to set up these bureaux. There has been criticism of the proposed budget. When the subject is discussed, adjustments will no doubt be made. If it is considered that for the work of the World Health Organization regional bureaux are necessary, then I would submit that they should be set up at the earliest possible moment. The work of WHO will have to be carried out with funds available. Let what could be set aside for the organization and functioning of regional bureaux be so done, and these bureaux would then have to shape their work according to the funds at their disposal, under a priority list of requirements based on urgency.

WHO has set out to accomplish a most high and noble task: to improve the health and happiness of the peoples of the world, regardless of where they are. The time for this is most opportune, especially in Asia, where newly formed governments of the people are greatly interested in this most vital matter and would assist in every possible way. Let not the opportunity be lost.

Ceylon has very great pleasure in wishing the work of WHO every success.

Dr. DA SILVA TRAVASSOS (Portugal) (translation from French): First of all, I wish to congratulate you, Sir, on your appointment as President of this Assembly.

It is a great pleasure for me, as the Portuguese Government's representative at the first World
Health Assembly, to express its deep interest in the World Health Organization.

The fundamental principles of science and harmonious relationships between peoples, on which this Organization is based, are an essential part of that spirit of international co-operation and co-ordination which will permit the attainment of the aims set out. A sound mind in a sound body is the noblest ideal one can offer to humanity. The health and well-being of the peoples are of particular interest to Portugal. My country belonged to the Office International d'Hygiène Publique, after the signature of the Rome Agreement in 1907, and followed very closely the activities of the League of Nations Health Organization. Professor Ricardo Jorge devoted much energy and ability to the work of the Office. Prophylaxis, the prevention of disease, and the rehabilitation of patients who have been cured are the cornerstone of modern social medicine, and their complete achievement will be of great consequence for social well-being.

There are two special aspects to be considered: health, as it concerns individual countries, and the repercussions that the health of one country has on that of the others.

Concerning the first of these aspects, Portugal is doing its utmost to establish a new sanitary organization and render it as efficient as possible. Specialized personnel have been called upon, some of whom have taken advantage of fellowships granted for study in the chief centres of Europe and America.

Concerning the second aspect mentioned, Portugal attaches great importance to the idea of international co-operation.

We have, as an integral part of the Portuguese nation, extensive territories which constitute, in Africa, Asia and Oceania, the Portuguese overseas provinces. These vast territories, which are subject to the most diverse climatic conditions, correspond, in epidemiological language, to nosological varieties representative of nearly the whole range of infectious diseases. On the other hand, recent strides in aviation have reinforced the natural relationship existing between epidemiology and methods of transport.

Because of our geographical position, we are on the principal air routes. There is Lisbon's international aerodrome, as well as Santa Maria, as a place of call. There are the overseas provinces besides.

Apart from our natural desire to co-operate with other nations, for epidemiological reasons of general concern we warmly welcome all efforts made to increase the prestige and efficiency of the World Health Organization.

We note that the Interim Commission has accomplished very useful work, which will serve as a firm basis for the future activities of our organization.

Portugal sincerely hopes that this Assembly will develop the work already started, having solely in mind the most lofty of health ideals. In working for the health of the peoples, we shall at the same time be working for the well-being of humanity.

The President: I have just been informed that Costa Rica and Argentina have completed their ratifications procedure and are sending the documents to the Secretary-General. When the documents arrive, we will refer them to the Credentials Committee.

Dr. Maclean (New Zealand): It is evident that the New Zealand Government gives its full support to the World Health Organization, as New Zealand was the fifth country to ratify the Constitution of the Organization. Since that time, the New Zealand Government has taken a keen interest in the work of the Interim Commission. The Commission is to be congratulated on the manner in which it has laid the foundations for the future work of the Organization.

As I do not intend to speak at length, it is not possible to comment on more than one or two of the many important matters referred to in the report. I wish, however, to make mention of the valuable work done in international epidemic control and, in particular, would refer to the assistance given to the Egyptian Government during the recent outbreak of cholera. This was an outstanding example of international co-operation in public health and has a double value that not only was help given to one country at a time of great difficulty, but by the same means the spread of a disease to other countries was rendered less likely.

Another important function that has received the attention of the Interim Commission is the maintenance and development of international standards of biological products. This is an undertaking of the greatest value, and its importance will grow with the advance of medical science. The members of the Interim Commission have set a high standard in making such able preparation for the work of the Executive Board, whose duty it will be to follow them and to make further progress towards fulfilling the objectives of the World Health Organization.

The President: There are no more speakers this morning. Several speakers in their speeches made proposals, but any proposals which delegations wish to put before the Assembly should be handed to the Secretariat in triplicate for translation and duplication and presentation to the General Committee.

The meeting rose at 12 noon.
headquarters to supply West and Central Africa, as well as the rest of the world, with material on tropical medicine.

Dr. Bárdoš (Czechoslovakia): We are very grateful for the opportunity offered us to state our opinion in regard to the future work of the World Health Organization. The Czechoslovak delegation would first like to express the willingness of Czechoslovakia to do all in her power to help to develop the work of the World Health Organization, so that it will be able to realize its lofty aims and fulfill the hopes placed in it by the nations.

In May 1948, the Czechoslovak Constitutional Assembly adopted unanimously the new Czechoslovak Constitution, which already in its second article, enumerating the rights of the citizen, guarantees the right of the citizen to health. This fact we quote as a sign of our sincerity, and we hope that the following remarks will be judged by it.

Please be assured that the Czechoslovak delegation also fully realizes the limitations imposed upon the work of the Interim Commission. We should like to comment on the report of the Interim Commission and on some of the remarks in the discussion.

The Czechoslovak delegation favours a long-term policy of the World Health Organization, for the obvious reason that we cannot expect any quick results in improving the health conditions of the world. There seems to be a diversity of opinion about the role of the World Health Organization, and particularly about its relations with the health services of Member countries. The Czechoslovak delegation agrees with the definition given in the preamble of the Constitution, namely, that the main role of the World Health Organization should be the strengthening of the health services of the individual Members. It is obvious that the Organization cannot replace them. Should this principle be accepted by the Assembly, it follows at once, even from a very superficial survey, that the different countries face different health problems; and to my delegation this fact seems to demand the setting-up of regional offices of the World Health Organization, caring for such different demands. For instance, India could be the seat of such an office for South-East Asia. We feel that the World Health Organization should be instrumental in starting to solve the many problems facing Member countries and in helping to bridge the gap between their aims and their means of realization.
Considered from this point of view, there are serious gaps in the programme proposed by the Interim Commission. In countries approaching modern standards of sanitation and hygiene, the main "killers" of the population are diseases of the circulatory system and cancer. Even in Czechoslovakia at the present time, with a disastrous increase in tuberculosis as a result of the war and the occupation, those two diseases still head the list. The Czechoslovak delegation thinks that as regards those diseases, and especially the first, the health services and medical science have failed on an international scale. We therefore propose that the World Health Organization should set up committees—or enlarge the scope of the existing ones—with the task of studying methods of prevention and the treatment of these diseases and encouraging vigorous research.

The Czechoslovak delegation proposes further that the World Health Organization should set up a committee for the study of the medical and biological applications of atomic energy for the important role those applications will play in the future of medicine.

I should like to restate here briefly the work to which we feel the World Health Organization should attend. Firstly, it should act as a "clearing-house", that is, it should collect, analyse, interpret and disseminate information and knowledge relating to the health of nations and individuals. Secondly, the Organization should promote and, where appropriate, recommend national and international action with respect to medical research and to the improvement of education and the administration of health services and the spread of public knowledge related to it. Thirdly, the Organization should set up special committees to fulfil more effectively the tasks enumerated in points one and two with respect to special important diseases. Fourthly, it should take steps to deal with emergencies whenever applicable and necessary and with the consent and co-operation of the nations concerned.

With regard to point one, we should like to remind the Assembly that, in addition to the Soviet Union, many countries—for instance, Great Britain—are embarking on a State health service, and that their experiences should be analysed and made available to others. In my country, a State medical service and a national insurance scheme will make comprehensive medical care available to 95 per cent. of the population, apart from social benefits.

With regard to point two, Czechoslovakia would like to ask the World Health Organization to give special attention and care to countries which have suffered during the war. It will take us many more years to overcome the difficulties created by the closing-down of our medical schools, and we are therefore very interested in the continuation and extension of fellowship programmes, visiting lecturers and medical literature.

With regard to the third point, we sincerely hope that expert committees will not only make reports, but also study means of helping individual countries in a practical way to solve their problems.

With regard to point four, the Czechoslovak delegation supports the setting-up of a special emergency fund.

There is another suggestion the Czechoslovak delegation would like to make. Many countries are experiencing difficulties in obtaining appropriate equipment and supplies for research or other medical services. The World Health Organization should set up a procurement office to help countries out of such difficulties.

The Czechoslovak delegation will also support the establishment of an international school of public health in connexion with the World Health Organization. We feel that the Organization should also be instrumental in establishing international standards for the education of medical personnel, including education in medical schools.

In conclusion, the Czechoslovak delegation wishes the Assembly success in its further deliberations.

Dr. Cho (observer, Southern Korea): It is a great privilege to have this opportunity to speak a few words to express my sincere thanks for your kindness in inviting my country to this conference. Having received your invitation, I felt that the health problems of each country could only be solved by a thorough understanding of the situation of each country, in accordance with the principles enunciated in the Constitution of the World Health Organization.

In speaking at the first Assembly here in Geneva, I wish to express my deep appreciation of those who initiated the proposal for the setting-up of an international health organization at the San Francisco conference. This must be highly valued by all the peoples in the world, since this action to promote the enjoyment of the highest possible standard of health was inspired by the highest motives. On the other hand, I can never forget that the Interim Commission was very successful in helping a number of countries which required urgent aid from outside. I think that its greatest achievement was the training of health personnel from various countries to the highest degree of efficiency.

The outstanding effort made by the Interim Commission to develop the permanent structure of a World Health Organization should also be remembered. The major achievement of drawing up the Constitution of the World Health Organization may be interpreted as a new historical development in public health. There can be no doubt that the health of the peoples of the world will benefit by the implementation of this Constitution, which stipulates that the people shall attain the highest standard of health.

Since 24 June, a large number of delegates and Assembly members at this conference have been most eager to further international health services by every practicable means. I should say that nothing is more important and worth while than what this conference is going to produce. In view of the great significance of
organizations and administrations. Improvement and perfecting of national health and foreign to the health traditions of individual by costly missions, whose work is frequently delegation that tangible results cannot be achieved their own countries. Is above all a task for the people themselves in national health-services. The care of public health or religious of science to the everyday life of the populations, substantially to the application of the conquests powerful factor capable of putting an end to this political, social and economic. It is obvious that there is a startling gap between remains exposed to epidemics and other calamities. Portion of the population of the world many forms of disease and suffering. But a large if it were applied completely and without reservation of peoples and guided solely by scientific principles. Triumph of an active form of humanitarianism, crowned the efforts of the Interim Commission. The very encouraging initial steps of the World Health Organization, coming after the hardships inflicted on humanity by Fascists and racial barbarism, we regard as an example of the triumph of an active form of humanitarianism, working for the benefit of the health and happiness of peoples and guided solely by scientific principles. Medical science has made such progress that, if it were applied completely and without reservation, it should be possible to eradicate very many forms of disease and suffering. But a large portion of the population of the world still remains exposed to epidemics and other calamities. It is obvious that there is a startling gap between the triumphs of medical science and their effective application to the life of the people. There are numerous causes for this which are fundamentally political, social and economic. We regard the World Health Organization as a powerful factor capable of putting an end to this discrepancy, a factor which could contribute substantially to the application of the conquests of science to the everyday life of the populations, without distinction of race or class or political or religious convictions. The way to attain this objective doubtless consists in providing multilateral, methodical, scientific and material assistance to the various national health-services. The care of public health is above all a task for the people themselves in their own countries. We are fully in agreement with the Soviet delegation that tangible results cannot be achieved by costly missions, whose work is frequently open to discussion and sometimes quite detached and foreign to the health traditions of individual countries, but can far better be attained by providing effective and systematic aid for the improvement and perfecting of national health organizations and administrations. We also believe that real efforts should be made, apart from the establishment of quarantine barriers, to cleanse areas which serve as breeding grounds for the epidemics which are a menace in certain parts of the world. It is precisely on this point that there appears to be a fundamental difference between the World Health Organization and the various pre-existing international organizations, such as the Office International d’Hygiène Publique and the Health Organization of the League of Nations. It is essential that the activities of the World Health Organization should be harmonized with those of UNICEF and the other specialized agencies of the United Nations. Recent years have witnessed a considerable development of a new factor of great importance for the improvement of public health: namely, physical culture. The governments of many countries are now encouraging it among the masses, regarding it as a preventive agent of fundamental importance. Physical exercise, owing to its functional effects, has undoubtedly organic and physical results. Concurrently with a suitable diet, it is capable of becoming a factor of prime importance for the regular and harmonious development of the human body. It is time that medical science paid greater attention to the study of this problem by helping to place physical culture on a sound scientific basis. We consider that the World Health Organization should set up a special service dealing with medical collaboration and supervision in questions of physical culture. Our country has not yet had the benefit of any assistance from the Interim Commission. Thanks, nevertheless, to the attention our government has devoted to public health, and the heavy financial sacrifices it has made for this purpose; thanks also to the far-reaching economic and social reforms which have contributed to improving the material conditions of the Bulgarian people and to the progressive nationalization of the medical services, we are happy to be able to state that the general health situation in Bulgaria is, on the whole, satisfactory, particularly as regards infectious and venereal diseases. We have, of course, had our own special post-war difficulties, which should prove easier to overcome with the aid of the World Health Organization. The problem of tuberculosis in Bulgaria still remains to be solved, and this is also true of malaria. Although infantile mortality has decreased during recent years, much still remains to be done in order to restore normal conditions. In the struggle to improve the general standard of public health, we are faced with great difficulties in procuring drugs and surgical and sanitary equipment, and also in obtaining technical information and medical publications. In this respect we are in the same position as many other countries. We therefore propose—and we wish to stress this point—that the World Health Organization should do all in its power to contribute to a favourable solution of the problem. It is inhuman and intolerable that there should be speculation in the trade in drugs, or that the provision of these should be used as a means of political pressure, at the cost of the health and life of...
human beings. We consider that it ought to be possible to create a special department within the World Health Organization to make a study of this problem which so vitally affects a large part of the world’s population.

We attach great importance to the provision of technical information and medical literature. Other delegates have already stressed this point. There is no doubt that the World Health Organization could play a decisive part in this field. We venture to hope that our doctors will in the future be given facilities for perfecting their knowledge in other countries by means of fellowships.

We trust that our proposals will be taken into consideration, and we express our cordial wishes for the progress of the World Health Organization.

Dr. Grasset (Switzerland) (translation from French): I wish to present the apologies of the head of our delegation, who has been called away on urgent business. He will probably come back in an hour or two. He will then report to the President and will be prepared to make a statement.

M. Shyella (Albania) (translation from French): The delegation of the People’s Government of Albania extends to the World Health Assembly the best wishes of the Albanian people and its Government, and hopes that this Assembly will complete the important work which it is called upon to perform.

An arduous task awaits our young organization. The report of the Interim Commission gives a striking picture of the diseases now ravaging the world and reminds us of the immense efforts we must make to combat these diseases, and the imperative need to destroy the centres of epidemic infection and create in our countries economic and social conditions that will guarantee the health and welfare of our peoples. This task is especially difficult after the ravages caused in the occupied countries by the Fascist aggressors, who have left behind them nothing but devastation, ruin and entire populations physically weakened and liable very rapidly to succumb to the most dangerous diseases.

In Albania the destruction and pillage wrought by the Fascist aggressors, and the privations and physical exhaustion of our people during its struggle for national liberation, favoured the extension of epidemics such as exanthematic typhus and abdominal typhus; malaria began to spread, and the Fascist troops even introduced tropical malaria into our country; tuberculosis became prevalent, and the congenital syphilis of part of the population made the disquieting health situation still worse. Maternal and child welfare was non-existent and infant mortality increased in alarming proportions.

Immediately after the war the Albanian Government had to face this grave situation, and, in a relatively short time, with an insufficient specialized personnel and with very limited material, we obtained satisfactory results in the protection and amelioration of the health of our people. The popular democratic regime and our planned economy explain this success. Moreover, the experience and the material help of the peoples and Government of the Soviet Union and also of the Government of the Federal People’s Republic of Yugoslavia have been given freely in the sanitary field. I should like to thank them publicly on this occasion.

In the People’s Republic of Albania all health services have been nationalized and are available to the public. Specialized personnel, formerly found in a few urban centres only, are today distributed throughout the country according to need. New personnel are being trained; students are being sent to foreign countries, and schools for hospital attendants, midwives and sanitary staff have been opened. In less than three years we have trained 516 hospital attendants and 40 midwives, who are finishing their studies this year in our schools, whereas during the twenty years from 1925 to 1945, only 60 hospital attendants were trained. The nationalization of pharmacies saved the people from exploitation by drug speculators. Extensive sanitary and social legislation for all workers, disabled service-men, and mothers and children has been put into force. Destroyed hospitals have been rebuilt; their number and capacity have nearly doubled in comparison with 1938; ambulances are four times as numerous, and 24 rural hospitals have been established for the first time in the interior of Albania. Before the war there were no tuberculosis institutions; in 1947 the first three sanatoria were founded, as well as three tuberculosis dispensatories, and five preventoria for children in the pre-tubercular stage. In 1947, for the first time in Albania, 11 maternity centres were founded, and also eight health centres, 40 consultation centres for mothers and children, and a number of permanent day nurseries.

The field of preventive medicine, formerly practically non-existent, developed greatly after the liberation. The systematic and organized struggle against epidemics, the building and extension of laboratories, and vaccinations have been the first measures taken in this direction. The people themselves are making an effort to protect their health. Good work has been accomplished in maternal and child welfare and in the control of malaria, tuberculosis and syphilis, which are important problems for the health of our people. The incidence of malaria in our population, which was 50 per cent. before the war and 60 per cent. during hostilities, dropped in 1947 to 40 per cent. Before the war there were only 44 technical malaria groups, while today there are 238, and instead of two malaria centres before the war, there are now as many as 40. The search for tuberculosis cases, which was begun in 1947, is continuing on a vast scale, and the control of congenital syphilis, which accounts for many victims in certain areas, is developing favourably, although under difficult conditions.

Syphilitic infection on a large scale is practically unknown, because the principal causes, namely, prostitution and unemployment, have disappeared from our country as a result of extensive economic and social reforms.

From this short survey it is evident that the achievements of our Government in the field of health are important. But the Government realizes that they are insufficient, that much remains to be done, and that many difficulties must be overcome to ensure the health of our people. Inevitably the consolidation of our national economy, which is being pursued on sound lines, will create the indispensable conditions for ensuring the health of the people, while
raising the standard of living and education amongst the working classes. But our needs are great and pressing, and the World Health Organization can certainly give us the help we so greatly require.

I now return to the report of the Interim Commission. First of all, I should like to state that the delegation of the People's Republic of Albania took note of this report only after the opening of the Assembly, because, although our Government deposited the instrument of acceptance in May 1947, it did not receive the necessary documents from the Organization. The Albanian delegation nevertheless believes that it ought to make a few remarks on the report. The document provides evidence of the numerous activities which the Interim Commission has pursued during the two years of its existence, and also of the many complex problems it has considered and the laudable ambitions which have prompted it to alleviate the physical and mental suffering of mankind. But, in our opinion, in aiming at so many objects at once, the Interim Commission has not given sufficient attention and practical means to concrete and effective help for the suffering nations which have the first claim on the Organization.

The Interim Commission has, for various purposes, a large number of committees, sub-committees, missions and working teams which have cost much money and which, as a result of their investigations, have submitted certain reports, projects and suggestions that are scarcely practical at present. Studies and investigations are necessary, but the Organization should not confine itself to such work.

The Interim Commission has maintained two distinct centres, in New York and Geneva, while the Pan American Sanitary Bureau still functions separately. The efficiency of the Organization is thus greatly reduced and enormous sums are spent on superfluous administration and staff.

The Albanian delegation believes that the Executive Board should examine these defects and take the necessary measures. Besides, the Interim Commission has not sufficiently collaborated with national health organizations, and especially has not helped them in a positive and continuous manner. But it is especially through the national bodies that the World Health Organization can achieve its aims and help all peoples. Albania has received nothing from the Interim Commission, although it was entitled to priority as being one of the countries that were cruelly stricken by Fascist aggression. Advice and recommendations would contribute little to curing the diseases of our people. We ask the World Health Organization to supply us with medicaments, such as DDT solution, quinine and other means to deal with malaria, and also penicillin and other remedies for syphilis, BCG vaccine, laboratory instruments, hospital equipment and funds to train the necessary technical personnel. Such are the real needs, not only of Albania but also of the other small countries.

The Interim Commission has not extended its help in the first place to countries ruined by the Fascist aggressors, and it would seem that it has not given sufficient attention to the unhealed wounds inflicted on the bodies of our peoples by the Fascist executioners. It is for this reason that the Albanian delegation warmly supports the intention of the Soviet delegation to propose a resolution in the Assembly regarding the effects of the war on health, and assistance to countries ravaged by the Fascist occupation.

The small countries have not received adequate help from the Interim Commission, and colonial countries have not been fairly treated. Especially in the latter, because of the deplorable economic and social conditions and the fierce oppression of the colonial Powers, the most devastating pestilential diseases are constantly smouldering. Can our Organization not take steps to improve the economic and social conditions of the colonial countries? If it cannot, the struggle against disease, and particularly against epidemics, will not be effective.

These are the brief remarks which the delegation of the People's Republic of Albania wished to make on the report of the Interim Commission.

Our Organization has entered on a new phase. It is now a permanent institution, and we must do all in our power to enable it to fulfil our expectations. The work accomplished by the Interim Commission under the chairmanship of Dr. Stampar, to whom we have all paid a well-deserved tribute, is a guarantee that our Organization can attain much for national health and the bringing-together of the peoples. The Albanian delegation believes that the World Health Organization should arrange for placing at the disposal of all nations new scientific methods, experience and discoveries useful in the struggle against disease and for the protection of health, as well as medical products and material which are the monopoly of a small number of countries. This is the case with quinine, penicillin and streptomycin, which are even considered as strategical products by certain governments.

In future the World Health Organization would render a great service to the national organizations of the various countries by informing them of the admirable results obtained from socialism in the field of public health. A knowledge of the Soviet medical organization, therapeutics and prophylaxis, of the care given to mothers and children, and of the recent advances in Soviet medical science would be a real help for all peoples and would stimulate efforts in our own country to improve health and living conditions.

Help and co-operation between peoples and governments in solving health problems are the guiding principles of our Organization. The Albanian Government appreciates and supports the idea of international co-operation, which is in accord with the Charter of the United Nations.

The first World Health Assembly has met to co-ordinate the work of all countries and improve the health of mankind. While we are painfully striving to find the most effective and rapid means of doing so, warmongers are already laying their plans to destroy, by bomb and machine-gun, the lives of millions and to overthrow, at the very outset, the edifice of our work, which is based on the principles of the United Nations. We must co-ordinate our efforts, firmly establish the results of our joint work, and ensure the peaceful existence of our peoples.
Our Organization is also a peace organization; it pursues aims which meet the needs and aspirations of millions of men who desire to live a healthy and happy life. It is the duty of our Organization, by its labours, decisions and efforts, to promote mutual assistance and sincere cooperation between peoples in the field of health. In this way it will be serving the cause of peace and collective security.

The delegation of the Government of the People's Republic of Albania will make its modest contribution to the work of the World Health Assembly, and will spare no effort to ensure that the results of our joint endeavours constitute a step towards relieving the sufferings of the peoples and establishing more friendly relations between them.

Dr. MacCormack (Ireland): I must apologize before I start for what I feel will be a rather jerky and disjointed talk. I was persuaded at very short notice to address this Assembly, and I have been unable to provide myself with more than a few meagre headings for my speech. This in itself will be a guarantee of brevity.

I have listened with advantage and admiration to the many able speakers who have preceded me. It had been my firm intention to sit out the session in the pleasant, if passive, role of a listener. On occasion my gaze has been directed towards the rostrum, I can assure you, without committing myself too definitely, that it was not with the intention of catching the eye of the President.

With regard to the report of the Interim Commission, I should like to congratulate the Commission not alone on its report, but on the work which it carried out in the two years during which it acted for this World Health Assembly. In fairness to the Interim Commission, we must realize that it was there in the role of a caretaker government. For that reason I would not tax it on the score of not having taken a more positive action against the spread of disease. It was scarcely a proper function for the Interim Commission to commit this Assembly to any major public-health works. In the circumstances, I think it did a good job. In reading its report, the thought crossed my mind that I certainly could not have done better myself, and probably not as well, and in the privacy of one's own thoughts that is very high praise.

As my next point, I should like to make reference to the setting-up of regional bureaux. I think that some of the speakers who have advocated the setting-up of regional bureaux may not have given sufficient thought to the difference between a bureau and services. The setting-up of regional services is an immediate necessity, but the setting-up of regional bureaux is not. The World Health Organization is only a newborn child, and, in addressing an assembly of eminent medical men, I need not labour the point that one does not expect a child to produce a family until it has reached the age of maturity.

The next point to which I should like to draw attention, and which will be dealt with in our programme and possibly in the Relations Committee, is a very important one. I refer to the danger of the overlapping of services, with the consequent dissipation of our energies and a certain waste of time and money. We can learn from a barnyard fowl a very useful lesson in what not to do in this respect. A number of hens is picking around a farmyard, and one of them suddenly gets a nice fat worm. She cannot control herself, and she emits a loud squawk of glee. Immediately every other hen in that farmyard drops what she is doing and chases after the lucky one who found the worm. They chase her until they have taken it from her, and, when the next one gets it, another one chases that one, with the result that not alone are they wasting their own time, when they could have been looking for worms of their own, but no one of them gets a decent portion of the worm that was found. Now, I sincerely hope that this organization will not allow itself to be drawn into acting like the barnyard hens.

The next point I should like to submit for the consideration of this Assembly is a very important one, and that is the inclusion of a representative of the nursing profession in the Organization. Those of us whose daily tasks take them into contact with field-work realize how essential is the nurse to the success of our work, and I have a feeling that, if we had an official representative of the nursing profession here, we should have their wholehearted cooperation in our endeavours to improve the services in every country and to raise the standard of health amongst mothers and children.

With regard to our future, I was always more or less an incurable optimist, and I still look forward with hope to success for this World Health Organization. It is not without sound reason that I have this feeling, because I would remind the Assembly that it has the inclusion of a number of countries additional to those that attended the first meeting in New York, and of course it is nothing but modesty that prevents me from adverting to the fact that the Assembly is fortunate in having as full Members those countries which were only observers at the previous meeting.

Dr. Vollenweider (Switzerland) (translation from French): As M. Eeter, Federal Councillor, had already extended a cordial welcome to our guests in our national territory at the first meeting, I thought it advisable that the Swiss delegation should only speak on the report of the Interim Commission towards the end of the discussion. The record of its activities, and especially the second part of the provisional agenda are important documents. They are of interest not only to our Assembly but to all those who, throughout the world, are concerned with questions of health. The Swiss delegation therefore wishes to express its warmest thanks to the Interim Commission and to its collaborators, not only for the report submitted to us, but even more for the work which the Commission has accomplished up to the present and for the undertakings which are proposed for the near future.
In 1946 the Interim Commission received what I regard as a rich legacy of ideas and practical problems. This legacy included the records of former international organizations, such as the Pan American Sanitary Organization, the Office International d’Hygiène Publique and the Health Organization of the League of Nations. These bodies had done most valuable work. The best proof of this is their long life. Their creation goes back to 1902, 1909 and 1920. They played a predominant part in framing and carrying out the international sanitary conventions, which have proved their worth. We see from the records of these organizations that the majority of the questions appearing on the provisional agenda and mentioned in the report on the work of the Interim Commission have already been treated in one form or another.

Another point seems to me to be important. The old organizations had at their disposal a remarkably qualified personnel both in their committees and conferences, and in their central offices. The Interim Commission did well to avail itself of the services of this personnel. The best proof is furnished by Dr. Stampar himself. He was for a long time a delegate to the Permanent Committee of the Office International d’Hygiène Publique, and was also a member of the Technical Preparatory Committee for the International Health Conference in 1946, and Chairman of the Interim Commission. He is now the distinguished and highly esteemed President of our own important Assembly.

I believe that the World Health Organization may also derive some benefit from the publications of the earlier organizations. May I suggest in this connexion that it will be well to have a sense of proportion. The multiplicity of publications, conferences and congresses is, in my opinion, something of a present-day disease. If only for strictly financial reasons they should be considered in proportion to their usefulness and to the success it is hoped may be derived from them.

The administrative and financial questions of the World Health Organization will, I know, be considered with the utmost care. Each delegation studies them from its own point of view, but we all are agreed on one point—that the administrative machine must be adequate to achieve the objectives in view, and at the same time should remain as simple as possible. This work should be undertaken that does not promise to be of direct advantage to those who are suffering from sickness or infirmity, as the principles of the Constitution of the World Health Organization demand. There are other questions which each national delegation naturally studies from its own point of view. There is a geographical distribution of diseases which fortunately do not appear in all parts of the world, while others are, one may say, ubiquitous. Therefore it is not to be expected that delegates and their representaives should be interested to the same extent in all questions under discussion. It is doubtless for this reason that the idea of regional organizations was first launched—a conception that has our full support.

From the point of view of Switzerland, the diseases that cause it particular concern are tuberculosis and venereal disease. It is, undoubtedly, incumbent upon the responsible national authorities to take steps within their countries to prevent, and, I would even say, to try to eradicate all disease, and not only infectious diseases. To this must be added the protection of the population’s health by preventive measures taken at the frontiers. These obligations are proof of domestic concern and must be dealt with by national legislation. The fight against disease can, however, be effective only if it is conducted by scientific and technical organizations which are inspired by principles whose international character cannot be challenged.

The World Health Organization is a technical organization. The more its work is carried out on a high plane and the greater the practical importance of that work, the greater response should it find in the various countries and the more should the proposals and recommendations of the World Health Organization be incorporated in those countries’ health legislation.

The Swiss delegation desires in particular to recommend that the international exchange of qualified personnel should be considered, as well as aid to teaching institutions and to research establishments of an international character. It also wishes to press another point, namely, that questions of social security for the sick be included in the programme of the World Health Organization. Of what avail are the best diagnoses if no measures are taken to ensure that every sick person or every sufferer shall receive the necessary medical treatment in the widest sense of the term, whether he obtains such treatment on his own account, or through the public authorities or by social insurance? The latter system has the great advantage that the insured person has to make his own contribution. Just as he must provide food, lodging, clothing, etc., for his family, so his financial contribution to social insurance, at least while he is able to work, is perfectly justified. It is this conception, moreover, which corresponds most closely to sound common sense.

These highly important problems are solved in one way or another in the different countries according to their own constitutions. But the guiding principle should be that the poorer members of the community and their families should everywhere have a legal right to this assistance. Health is indeed a state of complete well-being, physical, mental and social.

Finally, may I express my sincerest wishes for the fruitful results of this Assembly and a prosperous future for the World Health Organization?

26. Announcements by the President

The President: There are no more speakers this afternoon. We will conclude our debate tomorrow in the morning or afternoon.

The following delegations have expressed their wish to address the Assembly tomorrow; the list was concluded, as you will remember, on Saturday: Byelorussian SSR, Brazil, France, Poland, Roumania, Iceland, Iran, Canada, Hungary, and the Pan American Sanitary Bureau as observer.

May I ask delegates to confine themselves mainly to constructive criticism of the report of the Interim Commission?
I have again to announce that any new proposals and recommendations, such as have been outlined in several speeches, or which delegates intend to submit later, must first be handed to the Secretariat of the Assembly in three copies, because the document must be translated into two working languages and multigraphed for distribution to delegations, then considered by the General Committee; and afterwards such recommendations, resolutions or proposals will be referred to the competent committees.

Our committees will most probably start to work tomorrow afternoon, particularly the Committee on Programme and the Legal Committee.

Immediately after the adjournment of our meeting, the General Committee will meet in Room IX. According to our Rules of Procedure and the action already taken by the World Health Assembly, the General Committee consists of the following members: the President of the Assembly, the Vice-Presidents, the chief delegates of India, Brazil and Egypt, the chairmen of our main committees—namely, Committee on Programme, Committee on Administration and Finance, Committee on Relations, Committee on Headquarters and Regional Organization, and the Legal Committee; and in addition the chief delegates of China, France, Siam, Syria, the Union of Soviet Socialist Republics and the United States of America. These chief delegates can delegate alternates or advisers if they wish.

We shall meet tomorrow at 10 o'clock sharp. Will you please come punctually? We must finish our debate tomorrow; if we are not punctual in our work it is difficult to complete our task. The first speaker will be the delegate of the Byelorussian Soviet Socialist Republic.

The meeting rose at 4.45 p.m.
I say a few words about a subject which I desire to criticize least of all. I mean maternal and child welfare. The best method of doing away with the consequences of war in the field of health is to give increasing care to the health of the rising generation. Many delegates in their statements have mentioned the importance of this question, and we support their opinions. The Byelorussian delegation fully supports the programme submitted by the Interim Commission concerning maternal and child health, and considers that all the measures provided for in this programme are adequate and can, in the first instance, assist those countries in which infant mortality is particularly high. The programme quite clearly states what must be done in this direction. For this reason we consider that even at the present Assembly we should confirm a series of recommendations on urgent measures to be taken in 1948 and 1949.

In view of the particular importance of this question, we would ask the delegates to the Assembly and, in future, the Executive Board and the Director-General, to consider means of increasing the allocation of funds for this branch of our work. We consider that the sum provided in the budget for 1948—that is, $239,875—is disproportionately small in comparison to the expenses provided for in other chapters, and should be increased. In our opinion, the most important measures in the care of mothers and children which follow naturally from the programme presented by the Interim Commission are the following:

1. The preparation by each national health organization of a law on the care of expectant and nursing mothers and adolescents—particularly girls—and prohibiting the employment of minors.

2. The introduction of leave of absence for expectant mothers and leave after the birth of the child, with a continuation of the average monthly wages for the duration of leave.

3. Free obstetric assistance during the birth of the child, both at home and in hospital, especially when there are pathological complications.

4. The organization of institutions where free medical advice on pregnancy hygiene and on the feeding and upbringing of children will be given.

Promulgation by the governments concerned of laws on the care of the health of mothers and children, and the consistent application of these laws can very speedily give positive results. It is obvious, of course, that these laws should fully and comprehensively take account of local circumstances, the way of life of each people, and the standard of its education in health matters.

It is well known that the best proof is to be found in facts. May I give you a convincing example? You are all aware that Czarist Russia for a hundred years ranked first, or all but first, in the world in the matter of a high, and indeed terrifying, infant mortality rate. From 1917 onwards, measures which I have just referred to have been carried out in our country. The results are well known to you. In a number of Soviet Socialist Republics infant mortality has been reduced by half or by two-thirds, and in some republics by even as much as three-quarters. We would have been even more successful in these measures, if it had not been for the wounds inflicted upon our country by the Fascist invaders. It must of course be pointed out that this success in our country was achieved thanks to the complete equality of status of men and women, but even without this—even analysing only the medical aspects of the measures which I have just mentioned—it must be noted that they are scientifically sound and practicable.

We consider that the Executive Board and the Director-General could do a great deal for maternal and child health if they worked out even minimum recommendations to governments. In those cases where the government of this or that country is in a difficult position and cannot study the reasons for the high infant mortality alone and work out a programme of action, the World Health Organization, of course with the agreement of the government concerned, should assume responsibility for this work. In such cases, it would be very useful to send special experts and missions, but this must without fail be accompanied by the dispatch of medicine, literature and, if necessary, foodstuffs. The Byelorussian delegation considers that the World Health Organization has every facility for carrying out successfully the minimum programme which I have mentioned. It would simply be a crime not to use the possibilities available, and instead of taking concrete action through the national health organizations, for which millions of families would be grateful to us, to continue our conversations, consultations and conferences.

And now may I avail myself of the invitation of the President to criticize the work of the Interim Commission? We accept this invitation. There is nothing more helpful to our work than open, sincere and keen criticism of deficiencies. I should like to say a few words about the deficiencies of the mechanism of the World Health Organization, its staff, its Secretariat, its departments and its experts. There are a number of deficiencies, and many delegates have already mentioned them. I should like to add that there
are two kinds of deficiencies. One kind is caused by the new and complicated character of our task. Such deficiencies must be excused; they will be corrected very soon.

But there are other deficiencies which are copied from the bad practices of the League of Nations. These might completely ruin our noble task. We cannot be reconciled to them, and they must be corrected at once. We all remember the inglorious activities of the League of Nations Health Organization. That organization did not complete one single task. It buried its work in masses of dusty papers, made the decision of every question inconceivably complicated by creating numberless commissions, committees and sub-committees. That organization allowed politicians and political considerations to override the fair decision of questions. It cultivated a disdainful attitude to the smaller countries and nations, and allowed itself to forget their basic needs. Unfortunately, it must be admitted that the Interim Commission has, amongst its personnel, retained some of the people who are continuing these old and worthless methods.

I would refer, for instance, to the statement made yesterday by the Albanian delegate. Why, indeed, did this little country, destroyed by the Fascists, apply five times for materials, and why did it not receive a reply? Why was it impossible to find for this country any medicines, literature or money? We consider that practices of this kind—and I could give a number of other examples—arise from the choice of unsuitable staff. Within the mechanism of the executive secretariat there are certain persons who have become accustomed to the methods of the League of Nations and who are introducing them in our new organization. This must on no account be tolerated. We must review the personnel and pitilessly dismiss all those who do not wish to work according to the new methods. The personnel of the World Health Organization must be refreshed by new forces, preferably from various countries, so that the experience of these countries could be used and their peculiarities considered. This will considerably improve our work.

May I, in the name of the Government of the Byelorussian SSR, warmly wish the first Assembly of the World Health Organization success in its work?

Dr. AMYOT (Canada): I do not intend to apologize for adding Canada's voice to the many congratulations already expressed in this Assembly to the President and members of the Interim Commission and to the Executive Secretary and his staff, for the outstanding services which they have rendered to this Assembly and to the cause of world health.

The report of the Interim Commission now before us provides not only a very useful basis for our present discussions, but also welcome data and information which will be of great value to those engaged in public health throughout the world. The Government of Canada has demonstrated in a concrete manner its interest in world health problems and in the establishment of the World Health Organization by its action in ratifying the Constitution at a very early stage. This interest has been further demonstrated by the presence of the Canadian delegation at each of the meetings of the Interim Commission. Our Government is confident that WHO will be able to deal with world health problems in a manner that will obtain for the peoples of the world a much fuller realization of positive health. In this effort you may be sure that Canada will play its full part.

It is because of the importance that Canada attaches to the World Health Organization that the Canadian delegation expresses the hope that the programme for WHO for 1949 will be subjected to the most exacting, conscientious, but always sympathetic scrutiny. In establishing this programme we must be very careful not to dissipate our limited resources on a vast variety of projects, not all of which may be of crucial importance. The Canadian delegation will lend its support to the adoption of projects for which sound scientific data are available, preferring to leave for the time being many other problems, however important, until there are more data upon which to formulate practical solutions which can be assured of progressive and enduring success. Concentration of effort is essential, and we hope that the Assembly will at this time approve only those projects that offer good promise of early and obvious achievement. This policy, of course, should not preclude the encouragement by WHO of valuable research projects.

It is the belief of the Canadian delegation that the fundamental task of WHO is for the moment to stimulate and facilitate in every appropriate way the development of national health organizations in each country. These, of course, are in turn built upon an integrated system of adequate local health services. International technical consultations can then be utilized more effectively in those countries determined to develop their health services systematically.

The essential educational role of WHO in stimulating advanced training in the field of public health and its allied specialized fields would appear to be an important phase in any programme adopted by this Assembly. It will take many years to produce a sufficient number of trained personnel to staff the basic and most important link in public health today—the local health department. In addition, there will be
required numbers of highly qualified specialized public-health personnel to give supervisory and advisory assistance and guidance to the basic health services.

Our delegation would hope that, while this Assembly will agree to all necessary expenditure by WHO, it will ensure that during this organizational period expenditures will be limited to essential activities and will be held to a level consistent with the achievement of the main objectives of this Organization. This policy presupposes not only the selection of projects on a priority basis, determined by their relative urgency and importance, but also the carrying-out of these projects with the maximum degree of efficiency and economy.

The infant World Health Organization is born. As its parents, the Members here represented must ensure its steady and healthful growth. This infant will require whole-hearted and co-operative parental support. The very cordial atmosphere of enlightened co-operation so notable in the meetings of the Interim Commission augurs well for the future of the World Health Organization. To strain the figure of speech further, we must all seek to ensure that our infant organization crawls before it walks. Upon a firm foundation of accomplishment the World Health Organization will be able to build that edifice of physical, mental and social well-being which is our aim and which is one of the great and pressing needs of the world today.

Dr. GHANI (Iran): Having the honour to represent my country and the privilege to address this distinguished gathering, I wish to convey to you the greetings and good wishes of Iran. I wish to emphasize that Iran, true to the Charter of the United Nations, now as before, is a firm believer in international co-operation. Iran was among the first countries—actually the fourth—to ratify the Constitution of the World Health Organization.

Our task is immense. The hope of a suffering humanity is deeply focused on the work and achievements of this Organization, which are urgent, vital, constructive and necessary for the welfare of human beings. Humanity at large, literally hundreds of millions of men, suffers from preventable diseases such as tuberculosis, malaria, trachoma and venereal diseases. Hundreds of thousands of innocent children die each year at an early age from lack of proper hygiene, from poverty and ignorance. Malnutrition exists everywhere, even among the well-to-do. We are plagued by many illnesses attacking our soul, spirit and body. We are fully convinced that at least for our bodily ailments each nation must do its utmost to improve the health of her people.

It is indeed regrettable to notice that the health budgets of many countries are appallingly low in relation to their needs. Iran, having realized this shortcoming, is trying to do her best, and has actually presented to the parliament a comprehensive seven years’ health plan. To accomplish our task we need trained personnel and expert advice, and for all this the World Health Organization can render precious help.

Parallel with the Government’s plan, some voluntary national agencies, such as the Red Lion and Sun of Iran and the Imperial Social Services Organization, are helping the Government in its objective of improving the health and efficiency of the people by all means at its disposal. The latter organization, although only nine months old, has already opened 50 health centres in remote villages all over the country and, in co-operation with the Ministry of Education and the University of Teheran, has founded a new school for the training of nurses; with the co-operation of the Ministry of Health, a school of public-health nurses will be inaugurated.

The Workers’ Health and Compensation Act has been passed and is already in force. Much additional legislation is being prepared to bring our health laws into harmony with the recent advances of public health.

I am grateful for the opportunity afforded to address the Assembly, and will not unduly take its time. Our delegation’s suggestions and proposals will be submitted in due course to the committees.

It is gratifying to see that at the International Health Conference in New York, as well as here in this first World Health Assembly, perfect harmony has existed amongst the delegates and full co-operation amongst the members. In our future work we shall never let slip from our minds what is affirmed in the Constitution of our Organization:

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.

It is our sacred duty to do our utmost and give of our best to reach our common goal—the health, well-being and happiness of all humanity.

On behalf of Iran, the Iranian delegation expresses its hearty appreciation of the admirable work of the Interim Commission, and we hope and expect that this first World Health Assembly will succeed, under the able chairmanship of President Stampar and with the sincere cooperation of all the distinguished delegates.

Professor PARISOT (France) (translation from French): Madame Poins-Cüapuis, Minister of Public Health, has already extended to you the good wishes of the Government of the French Republic. I should like to add how grateful we are to those who, for two years, have prepared the permanent establishment of the World Health Organization and to whose devoted labours the Assembly owes the substantial and constructive agenda which is before it now.

When looking over the list of the tasks which the Interim Commission has set out to accomplish, one may wonder whether such a programme is not too ambitious, and whether it would not have been better to concentrate on a few essential objectives. In our opinion, however, such a conclusion would be wrong. It is essential that the World Health Organization should, from its
inception, set its ideals high and should be conscious of the magnitude of its task. At the same time, it must realize that such a programme cannot be carried out in a day and that its imple- mentation will have to be gradual and prudent.

Here we are faced with the problem of priorities. We shall have to decide on the priority to be given to the questions before us, taking into account on the one hand our material and financial resources, and on the other the relative urgency of the technical work to be undertaken. The Interim Commission was fully conscious of the necessity for selection. It has endeavoured to establish an order of precedence for the numerous subjects which are to be studied. We can only follow its example in this matter, but it goes without saying that the Assembly need not automatically adopt this programme in the form in which it has been presented. It will be the task of the Committee on Programme to make a thorough study of the different subjects, bearing in mind their relative importance and varying degree of urgency. In regard to this I am happy to note that the chairmanship of this committee has been entrusted to the person amongst us who so ably directed the Interim Commission's Com- mittee on Priorities. The French delegation will take its full share of this work, to which it attaches great importance.

But rather than define each particular point of such a programme, a task that had best be left to the competent committee, I should like to dwell here on the methods of work and action: which it seems to me the World Health Organiza- tion should adopt. The World Health Organiza- tion has three basic means of action to attain the objectives it has in view: technical study, research and improvements; conventions and international regulations for the framing of which it will in future be responsible, as well as the appropriate recommendations; and varied forms of assistance to different countries whose needs have been recognized.

Technical research is the corner-stone of the Organization and the governing principle or its action. The principle of expert committees, of which the Interim Commission has already in a large degree of urgency. It is to be hoped that these recommendations will be widely followed, and we would suggest that in various countries national specialized committees be established similar to those which were formerly set up and have proved their value. A good example is that of the United States Housing Commission, over which Professor Winslow so ably presides. These commissions would receive through the competent national authorities the recommendations of the World Health Organiza- tion and would examine them in the light of regional and local needs, modifying them if necessary so as to render them as effective as possible. It is important that these recom- mendations, to be applicable on a worldwide scale, should be elastic enough to safeguard the individuality of the social and sanitary organiza- tions of each country.

Besides, I believe that the World Health Organization will find it very useful to study any suggestions that may be submitted by the different national health-authorities, since these may provide valuable indications which will be of assistance in formulating policies and providing for their implementation. In this way there will be a double current of exchange flowing between the World Health Organization and the countries of the world. This will serve to strengthen the links between them while the World Health Organization will gather information regarding the results of experiments carried out in various countries and, in return, will communicate to the nations the conclusions reached regarding these problems.

I now come to the most tangible form of the activity of the World Health Organization, namely, medical assistance to different countries. We can regard with a certain satisfaction the work already accomplished by the Interim Commission in this field. Its Field Services Division inherited from UNRRA, has given a good account of itself, and the importance which it has attached to the problem of lectures and fellowships. We should like to see the Organization extend its work in this field, and to do so the necessary financial arrange- ments will have to be made.

The training of public-health personnel of different categories, the development of the teaching of hygiene and of preventive medicine are an urgent necessity. How could the World Health Organization accomplish useful work if it did not find in each country qualified personnel to second its efforts?

Amongst the most useful methods of achieving this end are the organization of lecture tours, the dispatch of field teams and the creation of fellowships. The effectiveness of these methods of instruction and training must be judged by the degree of technical efficiency acquired by local personnel. In this connexion I would refer to the Health Organization of the League of Nations and to the Rockefeller Foundation, which have helped in the development of national schools of hygiene. These have proved to be of
great value both from the point of view of scientific research and of its practical application. Training of technicians, however, would not entirely fulfill its purpose if it were not coupled with the appropriate sanitary education of the populations themselves. Self-imposed discipline is far more conducive to the betterment of man than rules imposed from outside.

Such sanitary aid is particularly urgent in countries which have suffered the ravages of war and where for a time the manpower and financial and material resources needed for reconstruction may be lacking.

The method of work which I have just outlined, if it is at all consistently applied, will in itself guarantee the quality of the results obtained, but it would be idle to ignore the fact that we shall only accomplish part of the work we have set out to do if we limit ourselves to the sanitary field. The health of man is closely linked up with his working and living conditions. Health and social factors are interdependent. Our solution of the health problems will only be of value in so far as it will take into account social and economic factors. France is particularly conscious of this fact, since she has learned to look at this problem not only in the light of her own needs, but also in that of the numerous peoples of her overseas territories who, associated with her within the framework of the French Union, have greatly benefited from the recent strides made in the field of health.

In other words, the work of the World Health Organization is inseparable from that of those other specialized agencies of the United Nations grouped under the aegis of the Economic and Social Council. I hardly need insist on the contact which the World Health Organization should keep with the other specialized agencies. The report of the Interim Commission contains a certain number of draft agreements which we shall have to study closely. We must be guided in this study by two principles: that of equitably dividing the work according to the special mission of each agency, and that of giving full responsibility to the World Health Organization, according to the text of the Constitution, on all those points which concern it.

One example will suffice. The agenda of our Assembly mentions amongst its technical activities rural hygiene. We were asked to attach special importance to this question, but rural hygiene cannot be separated from those other factors of the rural environment: the essential characteristics of agricultural production, the problems of labour, the education of the rural population, etc. In this respect, the World Health Organization cannot do without the co-operation of the Food and Agriculture Organization, the International Labour Office and UNESCO.

An international conference, which was projected in 1939 but did not take place because of the war, was to have studied this problem, which is of paramount importance for the prosperity of the world. Its purpose was, you may remember, to study rural hygiene not only as did the conference of 1930, but also rural life in all its aspects.

The close links between the health of man and social conditions have rendered the creation of insurance systems indispensable, in order to guarantee to each individual whose health has suffered the possibility of recovering, resuming his place in the community, and taking up work appropriate to his capacities and sufficiently well paid to provide for his family. Whatever class he may belong to, he is secure.

France was one of the first countries to put into operation a social security scheme which in course of time has benefited all the people not only for free medical care, but also for the payment of benefits to compensate for the loss of wages. Thus in our country two ministries, those of Public Health and of Labour, co-operate in this work. Their representatives co-operate in all health and social measures, both national and regional. May I express the hope that this will also be the principle applied by the World Health Organization and those specialized agencies whose purpose is to improve the security and social well-being of men?

In conclusion, I should like to say how greatly this Assembly inspires me with hope for the future. The Interim Commission leaves us with a technical and administrative organization of the very highest quality. The Constitution of the World Health Organization, as it was established by common agreement in New York, must remain our guide. Let us bend all our energies to put our ideals into practice and to work for the betterment of the health and well-being of all peoples, with the hope that they will be wise enough not to allow themselves one day to jeopardize or destroy the work which has been so laboriously built up.

Dr. Kozusznik (Poland) (translation from French): It is with great pleasure that I bring my country's greetings to the first Assembly of the World Health Organization. I am very happy to be present at the birth of this organization. Among the various specialized international institutions which have become necessary as a result of scientific progress and changing living conditions, the World Health Organization is certainly one of the most important. The rapid development of scientific and technical inventions during the last century, and particularly of the means of transport, have to a large extent abolished national frontiers. In regard to the fight against epidemics, the world today is one and indivisible, and a united effort is essential for the control of disease and the prevention of dangers which threaten public health. The World Health Organization has unquestionably become a necessity. The tasks which await this Organization and the hopes that the nations have placed in it are enormous. The Constitution of the World Health Organization drawn up in New York defines these problems very clearly, and it gives great expectations when it says: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It further provides that the World Health Organization should take positive action, making use of all the resources of curative and preventive medicine and all the possibilities of physical and psychological betterment of peoples and individuals.
I should like particularly to draw the attention of this Assembly to the significance and weight of these words, which have been so often forgotten in the past and are still being ignored today. The factors referred to by the Constitution are the indispensable condition of health and complete physical, mental and social well-being. These factors are primarily peace and international co-operation in the economic, cultural and political sphere, and it is unhappily these elements which are so often neglected.

I cannot refrain from mentioning here that economic reconstruction and international help are given not so much to those who have been the victims of aggression as to those who have deliberately caused the damage and whose health conditions are better than those of the countries which are economically weak and exploited, such as colonial and semi-colonial areas. Indeed, countries devastated by a long war and by an occupation bent on the complete destruction and biological extermination of the inhabitants are now struggling, under the most formidable handicaps, against the epidemics which are threatening their own reconstruction, as well as endangering other countries trying to re-establish the health conditions of their people. These countries rightly hope that the World Health Organization, in accordance with its Constitution and with the full weight of its authority, will insist that world opinion should consider these factors, which are of such fundamental importance to the well-being of humanity in general.

I believe, too, that the World Health Organization now assembled at Geneva should make its voice heard and issue a resolution stating that the atmosphere of tension created by the war of nerves and fostered by the Press is inimical to the health and happiness of mankind. With regard to the report on the activities of the Interim Commission, the Polish delegation appreciates the results which have been obtained in a relatively short time and with limited monetary resources, and would like to offer its congratulations to Dr. Stampar and his colleagues on this great achievement.

I should like to draw attention to the importance of the fellowships granted to the countries which have been deprived of sources of information owing to the war and occupation. We should also remember the additional help given in the form of expert advice and the issue of medical publications. The excellent organization of the present Assembly is still further proof of the constructive work of the Interim Commission.

In regard to future activities of the World Health Organization, the Polish delegation would like to make the following point. The World Health Organization should give effective material help to those peoples whose need is greatest, in combating epidemics and raising the standards of health of their populations. Without this, the best advice, publications and documentation will be of little value. We appreciate the value of the fellowships given to candidates from various countries. The sending of experts, lecturers and demonstration teams who have no knowledge of the country, the mentality, the language or the way of life of the people, seems to us to be of lesser importance. It is, indeed, often more useful and economic to send to foreign countries national candidates who will later become experts in their own country. We also appreciate the sending of scientific publications and material for public education; but that is only a beginning, since it is the easiest and least expensive part of the work. These publications should be edited by the national health authorities and should be written in the national language of the country concerned, and an adequate distribution should be ensured. This necessitates financial and technical support of a substantial nature, especially in those countries which during the war were unable to keep their medical men abreast of the latest scientific achievements and whose public and private libraries have been deliberately destroyed. This same problem is of vital importance to the small countries, colonial or semi-independent territories, where the publication of scientific books is beset with insurmountable technical and financial difficulties.

The Polish delegation is of the opinion that the World Health Organization should assist the national health authorities by subsidizing their publications and by putting at their disposal the necessary blocks and diagrams for the illustration of medical books, as well as the right of translating foreign publications.

I would draw the attention of the Assembly to certain factors which need to be dealt with by the World Health Organization. At the beginning of this year, when Poland undertook drastic measures against venereal disease, she was greatly handicapped in the purchase of penicillin because the countries producing a sufficiency of this remedy give priority, because of commercial treaties governed by political motives, to countries whose need is not so urgent. All political discrimination in the distribution of medicaments should be abolished.

I should like also to support the statement of the delegate of the Soviet Union on the subject of the World Health Organization's budget drawn up by the Interim Commission. Comparing the expenses for the upkeep of the staff of the Organization with those destined to help the health services of the Member countries, we feel that the former are definitely too high.

May I take this opportunity of adding a few words in regard to the efforts made by my country in the field of public health? During the three years which have elapsed since the end of the war and the Nazi occupation, in the course of which the number of doctors was reduced from 14,000 to 7,000, we have succeeded in controlling epidemics. The numbers of cases of infectious diseases, venereal disease and tuberculosis excepted, have fallen below the pre-war figure. We have provided free medical aid to workers of all categories and to all poor persons. We have organized against venereal disease a campaign on an unprecedented scale, consisting of an almost universal medical examination of the whole population and the most up-to-date free treatment of all sick people. To reduce the figure of tuberculosis we have undertaken a vast campaign for vaccination of all children and have people up to the age of twenty. We are convinced that the results achieved in the fight against
venereal disease and tuberculosis will be of importance to our country. This type of undertaking would hardly be possible, however, in many countries without the practical support of the World Health Organization.

I must thank the Interim Commission and its President for all the work accomplished hitherto and I am confident that the World Health Organization, which includes more nations than any other international organization, will see its activities crowned with success.

The President: In the absence of the observer of the Pan American Sanitary Bureau, I call upon the delegate of Iceland.

Professor Sigurjónsson (Iceland): It is not possible to discuss properly and criticize the report of the Interim Commission in a few words. It seems to me that on the whole it has done fine work, and I hope that the institution which is soon to take over its fine work will be just as successful. The World Health Organization is facing an immense task in the field of public health and international welfare in general. I think it would be wise at the beginning to restrict activities and concentrate on a few subjects only. This is also apparently what the Interim Commission had in view when selecting four items to be given priority on its programme.

It is quite natural that my country should take special interest in the projected activities to prevent the spread of epidemics and other communicable diseases, because nowadays distance from other countries is no longer such a safeguard against foreign epidemics as it often was in former times. It is, however, not enough to concentrate on the construction of barriers to prevent the spread of epidemic diseases from one country to another, although this is certainly important. Whenever possible, stress should be laid on eradicating endemic centres of infection where they exist. But that will require intensive work and a long time. Moreover, with our present knowledge, not all epidemic diseases can be attacked in this way.

It is above all in the fight against communicable diseases that international co-operation is essential; and therefore it is quite natural that three of the four items given priority on the programme of the Interim Commission should fall within this category, namely, the control of malaria, tuberculosis and venereal diseases. There is good reason to hope that much can be achieved by co-ordinated action against these diseases, and I specially welcome the decision to include the control of venereal diseases on the priority list.

Experience has shown us that it is impossible, at least for seafaring nations, to control effectively venereal diseases if the ports of neighbouring countries are not kept reasonably clean. And therefore international action more effective than that is urgently needed. I think it would be well if this Assembly adopted an international regulation requiring every Member State to establish a centre for treatment and diagnosis of venereal diseases in all the major ports. These centres should render service free of charge to all seamen without regard to their nationality. In reality this would merely be an expansion of the Brussels Agreement. In this connexion the establishment of a centre, as planned, for standardization of the serological methods of diagnosis, and standardization of treatment, is of great importance.

As regards the fourth item on this priority list, maternal and child health, things are more complicated. Although the immediate causes of the excessive deaths among infants in many countries are more or less well-defined diseases, the all-important underlying causes have an economic and sociological character. Without improving economic conditions and raising the general standard of living, the establishment of welfare centres on a small scale is bound to be of limited value. It is hardly within the power of the World Health Organization to improve directly the economic state of countries, but we may hope that it may help indirectly to do so by stimulating national governments and assisting them in the organization of sanitary work and public education.

May I, finally, express my best wishes and hopes for the success of this Assembly, and for the future work of the World Health Organization?

Dr. Dimitriu (Roumania) (translation from French): The delegation of the People's Republic of Roumania wishes to express its satisfaction at the creation of the World Health Organization, whose main purpose is to further progress in the field of public health throughout the world.

The problem of public health in the People's Republic of Roumania is of very special importance, since the wounds inflicted on our country as the result of exploitation, devastating Hitlerian military occupation, and a destructive war waged against the people's will still remain unhealed. This explains why our nation, now fully launched on the task of reconstruction, has assigned a foremost place to the care of public health, which it regards as a problem of fundamental importance.

The Constitution of the People's Republic of Roumania lays great stress on the right to health, to culture and material well-being. This must not remain a dead letter; and the various achievements in the field of public health during the last three years show that it is no mere aspiration. In this connexion, I should like to record the 50 per cent. increase in all health services, both urban and rural, which has made it possible to give effective and gratuitous sanitary aid to the population, on an increasing scale. May I also instance the outstanding results of the recent anti-typhus and anti-malaria campaigns while valuable results have been obtained in the fight against infant mortality? The creation of two medical faculties, in one of which teaching is in Hungarian, also constitutes a noteworthy achievement.

It is a striking fact that in our country the general public has become so acutely aware of the need for raising the general standards of health that the masses are now co-operating with the organs of government in the work of sanitary reform to a degree hitherto unknown. For example, in the anti-typhus campaign waged last winter, 30,000 public officials were assisted by 350,000 voluntary workers, and their combined
efforts were successful in quickly checking the epidemic.

Just as we have succeeded, in connexion with health problems, in securing the co-operation of all Roumanian citizens, we are convinced that we shall continue to make progress by collabo-

rating with all those at present engaged throughout the world in fighting for better living conditions and the maintenance of peace. This is the reason why the People's Republic of Roumania has ratified the Constitution of the World Health Organization without reservations and, anxious to collaborate with all the United Nations, is firmly resolved to honour the undertakings this will involve. In this way, that is, by drawing up a concrete programme of work, the People's Republic of Roumania is convinced that it will be possible substantially to raise the health standards of its own people and of other nations by the exchange of the results of practical experience and medical knowledge, and by mutual aid; and that this will mark a definite step forward on the path of social progress.

Most of the problems dealt with in the Interim Commission's report also affect Roumania; we shall be happy to discuss them in the special committees, and to contribute the results of our experience in connexion with public-health problems such as malaria, exanthematic typhus, etc.

May I be permitted at the same time to draw attention to the necessity for examining certain problems of a more regional character, such as endemic goitre and pellagra? We believe that among the problems of general importance the World Health Organization could render immense services by planning on a worldwide scale the production, standardization and distribution of drugs, medical supplies and the materials necessary for scientific research and the teaching of hygiene, so as to ensure that scientific discoveries become known to all humanity.

It would be of great importance to all nations fully engaged in the work of reconstruction like my own country, which has now achieved its political and economic independence, if the World Health Organization were to assign a predominant place to medical problems connected with labour and industrial hygiene. We fully realize, of course, that public-health problems are not isolated phenomena, but are the outcome of economic and social factors; and that to attempt to solve them by legislation, public regulations, or temporary missions, would be merely a palliative. We trust that the World Health Organization will discover the most effective methods of tackling the root causes of these problems.

We fully believe that the best method is to stimulate the growth and development of the permanent health organizations of the various nations and to assist and guide these in solving their social problems; for the sound development of nations depends on their solution.

The President: Dr. Soper, the representative of the Pan American Sanitary Bureau, was absent when I called upon him first.

Dr. Soper (observer, Pan American Sanitary Bureau): I regret that I was temporarily out of the Assembly Hall when called upon a few moments ago.

As Director of the Pan American Sanitary Bureau, an organization in which 21 of the American republics are united, it is my great privilege to offer our felicitations to the World Health Organization on this auspicious occasion. Although less than half of the American republics have ratified the Constitution of the World Health Organization, I can assure you that steps towards ratification are being taken in most of them, and we anticipate that it will not be many months before the roll of the American republics in the World Health Organization is complete.

My remarks on the report of the Interim Commission are divided into two parts, the first making certain corrections in the statement regarding the Pan American Sanitary Bureau contained in the report, which we feel is not up to date, and the second referring to the entire problem of regional organization.

The statement regarding the organization of the Pan American Sanitary Bureau and its duties, appearing on pages 19 and 20, and the general statement at the top of page 22 of the report of the Interim Commission to the first World Health Assembly 13 that "all the international health organizations in existence in 1939, the Pan American Sanitary Organization, OIHP, and the Health Organization of the League of Nations, were bodies with advisory but without executive power, authorized only to collect and distribute technical information and statistical data and to act as liaison organs between national health administrations", are apt to give a misleading impression of the present responsibilities and activities of the Pan American Sanitary Organization.

Chapter IX of the Pan American Sanitary Code of 1924 establishes the functions and duties of the Pan American Sanitary Bureau in Articles 54 to 59. Article 54 of the Code provides that:

The organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary Conferences.

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, acting under the authorization of this article, broadened the programme of the Bureau to include all medical sanitary aspects of preventive medicine, medical care and social welfare and increased its field of activity to cover the Western Hemisphere. Article I of the Constitution reads as follows:

Purposes: The fundamental purposes of the Pan American Sanitary Organization shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

13 Off. Rec. WHO, 9
The components of the Pan American Sanitary Organization as now organized are four. The twelfth Pan American Sanitary Conference, meeting in Caracas in January, as above referred to, decided that the Pan American Sanitary Organization should be composed of:

1. the Pan American Sanitary Conference, the supreme organ of the Organization, constituted by delegates from each of the Member States, meeting at four-year intervals;
2. the Directing Council, with one representative of each Member State, meeting annually;
3. the Executive Committee, composed of representatives of seven Member States, meeting at six-month intervals; and
4. the Pan American Sanitary Bureau, the operating agency of the Organization.

The fields of activity of the Pan American Sanitary Bureau are much more extensive than is generally appreciated. The Pan American Sanitary Bureau, with headquarters in Washington, has at present three field offices. The office at El Paso, Texas, on the border between the United States and Mexico, is devoted to the co-ordination of health activities relating especially to communicable disease, venereal disease, malaria, and rickettsial diseases on both sides of the border.

The Bureau’s office at Guatemala City is responsible for the administration of a special three-year typhus-control programme, of a series of studies on venereal disease, on onchocerciasis, and on malaria therapy, and for the organization of an institute of nutrition for Central America and Panama, in which several countries and the Kellogg Foundation are collaborating.

The Bureau’s office at Lima, Peru, is devoted especially to the study and control of plague in South America, and to assistance on problems of nursing education and sanitary engineering in Peru and in neighbouring countries.

A new programme, which was organized last year, marks, we believe, a milestone in public-health practice. At the eleventh Pan American Sanitary Conference, meeting in Rio de Janeiro in 1942, the Bolivian delegate proposed a resolution, which was approved, calling on all the American republics to organize simultaneous campaigns for the eradication of the *Aedes aegypti* mosquito, the vector of urban yellow-fever. Bolivia was interested in getting other countries to rid themselves of infestation with *Aedes aegypti*, since she had been able to eradicate this species and was anxious to be protected against re-infestation. By 1947, Peru and British Guiana had made considerable progress in the eradication of *Aedes aegypti*, and the National Yellow Fever Service of Brazil reported that only a small section of north-east Brazil was still infested. At the meeting of the Directing Council in Buenos Aires in September 1947, the representative of Brazil called attention to the re-infestations of Brazil with *Aedes aegypti* from other countries, and asked that a campaign for the eradication of *Aedes aegypti* from the Americas be carried out, so that such countries as might free themselves from this mosquito would not be threatened by re-infestation. After full discussion of the difficulties of the proposed programme, the Directing Council made the Bureau responsible for the solution of the continental problem of urban yellow-fever in the Americas, through the eradication of the *Aedes aegypti* mosquito from the Western Hemisphere, and authorized the Bureau to take the necessary measures to solve the sanitary, financial and legal difficulties encountered. This action was taken with the full knowledge that the Bureau would have to do more than act in an advisory capacity, if the objectives were to be gained. In carrying out the instructions of the Directing Council, the Pan American Sanitary Bureau has already taken over the direct administration of the anti-mosquito service in one of its Member States for the years 1948 and 1949, and has furnished technically trained personnel for the reorganization of anti-mosquito services in other countries.

The Bureau has special travelling representatives, visiting all countries in South America to co-ordinate anti-*aegypti* activities throughout the continent. In the near future these activities are to be extended to the Caribbean region.

The action of the Directing Council in recognizing the importance to all countries in the Western Hemisphere of the existence of a given disease vector in any one of them, and in making the regional health organization responsible for undertaking the complete solution of the problem, marked, we believe, a new milestone in public-health practice.

My following remarks refer to the Provisional Agenda.14

An examination of the provisional agenda of the Committee on Programme, the Committee on Administration and Finance, and the Committee on Headquarters and Regional Organization shows that no provision has been made for regional programmes, for regional budgets or for regional organizations prior to the end of 1949. Nor is there any proposal regarding the functions of regional organizations in the future. The failure to make provision for regional operations comes as a disappointment to the American republics, which during the past two years have given so much evidence of their interest in the regional programme of the World Health Organization.

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, broadened the programme of the Pan American Sanitary Bureau to correspond to that of the World Health Organization, and created a Directing Council with representatives of all Member States to correspond to a regional committee of the World Health Organization, as established by Chapter XI of the Constitution.

The Conference also acted to facilitate the participation of Canada and the non-self-governing political units of the Western Hemisphere. These measures were all taken for the purpose of making the Pan American Sanitary Bureau an organization which could function as a regional organization for the World Health Organization.

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14 *Off. Rec. WHO, 10*
The American republics are greatly interested in the World Health Organization, but are most anxious that its activities be decentralized in so far as possible on a regional basis. One of the provisions of the draft Agreement with the World Health Organization, approved by the last meeting of the Directing Council in Buenos Aires, stipulates that “an adequate proportion of the budget of the World Health Organization shall be allocated for regional work”. But the Pan American Sanitary Bureau is not interested in regionalization for the Western Hemisphere only; it is obvious that it would be very difficult to establish satisfactory working relationships between a single regional organization in the Western Hemisphere, and a centralized World Health Organization geared to handling matters for the rest of the world on the basis of direct arrangements between the Secretariat and individual governments.

The American international health workers realize that success in the ultimate control of communicable disease must be based on a programme of searching-out and cleaning-up endemic-disease centres, wherever they exist. Even perfect regional health-work in the Western Hemisphere will not be sufficient to give protection from threats originating in other parts of the world. The unexpected appearance of cholera in Egypt in 1947 constituted a potential threat to Brazil and other American countries. Concerted action by health authorities of other regions must be taken if the American continent is to avoid the importation of tsetse fly and other dangerous insects. Quite apart from the direct and indirect interest of the American republics in regionalization, attention should be called to certain very definite advantages inherent in a regional organization for an area.

Experience in the Americas has shown that general international conventions are not, in and of themselves, sufficient to establish satisfactory co-ordination of the activities of governments having common problems and common boundaries. Only through a regional organization, with a trusted international staff, is it possible to develop a free interchange of information and harmonious action in attacking common problems. Regional collaboration is required for many problems in which the individual State is unable to act efficiently. As satisfactory eradication techniques become available for the solution of an increasing number of problems, the importance of regional action must increase rather than diminish.

In addition to the technical and administrative advantages of a regional organization, there is at this time a very pertinent financial argument in its favour. It is quite apparent from the budgets proposed that the funds of the World Health Organization are inadequate to solve the important health problems of the world. Eventually a considerable part of the international health programme must be financed through the contributions of governments to budgets for the solution of regional problems in which they have a direct interest, as provided for in Article 50 of the Constitution of the World Health Organization. This development can come only after regional organizations are operating and after a demonstration of their value. This is the logical way open to increase the funds available for the programme of the World Health Organization.

The President: We shall meet this afternoon at 2.30 sharp and commence with the interpretation of the speech delivered by Dr. Soper. Afterwards we have four more speakers—the delegates of Brazil, Hungary, the Philippines and Greece.

The meeting rose at 12.40 p.m.

NINTH PLENARY MEETING

Tuesday, 29 June 1948, at 2.30 p.m.

President: Dr. Andrija Stampar (Yugoslavia)

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Speeches by Dr. de Paula Souza (Brazil), Dr. Simonovits (Hungary), Dr. Bantug (Philippines) and Dr. Orfanidis (Greece)

29. Announcements by the President


The President: I call the meeting to order. The delegate of Brazil.

Dr. de Paula Souza (Brazil) (translation from French): Allow me to thank you on behalf of my country for the great honour you have done me by electing me Vice-President of this Assembly. We have before us a huge task handed on to us by the Interim Commission, whose reports have been submitted for the consideration of the present Assembly. The importance of this work entrusted to our care, indispensable as it is to the reconstruction of an impoverished world and to the rehabilitation of vast areas, is beyond the power of expression. A real improvement can nevertheless be noticed in matters of international health since our New York conference, which was held two years ago. The experience of the institutions which have preceded our own, and the employment in many sectors of a highly qualified technical staff, were invaluable to UNRRA immediately after the cessation of
hostilities, as they were to the Interim Commis-
sion. In a world wherein health barriers are
obliterrated through the development of communi-
cations, it is above all in the field of public health
that the need for mutual assistance becomes
increasingly manifest. Although questions of
public health and education form part of the
responsibility of every nation, at least in normal
times and in the more progressive countries, it is
none the less true that an added responsibility
must be borne by the commonwealth of nations
in coming to the aid of countries which are less
well equipped.

There are, as you know, other essential func-
tions of communal living, especially appropriate
to international action.

I am pleased to be able to state that Brazil has
always considered it her duty to make an effective
contribution, uninterrupted, without default,
nationally and internationally, to the achievement
of a standard of health and social welfare that is
appropriate to human dignity. Brazil, a poten-
tially rich country, but with hitherto largely
undeveloped resources and with all kinds of
claims to be met on the part of her own nationals,
nevertheless the and not hesitate at the end of the
war, in which she participated, to play her part
in the work of UNRRA in a spirit of the truest
social solidarity.

I will not trouble you with recapitulating the
story of the health campaigns which have been
waged under the tropic skies or in the temperate
zones of my country, but I should like nevertheless
to point out a fact which is characteristic of our
country—namely, the prestige accorded to the
heads of our social health and sanitary recon-
struction services. Their efforts are often sup-
ported by the public, who are gradually becoming
conscious of their responsibilities in regard to
the health of the community. The names of
Oswaldo Cruz and Carlos Chagas, to name only
two of the most famous, who are already lost to
us, are known and respected as much as those
of any great national heroes.

Brazil, still an unhealthy country at the
beginning of the century, has been so largely
transformed as to give the lie to the myth of the
inevitable unhealthiness of tropical regions.
Brazil can congratulate itself today that it is no
longer one of the exporters of pestilential diseases.

All sorts of problems occur in various parts of
the world, demanding a united effort on the part
of all the nations. The progress achieved in
matters of international health since the memo-
rable days in San Francisco gives us grounds for
optimism. The Assembly is proof in itself, since it
unites us all in the same desire to improve the
health conditions of our peoples, a desire which
was only a vague hope less than two years ago.

The time seems distant now when innumerable
obstacles seemed to arise at the mere mention of
the word “health” in the text of the Charter
of the United Nations, and as lately as the confe-
rence at San Francisco those who wished to raise
questions of health seemed to have to beg for the
right to be heard. Once the initial difficulties
were overcome others presented themselves, and
in spite of all the past work of institutions such as
the Office International d’Hygiène Publique and
the Health Organization of the League of Nations,
the idea of creating a specialized agency attached
to the United Nations was supported by only a
few isolated members and a still smaller number
of delegates at the San Francisco conference.

I should like to express the opinion that a
victory achieved in the face of such obstacles,
which were finally overcome, seems to me a firm
foundation for the future we contemplate. A great
and powerful army whose headquarters staff is
united here has come to replace the few soldiers
who held the fort in 1945. Brazil is proud and
happy to have taken part in this movement from
its inception and during the whole period of the
Interim Commission, and she wishes to reaffirm
her desire to collaborate as whole-heartedly as
possible with other countries in the work of
eliminating, or at least reducing, the obstacles
still to be overcome, in the fulfilment of the aspi-
ration of humanity to a healthier and a happier
state.

The World Health Organization as it was contem-
plated when the Brazilian delegation, together
with the Chinese delegation—whom it gives me
the greatest pleasure to greet on this occasion—
had the honour of formulating suggestions for
its creation, should be the only existing inter-
national institution of public health. Its field of
action, very wide in scope, as defined in the
proamle of the Constitution, includes all activi-
ties which deal with world health. No other
agency should exist outside its orbit. There
should be no dispersal of energy which might
handicap us in the battle which we are preparing
to fight. The way in which the World Health
Organization will act is defined in the broad terms
of its Constitution. It will now be for your
Executive Board to issue the necessary directive
to be followed, having considered all the available
resources and devoted careful study to such
problems as may arise.

We shall be very happy if, in accordance with
our statutes, the Board would delegate more and
more of its activities to the regional offices. We
are convinced that the stronger and more self-
reliant these offices become, the more effective
our contribution will be. This decentralization
will add to the prestige of the World Health
Organization, which will become better known in
all countries, the Executive Board being in this
way able to concentrate more fully on questions
of co-ordination and general administration.

Still in process of development, in the vast
areas under its jurisdiction, Brazil is a country
which offers a very important field of observation,
since nearly all problems of public health, both in
its temperate zones and in the tropics, are present
on a more or less considerable scale. Our health
experts are dealing both with a variety of ques-
tions which will be the subject of our debates and
with a plan of campaign for the future.

The Brazilian delegation is ready to co-operate
in the work of this Assembly and will do its best
to help to study the problems which are the
subject of our common concern as soon as they
are brought before us.

Dr. SIMONYITS (Hungary) : It is a great honour
and pleasure for me to greet, in the name of the
Hungarian Government, the first World Health Assembly. The Hungarian Government fully shares the conviction, expressed in the Constitution of the World Health Organization, that the deterioration of public health, in no matter what region, means a common danger to the whole world. It is imperative, therefore, that public-health problems be dealt with on an international level.

Apart from the co-ordination of international public-health work, it is equally necessary that public-health administration in the countries themselves be well organized.

Encouraged by the words of President Stampar emphasizing the importance of criticism, I take the liberty to point to some gaps in the work of the Interim Commission.

There are important health territories which are not sufficiently considered from a medical aspect. A year ago the International Labour Organization had its world assembly in this same hall, and although its programme included such important subjects as the protection of the health of workers, especially of women and children, I was to my knowledge the only physician who attended the Assembly. This may have been due to the fact that in many countries health administration is not centralized.

As an example I can mention my own country, where in the past there was hardly one Ministry which did not deal with one or more sectors of the health field, often very important ones. Medical training was directed by the Ministry of Education; nutrition problems belonged to the Ministry of Agriculture; the protection of the health of industrial workers and miners was the responsibility of the Ministry of Industry; railway health-services of the Ministry of Communications; and the protection of commercial employees belonged to the sphere of activity of the Ministry of Commerce. The school health service was directed by the Ministry of Education, and the sport health services by the Ministry of War. This system created certain difficulties, and co-ordinated activity was achieved in a few cases only. While the maintenance of several health organizations entails much higher expenditure, the results they achieve are much smaller than those of centralized administrations. The democratic Hungarian Government, for this reason, considers it highly desirable that the main aspects of health administration be centralized.

As a result of this recognition, the majority of these services, such as the health service of industrial workers, miners and the railway service, belong in Hungary to the sphere of activity of the Ministry of Welfare.

Apart from the centralization of health administration, and simultaneously with it, there is a tendency on the part of the Hungarian Government to decentralize, in its initial and executive stages, the health work of the country. I am not thinking only of the popularization of knowledge of hygiene, but also of the fact that health problems should be of active interest to social organizations, trade unions, and the health committees of villages and industrial plants. The satisfactory results of health work in Hungary can, in part, be ascribed also to the fact that the whole nation has become interested in health questions.

The Hungarian delegation considers it of vital importance that public-health administrations receive appropriate attention, not only in international relations, but also within individual countries. I fully concur in the opinion of Dr. Vinogradov that, while the World Health Organization should not interfere in the internal affairs of governments, it can, and is expected to, give consultative advice on the most progressive methods in the field of health.

The next question I should like to mention here is the relation between social conditions and the state of health in a country. This question has been dealt with extensively during this Assembly, and I should like to support statements we have heard with one example from my own country. Hungary in past years was known as the land of plenty; in spite of this, it was the sad privilege of Hungary to lead in the field of infant mortality and tuberculosis mortality in international statistics. In 1938 the infant mortality rate in Hungary was 13.4 per cent., the tuberculosis mortality 14 per 10,000. This was due, in part, to the semi-colonial position of the country, and in part to the feudal system within the country itself. More than three million agricultural workers, and half a million industrial workers, with their families of one-and-a-half million persons, lived in very low circumstances. The profound political and economic changes—in the first place, the land reform—decisively transformed the social conditions of our people; and despite the devastation of the war and two years of drought, infant mortality decreased from 13.4 to 7.1 per cent. Typhoid-fever morbidity is one-third only of the pre-war figure, and the tuberculosis mortality is steadily improving and is much lower than before the war.

The general improvement in health conditions is due also to the fact that the democratic Hungarian Government provides higher budget allotments for health services than any government in pre-war Hungary, and so it was possible to re-equip hospitals with more than 17,000 of the 22,000 beds destroyed during the war, and more tuberculosis and venereal disease dispensaries are functioning than in pre-war years.

The third question to which I wish to call attention is the training of health personnel. As far as I know, this question has first been discussed today, although it is a universal problem. No health service can function without health visitors and no hospital can work without nurses. The Hungarian delegation suggests also that the World Health Organization should engage in the study and solution of these problems.

Several delegates have approached the problem of ameliorating the hygienic conditions of rural populations. This is considered as one of the main tasks of my Government, because about two-thirds of the entire population are living in rural conditions, and one-fifth on dispersed farms. The solution of this problem is, of course, in close relation with social conditions and especially with housing conditions, water-supply, labour
conditions, and so on. As to the medical aspect, the Government laid stress on increasing the number of doctors in the villages, but, at the same time, in order to provide specialist treatment for the rural population, we started to establish in provincial towns new kinds of health centres, combining both preventive and curative services in one building. These centres also contain the offices of medical officers and the social insurance administrations. The aim of these institutions is to provide medical treatment to all inhabitants of the region, whether members of social insurance or not. The centres are also provided with motorcycles, so that specialists may reach quickly every point of the region concerned. We should welcome any advice in regard to the solution of these problems.

Allow me to submit finally, in the name of the Hungarian delegation, the following proposal. The World Health Organization should raise its voice, through the United Nations, for the abolition of a certain anomaly—namely, the exclusive manufacture of antibiotics by commercial organizations. Medical science has made known to mankind medicines vitally important for fighting diseases; yet many of them, especially streptomycin, are manufactured by commercial firms only, and in insufficient quantities. The ideal would be to permit all nations to manufacture these medicines, but, in the absence of such an ideal solution, at least the purchase of manufacturing licences should be made possible. The Hungarian Government is confident that the World Health Organization will lend its full assistance to the solution of this very important question.

May I express my sincere good wishes for the successful work of the Assembly?

Dr. Bantug (Philippines): After conveying the greetings of the Republic of the Philippines to the officers and members of the first World Health Assembly, permit me to pay a tribute of warm congratulation and high respect to our esteemed President for the manner in which he adroitly and in the best tradition of comradelyship solved the delicate question of the official Philippine representation to this august body.

The original communication appointing two delegates from the Republic of the Philippines was turned over on the opening day to the registration office, but was evidently mislaid, as it did not reach the Committee on Credentials on time, and was not located until the second session of the first day had already adjourned. That document was transmitted to us through the office of the Permanent Representative of the Republic of the Philippines to the United Nations, General Carlos P. Romulo. My Government had ratified the Constitution of the World Health Organization, but there was delay in filing the copy of the instrument of ratification at the Secretariat of the United Nations. In any position clear to this Assembly, my purpose was to banish from the minds of the members any idea that might smack of unwarranted intrusion, which would have been unfortunate. The President, by his adroit manoeuvre, has brought a happy though temporary solution to an otherwise embarrassing situation.

In sending official delegates to this Assembly, my country only showed its readiness to participate in the worldwide effort to improve the health of mankind. It is especially anxious to exchange views on theories and practices and on the varied experiences of the Member delegates in the vast field of individual and public health.

Before entering into the consideration of the report of the Interim Commission, it is only right that the Philippine delegation should express its admiration for the splendid work the Commission accomplished in so thorough a manner, taking into consideration the fact that it has had to work under rather unusual circumstances. The report covers a wide field of health activities and, as a whole, it may be said to be little short of marvellous. True enough, here and there a number of points had to be smoothed and worked over by the ladies and gentlemen who have preceded me, and if we dare to present some of our viewpoints, they are mainly the products of our experience in the Philippines and emphasize the needs in certain fields in our own country.

It is a matter of great satisfaction that the report of the Interim Commission has taken up the problems of malaria, maternal and child health, and tuberculosis as among the most important obstacles to the attainment of the objective of the World Health Organization, which, as defined in its Constitution, is: "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."

We fully support the plans of the Commission on these three points.

Malaria in the Philippines before the last world war was waning, as shown by our statistics; but, with the occupation of the country by the Japanese, many people from the towns escaped to the mountains and less settled areas, where they acquired the disease; after the liberation of the country these infected people returned to the towns and in turn infected those who were free from it. In that way the incidence of malaria rose to epidemic proportions in many places, and strenuous efforts had to be exerted to dominate the situation. In this connexion it is a matter of simple justice to pay a high tribute to the United States Government, through the instrumentality of the United States Public Health Service, headed by General Howard F. Smith, which contributed generously in money, material and personnel, so that those places which had become malarious might be free from the disease once more.

Tuberculosis has always been a major public-health problem in the Philippines. The usual procedures were undertaken before the war. The Philippine Tuberculosis Society was founded as far back as 1910 for the sole purpose of combating the disease; and an extensive survey made just prior to the war, involving some two million persons in about eight or nine provinces on the island of Luzon, showed an incidence of from
two to eight per cent, but we had to stop here owing to insufficient financial resources.

True indeed that we had made a beginning with the establishment of the Quezon Institute for Tuberculosis with about 200 beds for incipient cases and about 150 beds for advanced cases, of both sexes at the San Lazaro Hospital for infectious diseases, and an infirmary in the province of Batangas. After the liberation the problem had become aggravated and, although the United States Public Health Service came to our rescue once more by furnishing us with a number of x-ray units, personnel and money to do mass diagnostic work, still this is not sufficient to eliminate the Philippines as a source of potential danger to the rest of the world.

Regarding BCG vaccination, which has been widely employed in many countries of Europe and South America, where it has been used on a large scale, it would be desirable if the World Health Organization would see its way to extend vaccination work to our country in the shortest possible time. The Philippines is one of the victims worst affected by the aggression of an unprincipled army which disregarded the laws of civilized warfare, and this is our justification for petitioning the World Health Organization that the Philippines should receive the same facilities in the BCG vaccination programme as the several countries of Europe to which that programme is now being extended as an emergency measure.

Our infant mortality in the Philippines is very high, owing largely to improper maternal hygiene and to deficient nutrition of the masses, aggravated by the last war. The Interim Commission, in classifying maternal and child hygiene as one of the most important undertakings, should, in our opinion, place corresponding emphasis on a more extensive and intensive attack on the problem of malnutrition.

A beginning in this direction is now being made in the fields of Bataan, but this would not be enough, as more extensive research is necessary, as well as the scientific planning of standard diets. These activities should run parallel to the application in limited areas of known practices in the control of infant mortality. As an example, we wish to mention the very low infant mortality rate among the children of Philippine labourers in Hawaii, brought about by the consistent application of known practices in pre-natal and post-natal care, including proper feeding of the mother. We wish to recommend especially the importance of training technical health personnel and the adoption of uniform standards of organization and public-health methods, so that public-health workers throughout the world could undertake comparative studies based upon uniform information.

The part undertaken by public-health nurses in disease control and health promotion is sufficiently important, as has been advocated here by the delegate of Ireland, for the World Health Assembly to consider extending an invitation to the various nursing associations to participate in its labours.

So far we have spoken only of the objectives that can be attained by the world at large through our knowledge of the prevention, causation and treatment of disease, but we have not mentioned how best these objectives can be attained. We have made reference to the role of health educators in acquainting the common man, woman and child how they must react to the various methods thus far proposed. Let us not forget that no less than 70 per cent. of the success of public-health measures, as shown by a study conducted some years ago by members of the United States Public Health Service, depends upon the cooperation of the people.

In committee meetings we shall from time to time present our views on the subjects of the agenda to be discussed.

Dr. Orfanidis (Greece) (translation from French): On behalf of my country I desire to extend my best wishes to the delegates of the nations assembled here and to say how deeply sensible I am of the honour of taking part in the work of such a distinguished gathering.

The Greek delegation wishes to thank the President, Dr. Stampar, and his Secretariat for their unremitting labours during the past two years and for the constructive and methodical work which has made the meeting of the first Health Assembly possible.

This is not the first time that the voice of Greece has been heard in international councils. In spite of its small size, my country has accomplished great things; and although we solicit nothing, civilized peoples cannot remain indifferent to the ruins and havoc wrought in our country without failing in their duty, and thereby signing the death warrant of what is left of a country which has been the cradle of great minds, of beauty and of science.

Our country has an important geographical situation, but is handicapped by its arid soil. From earliest times it has been subject to the consequences of these two factors, which continue to govern its destiny. In spite of laudable efforts, its barren soil is not sufficiently productive for the elementary needs of the population, whose consequent undernourishment has been conducive to the development of various diseases in a larger proportion than obtains in other European countries; and as a consequence, the mortality-rate has reached levels unknown elsewhere. At the same time, in order to check the growing morbidity-rate it would have been necessary to dispose of larger sums than are generally appropriated for these purposes in other European countries, while we were unhappily obliged to do the reverse for the reasons just stated.

Whereas the sums expended by the Ministry of Health in Greece generally constitute four per cent. of the national budget, in the principal European countries, whose sanitary equipment is much superior to ours and where health conditions are more satisfactory, this percentage is usually from 10 to 15.

The departments of the Ministry have made ceaseless efforts to draw attention to this tragic
situation and its fateful consequences for the health of our people, for the national economy in general, and the very existence of our race, which is very seriously threatened. However, these appeals went unheard because of the impossibility of appropriating adequate sums which would have permitted us to carry out a sound health programme, enabling us gradually to develop our modest sanitary equipment until it reached a sufficient level to improve health conditions for the whole population. This inability to provide adequate funds was no doubt nearly always justified, since the greater part of our budget had to be devoted rather to military purposes, our peacetime activities always being short-lived.

In spite of this situation, however, as soon as the sunshine of peace rested for a little while on our unfortunate country, the Government granted the requests of the various health departments. After a minute and exhaustive study of foreign conditions and especially of those peculiar to our country, a complete health programme was drawn up and the necessary funds were obtained by a special tax called the social welfare tax. Technical services were set up at the Ministry of Health in close co-operation with the medical profession. At the same time, at an accelerated rate and at regular intervals, therapeutic and health establishments were created throughout the country, furnished with all the latest scientific equipment and destined to meet the needs of the population without any class distinctions. Moreover, substantial sums were earmarked for the improvement of those existing health institutions whose standards were not very high. All these facts concern the period from 1936 to 1940.

The World War suddenly interrupted this well-devised programme just as it was about to be implemented, and put an end to the work which had been started, as well as to allocations amounting to 2,000 million gold drachmas. The events which followed, with their tragic consequences, from which we still suffer today, have not only impeded the putting-into-force of this programme but are threatening to compromise, in certain regions, the working of the few completed health institutions there are, and to cause elsewhere the partial or total destruction of important buildings. Whereas at the beginning of the World War we had at our disposal 78,874 beds, we are at present waging an epic struggle in order to maintain the number of hospital beds at least at the same level.

The figures given clearly show the lack of means and the burden of responsibility I bear as Minister of Health in endeavouring to meet the needs of my country in the matter of health with the slender resources at our disposal. Tuberculosis constitutes the most pressing problem, since it is shaking to its foundations the economic development and productivity of the country.

I should like to dwell a little longer on our struggle against this grave scourge. Statistics drawn up by foreign organizations or based on the results registered in x-ray centres, prove that out of a population of approximately eight million people, of whom three million belong to the urban population and four-and-a-half to the rural population, the number of people suffering from tuberculosis in the active stage comprises three per cent. of the urban population and one-and-a-half per cent. of the rural. In other words, we have to aid 152,500 patients. But in addition to these cases, there are others, amounting to 333,000, suffering from tuberculosis in the latent stage. The number of deaths attributable to this disease exceeds 20,000 per annum.

In order to cope with the difficulties created by this grave problem, which constitutes such a danger for our nation and our race, we have at our disposal only 5,000 beds and a few private antitubercular clinics.

Apart from pulmonary tuberculosis, we have to consider numerous cases of tuberculosis of the bones, especially amongst children, weakened by under-nourishment due to war conditions during the tragic years of occupation by the enemy. For these cases we have only 500 beds. In addition, the war with its suffering and horrors, which is still adding to our misery, has resulted in a rise in the incidence of mental diseases and diseases of the nervous system. According to specialists, there is a need for at least two beds per thousand inhabitants, or in other words a total of 14,000 beds, to meet the needs of these cases. The number available is 2,568.

The same shortage is felt when dealing with infectious diseases, and there are practically no beds available for chronic and incurable diseases. The figures at my disposal give a good idea of the number of beds available for each kind of disease, the number of beds considered necessary in advanced countries to cope with similar situations, and the number we would need to meet our own requirements.

But how is it possible, with the means at our disposal, to solve this tremendous problem, the solution of which can brook no delay? That is the question which, as the responsible Minister, I continually ask myself, and which I put before my colleagues in the Government.

The necessary programmes are being worked out and the urgency of their execution is universally recognized. Unfortunately, it will not be possible to implement them in the next few years if we have to rely on the ordinary budget appropriations.

We are deeply grateful to our great Allies for the substantial help we have received and are still receiving in matters of health from the various foreign organizations such as Military Liaison, UNRRA, the Red Cross of most countries, the Near East Association, Greek War Relief and finally AMAG, without whose help it would have been impossible to secure the most elementary equipment for the few beds at our disposal, and to save the lives of thousands of my compatriots.

As I have said before, to obtain an adequate health organization, to lower the growing mortality-rate amongst our population and to complete the work only just begun, large sums are indispensable, and we can only hope to receive them from outside.

On behalf of the martyred Greek people who have been struggling for centuries for the ideals of liberty and the dignity of man, we appeal to you to increase, if possible, the quota allotted to
Greece for the restoration of the health of its people. We have the firm conviction that in their struggle to overcome the scourges left behind by war and occupation, the countries concerned will receive the help they sorely need from the World Health Organization.

29. Announcements by the President

The President: Our debate on the report of the Interim Commission is concluded. Now our committees will discuss the agenda, as outlined in part II of the report of the Commission. May I ask chief delegates to send their representatives to each of the committees, because most important work will be done by our main committees? May I also ask, on behalf of the General Committee, the chairmen of our main committees to speed up their activities and report as soon as possible, with regard to their recommendations and proposals, to that committee?

It is very important that all delegations should take part in the discussions of committees, because the committees have to decide on the most important matters of our programme—future activities, headquarters, and so forth.

I must emphasize particularly that the Legal Committee should consider the applications of Monaco and San Marino, and the Committee on Headquarters and Regional Organization should consider the question of the permanent seat for the headquarters, because we must decide on this matter at the Assembly and consult the United Nations Secretariat according to the provisions of our Constitution.

The General Committee will meet tomorrow at noon, and of course, according to the Rules of Procedure, will decide about further meetings of the main committees.

The meeting rose at 4.30 p.m.

TENTH PLENARY MEETING

Friday, 2 July 1948, at 11.30 a.m.

President: Dr. Andrija Stampar (Yugoslavia)

CONTENTS

30. First Report of the Legal Committee: Admission of the Principality of Monaco to Membership of WHO


32. First Report of the General Committee

33. Ratification of the WHO Constitution by the United States of America

30. First Report of the Legal Committee: Admission of the Principality of Monaco to Membership of WHO

The President: The meeting is called to order. We have on the agenda for today:

1. First report of the Legal Committee
2. First report of the Committee on Headquarters and Regional Organization
3. First report of the General Committee
4. Ratification of WHO Constitution by the United States of America

May I ask the Chairman of the Legal Committee to present his report?

Dr. van den Berg (Netherlands): The Legal Committee has studied the applications for membership submitted by the Principality of Monaco and the Republic of San Marino. The report on the subject has just been distributed. It is very important that all delegations should take part in the discussions of committees, because the committees have to decide on the most important matters of our programme—future activities, headquarters, and so forth.

I must emphasize particularly that the Legal Committee should consider the applications of Monaco and San Marino, and the Committee on Headquarters and Regional Organization should consider the question of the permanent seat for the headquarters, because we must decide on this matter at the Assembly and consult the United Nations Secretariat according to the provisions of our Constitution.

The General Committee will meet tomorrow at noon, and of course, according to the Rules of Procedure, will decide about further meetings of the main committees.

May I ask that our Rapporteur, Mr. Sandifer, be given the opportunity to read this report here?

Mr. Sandifer (United States of America): As the text of the report has just been distributed to you, it might be well for me to read it in full.

Mr. Sandifer then read the first report of the Legal Committee.15

The President: Is the report of the Legal Committee acceptable to the members of this Assembly? It seems to me that all members are in agreement with the report as presented by the Rapporteur of the Legal Committee. Therefore I can announce that Monaco is admitted to our Organization. May I ask the representative of Monaco to register the instrument of ratification with the Secretary-General of the United Nations?

With regard to the Republic of San Marino, the representative of San Marino has withdrawn his request for admission, and this request will be submitted to the second World Health Assembly. May I ask the representative of Monaco to speak?

M. Loze (Monaco) (translation from French): After the vote that has just been taken I should like to express to you, on behalf of my Government, the sincere thanks of the Principality of Monaco for its admission as a Member of the World Health Organization. Being persuaded

15 See p. 332
that the work undertaken by this Organization cannot develop harmoniously and effectively except on a universal plane, the Principality of Monaco, anxious to participate in all expressions of international solidarity, is happy to have its desire fulfilled, and begs to offer you its thanks. The Principality undertakes to pursue the policy laid down by the Assembly.

As we have in our territory one of the best-equipped radio stations, which will be in operation within the next two or three months and which, on account of the great power of its medium-wave transmitter and its two short-wave transmitters, will be able to cover the entire globe, we should be glad to aid in broadcasting for the World Health Organization and to be a useful instrument for its propaganda. Our ambitions would have been in the highest degree satisfied if there had been a possibility of our country’s being considered as a candidate for the permanent site of the headquarters of the Organization, particularly in view of its geographical situation and its proximity to a large aerodrome. The choice of your Assembly, however, appears likely to fall on Geneva, and this is only right in view of the great service rendered by Switzerland to the international cause and of the generous hospitality of the town of Geneva, which has earned worldwide recognition for its many benevolent activities on behalf of all the nations of the world.


The President: The first report of the Committee on Headquarters and Regional Organization may I ask the chairman of this committee to come to the rostrum and report verbally?

Dr. Zozaya (Mexico): The Committee on Headquarters and Regional Organization at its first meeting came to a conclusion regarding the headquarters of the World Health Organization, and I will ask the Rapporteur of the committee to read to you the resolution taken at that meeting.

The President: The Rapporteur of the committee.

Mr. Hewitson (Union of South Africa) then read the first report of the Committee on Headquarters and Regional Organization.18

The President: I am sure the Assembly will be unanimous in approving the proposal made regarding the Committee on Headquarters. Are there any objections?

As there are no objections I can announce that Geneva has been chosen as the permanent seat of our organization, with the following reservation: according to our Constitution, we have to consult the Secretary-General of the United Nations. I will therefore inform the Secretary-General of our decision. I do not expect any difficulties in this case, and therefore I think we can consider Geneva as our permanent headquarters.

Are there any speakers?

Dr. Vollenweider (Switzerland) (translation from French): In the name of the Swiss delegation I wish to express my thanks for the great honour shown to our country by the choice of Geneva as the permanent site of the World Health Organization. If, after consultation with the United Nations, your decision should be confirmed—as we sincerely hope will be the case—you may rest assured that the Federal Council, in concert with the authorities of Geneva, will consider and study in the widest and most liberal sense all the steps to be taken for the installation and work of the World Health Organization in this town.

32. First Report of the General Committee

The President: You have in your hands document A/35—the location of the documents to the main committees. The General Committee discussed the matters and decided as follows:

The President then read the list of documents and committees contained in the first report of the General Committee.17

I propose that these decisions and proposals by the General Committee should be adopted.

According to Rule 6 of the Rules of Procedure, tomorrow is the last day on which proposals as to new items on the agenda can be submitted by delegates, so I must warn you that after tomorrow no new proposals can be accepted.

33. Ratification of the WHO Constitution by the United States of America

The President: The fourth item on our agenda is the ratification of the WHO Constitution by the United States. The first speaker on this subject is Sir Wilson Jameson.

Sir Wilson Jameson (United Kingdom): I am very glad to have this opportunity of saying what I feel about the situation that has arisen owing to the nature of the instrument of ratification deposited by the United States of America. There is nothing to be gained by attempting to deny that certain conditions are attached to the ratification. But let us face the facts and refrain from a discussion of legal technicalities into which we, as an assembly of public-health experts, are perhaps hardly competent to enter.

Both at and since the meeting of the Technical Preparatory Committee in Paris in 1946, the United States of America have played a major part in helping to create the permanent World Health Organization, which, to the satisfaction of all of us, has drawn its first breath of life in these meetings we are now holding in Geneva.

The very name “World Health Organization” implies an organization that embraces all the countries of the world, united in a common effort to promote health and to defeat disease.

There is no country that has made a greater contribution, both nationally and internationally, to the advancement of public health than have the United States of America, and it would be

18 See p. 330

17 See p. 297
 unthinkable that a World Health Organization should be established without the fullest possible participation of that great country.

The United States of America have shown, in the clearest manner possible, their desire to play their part as a full Member. It is certain from the communication we have received from the Secretary-General of the United Nations that we, as members of the World Health Assembly, have complete authority to make a final decision in this matter. I would therefore urge the Assembly to grant full membership without further delay.

We all appreciate that every country from time to time finds itself temporarily preoccupied with domestic matters, and I would venture to express the hope that before long it may be possible for the United States of America to review the conditions attached to their instrument of ratification.

In the meantime we want their help and comradeship. So let us accept their offer of participation in the spirit of friendly co-operation that has been so characteristic of this Organization during its formative stages.

Sir Dhiren Mitra (India) : The Indian delegation also supports a realistic and not a legalistic approach to this question. Your Constitution begins by saying that "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". Bearing this in mind, the question is whether, in order to establish such international co-operation, it is consistent with reason and common sense to let technical difficulties stand in the way of the accession of the United States to the World Health Organization.

The Indian delegation is convinced that the accession of the United States will be a source of strength to the World Health Organization, and a way has to be found for getting round or getting over these technical difficulties. Our delegation is therefore glad that the matter has come before this Assembly, where it is possible to support a more robust and common-sense view than can appeal to a body of technical experts.

The Secretary-General of the United Nations has drawn your attention to Article 75 of the Constitution. That article gives you power to settle questions or disputes concerning the interpretation or application of the Constitution. The Indian delegation would ask you to adopt a liberal interpretation of your Constitution, and give it a beneficent application. The strictly legal position is not free from difficulty. Otherwise the matter would not have come to you. Your Constitution does not contain an express provision which enables a Member to terminate his membership on a year's notice. It is easy to complete authority in a merely legalistic spirit that any acceptance which is subject to an express term that the membership is terminable on a year's notice from the Member introduces a new term in the acceptance and the acceptance is not therefore complete. This argument is a mere lawyer's argument. What the Assembly has to consider is whether the new term can be accepted consistently with its object.

The Indian delegation is of the view that the exclusion of the United States, on what after all is a matter of technicality, will not only be inconsistent with, but prejudicial to, the objects of the World Health Organization. It must not be overlooked that there are a thousand and one ways by which an unwilling Member may go out of the Organization. It may, for instance, make default in paying its contribution and force the hand of the Organization. Therefore we feel that a provision for termination of notice is certainly a less devious and more straightforward way.

The Indian delegation, however, is not in favour of any interpretation which places the United States in a more favoured position than the other Members. It therefore proposes that this Assembly, in the interpretation and application of its Constitution, may be pleased to lay down as a proposition of general application that any Member State may determine its membership on a year's notice.

Dr. Parran (United States of America) : May I express my appreciation to my colleagues from the United Kingdom and from India for the friendly sentiments which they have expressed? As many of you may know, I have just returned from a two-month mission to the Far Eastern countries. I wish personally to apologize for my delay in arrival here in Geneva, but it was unavoidable. At the outset I should say that, on the basis of this recent experience, I am more deeply impressed than ever by the great need for a virile World Health Organization. The challenges and opportunities facing the World Health Organization in the areas I have just visited and in the vast areas of other continents stand before this Assembly now.

Upon my arrival here, I was surprised to find that there is some question in the minds of some delegates as to whether my country, the United States, stands ready to give its full and continued support to the World Health Organization in solving the vast problems before it. I can assure you that the United States stands fully behind this Organization.

In recent weeks the people of the United States have had occasion to express their views on this score. The support of the people of the United States is clearly on record in the public Press and through resolutions passed by many professional and civic bodies. The interest of our people was expressed in the unanimous action, the unanimous vote of both houses of our Congress in accepting the Constitution of the World Health Organization. Immediately thereafter the Congress appropriated the full amount of money estimated as necessary to cover the United States' contribution to the World Health Organization for the current year, including our estimated share of the Interim Commission's indebtedness and the establishment of its working capital fund.

The President of the United States, in signing the legislation providing for United States membership, expressed for himself and for the people the intent of the United States Government in regard to the World Health Organization in the following sentiments:
In view of the long history of effective international co-operation in the field of health . . . we can look to the World Health Organization with hope and expectation.

While performing its humane service, it will at the same time contribute to general economic improvement through the progressive development of healthy, alert, productive manpower. The world economy is seriously burdened, and unnecessarily so, by malaria, tuberculosis and other controllable diseases. The World Health Organization can help to contribute substantially to the attainment of the healthy, vigorous citizenry which the world needs so badly today and tomorrow.

I am proud to have signed this joint resolution . . . through the World Health Organization, we once again testify to our faith in the United Nations as the great instrument for reaching those goals of common understanding and mutual helpfulness among nations which alone can lead to peace and security for all peoples.

Many of you here recently had the opportunity of attending the International Congresses on Tropical Medicine and Malaria in Washington. You will recall that our Secretary of State there expressed personally his great interest in world health problems and his recognition of health as a force which can contribute greatly to world peace.

There is little or nothing that I can add to what has been said by the American people, its Congress and its President, to strengthen the assurance that the United States stands solidly behind the World Health Organization and its objectives.

I only cite that the United States has seen fit to send to this Assembly a delegation composed of its leading experts in the fields to be considered on the agenda, together with outstanding representatives of all of the broad interests of the people of our country.

As I have said, it is with very real regret that the United States delegation has learned of the concern with which some delegates have viewed the form of the United States ratification. My delegation will, of course, bring fully to the attention of the President and the Secretary of State the facts of this situation and the opinions that have been expressed here.

In closing, I want to make it clear beyond any possibility of misunderstanding that there is nothing whatever that is limiting or provisional in the support which the Government and the people of the United States will give to the World Health Organization. I can assure you that this support is and will continue to be positive and whole-hearted.

Dr. VINOGRADOV (USSR) (translation from Russian): The delegation of the Soviet Union has learnt with great regret that the United States Congress has decided to attach conditions to the ratification of the World Health Organization's Constitution by that Congress. Thus the Secretary-General of the United Nations, no less than the United States delegation to the present Assembly, was placed in an extremely difficult position. Nobody would have expected that instead of an atmosphere of joy and gladness at the birth of our Organization, we should find ourselves confronted with such a distressing and awkward question.

I wish to stress that neither the Interim Commission nor the Assembly itself can be held responsible for this situation. The five successful sessions of the Interim Commission and the tasks which it efficiently carried out during two years, as well as the convening of the present Assembly, are facts which give hope for a successful cooperation between all countries. Why did the Secretary-General of the United Nations consider that he could not accept outright the ratification of the Constitution of the World Health Organization by the United States, and refer the matter to the Health Assembly? It is because Article 81 of the Constitution of our Organization does not allow of reservations of any kind to the ratifications, on the part of any country whatsoever. This is a case without precedent. One single country amongst 61 which have signed the Constitution of the Organization has made reservations. All other countries, striving for unity and co-operation in the peaceful work of health promotion, have refrained from doing so. The very fact that a discussion of this kind has arisen in the Health Assembly is ample proof of the abnormality of the situation. We earnestly hope that this will be the first and last example of such an attitude, and that it will not be imitated.

The delegation of the Soviet Union wishes to stress that it is strongly in favour of keeping strictly to the Constitution, as only a strict observance of its provisions will guarantee the efficiency of our work. We do not see how there can be any reason based on medical grounds, which could justify reservations such as those made to this ratification. It would be inadvisable to start life with thoughts of death, and it is dangerous for the future of the World Health Organization to create an atmosphere of mistrust and lack of confidence at the very outset. The World Health Organization is a specialized institution, whose capital objective is the attainment of peaceable work of health promotion, have refrained from doing so. The very fact that a discussion of this kind has arisen in the Health Assembly is ample proof of the abnormality of the situation. We earnestly hope that this will be the first and last example of such an attitude, and that it will not be imitated.

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Taking into consideration, however, the declaration which the United States delegation has just made, by which the United States undertake to comply with all the decisions of the Assembly and the Executive Board, and in every way to abide by the Constitution, the delegation of the Soviet Union proposes that the United States be accepted for membership in our Organization.

The President: There are no more speakers on this item.

If I may summarize the discussion this morning, it seems to me that all delegates, in spite of certain particular reservations made by the United States Congress under the circumstances prevailing, consider that our Organization, confronted with a big task and with many activities
ahead of us, should show a unanimous spirit of friendly collaboration and world-wide interest. Therefore I propose, taking into consideration the wishes expressed by speakers, that the United States, according to Article 75 of our Constitution, should be admitted as a full Member with all rights: We will inform the Secretary-General of our decision, and he is going to be guided by it; and I expect the acceptance of the United States ratification at any moment in this case. Are there any objections to my proposal? If there are no objections, I announce that the United States ratification of our Constitution is unanimously accepted by this Assembly.

The meeting rose at 12.45 p.m.

ELEVENTH PLENARY MEETING

Saturday, 10 July 1948, at 10 a.m.

President: Dr. Andrija Stampar (Yugoslavia)

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34. Announcement by the President on Membership of WHO

35. Fourth Report of the Committee on Credentials

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39. First and Second Reports of the Committee on Relations

40. First Report of the Committee on Programme

41. Appointment of Central Drafting Committee

42. Discussion on the Election of the Executive Board

34. Announcement by the President on Membership of WHO

The President: The Assembly is called to order.

First of all I have to announce that the Republic of the Philippines has deposited its ratification of the Constitution. The delegation has already been given full rights in the Assembly. Monaco has deposited its instrument of acceptance of the Constitution. I am very happy to inform you that our membership amounts to 54. This is a very big success.

35. Fourth Report of the Committee on Credentials

The President: The Committee on Credentials has examined several credentials and is willing to report. May I ask the Assembly to approve my proposal that this item be included in the agenda? Are there any objections to my proposal? With the permission of Sir Aly Tewfik Shousha, Pasha, the Chairman of the Credentials Committee, may I ask the Rapporteur to report?

Dr. Hafezi (Iran) then read the fourth report of the Committee on Credentials.¹⁸

The President: I propose the approval of the report of the Credentials Committee. Is there any disagreement?

The report is accepted.

The Credentials Committee has had no chance to discuss the credentials of Monaco. May I propose that, taking into consideration the Rules of Procedure, we should give full rights to Monaco as a Member? As there are no objections, Monaco will enjoy full rights until the Committee on Credentials reports on its credentials.

36. Second Report of the Committee on Headquarters and Regional Organization

The President: We now come to the second report of the Committee on Headquarters and Regional Organization. May I ask the chairman of the committee to come and report?

Dr. Zoaya (Mexico): The Committee on Headquarters and Regional Organization has already reported on the subject of headquarters. The second report concerns the regional organizations. In several very active meetings we came to a final conclusion to present to the Assembly certain resolutions, which I should like the Rapporteur to read to you.

The President: May I ask the Rapporteur of the committee to report?

Mr. Hewitson (Union of South Africa) then read the second report of the Committee on Headquarters and Regional Organization.¹⁹

Dr. Orfanidis (Greece) (translation from French): There are two points which I should like to make on the subject of the second report of the Committee on Headquarters and Regional Organization. Firstly, in the delimitation of the geographical areas, the Dodecanese Islands were

¹⁸ See p. 296
¹⁹ See p. 330
The Greek delegate, is approved.

A decision will have to be taken by Greece in regard to the question of the Bureau at Alexandria, and I am expecting to hear from my Government on this subject within the next few days.

The President: It is perfectly clear that any government is entitled to say to which region it is willing to belong. Is the Assembly willing to accept the resolution as set out in the report, with the reservation made by the delegate of Greece?

I see that there are no remarks and no objections. Therefore, I declare that the resolution contained in the report, with the reservation of the Greek delegate, is approved.

The President: The chief delegate of India.

Rajkumari Amrita Kaur (India): I shall not be expressing joy solely on behalf of the Indian delegation when I say how delighted we are that one of the first reports that has been accepted by the plenary session of WHO is the one on the establishment of regional bureaux.

My country has taken a keen and active interest in the World Health Organization ever since its inception. We were delighted when we learned that the Interim Commission has recommended the formation of regional bureaux as a vital part of its constructive programme, and I believe I am correct in saying that we were the first country to press for the location of the headquarters of one of them in India. For we have always felt that for a world organization such as this to be successful, it is essential that it should turn its attention far more to achieving practical results in the field than to concentrating solely on a central secretariat. After all, it is practical experiments and the knowledge, experience and results gained thereby that really count for most.

I thank you once more and am hopeful that we shall be able to prove that your confidence in us will not have been misplaced.

37. Second Report of the General Committee

The President: The next item is the second report of the General Committee, concerning the allocation of different subjects to the corresponding committees, and the General Committee's work. I propose that this report be adopted. Are there any remarks?

The document is adopted.

38. Draft Resolution on the Report of the Interim Commission, proposed by the Delegation of Mexico

The President: The next item is the draft resolution on the report of the Interim Commission to the World Health Assembly, proposed by the delegation of Mexico. Has the delegate of Mexico anything to add to the resolution as proposed?

Dr. León (Mexico): I do not want to add anything to the document which has already been circulated, but with the permission of the President I should like to read it, just in case some of the delegates have not read it before:

Considering the splendid work which the Interim Commission carried out in fulfilling the functions and responsibilities entrusted to it by the Arrangement concluded by the Governments represented at the International Health Conference of New York in 1946;

Considering that, thanks to the Interim Commission, the work and the services previously entrusted to the Office International d'Hygiène Publique, to the Health Organization of the League of Nations and to UNRRA were able to continue uninterruptedly and to increase in quantity and quality;

Considering that the Interim Commission has fulfilled the obligation established for it by Articles 2 and 10 of the Arrangement concluded by the Governments represented at the International Health Conference, with entire satisfaction:

The Health Assembly

1. GIVES a vote of congratulation and gratitude to the Interim Commission for its splendid work.


I should like to move that these two resolutions be adopted by this Assembly.

The President: Is the Assembly willing to approve the resolutions proposed by the delegate of Mexico? Do any of the members wish to speak on this subject? Since no one wishes to speak, I assume that the World Health Assembly is in full agreement with the resolution as proposed.

39. First and Second Reports of the Committee on Relations

The President: The next item is the first report of the Committee on Relations. May I ask the chairman of the committee to present the report?

Dr. Mackenzie (United Kingdom): The Committee on Relations, at its first meeting on 2 July 1948 at 10 a.m., elected the following officers: Chairman, Dr. Melville Mackenzie (United Kingdom); Vice-Chairman, Lt.-Col. Jafar (Pakistan); Rapporteur, Professor de Laët (Belgium).

Two reports have been adopted. The first report of the Committee on Relations sets forth the decisions of the meeting on 2 July; the second report sets forth the decisions of the committee's second and third meetings, on 2 and 3 July at 10 a.m. In the unavoidable absence of Professor de Laët, I propose to read these two reports.

Dr. Mackenzie then read the first and second reports of the Committee on Relations. See pp. 321, 322
The President: Are there any remarks on the reports proposed by the Chairman of the Committee on Relations? It seems to me that these two reports are approved. Since there is no disagreement, they are adopted by this Assembly.

40. First Report of the Committee on Programme

The President: The first report of the Committee on Programme. May I ask the chairman of the committee to present it?

Dr. Evang (Norway): The first report of the Committee on Programme sets forth the decisions reached so far on three items on the agenda, namely, malaria, maternal and child health, and tuberculosis, it being understood that additional resolutions on these items may be submitted to the Assembly at a later date. I should like to call on the Rapporteur, Dr. Amyot, of Canada, to read the report.

Dr. Amyot (Canada) read the first report of the Committee on Programme. 28

The President: Are there any remarks on this report? Are there any speakers on this subject? I can assume that the general Assembly is in full agreement with this report. Therefore, I announce that the report is accepted.

41. Appointment of Central Drafting Committee

The President: The World Health Assembly will now be in a position to accept many recommendations and resolutions proposed by committees and delegations. Therefore it is necessary to establish a central drafting committee, in order to follow our work and prepare draft resolutions for final decision by this Assembly. I propose that the Central Drafting Committee should be composed of the delegates of Belgium, China, New Zealand, the Union of Soviet Socialist Republics and the United States of America. The chief delegates are entitled to designate any other delegate or any adviser to the Central Drafting Committee. I believe that the members of this Assembly will accept these nominations.

As the Legal Committee is working very quickly—I think this committee should be congratulated—I must announce that a certain revision of the programme of the committees is necessary. The General Committee will not meet in time to settle this affair, and I therefore propose that the timetable for our committees should be as follows.

The President then announced the schedule of main committee meetings proposed for 12, 13 and 14 July.

42. Discussion on the Election of the Executive Board

The President: Our last item is the election of the Executive Board. I am authorized by our General Committee to inform you of the decision taken by that committee under Rule 26 g of our provisional Rules of Procedure 29 with regard to the composition of the membership of the Executive Board. I must also remind you of Article 24 of our Constitution, which says clearly that 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.

The establishment of our Executive Board is very important indeed, because the Board is authorized to nominate the Director-General to the Assembly for election, and of course our Organization must constitute itself in such a manner that we can start work immediately according to your decision.

But, of course, the election of the members of the Executive Board is a very difficult task indeed, and the General Committee is fully aware of the fact that the proposal which we are going to make to you is not a perfect one; indeed, according to my experience in the international field it is almost impossible to make proposals that will be agreeable to everybody. Therefore, I am quite sure you will criticize our proposal, but at the same time I believe that you all trust your General Committee and your President. We did our best to compile a list to propose to you, for acceptance or refusal.

We have taken into consideration geographical distribution and all the implications with regard to the composition of the Executive Board. As you know, our membership amounts to 54 now, and it is rather difficult to put forward the members for the Executive Board exactly divided among geographical areas. First of all, I must mention the American Continent, the Western Hemisphere. In the Interim Commission, the Western Hemisphere was represented by seven members, but unfortunately up to the present only a few of them have ratified our Constitution—at present only eight—and therefore your General Committee was not able to allocate to this important hemisphere more members of the Executive Board. We have been able to allocate only three, in spite of the fact that we realize the enormous importance of this hemisphere and the achievements of its countries in public health. We know their contribution—the contribution of the United States of America, of some Central American States, and of South America, particularly Brazil—still it was difficult to allocate more than three members before further ratifications. But we are assured that the American States will ratify our Constitution as soon as possible. We are sure of it, and at the next election of the Executive Board the allocation will be quite different.

On behalf of the General Committee, which authorized me to do so, I propose for the Western Hemisphere—which means North America, Central America and South America—the following to be members of the Executive Board: the United States of America, Mexico and Brazil.

Now we go on to another important geographical area, Africa. Unfortunately, in Africa there are very few independent States, only the

28 See p. 300
29 Off. Rec. WHO, 10, 100
Union of South Africa, Liberia, Ethiopia and Egypt. Egypt, of course, looks much more to the Near East and the Middle East, so out of the other three independent States in Africa we are proposing to you this time the Union of South Africa.

With regard to the region of the Near East and the Middle East, including Egypt, it is rather difficult to allocate proper membership, because there are so many States, but it seems to me that the States in this area agree to have Egypt and Iran on the Executive Board.

Now we come to South Asia, a very important region with regard to different diseases and the necessity for the improvement of public health, and inhabited by millions and millions of people. We propose as members for this region India and Ceylon.

Now we come to the Far East. The Far East is also very important from an international health point of view. We have only four ratifications—China, the Philippines, New Zealand and Australia—and after careful consideration we are proposing to you China and Australia.

Now the most difficult region has to be considered: Europe. Twenty-four European States have ratified our Constitution, which is the largest number in one continent. It was of course very difficult to decide with regard to European representation, particularly as the American continents are not so fully represented as in the previous Interim Commission. We propose that the following members should be included in the Executive Board: Norway, the Netherlands, the United Kingdom, France, the Union of Soviet Socialist Republics, the Byelorussian SSR, Poland and Yugoslavia.

May I explain to you why I am proposing these States and why your General Committee authorized me to propose them? It is extremely difficult for a President of the World Health Assembly to compile a proper list. I did my best to consult different delegations and different regions—and in almost every case we reached an agreement—because I considered that it was up to them to decide which Member was to represent them on the Executive Board. But one very important point I have to explain. You will see from our list that quite a large number of members have been Members of the Interim Commission, and you will of course criticize the General Committee and myself for proposing that these Members should also be on the Executive Board of the World Health Organization. We discussed this matter on several occasions in our Interim Commission, and we came to the conclusion that it is extremely important, for the first year of our activity—only for the first year—to keep on the Executive Board several Members who have merits and particular knowledge and experience in international health.

But at the same time I must remind you that our Executive Board is not going to last for two full years with the same composition as the Interim Commission. According to our Constitution, we have to elect six new members every year. Therefore, you see that our list already contains five new members, and that next year six additional new members will be elected. It is also generally agreed that the Members of the Interim Commission, if they are elected to the Executive Board as I propose, will retire in time to leave room for new members. I think it is essential that every member of this Assembly and our Organization should serve on the Executive Board in time. But we have found ourselves in a difficult position at present, and, taking into consideration several implications, we believe that our list is one at least that could be accepted. Of course, I am not pressing you to accept this list, because I was elected unanimously by this Assembly, and I should be objective as far as possible. But of course this list is not my own list; it is the list of your General Committee, which has considered the question on several occasions. But I can assume, I am sure, that you will trust me and believe that I have done my best to propose to you something that is good for our Organization, and I believe you will follow my advice, if you trust me, and accept my proposal.

On the list of speakers on this item, I recognize the chief delegate of Sweden.

Dr. Högner (Sweden): I am sure we have all listened to the remarks of the President with great interest. The matter of electing the Executive Board is a most difficult one, all countries being deeply interested in following closely the work of the Board and each country having the same right to be represented on the Board as the others. It seems to me, however, that the task is made somewhat easier by the fact that, according to Article 25 of the Constitution, one-third of the members will retire after one year, and six others after two years, thereby leaving room for other countries of the same region or part of the region to become members of the Board.

As to the procedure, it seems to me that the line indicated by our President is the more practical one. It avoids confusion in the best way and follows the aim of the Constitution, leaving about one-third of the Interim Commission and keeping two-thirds for the continuity of the work, which is most important now at the start. The same work might have been done by a special nominating committee, so that our friends from the Interim Commission would not thus have had to propose who was to stay and who was to go, but in fact the General Committee has to prepare our decisions on general questions. We think the General Committee has done a really good piece of work, which could not have been done in so proper a way here today without arousing feeling, and behind it there must, I feel certain, be a good many "gentlemen's agreements". I would formally move that the list of members of the Executive Board which has been suggested by our President be approved by the Assembly.
Mr. President, gentlemen, I am no wizard. I cannot claim to be able to offer you a procedure which would be superior to that which the General Committee, after long discussion and mature reflection, has been able to put forward. But it seems to me that a more elastic system might have been proposed, allowing for the claims of geographical distribution in the election of members, as well as for the rights and prerogatives of the Assembly, within an established framework but capable of a little more flexibility than is now proposed. I do not, of course, mean to suggest that the delegations of 18 States should be invited to put a list of their own choosing into a ballot box. Such a system would not only have disastrous results, but would deprive us of the geographical distribution which we desired to be so necessary. But we think that for the various areas which the President has just mentioned a maximum number of States with their names might have been proposed, equivalent perhaps in number to the States already included in this proposal, a few other additional names being suggested to complete the list. We should then have been required to make our choice, if you see what I mean. In any case we might have been proposed which should in any case be members of the Board, and the members of the Assembly left free to choose the two or three others on the list submitted to it, this list being necessarily limited so as to facilitate the smooth running of our work and discussions.

I think that at the present stage all I might suggest is to ask our President if he would have any objection to postponing to a later plenary session the vote on this very important question, which involves a matter of principle and consequently affects the future of our Organization, even if only for the initial year or two. The delegates would in this way be able to study the list at leisure and exchange their views on the matter. Up to the present we have only heard this list read out and have not even had the document in our hands. The delegation of Switzerland, therefore, submits the foregoing proposal, which is, I believe, in accordance with Rule 45 of the provisional Rules of Procedure, in the hope that in the interval it may perhaps be possible for the General Committee to consider its suggestions.

Dr. Maclean (New Zealand) : I wish to second the proposal that has been put forward by the delegate of Sweden.

Dr. Ba Maung (Burma) : I should like to support the proposal of the President in regard to the list, which he has so kindly presented to the Assembly, for members to be elected by us to the Executive Board.

As he has so clearly pointed out, the list has the approval of practically all the members of the General Committee. It has been prepared with due reference to all obvious considerations—that is, the number of ratifications, geographical areas, population, and as fair a representation as possible of all the continents of the world. It may be impossible for all the Member States to be wholly satisfied, but in my opinion the list is a very fair one.

Members of the Board, other things apart, will be able to carry on the continuity of the work entrusted to them. I would therefore appeal to you to accept the nominations made by the President, thereby showing a spirit of collaboration and confidence in the President and the members of the General Committee. It should be remembered that this list of members is for one year only, and that next year six fresh members will be eligible for election to the Executive Board.

M. Boissier (Switzerland) (translation from French) : Our distinguished President has been good enough to submit to us on behalf of the General Committee a complete list of the 18 States which are to be asked to form the first Executive Board of the World Health Organization.

The Swiss delegation has no objection to putting forward to any of the names figuring on this list, nor has it any criticism to offer. We have absolute confidence in our President and in the General Committee. We are also fully aware of the enormous difficulties which have had to be overcome before a list of this kind could be drawn up and we should have been only too glad to agree without further discussion to the invitation of our President, and to the suggestions of the delegates of Sweden and Burma. It seems to us, however, that the procedure proposed for the adoption of this list raises a question which is all the more important in that our Organization is in its infancy and that great care should be taken to avoid establishing any precedents which we might subsequently regret.

Article 24 of our Constitution states that the Assembly shall "elect" its delegates. Now, we consider that the proposal that we should adopt a complete list outright perhaps puts a rather restricted interpretation on the word "elect". We readily admit that in proposing this list the General Committee is facilitating and expediting the work we have to undertake, under the terms of Rule 26 of our provisional Rules of Procedure. We are in some doubt, however, whether, in a question of such importance, something more is not required than to facilitate the work, which, in our view, implies the establishment of a procedure, the setting-up of committees and so on, rather than the mere presentation of a list.
but also the question of urgency in the same areas. It was the opinion of the working group, and of the main Committee on Headquarters and Regional Organization, that in the Western Pacific area some places required more urgent action than others. Some regions therein have been more terribly devastated by war than other regions. It is for this reason that, in the report of our working party on the Western Pacific, the idea of the dividing this region was accepted; and this was reported to the main committee. This idea was in acceptance of the principle that certain areas in that area require special measures to meet the situation of urgency, as well as to meet the peculiar conditions of that area—for example, the special conditions in the so-called Malayan area, comprising the Philippine Islands, Indonesia, Borneo, the Malay Peninsula, and so on (these areas are inhabited by people of similar race)—and the committee felt that, at a later date, a special sub-group might be created.

In conclusion, therefore, I support the proposal of the Swiss delegate, that this question be not decided now. Also I request that the voice from the distant and small countries of our area should be taken into consideration by the Executive Board that may be appointed or elected, and that later on, in the appointment of this Executive Board after one year, these special conditions in the Malayan area should be taken into consideration.

Dr. Castillo-Rey (Venezuela) (translation from Spanish) : The Venezuelan delegation deeply regrets that it cannot agree with the proposal put forward by the President concerning the members of the Executive Board. Indeed, we believe that the total of three seats allotted to the representatives of the American Continent does not correspond to the true situation. The thesis according to which few seats should be granted to the American Continent in view of the small number of countries that have ratified the Constitution might have been justifiable when electing the members of the General Committee, as its members are of a temporary nature, but loses its importance in the case of the election of the members of the Executive Board, since two-thirds of the members of the Board will be in office for two years, and one-third for three years. Moreover, it is to be hoped that within a few months many more American countries will have ratified the Constitution, as a number of them are already in the process of doing so. Consequently, the argument referred to no longer holds good. If we wish the World Health Organization to be a truly worldwide organization, we must ensure that the various continents are equitably represented on the Executive Board, so as not to impede the Organization's development.

In view of the gravity and importance of this question, the Venezuelan delegation wishes to support the proposal made by the delegate of Switzerland, namely, that the final decision on this question be postponed to another plenary session. If this proposal is not accepted, the Venezuelan delegation would desire that the American Continent's representation by three members on the Executive Board should in no wise constitute a precedent.

Mr. Shah (Pakistan) : I must join the chorus of approbation for the proposal put forward by the President, in whose experience and integrity we have great confidence. But there seems to be some difference of opinion as regards the proposal which he has just now put forward for the consideration of this Assembly. It has been left to the representative of Switzerland to raise a discordant voice, and we advise caution in this matter. My delegation fully agrees with the implications of the speech made by the representative of Switzerland; that this matter requires very careful and patient consideration. After all, the Executive Board is a body which puts into execution the schemes framed by the experts and the directorate of this Organization, and therefore the selection must not be made hurriedly.

I have taken into consideration the fact that this matter was considered by the General Committee, but the General Committee has no doubt deviated from the procedure that has been laid down in Article 24 of the Constitution. It has been suggested that this has been done in order to expedite work and save time, but I know, though I have been participating for the first time in an international organization, that human nature is human nature wherever it is. We have been wasting time on less important matters, but on this most vital matter we ought to take more time and be very cautious, so that we do not act in a manner which might displease certain countries or which might deviate from the Constitution, which after due deliberation has been incorporated.

Now, Sir, far from criticizing, I merely want to analyze your proposals. I think that in fixing the number of seats to be allotted to particular regions, you are taking into consideration sometimes the question of population and sometimes the question of the number of the countries that have ratified the Constitution of this Organization. Further, you have hinted about the factor of certain areas where the problem of health requires greater consideration than in others.

Now my country, by my own choice, has joined the East Mediterranean region and in your proposal you have allotted two seats to this region; I do not know on what grounds. I am speaking generally: I am not only going to plead the cause of my own country, but I am going to plead the cause of this region on the basis of the principle involved. Now this region consists of 18 to 20 countries. I know that about nine or ten have ratified the Constitution so far, but some will be coming forward to ratify it in the course of time. As has been pointed out by you, Sir, in the Western Hemisphere only eight countries have so far ratified, but in the course of time, other countries will come forward to ratify, and therefore you have allotted three seats to them for the time being. So it could be argued for Africa, for the East Mediterranean, for the Far East. For any region it could be argued that in the course of time countries will come forward to ratify the Constitution; therefore that could not be a very safe basis on which to allot seats, as far as the Executive Board is concerned.

I think, Sir, you should have made a clear proposal to allot an equal number of seats to all the regions to which we have agreed. We have so far agreed to six regions: out of the 18 seats we should have allowed three seats to each region,
and then we should have taken into consideration the population, the health problems, the technical staff, the efficiency of the technical staff and the budgetary amount that any country will be prepared to put forward for the advancement of its health schemes; all these factors should have been taken into consideration. Taking these factors into consideration, then you could have reduced the number of three to one or to two, and then have put together the surplus seats and allotted them to the countries which need more representation on the Executive Board. For example, you have allotted eight seats to Europe. Out of that surplus pool you could have allotted some to Europe, to European countries. We have no objection to that; but the distribution should have been on some basis. I feel, especially, that the Eastern Mediterranean region has not been fairly treated; at least one seat out of the European quota should be allotted to it, thus making three—because if you allot America three seats, when eight countries have ratified the Constitution, so also, within the region of the Eastern Mediterranean, eight countries have ratified the Constitution, and, therefore, at least three seats should be allotted to that region.

I think, in order to allow all these problems to be considered, this matter should be postponed, and I fully support the proposal of the delegate of Switzerland.

M. Goossens (Belgium) (translation from French): I think the delegate of Switzerland has expressed the opinion of the Belgian delegation even better perhaps than I could do myself. I wish to associate myself most sincerely with his expression of appreciation of the work of the President and the members of the General Committee, whose task has certainly been extremely arduous.

It is not on the actual contents of the list under discussion that I wish to speak, but solely on account of the fear that we may be creating, within our Organization, a precedent which we might have occasion to regret later on. I am convinced, from the way with which the President procedure, and it is for this reason that, following yesterday's discussion, the Belgian delegation felt bound to ask the President to proceed without haste in this thorny question, and to suggest that he might organize some form of contact between the heads of the various delegations so that each of them might have an opportunity of ascertaining the true opinions and feelings of his colleagues. This method is usual, I believe, in other specialized agencies.

I do not wish to take up the time of this Assembly, but I repeat that I am concerned with the principle that should be applied in our World Health Organization, and I therefore support the proposal of the delegate of Switzerland to postpone any final decision in this matter.

Dr. Evang (Norway): We all realize the difficulties in which we find ourselves today and I think perhaps it is right to remind you that the World Health Organization, of course, is not the first organization to find itself in that position. The other specialized agencies of the United Nations also found themselves exactly in the position in which we are now, when they for the first time had the task of electing their executive bodies. As far as I am informed, other specialized agencies also have chosen to follow the way which has been suggested to you by the President, and I do not think that that was an unwise procedure. We all realize, of course, that it would be impossible to start a free-for-all fight on the floor. That would not make it possible for us to fulfil our obligations under Article 24 of the Constitution, which states that an equitable geographical distribution should be taken into account. Nobody, therefore, has suggested such a procedure. The representative from Switzerland, however, suggested that another procedure be followed—namely, first to decide how many representatives there would be from each region, and then give the Assembly a chance to elect individuals within that number for each region.

Now that proposal at first sight seems to have very much to its credit, and I think I can tell you that, in the General Committee, such a procedure was also considered. It would mean, in other words, that the Assembly would first decide that for the Western Hemisphere there should be, say, three members, for the South Asiatic group two, for Europe eight (or what the number may be); and after that, within each region, you would elect the members on a ballot.

Now, to my mind, there are two major objections to such a procedure. The first objection is that it would really mean electing the Executive Board on a regional basis, and I am very much afraid that it would give the members of the Executive Board a feeling of responsibility in relation to their region which would be higher than the responsibility they felt towards the Assembly as a whole. I am coming back to that in a moment, when I have said a few words about the functions of the Executive Board.

The other objection which I have to raise against the Swiss proposal is that it seems to me that it would not solve our difficulties. It is possible, although I am not quite sure it would succeed—but it is possible that for some regions we might be able to agree rather quickly on the members to be elected. That would, in my mind, hold good especially for those regions from which we had to elect only one or two representatives. However, if you go to those regions from which we have to elect a larger number (say the European area at the present time until more ratifications come forward from other parts of the world), we should be in a difficulty which I do not think it would be possible to solve by electing on a ballot in this Assembly. It would, I am afraid, stir up discontent, stir up feelings of prestige; and, within that area, we should again not have an equitable geographic distribution.

This first time we elect the Executive Board, it must be left more or less to the countries within a region to decide how they would like their representation on the Executive Board to be. As was said by one of the speakers here today, behind this proposal made by the President on behalf of the General Committee there are a number of "gentlemen's agreements". Consultations have, as you all know, taken place between different delegates and also between the President of the Assembly and several delegates, in order
to try to find out a way whereby each region, within itself, could decide upon the difficult question of the representation from that region on the Executive Board. If we follow the Swiss procedure we would not leave that question to the regions. On the contrary, we would throw the whole question of representation within a region open to this whole Assembly, and I would venture the question whether that, seen from the point of view of the regions, would be a more or a less democratic procedure. I do not think, therefore, that the Swiss proposal, although on first sight much may be said to its credit, will solve our difficulties. I should be very happy if it would have done so, but I am afraid we are going into new difficulties.

The representative of Pakistan touched upon the problem of population, the effectiveness of public-health services, the urgency of health problems in different parts of the world, etc., all matters which had, in his opinion, to be taken into consideration when you drafted a plan for an executive board. That is, of course, true. But I think it right to remind you that the overriding fact in this connexion is, and must be, that WHO, like other specialized agencies within the United Nations, is a democratic body where each country has one vote, regardless of size. That fundamental fact has been discussed thoroughly by the United Nations and it was already decided upon at the conference of the United Nations in San Francisco. We have, therefore, at any moment, to base ourselves mainly on the number of ratifications which exist. Even if we wanted, we do not, unfortunately, have the right to believe in promises as to what will happen in the future, even if we are completely convinced that it will happen. This is a democratic world organization; each Member has one vote; the voice of the Members as expressed through the Assembly is and must be the highest law of the World Health Organization.

Now, in finishing, I would like to say a few words on the nature and functions of the Executive Board. It seems to me that that has not quite come out in the discussions up till now. You will find the terms of reference of the Executive Board in the Constitution of WHO, Chapter VI, Articles 24 to 29 inclusive. Article 28 gives the functions of the Board, starting with the most important of them—"to give effect to the decisions and policies of the Health Assembly"—and thereafter enumerating the functions.

The most important thing, however, is that it was felt necessary, in order to make this point completely clear, to summarize the functions of the Board in Article 29, saying, "The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body." That means, without doubt, that in the Executive Board no member represents his country. No member represents a region. All members, individually and as a body, represent the total number of Members of the World Health Organization. Their duty is loyalty to follow the decisions of the Assembly; any member of the Executive Board would rightly be criticized if he, as a member of the Board, let himself be guided by national or by regional interests. I think that that makes our task today a little easier, and I think, also, that the very fact that, after one year, six members will drop out, after two years six more members will drop out, will also make our job a little easier.

Several speakers have stressed the fact that they would like very much to avoid discontent and struggle between Members in this Assembly. I would venture the statement that this World Health Assembly up till now has been characterized by an international spirit which you very seldom find in large international gatherings in our time.

It seems to me that, in view of the many days—I would say already a few weeks—during which our President has been working on the suggestion which has been put forward to you, in view of the fact that many consultations have taken place, and in view of the fact that the General Committee also agrees on this list, the best way would be if we could agree already today on this proposal. And I would like to support, therefore, the motion, which has been seconded, that the list presented to you be accepted today.

The President : If there are no more speakers on this subject, we shall adjourn until 3 o'clock this afternoon. But, in order to avoid any misunderstanding, I must say that if any voting takes place on this issue it will be by secret ballot.

The meeting rose at 1.15 p.m.
the General Committee on the delicate task it has just completed and its laudable effort to draw up a list which would satisfy almost all the members of the Assembly.

Nevertheless, I should like to emphasize the importance of the Swiss delegation’s proposal, which leaves greater liberty of choice to the members of the Assembly, and is thus in accordance with a more democratic practice. It is for this reason alone that we are in favour of it.

Dr. Togba (Liberia): The list as proposed by the President this morning was very interesting to those of us who had nothing to do with the General Committee’s selection. In considering the conditions under which the selection was made, I recalled that, back in 1946, when the selection was being made for the Interim Commission, they spoke of the various continents; but I noticed today that there was emphasis laid not so much on the continents, but rather on those countries which had ratified the Constitution of the World Health Organization. If we are going by that, eventually we shall have to revise the Constitution and add so many more delegates to the Executive Board.

We have eight members from Europe on the basis of the 24 ratifications from Europe. Similarly, from Africa, of course, since there are only three ratifications, naturally we have one member. But the thing that I want to lay emphasis on is that we should pay close attention to what has been suggested to us by the representative of Switzerland. That is, we have not had much time to think of what has been laid before us. We should be given more time to think this problem over and see whether or not some additions or subtractions can be made. I hate to see that in such a great hemisphere as the Western Hemisphere, the Americas have been given such a small place in this Executive Board. I do think that we should think things over—even though we may select members now on a basis of ratification—to see if we cannot make some revision or addition. I am thinking this time, for instance, in terms of Canada. I think Canada has played a great part in the Organization, and one that has so far been successful, as we know, in the person of our Executive Secretary and also through other members from Canada. And of course other countries too, in the Americas, wish to be represented. Of course, I am not an American, but I am simply talking as an observer, as a member of the World Health Organization as well as a member of the Interim Commission.

Now the delegate of Norway explained very nicely today, trying to contradict what was proposed by our member from Switzerland. I do think that we should stop to think that, even although this is not a political organization, yet some of us are trying to make a political issue out of it. I wish that you would first take into consideration the geographical areas of the world—that is, that you would take into consideration the continents rather than only the countries that have ratified the Constitution. Therefore I think that we should give the Assembly a chance to think this question over before taking a vote. I do not think that today would be the appropriate time for taking a vote on the issue; rather, let us have another week to think it over.

M. Confalonieri (Italy) (translation from French): The Italian delegation supports the Swiss delegation’s proposal for an exchange of views on the composition of the Executive Board, as this measure seems to be not only wise, but necessary, especially in view of the speeches made by the delegates of several countries.

Dr. Parran (United States of America): As one member of the General Committee, I should like to express publicly my admiration and appreciation for our President for the very judicious and patient way in which he conducted the deliberations of the General Committee concerning the problem that is now before you. Recalling as I do that a number of hours in several meetings was spent in trying to arrive at a wise decision, I can understand that the 40 members of this Assembly who did not participate in those discussions would wish very much to have an opportunity to consider two important questions: first, the specific constitution of the slate which was submitted to you; and secondly, the precedent which is being established of having a slate of just 18 members presented to you on which you will have the opportunity of voting only “Yes” or “No”. In view of these two very important considerations, I would support strongly the suggestion of the delegate of Switzerland. In fact, I should like formally to move that it is the sense of this Assembly that a vote should not be taken today on the election of the Executive Board.

The President: There are no more speakers on the list. Are there any members of the Assembly who would like to speak? The delegate of Greece.

Dr. Briskas (Greece) (translation from French): The Greek delegation is in entire agreement with the Swiss proposal.

Rajkumari Amrit Kaur (India): I congratulate the delegate of Norway on his clear exposition of the point of view of the General Committee, and I wish to second his proposal that we accept the list which the President has placed before us and about which he gave so clear, so sympathetic and so wise an exposition. There are many factors which have to be taken into account when an election such as this takes place in an organization of this nature, and my submission is that the more we discuss, the greater the danger of getting further away from that unanimity which we all desire. It is not always a question of what is legally right, but what is expedient and least likely to divide an assembly such as this. I would have you remember with all the emphasis at my command that unanimity will mean everything to that collaboration which we all desire.

Practically no one, apparently, objects to the regional divisions that have been placed before you, but the main objection is to the method of election proposed. The other day we all waived legalities when we welcomed the United States of America as a Member of this Organi-
zation, and I am heartily thankful that we did so. I appeal to you now to show the same spirit and accept the list presented to you by your President. You have all expressed confidence in him; show that confidence in action and also confidence in the members of the General Committee who, after all, were also unanimously elected by you. I want to assure you that there was no question in the minds of these members to arrogate to themselves any rights that belong to the main body. It was only an honest attempt to facilitate the work of this very body in what is an extremely delicate task, as you have all admitted. In order not to hinder progress in the election of the Executive Board, which needs to be elected forthwith, I plead for a speedy approval of the list. For future elections, after all, the Executive Board may be directed to put up concrete proposals as to methods of election. I am quite sure that this would be statesmanship, and I do plead with you all to accept the list.

Dr. Simonovits (Hungary): The Hungarian delegation fully concurs in the opinion that it is impossible to find a solution to the question under discussion which would satisfy all parties. I am convinced that the list submitted by the President, which is the result of careful consideration, can be regarded from all points of view as a very fortunate one. Slight changes might be suggested to the list, but I believe, however, that it is very questionable whether such changes would improve the list. On the other hand it is certain that further debates would only disturb the atmosphere of friendly co-operation which has so far characterized the work of this organization.

The Hungarian delegation is firmly convinced that the success of WHO stands or falls on the question whether or not we succeed in maintaining co-operation based on mutual trust. For this reason the Hungarian delegation considers further debate on this question harmful. We are also convinced that all members proposed by the President to this Executive Board will have the common aim of the Organization, and thus of humanity also, very near to their hearts in an manner which can be regarded from all points of view as our highest interests demand.

This procedure is one that has been followed by which the Board could become more efficient and more powerful in action? I am afraid the answer must again be in the negative. I venture, for my delegation, to make a last appeal to your conscience, to your common sense and last, but not least, your compassion for suffering humanity. Do not allow anything but unity to enter into this room. United we can conquer any enemy of mankind. I therefore plead for the acceptance of the list put before us.

Dr. Kozusznik (Poland): For us the proposal of the delegate of Switzerland does not contribute at all to the solution of this very difficult problem. In the opinion of the Polish delegation it is not only a question of the election of the Executive Board, but also at the same time a question of the future work of WHO. I am sure that these proposals made by our President on behalf of the General Committee should be accepted, because they are the best solution in this difficult situation. I am convinced that the proposed solution has taken all possible factors into consideration. There are no reasons to postpone the decision on this problem. The geographical distribution of the countries will not change during the next few days. Human nature, the computation of the different nations, will be the same, and the next week we shall be faced with the same difficulties.

Therefore the Polish delegation proposes that the Executive Board should be elected today.

Dr. Ungar (Czechoslovakia): My delegation is in full agreement with the arguments put forward on the subject in question by the Norwegian and Indian delegates. They were perfect, and there is very little to add.

For my delegation I would like to make a last appeal rather to your conscience and to your hearts—to you, the highest representatives of the health services coming from all over the world. Ever since we started work here in committees the spirit of mutual understanding, of co-operation and friendship, has furthered our common view. Now, for the first time, we are facing something different—a disagreement unknown yet to this Assembly. Do the delegates who are opposing the motion of the President think their work is going to benefit from dissension and dispute? Would the health of their countrymen be better served? The answer must be in the negative. Only the unity of our own endeavours can make the lot of the millions suffering innocently from disease a better one. This is our responsibility.

What then are the reasons? On the surface, the objections raised by the Swiss delegate and others were against the mode of procedure. There were reproaches as to a lack of principle in the distribution of the seats on the Executive Board. In our opinion, such reproaches have no justification.

There was a very firmly established principle in the choice of the members: expediency, economy of work and time. The Members were chosen mostly from countries that are actively engaged and experienced in the work of the Interim Commission. As to the manner of procedure, were there any other democratic principles brought forward by which the Board could become more efficient and more powerful in action? I am afraid the answer must again be in the negative. I venture, for my delegation, to make a last appeal to your conscience, to your common sense and last, but not least, your compassion for suffering humanity. Do not allow anything but unity to enter into this room. United we can conquer any enemy of mankind. I therefore plead for the acceptance of the list put before us.

Dr. Baran (Ukrainian SSR) (translation from Russian): The Ukrainian delegation considers that in the question at issue, the election of the Executive Board, we should follow the methods proposed by the General Committee and by our President. This procedure is one that has been tested by experience. It allows for unity of action as our highest interests demand. The General Committee's choice is based on principles which nobody here has challenged. In the first place, a selection had to be made so as to ensure a fair geographical distribution and at the same time to secure the services of able and experienced men whose work is already well known. Secondly, the hopes we are placing on the work of the Executive Board must be based on its international character as our Constitution requires. Thirdly, as I have already mentioned at the beginning, the procedure adopted by the General Committee is not new;
it meets the requirements of efficient organization and, by calling upon their sense of responsibility, respects the independence of members of the Assembly.

Arguments of a purely legal and procedural nature cannot be allowed to override the far greater necessity for unity and collaboration without which we could not hope to attain the high humanitarian aims we have set ourselves. In New York, under the chairmanship of Dr. Parran, the International Health Conference adopted the very same methods as the General Committee is proposing to us today. What was the result? The Interim Commission was elected, and its work during the last two years has proved extraordinarily fruitful and beneficial. This very morning the work of the Interim Commission was unanimously approved by the whole Assembly.

The Ukrainian delegation considers that this method has proved fair and successful, and that it should be adopted today. Consequently it invites the delegates to this first World Health Assembly: (1) to lay the foundation of efficient work by constituting, as is clear from what I have just said, the General Committee; (2) to approve the authority of the General Committee and of the President of the Assembly; (3) to bear in mind the actual needs of our work and the spirit of our Constitution, and not to concern ourselves unduly with questions of form and regulations that may be interpreted one way or another; (4) to elect able and experienced men, who have already shown, in the work they have done, that they are animated by a true international spirit.

For these reasons the Ukrainian delegation calls upon those present to support the proposal of the General Committee and thus to enable the Assembly to carry out its work.

M. BOISSIER (Switzerland) (translation from French): One of the essential objects of the Swiss delegation's intervention this morning has already been attained, as we have had the benefit of a very useful exchange of views. I thank the President for having permitted these discussions. Since various references have been made to the Swiss delegation's proposals, occasionally in a sense somewhat different from that we should have wished to give them—and here I regret that I was not sufficiently clear in my statement this morning—I think it necessary to make a slight rectification. The only suggestion we wished to make this morning was that we adjourn in order to study more closely the proposals laid before us. No criticism of the list was implied by this suggestion. I am anxious to make this point absolutely clear.

As far as the other suggestions put forward by the Swiss delegation are concerned, they constituted, as is clear from what I have just said, only suggestions for presentation to the General Committee within the period allowed for this adjournment. If on the occasion of the next discussion of this question the General Committee, with all the competence and authority attaching to its work and declarations, had told us, through its distinguished Chairman, that it was not possible to take them into account, we should have deferred to its judgment, but we would all the same have felt a certain satisfaction in the idea that our suggestions had at least been examined.

We are now told that the General Committee has thoroughly considered this question. Of that we have no doubt, and we accept this view. If the Assembly at present feels that there is no need to postpone the vote, the Swiss delegation will accept this decision, hoping at the same time that the suggestions it put forward this morning concerning the procedure to be followed when electing the members of the Executive Board will be kept in mind in future, as this procedure would enable a choice to be made, if not quite freely, at least within certain limits.

As much as any other delegation, the Swiss delegation is desirous that the rule of unanimity be observed. It is essential to the success of the work of our Organization. Because of this, we should at no time wish to put forward a proposal prejudicial to it.

DR. ZWANCK (observer, Argentine Republic) (translation from Spanish): In my capacity as observer I do not intend to take part in this debate. I have asked permission to speak merely for the purpose of making a correction. The delegate of the Ukraine has just recalled an incident at the International Health Conference in New York. He said that under the chairmanship of Dr. Parran a situation occurred similar to that which occurred here this morning. But this was not the case. Actually, the proposal concerning the nomination of the Members of the Interim Commission was made by the representative of my country, the Argentine Republic. It concerned a proposal which was made in the Assembly itself and discussed in the same way as other proposals. I recall that made by the delegate of France in particular. As it is essential to the success of our work the Assembly to carry out its work.

DR. VINOGRADOV (USSR) (translation from Russian): First of all I desire to express my appreciation of our President's and the General Committee's unsparing and judicious efforts to find a unanimous solution to this difficult and delicate problem.

The Soviet delegation has taken note of the arguments put forward during this discussion, and wishes to stress its anxiety concerning our Organization's future capacity for action and usefulness as well as the possibility of achieving unanimity in our Assembly.

The composition of the list of members of the Executive Board for the first years of the existence of our Organization is a matter of great importance. The choice of the persons whose names appear in the list submitted to you was a very wise one. During these two years of the
Of course, during the last two years I have been doing my best to keep this Organization going on in the best spirit possible, and I am safe in saying that we succeeded in keeping this wonderful spirit. Even at this Assembly we have almost never voted, and this has proved that we are trying to keep this spirit of international collaboration and mutual understanding. I am sure you will believe me when I say that I took great trouble over compiling such a list. I do not think there will be any President in the future who is going to be able to propose to you a list which will be agreeable to everybody. I have also my faults, as have the members of the General Committee. We are human beings, but I can assure you that I had always in mind the interest of our Organization. You should also believe me when I say that during the last two years I have come in contact with very many people and I know how they feel. I must say that most of them show a very nice spirit indeed.

Are we going now to split on this important issue because we have to decide about the members of the Executive Board, which will last only for one year in practice? I told you also that the majority of the members of the Interim Commission will withdraw after they have worked on the Executive Board for one year. Even I myself am going to retire after one year. But I should be a most unhappy man if I felt that I had not succeeded in keeping you together in our fine and wonderful spirit. Therefore, may I appeal to you to trust me and to trust the General Committee? I can assure you that I am doing this job and making these proposals with the best wishes for the future of our Organization.

You have already shown a spirit of particular friendship and understanding—I shall not go on enumerating all the cases of this—therefore I beg you to follow my advice, because I feel very strongly that this procedure is the best one under the present circumstances. There is no better procedure; and I cannot refer this matter to the General Committee, because I am quite sure that the General Committee is not going to decide otherwise. I know their feelings; I consulted them. I consulted many members of the delegations, and I tried to draw up a list agreeable to everybody. I did not succeed, of course.

Therefore in the first days of our activity as a permanent organization we should show a really fine spirit. The Swiss delegation withdraws its proposal to adjourn a decision on this important issue. There are, in fact, no other proposals except mine, which is that of the General Committee. I feel, however, that many of you objected to this procedure, and I think it is right to let you think over the matter. I do not like to see you feeling badly and to be under the impression that I was imposing something upon you. Never in my life did I do such a thing. When I make definite proposals to you, I can assure you that I know why I am doing so.

In face of the fact that many delegations have asked for the decision on this important issue to be postponed, I am adjourning the meeting today.

The President: There are no more speakers, and therefore we have to close our debate on the last item on our agenda for today. May I answer certain remarks you made? First of all, all members of this Assembly spoke very favourably and expressed their admiration for the President and the General Committee. I must thank them, but at the same time they did not agree in full with my proposal.

Interim Commission's activities certain Members of that Commission proved to be outstanding men of action on the international plane. Their services are still available to us and they are ready to be called upon for our subsequent work. The list of the Executive Board submitted to you contains, among the European representatives, the names of men of the calibre of Dr. Evan, of our President, Dr. Stampar, of Dr. van den Berg and others. So far as I am concerned, I shall vote unhesitatingly and irrespectively of geographical considerations for men of this stamp who have worked so hard and have contributed so much towards the efficiency and unity of the World Health Organization.

One might wonder what is the real object of the discussion which has arisen here concerning the list submitted to us. Possibly some delegations may have taken exception to the fact that eight European countries appear on this list. But what would you say, gentlemen, if we, together with other delegates, expressed our displeasure because so many North and South American States had not yet ratified the Constitution? What would be your answer? Gentlemen, all the States of Europe have ratified the Constitution of the World Health Organization. This ratification is not a mere formality. By this ratification they have clearly acknowledged and formally proclaimed the usefulness, indeed the necessity, of the World Health Organization. Moreover, they have given proof of their absolute confidence in its future and its work. They have shown that they have not the slightest doubt or hesitation in giving their support to the World Health Organization. They have also proved their confidence in the Interim Commission, as well as in the future activity of the Organization. Is it surprising, therefore, that a certain number of these countries were selected for the Executive Board? Is it not only right that those countries, which had faith and still have faith in the future of the Organization should serve as an example to those countries which are still doubting its potentialities and delay their ratification of the Constitution? The Soviet delegation repeats that this discussion causes it misgivings concerning our future unity.

Not long ago, in spite of extremely serious legal difficulties and solely for the sake of our unity and co-operation, I advocated from this very rostrum the admission of the United States of America as a Member of the Organization. Today, gentlemen, this gives us the right to appeal to you and, above all, to the delegation of the United States, not to put obstacles in the way of the work of the Assembly, and without further discussions or delay to proceed to the vote on the proposal of the General Committee.
THIRTEENTH PLENARY MEETING

Monday, 12 July 1948, at 5 p.m.

President: Dr. Andrija Stampar (Yugoslavia)

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45. Discussion on the Election of the Executive Board (continuation)

The President: On Saturday afternoon I summarized our discussion on the election of the Executive Board; I declared that the debate was closed, and that we were going to vote today at 5 o'clock.

Still I found some delegates who expressed their wish to make short statements on this occasion. I am perfectly willing to listen to the statements of different delegates; but may I ask the delegates to make their statements and speeches as short as possible?

I call first on the delegate of the United States.

Dr. Parran (United States of America): Since the plenary meetings on Saturday the United States delegation has given careful consideration to the question of the nomination and election of the Executive Board there debated at some length. You will recall that in that debate I pointed out that a number of hours, in several meetings, was spent in trying to arrive at a wise decision. I could understand that the 40 members of the Assembly who did not participate in those discussions would wish to have an opportunity to consider two important questions: first, the specific constitution of the slate which was submitted to you; and secondly, the precedent which is being established of having a slate of just 18 members presented to you on which you will have the opportunity of voting only "Yes" or "No".

The United States delegation has not been fully satisfied that the proposal submitted by the General Committee represents the best balanced distribution of members which might have been achieved. With one or two changes a more representative Board could have been realized.

Also, our delegation has had serious reservations concerning the procedure of the General Committee presenting to the Assembly, without prior specific authorization from the Assembly, a single list of nominations on a "take it or leave it" basis. At the same time we have been fully aware of the difficulty of finding a satisfactory procedure of nominating this initial Executive Board. We realize particularly the difficulty, if not the impossibility, of agreeing on any other procedure at this stage of our proceedings here.

The United States delegation interprets the debate on Saturday as reflecting a predominant majority sentiment of the Assembly in favour of the list as presented by the General Committee and of proceeding to the election of the Board as proposed by the President. In view of this fact and in the interest of harmony in the Assembly, the United States delegation has no objections to proceeding with the election today as proposed by the President.

However, the United States considers that there is general agreement concerning the importance and necessity of a careful study of the procedure to be followed in the future in the annual nomination and election of six members to the Executive Board. This is especially important because of the silence of the Constitution and the Rules of Procedure on this subject. The United States has consulted with a number of other delegations concerning this important matter. As a result the delegations of Brazil, China, Egypt, France, Switzerland, the United Kingdom, and the United States have joined in submitting to the Assembly the following resolution:

Whereas the Constitution places upon the Health Assembly the responsibility for the election of the Executive Board;

Whereas Article 24 of the Constitution provides that in electing the Board the Assembly shall take account of the importance of maintaining an equitable geographic distribution;

Whereas Article 29 of the Constitution provides that the Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body;

Whereas the Rules of Procedure provide in Rule 59 that all elections shall be held by secret ballot;

The Health Assembly, recognizing the importance of establishing a procedure for the nomination and election of the members of the Board which will give effect to the foregoing principles,
The President: Thank you.

Mr. Shah (Pakistan): I crave your indulgence to speak a second time on this important subject.

Mr. AMY (El Salvador): I should like to raise a point of order. On the agenda today we have the vote for the appointment of 18 members to the Executive Board of the World Health Organization. How are we going to carry out this very important proceeding? We do not yet know what method to adopt, as we have no rule of procedure to guide us, and we cannot profit by any previous practice or experience. It is therefore necessary to raise this question of procedure, and also to dispose of it as quickly as possible. For if we do not settle this point beforehand, any vote taken could be justifiably contested by all the countries that were not satisfied with the result of the ballot. We have no right to run a risk of that kind, for we must avoid weakening the solidarity and spirit of confidence which make an assembly of this kind so effective and fruitful.

The vote can be taken in various ways. A plan must be agreed upon, and that is what we must now do. We have before us a single list compiled with the greatest care by the General Committee. Is this statement satisfactory for the Italian delegation, or is there any disagreement?

The resolution is unanimously adopted and will be referred to the Executive Board.

In connexion with the election of the members of the Executive Board, I have had a letter submitted to me by the chief of the Italian delegation. The Italian delegation also proposes certain amendments, and I will read them:

(a) that the Executive Board be instructed to study the possibility of modifying the Constitution of the World Health Organization so that the Executive Board shall consist of more than 18 members, the exact number to be determined upon the ratifications which will be deposited in future, in such a way that the Members represented on the Board shall be one-third of all the Members of the Organization;

(b) that an appropriate procedure be studied for the appointment and the replacement of the members of the Board, in such a way as to guarantee to every Member the possibility of participating in rotation in the work of the Board.

Point (b) of this proposed amendment of the resolution is, in fact, the same as the American resolution, but point (a) implies a change in our Constitution. Therefore I believe that the Italian delegation will agree that these proposals with regard to a change of our Constitution should be referred to the Legal Committee, to study and report to the World Health Assembly. I think this is the proper procedure on this subject.

Is this statement satisfactory for the Italian delegation?

Dr. Cotellessa (Italy): Yes.
proposals and proceedings objectively during the last 48 hours. This objective examination of the proposals and results in one proposal emanating from the United States of America and another from Italy.

I have also, on behalf of the Pakistan delegation, to make certain suggestions for the consideration of this Assembly, so that certain anarclies that we find in the proposal now before us can be rounded off and inconsistencies contained in that proposal can be removed. This will not only save the proposal now in our hands today, but also serve as a guiding factor for the future.

Further, I should like to point out that, at the last plenary meeting, repeated references were made to what were described as "gentle- men's agreements". The Assembly has not been informed what those agreements are, who are parties to them and what they relate to. If their contents are to be withheld from this august Assembly, the obvious inference would be that they are designed to pacify a limited circle only.

The delegate of Norway maintained that the size, resources and potentialities of a country were not as important as the democratic principle of equality of all Member States, big or small. I should like to make it clear that, when I suggested those criteria, I was thinking of several important countries besides my own. Despite the fact that with its 75-million population, my country is the fifth largest in the world, we accept the contention of the delegate of Norway that all should be on an equal footing in this Assembly.

We also accept without hesitation his second point, namely, that in giving representation to regions, only the number of countries which have ratified the Constitution should be taken into consideration, and not the total number of countries in the region. I only wish that these democratic principles had been applied equally to all the six regions, but the following analysis would show that this has not been the case. So far, 54 countries have ratified the Constitution, and there are 18 seats on the Executive Board. This is an average of one seat per three members. Let us now take the regions separately. In Europe, 25 countries have ratified and eight seats have been allotted to that region, which works out at 32 per cent. of the number of countries ratifying the Constitution. In Asia eight countries have ratified and three members have been proposed for election to the Board, which works out at 37 per cent. In Africa it has been proposed that out of two ratifying countries, one should be elected, which works out at 50 per cent., but this cannot be helped as there are only two countries and representation must be given to this region. But, when we come to the remaining three regions, we fail to find any reasonable explanation for deviation from the principle of proportionate representation. In the Western Pacific region two seats have been allotted to four ratifying countries, giving 50 per cent. In South-East Asia two seats have been proposed for five ratifying countries, giving them 40 per cent. Here the Eastern Mediterranean and the Middle East have been asked to be content with two seats out of ten ratifications, which works out at 20 per cent. only. The lowest percentage has been allotted to this region. Why the principle of proportionate representation has been departed from in the case of our region I fail to understand.

Some delegates have emphasized the need for unanimity, but genuine unanimity can be arrived at only by mutual acceptance. The Pakistan delegation recognizes the need for genuine unani- mity, which can only be arrived at by satisfying reasonable regional aspirations. For this reason I should like to put forward the proposal—in a constructive spirit, of course—that the Middle-Eastern region should be given one seat more. The Pakistan delegation further suggests that the General Committee be entrusted with the task of suggesting the necessary adjustments, in view of the fact that it was that body which took the initiative in the matter.

Turkey is an important member of our region, has always played the most important part in its affairs, and is universally respected for its integrity, sobriety and balanced judgment. Turkey may not have been a member of the Interim Commission, but that cannot be used as an argument against her inclusion, for we find that included in the list is a country which was one of the last to join our Organization, and which was selected even before her credentials were accepted by the Assembly.

In conclusion, I plead that the wrong done to the East Mediterranean region should be righted and that it should be given the proportionate representation which has been conceded to all other regions. I do hope that justice, equity and fair play will prevail and that our legitimate grievance will be redressed by the allotment of an additional seat to our region and by the inclusion of an important Member like Turkey in the Executive Board. Further, so far as the future is concerned, I fully endorse the implication of the proposal which has been put forward by the United States of America.

The President: We will refer the proposal made by the delegate of Pakistan to the Executive Board, for study and recommendation to the World Health Assembly, in conformity with the United Nations resolution.

With regard to the proposal made by the delegate of El Salvador, I must remind you that we shall have to circulate this proposal in writing to the delegates and to decide on the matter at a later date. In addition, we will refer this point raised by the delegate of El Salvador to the Executive Board, to find out the ways and means of electing the Executive Board, because our Constitution, in Article 60, does not say exactly that the Executive Board shall be elected by a two-thirds majority. But of course we are going to settle this issue next time, when the Executive Board is going to propose rules of procedure for its election.

In addition, I must say that I declared the debate closed on Saturday, and no member of this Assembly opposed it. Still, when several delegations informed me that they did not understand, I thought that now we should proceed to vote.

46. Election of the Executive Board

The President: We must finish the election of the Executive Board as soon
as possible, and I feel that a large majority of the Members of this Assembly are willing to vote on this item. Therefore, we will now proceed to vote. First of all, we have to appoint tellers. May I propose that the delegates of Ireland and Turkey should come to the rostrum and serve as tellers?

Voting papers have been distributed to you, marked "Yes" and "No". Delegations in favour of the General Committee's list should put a cross in the column "Yes"; those against should put a cross in the column marked "No"; delegations abstaining from voting should put a cross in both columns.

When you have filled in your papers, the names of the delegations will be called in the English alphabetical order, in accordance with Rule 57 of the Rules of Procedure. The leader of each delegation, or his deputy, should then come up to the platform by the stairway on my right hand, deposit his voting-paper in the box, and leave the platform by the stairway on my left. We now have to wait five minutes, in order to enable you to put crosses as you wish.

The results of the ballot were then announced as follows:

Number of members present and voting: 49
Number of voting papers null or void: None
Majority required: 25
Total number of valid votes: 39
Result: "Yes"—majority of 29

The President: According to Article 25 of the Constitution, the terms of Members of the Executive Board—whether for one, two or three years—are to be determined by lot. I shall now proceed to draw lots, under the supervision of the tellers. First, I shall draw the names of six Members for the one-year term; then I shall draw six for the two-year term, and the remainder will serve for a term of three years. May I ask the tellers to come and supervise my drawing of lots?

The tellers will now see if the list is properly made out and contains all Members elected to the Executive Board.

The President then drew lots to determine the Members to serve for one year.

The President: The following Members are elected for one year: Australia, Ceylon, Iran, Norway, the United Kingdom, the United States of America.

The President then drew lots to determine the Members to serve for two years.

The President: The following Members are elected for two years: Brazil, China, Egypt, France, Mexico, the USSR.

The remainder will serve for three years: Byelorussia, India, Netherlands, Poland, the Union of South Africa, and Yugoslavia.

I will now repeat: for one year—Australia, Ceylon, Iran, Norway, the United Kingdom, the United States of America; for two years—Brazil, China, Egypt, France, Mexico, the USSR; for three years—Byelorussia, India, Netherlands, Poland, the Union of South Africa, and Yugoslavia.

Before adjourning our meeting, I should like to say a few words. First a word of thanks to the members of the General Assembly, who have shown such trust and confidence in the General Committee. You have shown again a spirit of friendly co-operation.

I have also to say many words to the members of the Assembly elected to serve on the Executive Board. I must remind them that they should not represent their own nations but the world as a whole, and should have this idea of world interest always in front of them. I am quite sure that under such circumstances we are going to achieve good results. Only if we are world-minded can we make proper progress and be free of any other sentiments.

Thank you, members, for the confidence you have shown.

The meeting rose at 6.30 p.m.
The fourth report of the Committee on Relations 26 was distributed on 15 July; I believe that every member has studied it. Are there any remarks? There are no objections? The document is adopted.

Fifth report of the Committee on Relations. 27 Are there any objections? The document is adopted.

Sixth report of the Committee on Relations. 28 Are there any remarks? No objections? It is adopted.

The seventh report of the Committee on Relations 29 was distributed on 15 July. No objections? The document is adopted.

**FIRST AND SECOND REPORTS OF THE COMMITTEE ON ADMINISTRATION AND FINANCE**

Now we have the first report of the Committee on Administration and Finance, 30 which contains the Financial Regulations for the World Health Organization. The document was considered in the main Committee on Administration and Finance and distributed on 14 July.

The document was adopted.

We also have the second report of the Committee on Administration and Finance. This document was circulated this morning, and I therefore think that the Chairman of the Committee on Administration and Finance should present this report at the rostrum. May I ask the Chairman of the Committee on Administration and Finance to come and report?

Dr. Kaczprzak (Poland): The committee met on 9 and 12 July. Its decisions on those dates appear in document A/67, 31 which was distributed this morning. I will therefore ask the Rapporteur, Dr. Chu, to read the second report of the Committee on Administration and Finance.

The President: May I propose that this document be read in English or French, as all delegations have the document in both languages? It is not necessary to translate the document and to read it twice, and I think that if it is read in English the members of the Assembly who speak only French can follow it from the French translation. May I ask the Rapporteur to read the report?

Dr. Chu (China), Rapporteur of the Committee on Administration and Finance, therefore read the second report of the Committee on Administration and Finance, 32 omitting the resolution in Section 4 relating to the appointment of the external auditor, and the letter of appointment attached to the report.

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26 See p. 324
27 See p. 325
28 See p. 326
29 See p. 327
30 See p. 311
31 See p. 311
32 See p. 311
The President: Are there any objections to the report, as read? If any member of the Assembly wishes and proposes that the document should be read, I am perfectly willing to follow his wishes.

The report was adopted.

Fifth Report of the Committee on Credentials

May I ask the Rapporteur of the Credentials Committee to come to the rostrum?

Dr. Hafezi (Iran) read the fifth report of the Committee on Credentials. 33

The President: Are there any objections to the report of the Credentials Committee?

The report is adopted.

On this occasion I can inform the Assembly that the Secretariat has been officially informed that Argentina has ratified our Constitution. Therefore, as in similar cases, pending the depositing of the instrument of ratification, I propose to extend full rights to the Argentine delegation, and to allow them to sit as members of this Assembly.

The Paraguayan Ambassador informs us that the ratification instrument is on its way to Lake Success.

Second and Third Reports of the Legal Committee

As the second report of the Legal Committee, 34 has been in your hands for several days already, I see no necessity to read it. Therefore, may I ask the members if they have any objections to this document? I see there are no objections.

The report was adopted.

The third report of the Legal Committee, 35 was distributed on 13 July. I propose you should consider it without having it read. Are there any objections to the document?

The document is adopted.

Second Report of the Committee on Programme

The second report of the Committee on Programme, 36 has been in your hands since yesterday, and, so far as I know, all members of this Assembly have participated, with the greatest interest, in the discussions in the Programme Committee. Therefore, I believe it is not necessary to read this document, but to consider it without having it read.

Are there any remarks? Since there are no observations, the document is adopted.

Addendum to the Second Report of the Committee on Headquarters and Regional Organization

And now, in document A/47, one phrase has been omitted: "The committee further agrees that the American area will comprise the Americas", and I propose that this addition shall be inserted in the original document. 37

The President's proposal was adopted.

Correction to Third Report of the Committee on Relations

There is also a correction to document A/49, contained in A/49/Corr.I. 38 I think we should adopt it.

The President's proposal was adopted.

50. Approval by UNESCO Executive Board of Draft Agreement with WHO

The President: We have received a telegram from the Director-General of UNESCO. We will have it read.

The following telegram was then read:

Have honour inform you that on 15 July Executive Board UNESCO approved draft agreement with WHO including amendments to Articles 4, 8 and 10 proposed 12 July by Relations Committee of World Health Assembly. (Signed) Huxley.

The President: That is very quick action; we must be very happy.

51. Country or Region for the Second Health Assembly

The President: We have now to select the country or region for the meeting of the second Health Assembly. The question has been discussed in the General Committee. We have received three offers: from the United Kingdom, the Principality of Monaco, and the Republic of Italy. Now the Assembly has to decide on the city, place or region. The General Committee considered this question: it is in document A/71, 39 which is already adopted.

The General Committee recommends that the Assembly approve of Europe as the region in which the second World Health Assembly should be held, and instructs the Executive Board to select a suitable place.

At any rate this question must be considered very carefully by the Executive Board to find out the cost and other factors, but if any member of this Assembly who has proposed a specific place wishes to speak, I am willing to agree.

The delegate of the United Kingdom.

37 The addendum is incorporated in the second report of the Committee on Headquarters and Regional Organization, which appears on p. 330.
38 The correction is incorporated in the third report of the Committee on Relations, which appears on p. 343.
39 Third report of the General Committee. See p. 298.
Dr. Mackenzie (United Kingdom): I have the honour, on behalf of His Majesty's Government of the United Kingdom, to convey to the Members of the World Health Organization a warm invitation to hold the next World Health Assembly in London. Not only my Government, but our scientists, our doctors, and indeed our whole people, would deeply appreciate this privilege.

The President: Are there any other delegates who wish to speak? The delegate of Italy.

Professor Canaparia (Italy) (translation from French): It gives me great pleasure, on behalf of the Government of Italy, to convey to you an official invitation to hold the second session of the World Health Assembly next year in Rome. The Government of Italy would be happy to welcome the Assembly.

The President: No more speakers on this subject? The Executive Board, according to your decision, will therefore examine the suggestions and report later. Does any delegate wish to speak or make a proposal? No speakers. The meeting is adjourned. The date of the next meeting will be announced.

The meeting rose at 10.55 a.m.
53. Membership of the Executive Board

The Acting President (translation from French): On behalf of my country and as Vice-President of this Assembly, I wish to thank you all, as well as the President, Dr. Stampar, for the honour he and you all have done me in asking me to preside over this meeting.

As you know, the Assembly has elected 18 countries to represent it on the Executive Board. These countries have nominated the persons who will sit on the Board. The following is the list of countries, with the nominations:

Austria, Dr. Redshaw; Brazil, Dr. de Paula Souza; Byelorussian SSR, Dr. Evtstafiev; Ceylon, Dr. Chellappah; China, Dr. Yung; Egypt, Sir Aly Shousha, Pasha; France, Professor Parisot; India, Dr. Mani; Iran, Dr. Hafezi; Mexico, Dr. Zozaya; Netherlands, Dr. van den Berg; Norway, Dr. Evang; Poland, Dr. Kozusznik; Union of South Africa, Dr. van der Spuy; Union of Soviet Socialist Republics, Dr. Vinogradov; United Kingdom, Dr. Mackenzie; United States of America, Dr. Hyde; Yugoslavia, Dr. Stampar.

54. Letter from the Chairman of the Executive Board

The Acting President (translation from French): I now wish to draw your attention to the following letter which I have received from the Chairman of the Executive Board:

Sir,

I have the honour to inform you that the Executive Board has met three times since its Members were elected by the Health Assembly on 12 July 1948. At its meeting on 19 July the Board provisionally approved its Rules of Procedure and at its meeting on 20 July it elected H.E. Sir Aly Tewfik Shousha, Pasha, as its Chairman. Under the provisional Rules of Procedure of the Board the Chairman will hold office until the meeting of the Board following its reconstitution at the next regular session of the Health Assembly.

The election of the two Vice-Chairmen of the Board has been postponed until the next meeting. A list showing the present membership of the Board is attached.

I have the honour to be, Sir,

Your obedient Servant,

Aly Tewfik Shousha, Pasha, K.B.E., M.D.
Chairman, Executive Board

55. Adoption of Committee Reports

FOURTH REPORT OF THE GENERAL COMMITTEE

The Acting President (translation from French): We have before us the fourth report of the General Committee.40 You all received that document yesterday, and I wonder whether we could approve it forthwith.

Are you in agreement?

If nobody wishes to speak, I shall consider that this document is approved.

THIRD REPORT OF THE COMMITTEE ON PROGRAMME

You have also in your hands the third report of the Committee on Programme.41 It is also one of those documents which were distributed yesterday, and I wonder whether we could not approve it immediately. Are you in agreement? Does anybody wish to speak? If nobody wishes to speak I shall regard this document as approved.

FOURTH, FIFTH, SIXTH AND SEVENTH REPORTS OF THE LEGAL COMMITTEE

We have now to consider several reports of the Legal Committee: the fourth, sixth and seventh.42 All these reports were distributed between 17 and 20 July, and if nobody wishes to speak I think we might follow the same procedure in adopting them.

With regard to the fifth report,43 Dr. van den Berg has some observations to make.

But I will first submit to the Assembly the fourth, sixth and seventh reports, which you have already seen. If you agree that they should be approved and if nobody wishes to speak, I shall consider them adopted.

I shall ask Dr. van den Berg, delegate of the Netherlands, to be good enough to come up to the rostrum to make some observations on the fifth report.

Dr. van den Berg (Netherlands): In this special case I am very glad to have the opportunity of introducing the fifth report of the Legal Committee. This is not necessary because the report needs further explanation, but, on behalf of the Legal Committee, I should like to draw the attention of the Assembly to the fact of historical significance which is placed before it.

If the Regulations No. 1 on nomenclature of diseases and causes of death are adopted, these regulations, in accordance with Article 22 of our Constitution, will 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. This means that for the first time in the history of the world an international legislative body is acting here with the possibility of adopting regulations which can come into force without formal acceptance by the countries. I am sure that the Assembly will take a decision in view of the large responsibility as the first international legislative body.

The Acting President (translation from French): I thank Dr. van den Berg for his explanation, in which he has pointed out to the Assembly the special importance of this report. We all realize its significance and the purview it will have.

The fifth report of the Legal Committee was adopted.

40 See p. 299
41 See p. 306
42 See p. 334
43 See p. 336
44 See p. 336
45 See p. 335
THIRD, FOURTH, FIFTH AND SIXTH REPORTS OF THE COMMITTEE ON ADMINISTRATION AND FINANCE

We now have before us the reports of the Committee on Administration and Finance—documents A/84 46, A/85 47, A/86 48 and A/88 49—contained in the fifth report of the General Committee. 50 I submit all these reports to the consideration of the Assembly. As I think you have all had an opportunity of studying them, we might dispense with reading them, if you are in agreement. Does anyone wish to speak? You are all agreed on those documents? Then I consider them adopted.

EIGHTH REPORT OF THE LEGAL COMMITTEE

We now have to consider the eighth report of the Legal Committee. 51 Does anyone wish to speak with regard to that document? Nobody wishes to speak; I shall consider it adopted.

56. United Nations Appeal for Children: Resolution presented by the Delegation of Ireland, as amended by the General Committee

The Acting President (translation from French): The suggestion submitted by the delegation of Ireland was referred to the General Committee, which appointed a small study-group. This group made a few changes in the wording of the resolution, and now submits a new draft, which reads as follows:

WHEREAS the World Health Organization is charged under its Constitution with responsibility for healthy development of the child; and to act as the directing and co-ordinating authority on international health work, to promote the improvement of nutrition and other aspects of environmental hygiene which directly affect the world’s children, and to promote maternal and child health and welfare,

WHEREAS the first Health Assembly has approved a programme containing specific provision for the promotion of maternal and child health and nutrition,

WHEREAS the United Nations Appeal for Children, with the support of workers, employers and non-governmental organizations, is successfully mobilizing the people of the world to bring relief to many millions of sick and undernourished children, and

WHEREAS this great effort by the peoples of the world will assist in saving countless lives which otherwise will be lost, and will assist in provision for long-term needs of the world’s children, such as those envisaged in the programme for child health approved by this Assembly at its present session,

ENDORSES the aims of the United Nations Appeal for Children and

EXPRESSES THE HOPE that this great humanitarian endeavour will be continued in a form to be determined by the United Nations bodies concerned in consultation with the relevant specialized agencies;

EXPRESSES THE HOPE that funds from this appeal may be allotted to specialized agencies for those parts of their programmes which are directed to the health welfare and general benefit of children;

AUTHORIZES the Director-General to establish contact with the United Nations Appeal for Children in order to discuss the common interests of WHO and UNAC in these fields.

The Acting President (translation from French): Does anybody wish to speak on this very important resolution? The delegate of Canada.

Dr. Cameron (Canada): I just want to point out that this item of business is not on the agenda. We have not had an opportunity of studying the resolution, and I think it would be in the interest of good business that this should be deferred until the next meeting of the Assembly.

The Acting President (translation from French): Does anyone else wish to have an opportunity of speaking on this subject? Does any member wish to second the motion of the delegate of Canada? I see the motion is seconded by the delegate of Belgium. The resolution will therefore be reconsidered at the next plenary meeting of this Assembly.

57. Adoption of Committee Reports (continuation)

FIFTH REPORT OF THE GENERAL COMMITTEE

The Acting President (translation from French): We now have before us the fifth report of the General Committee. 52 All the earlier reports were approved without any observations, and I should like to know whether you also agree to approve this report, which has been in your hands for some days.

The fifth report of the General Committee was adopted.

The Acting President: (translation from French): There is nothing more on the agenda. I am happy to note the unanimity that has prevailed in this Assembly from the beginning till now. I feel I may speak for all of us in saying that this unanimity is due simply to the fact that everyone is so thoroughly versed in these questions.

Before we rise, I have to announce that the next plenary meeting of the Assembly will take place at 10 a.m. on Saturday. It will be the last. In closing, I should like to thank you for your attention.

Is there any other matter to be dealt with? Since nobody wishes to speak, I declare this meeting closed.

The meeting rose at 3.50 p.m.

46 Third report of the Committee on Administration and Finance: see p. 315
47 Fourth report of the Committee on Administration and Finance: see p. 316
48 Fifth report of the Committee on Administration and Finance: see p. 316
49 Sixth report of the Committee on Administration and Finance: see p. 317
50 See p. 299
51 See p. 336
52 See p. 299
SCALE OF CONTRIBUTIONS

Letter addressed to the President of the First World Health Assembly by the Delegation of the United States of America

22 July 1948

Dr. A. Stampar,
President,
First World Health Assembly,
Palais des Nations,
Geneva, Switzerland

Dear President Stampar:

When the Committee on Administration and Finance adopted its fourth report (A/86), the United States representative reserved the right to bring the subject of the report, namely, the scale of contributions, before the plenary session.

At yesterday's plenary session document A/84/Add.1, Addendum Agenda for the Session, and certain other documents, including A/86, were circulated while the meeting was in progress. The United States delegation did not recall that the specific reports referred to in document A/90 (Fifth Report of the General Committee) were specifically mentioned when this document was submitted to the plenary session for approval.

The supplementary agenda on which these documents were listed was not circulated to the delegation until after the vote, and the brief time in which the above-mentioned documents were in possession of the delegation before action on A/90 was taken did not permit examination of these documents, and hence the United States delegation did not realize that A/86 was being approved.

In view of the circumstances in which document A/86 (Fourth Report of the Committee on Administration and Finance—scale of contributions) was approved by the Health Assembly, the United States delegation requests that in the record of the plenary session of 21 July 1948, or, if this is not possible, permission be given to add the Assembly at the next plenary session.

Sincerely yours,

(Signed) Thomas Parran
Chairman, United States Delegation

Statement by Dr. Thomas Parran, chairman, United States delegation, First World Health Assembly

The Government of the United States has attempted to make clear to this Assembly its position on the scale of contributions to the budget of the World Health Organization. Early in our meetings a statement of the United States position was circulated as a conference document, and more recently we submitted a detailed tabulation of the percentage and amount which each member would contribute under the United States proposals. The United States wishes and expects to carry its fair share of the expenses of the many vital activities of the United Nations and its specialized agencies, but it is our considered judgment that the scale of contributions to the United Nations budget is not a sound basis for contributions to the World Health Organization.

The United States does not believe that it is sound policy for the World Health Organization to rely too heavily on the financial support of a single member. This is an organization of sovereign and equal States. If one nation stands alone and apart in the degree of its financial contribution, there may be the implication that that nation will exercise an influence in the Organization based upon its financial contribution rather than upon the professional knowledge and the full-hearted participation in all aspects of the programme which must form the foundation of the World Health Organization.

The scale of contributions to the United Nations is not necessarily applicable to the World Health Organization, nor is the United Nations scale related to the capacity of Members to contribute to a budget of five million dollars, which is less than one-sixth of the budget of the United Nations. The United States has indicated on many occasions that it recognizes a difference between international organizations with relatively small budgets, in which the expenses can be more evenly shared between the Member nations, and those large operating and relief programmes in which the present state of the world economy makes it extremely difficult for many nations to carry a more equal assessment of the cost.

I need not remind the members of this Assembly of the vital importance of the World Health Organization to all nations. The activities of our Organization will be of tangible service to the peoples of every country. All of us, therefore, have an interest in the rapid accomplishment of our purposes. The monetary amounts involved in the additional percentages which the United States believes other governments should assume are small. For these reasons, we hoped to find a corresponding desire on the part of all Members to make their financial contributions on a basis of the maximum possible equality toward the common goal.

The United States has suggested a scale of contributions in which it would contribute approximately one-fourth of the budget. This was proposed as a basis for discussion, and we hoped that we should have full consideration of the substantive merits of this issue. But this has not been the case, due, I am confident, to the difficulties involved in securing amended instructions, as well as the technical complexities inherent in devising a new scale in a short time. We feel that this question is of such vital importance that we wish to call it to the attention of this plenary session. The United States will record its vote against the report of the Committee on Administration and Finance. It is my earnest hope that other Members of the Organization will give careful consideration to this problem during the coming year in order that it may receive full consideration by the next World Health Assembly, and in order that a decision may be reached which will contribute best to the success of the World Health Organization.

(Signed) Thomas Parran
SIXTEENTH PLENARY MEETING
Saturday, 24 July 1948, at 10 a.m.

President: Dr. Andrija Stampar (Yugoslavia)

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58. Announcements by the President

The President: The meeting is called to order.

Your attention is called to the fact that motion pictures will be taken during the session this morning. The material is intended for use in a documentary film showing the activities of the United Nations specialized agencies, and in particular, the work of the World Health Organization. For the success of the filming it is essential that all attending the session co-operate fully. Please act as naturally as possible. Above all do not look into the camera while filming is going on.

This is the second announcement. Members of delegations, observers and the staff of the World Health Organization are requested to meet on the steps of the Cour d'Honneur of the Palais des Nations (in front of the Salle des Pas perdus) today, immediately after the close of the plenary meeting of the Assembly, where a photograph will be taken.

59. Adoption of Committee Reports

SIXTH REPORT OF THE GENERAL COMMITTEE

The President: We have to consider first the sixth report of the General Committee. Are there any remarks on this document? The document is adopted.

SEVENTH REPORT OF THE COMMITTEE ON ADMINISTRATION AND FINANCE

Now the seventh report of the Committee on Administration and Finance. Are there any objections to this document? The report was adopted.

The President: Therefore our budget for 1949 is adopted.

60. Health Statistics: WHO Regulations No. I regarding Nomenclature of Diseases and Causes of Death. Joint Draft Resolution proposed by the Committee on Programme and the Legal Committee

The President: Document A/93, joint draft resolution proposed by the Committee on Programme and the Legal Committee relating to WHO Regulations No. I regarding nomenclature with respect to diseases and causes of death. Does any member wish to speak on this subject?

There were no speakers.

So, according to our Constitution, the resolution is adopted.

61. Resolution adopted by the Student Conference held under the auspices of the World Federation of United Nations Associations

The President: Resolution adopted by the Student Conference held under the auspices of the World Federation of United Nations Associations. I propose that we should take note of this resolution.

The proposal was adopted.

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54 See p. 390
55 See p. 379
56 See p. 349
62. Resolution adopted by the Convention of the National Organization for Public Health Nursing (United States of America)

The President: Now the resolution adopted by the Convention of the National Organization for Public Health Nursing, United States of America. I propose we should take note of the resolution.

The proposal was adopted.

63. Summary of Resolutions and Decisions of the first World Health Assembly

The President: Point six of our agenda: Summary of resolutions and decisions of the first World Health Assembly. Does any member wish to speak or to make any remarks? The document is adopted.

64. Confirmation of Decision on the Location of the Headquarters of WHO, following Consultation with the United Nations

The President: Item 7 of the agenda: confirmation of decision on the location of the headquarters of the World Health Organization, following consultation with the United Nations. As you remember, we had decided in previous meetings that Geneva should be the seat of our permanent headquarters, but according to our Constitution, we were obliged to consult the United Nations authorities, in this case the Economic and Social Council, and we have now in our hands the document of the Economic and Social Council, which will be presented by Dr. Sze. May I ask Dr. Sze to come to the rostrum?

Dr. Sze (Chief, Specialized Agencies Section, Joint Division of Co-ordination and Liaison, United Nations): It is my pleasure and privilege to announce that the decision yesterday of the Economic and Social Council, which will be presented by Dr. Sze, may I ask Dr. Sze to come to the rostrum?

Dr. Sze wishes to speak.

Dr. Sze (United States of America): The proposal was adopted.

The President: Now the resolution adopted by the National Organization for Public Health Nursing, United States of America.

65. United Nations Appeal for Children: Resolution presented by the Delegation of Ireland, as amended by the General Committee (continuation)

The President: We now come to the United Nations Appeal for Children: resolution presented by the delegation of Ireland, as amended by the General Committee.

Dr. Parran wishes to speak.

Dr. Parran (United States of America): The resolution under consideration was submitted rather late in our proceedings, in fact too late for it to be considered by any of the substantive committees. It deals with a very important matter—a matter which in my view scarcely lies within the competence of the World Health Assembly. The United Nations Appeal for Children, as you know, was authorized by the General Assembly of the United Nations. I am sure that each of us applauded the action of the Assembly in organizing this great humanitarian endeavour. Many of us, too, have had an opportunity to see the splendid results which have been secured in many countries. I certainly, in a recent mission to the Far East, had an opportunity to become acquainted with the leading personages in many countries who formed the committee for UNAC. Nevertheless, this matter seems to me to be more within the competence of the General Assembly and the Economic and Social Council.

Because of that fact, I would propose that this resolution be referred to the Executive Board for study.

The President: The delegate of Ireland.

Dr. MacCormack (Ireland): I came this morning looking forward to a good fight and prepared for an enjoyable session. I should like you to realize that the odds of 30 to one against me have nothing to do with what I am now going to say. Having listened to Dr. Parran, I am very much impressed by the point he made, that this question was never discussed in a working committee. I realize that this is neither the time nor the place for a long discussion and I am happy to say that I agree with his suggestion to refer this matter to the Executive Board.

48 See p. 106
I should like to take this opportunity of expressing my complete confidence in the Executive Board and to say that I am entirely happy to leave the matter in their hands.

The President: The delegate of Norway.

Dr. Evang (Norway): The Assembly has certainly shown great confidence in the Executive Board, and has referred a great number of questions to the Executive Board for consideration or action. In this case, however, it seems to me that we have to consider carefully, here and today, whether it is right to refer this matter also to the Executive Board.

It is quite true that this question of whether the United Nations Appeal for Children should go on or not is being discussed by the relevant bodies of the United Nations, and I am given to understand that a decision will be taken very quickly. It will be taken before the Executive Board will have any possibility of looking very carefully into this question. Therefore, I think that if we want to exert any influence upon the decision, we have to act now.

I am also informed that another specialized agency, ILO, passed some time ago a resolution with practically the same wording as that suggested today. Therefore, I would invite the Assembly to follow the invitation put forward by the delegate of Ireland, as amended by the General Committee, and pass an opinion on this question now.

I will give very shortly my two reasons. The first reason, of course, is that the health and well-being of children after the war have not yet been taken care of as they should in a great number of countries. Children need health; this is a step towards meeting that need. Also, coming from a country which itself experienced the benefits of this action, I should like to tell you, as strongly as I can, that, in this post-war period of disillusion and cynicism, the very fact that the whole population, its organizations and bodies are being invited to do something on an international scale, to take some action, is a benefit to that country.

My second reason is: the interests of WHO. We have just in this Assembly, with heavy hearts, I hope, passed a budget of five million dollars. This is a cut in the original budget of about 23 per cent., and I know, Gentlemen, that you, being public-health administrators in your own countries, would have found yourselves in a very difficult position if you had planned carefully the public-health programme for the coming year and the Treasury suddenly cut your budget by 23 per cent. That is what happened here.

The Interim Commission had carefully and cautiously prepared its programme and then asked for at least six-and-a-half to seven million dollars. The Programme Committee of this Assembly adopted the programme on general lines, with some amendments which would have normally increased the budget. In spite of that, it was cut, and I know we all did it with very heavy hearts.

I am not surprised at the lack of imagination and vision expressed in this drastic cut in the first year of the World Health Assembly. The rather miserable way in which human beings have conducted their world affairs in the last decades does not indicate a very high degree of imagination and vision, and there is no reason why we here, as a group, should display a higher average standard of some most desirable qualities. What to my mind is surprising is the lack of realism and of practical sense of which this decision carries proof. We are public-health people, not representatives of Treasury Departments. We know that action is needed, and we know that we cannot convince anybody unless we take action. To take action you have to be an operating agency—to go out into the field and do the work; and we are being invited to do so by very eager and anxious regional offices all over the world.

We have adopted a budget which prevents us from being an operating agency to any extent. We have gone further than that. We have granted in our budget the largest sums of money to enormous problems which are, in any circumstances, long-term problems, and which certainly cannot be expected to show results in a year.

Now this to my mind is a most critical situation for the World Health Organization, and therefore I welcome the resolution put forward by the representative of Ireland, and I feel that if the specialized agencies of the United Nations could here have a source of financial resources given to them by the peoples themselves, that would be a very good thing. UNAC is composed of representatives of the people themselves in different countries, of employers' and employees' organizations, co-operatives, voluntary health organizations, etc. We are all thankful for the interest shown by the governments, but we feel that besides and beyond that interest, we should also like the peoples themselves to express through UNAC their will to carry forward the work of this organization and other specialized agencies.

The President: Are there any more speakers? The delegate of the United Kingdom.

Dr. Rae (United Kingdom): Lacking the eloquence of the previous speaker, but realizing the paramount importance and the extreme urgency of this problem, I would support very strongly his appeal that this resolution be adopted now.

The President: Are there any more speakers? The Irish delegate has agreed with Dr. Parran's proposal that this resolution should be referred to the Executive Board, but the delegates of Norway and the United Kingdom have promised that the resolution be adopted. So may I make my own proposal that this resolution should be adopted in principle and referred to the
Executive Board to find out how it should be put into practice? Perhaps this would be the best solution in this case.

Are the members of the Assembly in agreement with my proposal? Apparently everybody agrees, so the resolution is adopted in principle and the Executive is authorized to find the way in which it should be worked out and put into practice.

66. Letter addressed to the President of the Health Assembly by the Delegation of the United States of America

The President: You have had before you since yesterday the letter from the United States delegation and, with the consent of the United States delegation, I propose that it be attached as an annex to the records of the fifteenth plenary meeting.

That proposal is adopted.

67. Vote of Thanks to the President

The President: The delegate of India has asked to speak.

Dr. Mani (India): It gives me very great pleasure indeed, on this historic occasion of the termination of the session of the first World Health Assembly, to propose a vote of thanks to our very able Chairman, Dr. Stampar (Applause). After that applause it will hardly seem necessary for me to say anything more, but I would add that as a member of the Interim Commission I have had the very great privilege of seeing and working under his able guidance for over two years, and I was delighted indeed when he was given the crowning position of the President of our first World Health Assembly. We wish him good luck and we hope that the excellent work that he has done during thirty years as a very famous public-health worker will continue, and that this Organization will continue to have the benefit of his very able guidance.

The vote of thanks was given by acclamation.

68. Closure of the First World Health Assembly

The President: Before adjourning our Assembly, will you please allow me to say a few words?

Our first World Health Assembly is now drawing to a close, and I must thank you all for the patience you have shown during the sessions over which I have presided, and for the confidence you have shown in me during these weeks. We have now finished these weeks of strenuous work, in which we have established the World Health Organization as a going concern. The fact that the Organization has thereby become one of the largest specialized United Nations organizations in existence testifies to the fact that our considerations, and may I say, vision, at the International Health Conference in New York two years ago, were founded on a sound evaluation of the future potentials in the field of international health.

It is my belief that much has been achieved in these weeks and that the great tradition in international health work has been carried one definite step further; we are indeed cognizant of the inherited obligations from previously existing international health bodies, and I sincerely hope that with the integration of the Pan American Sanitary Bureau in the near future we shall have one World Health Organization. We shall then have achieved one of the main goals visualized at the New York Health Conference. I am sure that this World Health Assembly will want to wish the Executive Board of our Organization the very best in its work in this respect.

An outstanding feature of the philosophy of public health so ably conveyed by many of the delegates present has been the trend towards regional activities and the establishment of regional offices. I am sure that, in the task ahead of solving special health problems in this connexion, all of us will keep in mind the best interests of health work itself, and that we are not going to be influenced by other considerations. I hope that for the next Health Assembly we shall have more specific plans for work to be carried out in the regions which have been defined at this Assembly.

We have, through the work in the committees and working parties of this Assembly, and in the Assembly itself, experienced in so many instances unanimous agreement on technical and other matters, that I feel the World Health Organization will command the greatest respect among the United Nations Organization and its specialized agencies. May I thank you for the contribution which so many of you have made to maintain that spirit of harmony and unanimity in decisions which characterized our preparatory work — at the New York Health Conference two years ago and at all sessions of the Interim Commission? May I add a special word of appreciation in this connexion to the chairmen of the committees, who have so ably executed their tasks during these weeks?

I should also like to add my special thanks — and I am sure I speak also on behalf of the Assembly — to the Director-General and the Secretariat, for their untiring labours in carrying through the technical tasks necessary for the smooth running of the Assembly, and for feeding us with an uncounted number of documents.

We experienced during these weeks a surprise which I must mention to you. I think that the sudden transformation in the last week of the Assembly of the cold and drizzling rain into glorious summer weather, bringing out the attractive setting of the city of our permanent headquarters, was an agreeable surprise. May I extend again to the authorities of the City and Canton of Geneva our appreciation of the hospitality shown, and thank them for an agreeable stay?
In setting the course for the future, I wish to remind you that in a large organization such as ours we have representatives from many countries in different parts of the world, often with varying concepts of life, living and health. We should be cognizant of the fact that each one in his way is wishing to contribute to the well-being of our Organization, to our relations with other international organizations and to the fostering of a United Nations spirit. Our technical knowledge and the tools required for the improvement of health in all countries are available, and it may be the privilege of our time to alter detrimental environments and to work towards a positive conception of health that will contribute immeasurably to the full enjoyment of life.

It will be the principal tasks of future Health Assemblies to secure international agreement on the best means of applying available knowledge and resources to the prevention of avoidable suffering and the raising of standards of health in all parts of the world. At this first Health Assembly, we have taken an important initial step in this regard; we hope that the future will bring further significant developments in the field of health.

And now that we are all returning to our homes I know that you can say to everybody that international collaboration is possible and necessary, as our meetings have proved. Let us continue to contribute to the work of our Organization in such a way that it will be one of the important means by which we can promote and maintain peace.

I hereby declare the first World Health Assembly closed.  

The meeting rose at 11 a.m.
III. MINUTES OF THE GENERAL COMMITTEE
AND MAIN COMMITTEES
III. MINUTES OF THE GENERAL COMMITTEE AND MAIN COMMITTEES

1. GENERAL COMMITTEE

FIRST MEETING
Monday, 28 June 1948, at 5 p.m.
Chairman: Dr. A. Stampar (Yugoslavia)

1. Admission of New Members
The applications for admission to the World Health Organization submitted by Monaco and San Marino were referred to the Legal Committee.

2. Membership of the United States of America
It was agreed to consider again at the next meeting the question of the ratification of the Constitution of the World Health Organization by the United States of America.

3. Programme for the Health Assembly and Main Committees
Here followed the programme of meetings, as established by the General Committee

The meeting rose at 5.50 p.m.

SECOND MEETING
Wednesday, 30 June 1948, at 12 noon
Chairman: Dr. A. Stampar (Yugoslavia)

1. Membership of the United States of America
It was agreed to postpone consideration of this question until the next meeting, to enable the Chairman to prepare a statement.

2. Proposal by the Delegation of Iran
After discussing the Iranian proposal that the Committee on Programme and the Committee on Headquarters and Regional Organization should not meet simultaneously, it was agreed that the latter should be asked to speed up its work and conclude it as soon as possible, and it was understood that the Committee on Programme would carry on normally with its work.

3. Visits to Medical and Sanitary Establishments in Switzerland
It was decided that the Secretariat note of 30 June 1948 should be roneographed and circulated to all delegations, with a request that their views might be communicated to the Secretariat by Saturday, 3 July 1948, at 10 a.m.

4. Time of Election of the Executive Board
It was agreed to consider this question at one of the forthcoming meetings, when the Chairman would submit a memorandum.

5. Programme for the Health Assembly and Main Committees
Here followed the programme of meetings, as established by the General Committee

6. Draft Proposal submitted by the Delegation of Mexico in the Committee on Programme

The Chairman of the Committee on Programme asked for a ruling as to whether this proposal should be discussed in the Committee on Programme or referred to the Committee on Headquarters and Regional Organization.

The General Committee decided that the matter should be referred to the Committee on Headquarters and Regional Organization.

The meeting rose at 12.40 p.m.
THIRD MEETING
Thursday, 1 July 1948, at 12 noon
Chairman: Dr. A. Stampar (Yugoslavia)

1. Recommendations to the Health Assembly for Allocations to Main Committees
The General Committee agreed on the following recommendations regarding allocation:

(a) Items already on the agenda, proposed to the Health Assembly for allocation to the main committees (under Rule 26 c) of the provisional Rules of Procedure:
Here followed the allocation of items (see p. 297)

(b) New items proposed for inclusion in the agenda (under Rule 26 d) of the provisional Rules of Procedure:
Here followed the allocation of items (see p. 297)

The decision on documents A/10 and A/10/Add.1—Deposit of Ratification of Signature to Constitution by USA—was postponed.

2. Programme for the Health Assembly and Main Committees
Here followed the programme and the agenda of the tenth plenary meeting

3. Communication by the Secretary of the Health Assembly
The Secretary of the Health Assembly requested the chairmen of the main committees to cooperate in ensuring the success of the sound-recording system by insisting on the strict observance of the formalities agreed on: each speaker should announce his name and country. He asked that the chief delegate or doyen of any delegation should ask the permission of the chairman if a member of the delegation other than the chief delegate wished to speak. He also asked that the distinction between delegates and observers should be stressed, observers requiring the formal permission of the chairman to speak.

The meeting rose at 12.30 p.m.

FOURTH MEETING
Saturday, 3 July 1948, at 12 noon
Chairman: Dr. A. Stampar (Yugoslavia)

1. Recommendation to the Health Assembly for Allocation to a Main Committee
The General Committee agreed to recommend the allocation of certain items to the Committee on Programme:
Here followed the items (see p. 298)

2. Proposals regarding the Date of Closure of the Health Assembly
The General Committee agreed, after discussion, that the Health Assembly should aim at concluding its proceedings not later than 24 July and that to achieve this result the main committees should report to the Assembly not later than 15 July, with the exception of the Committee on Administration and Finance, which was asked to report by 20 July. Chairmen were requested to impress on members of committees the importance of punctual attendance at meetings and of making their speeches as brief as possible, in order to speed up proceedings.

It was agreed that a notice to this effect should be inserted in the Journal of the Assembly.

3. Programme for the Health Assembly and Main Committees
Here followed the programme of meetings, as established by the General Committee

The Chairman stated that at the meeting on Thursday, 8 July, he would present orally a memorandum on the composition of the Executive Board; attendance at this meeting would be strictly limited to members of the General Committee.

4. Communication by the Chairman
The Chairman announced that Burma had deposited the instruments of ratification of the Constitution of the World Health Organization.

The meeting rose at 12.40 p.m.
FIFTH MEETING

Tuesday, 6 July 1948, at 12 noon

Chairman: Dr. A. Stampar (Yugoslavia)

1. Recommendations to the Health Assembly for Allocations to the Main Committees
   The General Committee agreed on the following recommendations regarding allocation:
   
   Here followed the allocation of items (see p. 298)

2. Documents submitted to the Health Assembly for Consideration
   The General Committee agreed to submit certain documents to the Health Assembly for consideration:
   
   Here followed the list of documents (see p. 298)

3. Proposal by the Committee on Administration and Finance
   The General Committee discussed a proposal by the Committee on Administration and Finance, dated 6 July 1948, as follows:
   
   At the first meeting of the Committee on Administration and Finance, it was suggested that a working group, composed of three members each of the Committees on Administration and Finance, Headquarters and Regional Organization, and Programme, be established to consider problems of mutual concern to the three committees. The question is referred to the General Committee for decision.

   The General Committee decided on the constitution of a small committee, consisting of the five vice-chairmen of the main committees, to consider problems of mutual concern.

4. Programme for the Health Assembly and Main Committees
   
   Here followed the programme of meetings as established by the General Committee
   
   The meeting rose at 12.30 p.m.

SIXTH MEETING

Thursday, 8 July 1948, at 12 noon

Chairman: Dr. A. Stampar (Yugoslavia)

1. Consideration of Documents for Submission to the Health Assembly
   The General Committee considered the Second Report of the Committee on Relations.
   
   It was agreed to submit certain documents to the Health Assembly for consideration:
   
   Here followed the list of documents (see p. 298)

   The First Report of the Committee on Programme was submitted to the Health Assembly (see p. 300).

   The Second Report of the Committee on Headquarters and Regional Organization (see p. 330) was also submitted to the Health Assembly.

2. Programme for the Health Assembly and Main Committees
   
   Here followed the programme of meetings as established by the General Committee

3. Communications by the Chairman
   
   The CHAIRMAN asked the chairmen of committees to inform their committees that unless the work could be speeded up it might be necessary to hold evening meetings. The work of some of the committees was proceeding very slowly; speeches were too long and too numerous.

   He then invited members of the General Committee to hold a confidential meeting forthwith, to consider the question of the composition of the Executive Board, at which he would submit a memorandum orally.

   The meeting rose at 1 p.m.
SEVENTH MEETING
Wednesday, 14 July 1948, at 12 noon
Chairman: Dr. A. Stampar (Yugoslavia)

1. Documents submitted to the Health Assembly for Consideration
   The General Committee agreed to submit the following documents to the Health Assembly for consideration:
   Here followed the list of documents (see p. 298)

2. Programme for the Health Assembly and Main Committees and the Executive Board
   Here followed the programme of meetings, as established by the General Committee

3. Selection of Country or Region for the Next Annual Session of the Health Assembly
   It was agreed that the question of the country or region for the next annual session of the Health Assembly should be discussed at the plenary meeting of the Health Assembly on Saturday, 17 July.
   The meeting rose at 12.45 p.m.

EIGHTH MEETING
Friday, 16 July 1948, at 12 noon
Chairman: Dr. A. Stampar (Yugoslavia)

1. Recommendations to the Health Assembly for Allocations to the Main Committees and the Executive Board
   The General Committee agreed on recommendations regarding allocations:
   Here followed the allocation of items (see p. 298)

2. Documents submitted to the Health Assembly for Consideration
   The General Committee agreed to submit certain documents to the Health Assembly for consideration.
   Here followed the list of documents (see p. 298)

3. Selection of Country or Region for the Second Annual Session of the Health Assembly
   The Chairman announced that a letter had been received by him, as President of the Assembly, from the delegation of Monaco, extending an official invitation from that government to hold the second annual session of the World Health Assembly in Monaco.
   The delegate of the United Kingdom said he was authorized to extend a warm invitation from the United Kingdom Government to hold the second annual session in London.
   A general discussion took place on the relative merits of Monaco, London and Geneva, with special reference to the facilities available and the cost.

4. Programme for the Health Assembly and the Main Committees and for the Executive Board
   Here followed the programme of meetings, as established by the General Committee
   The meeting rose at 1 p.m.
NINTH MEETING

Tuesday, 20 July 1948, at 12 noon

Chairman: Dr. A. Stampar (Yugoslavia)

1. Documents submitted to the Health Assembly for Consideration

The General Committee agreed to submit certain documents to the Health Assembly for consideration:

Here followed the list of documents (see p. 299)

2. United Nations Appeal for Children: Resolution presented by the Delegation of Ireland

The committee requested a small group, consisting of the members chiefly interested, to study and report on this question.

3. Letter from Dr. A. Macchiavello

The committee agreed to refer to the Executive Board a letter from Dr. A. Macchiavello to Dr. F. L. Soper, enclosing a copy of a resolution adopted by the Economic Commission for Latin America on 23 June 1948.

4. Programme for the Health Assembly and the Main Committees

Here followed the programme of meetings, as established by the General Committee

The meeting rose at 12.50 p.m.

TENTH MEETING

Wednesday, 21 July 1948, at 12 noon

Chairman: Dr. A. Stampar (Yugoslavia)

1. Documents submitted to the Health Assembly for Consideration

The General Committee agreed to submit certain documents to the Health Assembly for consideration:

Here followed the list of documents (see p. 299)

2. Terms of Employment of the Director-General: Draft Agreement

The committee held a general discussion on the terms of employment of the Director-General.

The Chairman stated that he would submit a corrigendum to the document under consideration at the plenary meeting of the Health Assembly on Wednesday, 21 July.

3. Adjournment of the General Committee

The Chairman, before announcing the adjournment of the General Committee, thanked members for their co-operation and interest in its proceedings.

The committee passed by acclamation a vote of thanks to the Chairman for his conduct of the proceedings.

The meeting rose at 12.35 p.m.
2. COMMITTEE ON PROGRAMME

FIRST MEETING
Tuesday, 29 June 1948, at 5 p.m.
Chairman: Dr. K. Evang (Norway)

1. Election of Chairman and Vice-Chairman

The CHAIRMAN, citing Rules 27 and 29 of the draft provisional Rules of Procedure of the World Health Assembly, said that the report of the Nominations Committee was known to all members; he invited suggestions for the offices of Chairman and Vice-Chairman.

Dr. León (Mexico) proposed that the nomination submitted by the Nominations Committee be confirmed, and that Dr. Evang (Norway) be elected Chairman.

This proposal was seconded by Dr. Canaparia (Italy) and supported by M. Spaey (Belgium).

The nomination of the Nominations Committee was confirmed and Dr. Evang elected Chairman.

Dr. Rae (United Kingdom), seconded by Dr. León, proposed that the nomination for Vice-Chairman submitted by the Nominations Committee be confirmed.

The nomination was confirmed and Dr. Castillo Rey (Venezuela) elected Vice-Chairman.

2. Remarks by the Chairman and Adoption of the Agenda

The CHAIRMAN thanked the delegates for his election and said he was sure they would be able, in a friendly and co-operative way, to solve the problems before them: it was an arduous task to work out within a few weeks a programme, not only for the first year of WHO, but one which would take into consideration the long-term work of the Organisation. Members of the committee had the enormous advantage of speaking as technical men, with expert knowledge and administrative experience in matters of health, who had been drawn from countries all over the world. All their experience in international work showed that at that level it was possible to reach positive results.

The Chairman then introduced the members of the Secretariat assigned to the committee. He then drew attention to the Rules of Procedure which would guide the work of the committee, particularly Rules 27 to 33, 62 and 63. He pointed out that the Committee on Programme was a main committee of the Assembly and that its findings, resolutions or recommendations would be presented to the Assembly in the form of reports. It was at the same time a working committee, on which each delegation had the right to be represented. He assumed that each delegation would assign one member as its key man; he would be the one who had the right to vote on behalf of his delegation, but any member of a delegation could speak on a matter in which he was especially qualified, provided that he asked permission through the key man.

The Chairman also drew attention to a supplementary report of the Interim Commission, which contained some proposed amendments and additions to the provisional Rules of Procedure.

Turning to the provisional draft agenda, the Chairman asked if there were any remarks, and said that additional subjects might be added under the item, Other Business. He suggested the addition of one item as point 1, namely, General Discussion on Programme.

The provisional agenda was adopted as amended.

3. Election of Rapporteur

On the proposal of Dr. Frandsen (Denmark), seconded by Sir Aly Shousha, Pasha (Egypt), Dr. Amyot (Canada) was elected Rapporteur.

After thanking Dr. Amyot for accepting the responsibility for this work, the CHAIRMAN adjourned the meeting.

The meeting rose at 5.20 p.m.

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1 Off. Rec. WHO, 10, 100
2 Ibid. 10, 3
SECOND MEETING

Wednesday, 30 June 1948, at 10 a.m.

Chairman: Dr. K. EVANG (Norway)

1. General Discussion on Programme

The CHAIRMAN asked whether the committee was in favour of a small daily agenda, based on the printed provisional agenda in Part II of the Report of the Interim Commission, being circulated.

Dr. DUJAREIC DE LA RIVIÈRE (France), while agreeing with the priority given in the provisional agenda to tuberculosis and maternal and child health, questioned the order of the other items. He suggested a more rational classification to allow the different questions to be considered in groups, such as, for example, international epidemiology, virus diseases (with a special section for tropical diseases), therapeutic and prophylactic agents, and social scourges such as tuberculosis, venereal diseases, and cancer. A classification of that kind would facilitate the bringing together of experts on any particular topic. He was not considering a major regrouping of all items, but thought the necessary reclassification could be arranged by the Chairman as the deliberations proceeded. In conclusion, he asked for advance notification of the items for discussion and advance circulation of the relevant documents.

These views were supported by Dr. BRISKAS (Greece); Dr. LEÓN (Mexico) also thought a daily agenda would be useful, particularly in the case of any departures from the original agenda; and Dr. BÁRDOS (Czechoslovakia) asked that the agenda for each meeting be circulated 24 hours in advance.

The CHAIRMAN pointed out that since the sequence of meetings depended on the General Committee, it would not always be possible to circulate the agenda 24 hours in advance, but advance notification would be given when possible.

He explained that the order of items in the provisional agenda was based on the experience of previous international health organizations, on the decisions taken at New York and now embodied in the Constitution, and on the deliberations of the Interim Commission. The items could be grouped under three headings. First, there was the routine business, covering the functions and services the World Health Organization was obliged to undertake. Secondly, there were important health problems which required high priority, and thirdly, health problems regarding which the action of the Organization, for financial or other reasons, was bound to be on a smaller scale.

The routine business had been placed at the bottom of the agenda and the items numbered 12.1.8 to 12.1.13. The Organization was more or less obliged to take action in those matters, and the committee would have to decide the form and scope of such action for the first year and in the more distant future.

The four items given special priority (malaria, maternal and child health, tuberculosis, and venereal diseases) had been placed in alphabetical order at the beginning of the agenda. They were followed by the 35 other activities in which the Organization's action might be on a smaller scale.

That grouping of the items for discussion might be said to be the result of a compromise in the Interim Commission between two concepts of the work of the Organization. According to one view, it was considered that the Organization should confine itself to a few important health problems, making its action felt in restricted fields and thus convincing the world that it was capable of specific action for the improvement of the health of the people. The opposite view was that the budget was so small as to be ineffective, even if devoted to the combating of one disease alone, and that, as the Constitution provided for a wide scope of activities, the Organization was obliged, in principle, to open its doors to the whole world so that no country could feel that WHO was doing nothing which was of interest to it; further, it had been said that as the Organization could not take direct action in all fields, its functions should resemble that of a general staff in health matters. Both points of view had been brought forward at the Health Assembly. The Chairman asked for an expression of views on the programme of the Organization.

M. SPAEY (Belgium) thought there was no contradiction between the agenda as proposed by the Interim Commission and the suggestion of the delegate of France. The items could be regrouped according to urgency and category in the course of discussion.

Dr. Martha ELIOT (United States of America) said that her delegation agreed with the basic recommendation of the Interim Commission, but would suggest an extension of functions not stressed in its report. It agreed that the basic function of WHO was to make available, to nations requiring help, expert advice and information on scientific progress, and assistance in training medical and health personnel. The implementation of that function with a limited budget required maximum care in the selection of the most effective programme.
The United States delegation also agreed with the principles proposed by the Interim Commission for malaria, tuberculosis, maternal and child health, and venereal diseases, and hoped they would be applied to any additional responsibilities and functions which might be assumed by the Organization. It believed that the Organization should concentrate on a limited number of major health problems of international importance, in which scientific knowledge and practical experience justified the hope of early positive results at a minimum cost.

Dr. Martha Eliot suggested adding to the four priority items the major category of environmental hygiene, to include the group of diseases borne by water, food and insects, such as typhoid fever, cholera and dysentery. Such diseases could be effectively and promptly controlled, and their elimination was fundamental to any progress in health. Many items already on the agenda could be included in that category.

The United States delegation agreed, further, that WHO was not in a position to develop its full programme in 1949, and that continuing responsibility should be assigned to the Executive Board for studying activities listed in the report, in order to ensure continuity of the Organization’s action and the inclusion of additional responsibilities within its orbit. The Organization should develop in all countries interest in public-health administration, which would stimulate local progress in such matters as the training of nurses, public-health officers and sanitary engineers. Attention should also be given to extending the functions of local practitioners to include the domain of preventive medicine. Rural hygiene should be extended to cover urban hygiene and the many health issues in large centres of population. Her delegation also agreed that the foci of epidemic diseases should be cleared up, and it considered that the Organization should make a successful demonstration in the control of smallpox and diphtheria.

Finally, she supported the opinion of the Interim Commission that the Organization’s most useful contribution would not be by direct supplies or money, but by encouraging improvement in health administration, facilitating training and, arranging for advisory services of experts, and other measures of that kind.

Dr. Gear (Union of South Africa) stressed the duty of the first Health Assembly to prepare a sound, practical and technical programme. He also drew attention to the limited resources available, and to the interdependence of the Committees on Programme and on Administration and Finance. In order to meet those various points, he suggested that a programme be prepared on the basis of a limited budget, and that the functions for discussion be classified in broad groups as suggested in a paper circulated by his delegation. In answer to a request by the Chairman, he proposed the following resolution:

(a) That the committee adopt a budget of $5,000,000 as a guide to the construction of the programme for the first year of work and organization; and

(b) the committee accept the need for a broad grouping of functions for both technical and administrative purposes. This initial decision is required as a basis for discussion of the programme.

The Chairman pointed out that it was not a function of the Committee on Programme to draw up financial estimates. Proposals for a budget amounting to over $6,000,000 could be found in the Interim Commission’s report, although naturally no final decision had yet been agreed upon.

Dr. Gear said that he had suggested the figure as a guide only, in order to ensure the preparation of a practical programme.

Dr. Mackenzie (United Kingdom) also urged a realistic approach. The cost of the constitutional functions could be assessed. He considered that the Committee on Administration and Finance should be asked to estimate the cost of those functions, including biological standardization and the international pharmacopoeia, and that the Committee on Programme should adopt those items without delay.

Dr. Dujarric de la Rivière stated that WHO was responsible for two kinds of activities. The first was to co-ordinate information on health work and progress in the different countries. The delegate of the United States of America had drawn attention to the diseases carried by water, and the Organization could carry out most useful co-ordination work in that connexion. On the other hand, research work was extremely costly. It was desirable to draw up a list of the most important activities in research and leave the Executive Board to decide, within the limited budget available, the order of priority of the research work to be undertaken.

The Chairman asked the delegate of the Union of South Africa whether he would like the first point of his motion to be referred to the Committee on Administration and Finance, in view of the fact that the budget was already on the agenda for that committee.

Dr. Gear agreed to drop the first part of his motion, provided that the committee realized that only a very limited budget was available, and would plan accordingly.

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6 A suggested division was given in a South African paper on the subject.
7 Off. Rec. WHO, 10, 43
8 Ibid. 10, 16-24

**Committee on Programme**

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- Off. Rec. WHO, 10, 3
- 5 09. Rec. WHO, 10, 3
In reply to a question by the Chairman, he agreed, with regard to point (h), that the discussion should be postponed until the members of the committee had had an opportunity of studying the South African paper.

The Chairman drew attention to the fact that there were on the agenda 55 items, which included only a small fraction of the possible fields of action of WHO. The function of the Committee on Programme was to select those of primary importance, on which WHO might most profitably begin its work.

Dr. León emphasized the necessity for regional offices with staff fully acquainted with the problems of their special regions. Basing his proposal on the resolution adopted on 11 June 1946 by the Economic and Social Council, relative to the report of the Technical Preparatory Committee, and on Article 44 b of the Constitution, he moved the adoption of the following resolution:

The Committee on Programme resolves that the development of programmes in the field shall be through regional organizations, whenever necessary or possible.

There were two other points he wished to stress. In the first place, he was in full agreement with what had been said by the United States delegate with regard to water-borne diseases. It was easy but costly to reduce mortality caused by those diseases, and he proposed that an item, "water-borne diseases", should be included in the agenda.

In the second place, the eradication of pestilential diseases by action on the foci of infection was, in his opinion, one of the most important fields of action: any success achieved in that field would of itself justify the existence of WHO.

The Chairman replied that the resolution submitted by the representative of Mexico would be submitted to the General Committee for a ruling as to whether the Committee on Programme should deal with the regional question, or whether it came within the scope of the Committee on Headquarters and Regional Organization. With regard to the suggestion of adding water-borne diseases to the agenda, he considered that it was covered by the United States proposal to include an item on environmental diseases. Various items dealt with the question of environment, such as housing and town planning, rural hygiene, sanitary engineering, and tropical hygiene. He thought the most practical procedure was to consider the provisional agenda in its present order, and if, when that had been done, it appeared that environmental diseases had been overlooked, an item concerning them could be added. The Committee on Programme was in no way bound by the provisional agenda in its present form.

Sir Aly SHOUSSHA, Pasha (Egypt), supported the proposal with regard to water-borne diseases made by the United States delegate. There was, however, another category of diseases which was important—diseases caused by parasites—and he reserved the right to speak on the subject when it came up for discussion.

Dr. León once more emphasized the importance of water-borne diseases, which he would prefer to see included as a separate item in the agenda after the first four, rather than included under the heading of environmental diseases.

Dr. HöJER (Sweden) suggested that any additional items might perhaps be postponed until considering the 1940 agenda. A good deal of preparatory work was needed for all those items, and he suggested that it might be well, in the first discussion, to adhere to the agenda as prepared by the Interim Commission.

Dr. Soper (observer, Pan American Sanitary Bureau) considered that the very first item on the agenda should be the organization and functions of regional offices. It was the experience of the Americas that one of the most important functions of the regional offices was the improvement of statistical information. Statistics would be the basis for the distribution of WHO activities and the yardstick for measuring results. The statistics which were at present being collected in the Western Hemisphere and furnished to WHO were very deficient. Field workers in statistics were needed to work with individual governments under a regional programme.

The basic function of WHO was to create an administrative organization throughout the world, through which international health operations could be carried out. He cited the case of UNICEF: $4,000,000 was available for work on BCG, of which $2,000,000 had been allocated to Europe, leaving $2,000,000 for the rest of the world. The expenditure of that money should be made through WHO and its regional offices, but the administration of programmes from a single centre dealing with individual governments was extremely difficult. The items with regard to sanitary legislation, epidemiological studies and health statistics, for instance, were essentially regional services. There should be, at the centre, a system for the co-ordination of the work done in those fields in the regional offices. On the other hand, international standards, therapeutic, prophylactic and diagnostic agents and the development of an international pharmacopoeia were essentially central WHO matters.

With regard to publications, the Pan American Sanitary Bureau already had an important service of publications, particularly in the Spanish language. Provision would have to be made for reference and library services in the regional offices.

The Chairman, thanking the observer from the Pan American Sanitary Bureau for his statement, said that a slight misunderstanding seemed to have arisen. Dr. Soper appeared to think that the agenda for the Committee on Programme had been drawn up on the assumption that there would be no regional activities. That was not the case. The question of whether regionalization was to be discussed by the Committee on Programme or by the Committee on Headquarters and Regional Organization would come before the General Committee for a ruling.

The meeting rose at 12 noon.
THIRD MEETING

Thursday, 1 July 1948, at 2.30 p.m.

Chairman: Dr. K. Evang (Norway)

1. Announcements by the Chairman

The Chairman announced that the General Committee had stressed the distinction between members and observers, the latter requiring the formal permission of the Chairman to speak. The General Committee had also decided that the chief delegate should ask the permission of the Chairman if a member of his delegation other than himself wished to speak.

He asked delegates to assist him in the selection of members of working parties, by submitting a list of the members of delegations taking part in the work of the committee and the subjects in which they were expert or particularly interested.

The General Committee had referred to the Committee on Programme a number of documents (see p. 297). Regarding the submission of documents by delegations, he suggested that, while there was no ruling on the subject, special recommendations, resolutions and amendments might be submitted as documents, but statements of opinion should be made orally in the relevant discussion.

He proposed that the additional items, waterborne diseases and environmental hygiene, should be discussed under Other Business.

2. General Discussion on Programme (continuation)

Dr. Maccormack (Ireland) stressed the importance of priorities. In view of the limited budget, there should be expenditure only on pressing problems and the constitutional obligations of the Organization. The items on the agenda should be divided according to long and short-term functions on the one hand, and universal, regional and local activities on the other; and a working party should be formed to present the items to the committee in that form. He pointed out that the value of the committee's report would be enhanced, if it were to indicate priorities in order of importance.

Lt.-Col. Afridi (Pakistan) thought that the main diseases should be first discussed separately and later grouped as necessary, thus avoiding an immediate need for a working party.

Economies should be quantitative and not qualitative. It would be better to omit a service altogether than to attempt activities with inadequate staff or equipment. The type of action to be undertaken for any particular disease (whether information service, directing service, or field units) should be decided in relation to the funds available, and the service then thoroughly equipped.

Dr. Mackenzie (United Kingdom) urged that the Organization should limit its action to the solution of such essential problems as lent themselves to international collaboration, as, for example, biological standardization and an international pharmacopoeia. It should not attempt to attack the scourges which did not lend themselves to international action. He stressed the need for constant reference to the work of the Health Organization of the League of Nations, which, after exhaustive studies of the problems of cancer and leprosy, had decided that neither was suitable for international action.

Secondly, the Organization should not take action if adequate machinery already existed. It should justify its existence in the eyes of scientists by carrying out essential work of a high standard under the direction of authoritative people. He agreed with the priority given to the first four items on the agenda, but warned against the prevalent idea, fostered by the Press in certain countries, that the Organization was in a position to eradicate any of those diseases. He asked for a prompt decision on the cost of the constitutional obligations of WHO and on regionalization.

Dr. Maria Kocrigina (USSR) said that many countries looked to WHO for help in the solution of their individual problems, forgetting that it was a young organization unable to do more than concentrate on the main international medical problems. Delegates should confine their attention to the matters submitted by the Interim Commission and not seek to overload the programme. The recommendations and problems submitted by the Interim Commission should then be referred to the Executive Board for study and be discussed at the second Health Assembly. Other problems could be referred to regional offices. She agreed with the arrangement of priority items on the agenda.

Dr. DuJárric de la Rivière (France) agreed that the committee should concentrate on international problems.

The Chairman explained that, in selecting priority items, the Interim Commission had been guided by three principles: the worldwide or regional importance of the problem, the possibility of effective international action, and its increased urgency as a result of the war. It was for the committee to decide whether that selection of priorities was justified.

The committee agreed unanimously to adopt provisionally the four priority items selected by the Interim Commission, subject to any necessary later additions.
3. Malaria

The Chairman enumerated the documents on malaria, drawing particular attention to the Interim Commission's report, and to the report on the second session of the Expert Committee on Malaria, the main document for discussion.

Report of Expert Committee on Malaria

Section IX, Recommended Resolutions, Part I

The rapporteur read Part I of the recommended resolutions.

The Chairman suggested adding in the last line of paragraph 2(a), after "World Health Organization", the words "or by the Executive Board". That would allow action in a case of emergency.

Dr. Canaporia (Italy), proposed the adoption of the resolutions, and was supported by Lt.-Col. Singh (India) and by Dr. Du Jarric de la Rivière (France), who commented on the excellence of the report.

It was agreed to pass Part I of the resolutions, as amended, to the Health Assembly.

Dr. Bogomolts (Ukrainian SSR) said he intended to submit additions to the recommendations.

Section X, Conclusions and Recommendations

The Chairman pointed out that, if the recommendation just adopted were accepted by the Assembly, there would be a malaria section in the Secretariat and a malaria advisory committee; therefore the Executive Board would be the proper body to implement the recommendations and decisions of the expert committee, as approved by the Assembly, although full implementation would not be expected in the opening years. He therefore proposed reference of all the resolutions to the Executive Board, with two exceptions. The recommendation for an Expert Sub-Committee on Quarantine was left with the Assembly, although full implementation would not be expected in the opening years. He therefore proposed reference of all the resolutions to the Executive Board, with two exceptions. The recommendation for an Expert Sub-Committee on Quarantine was left with the Assembly, although full implementation would not be expected in the opening years.

The second exception concerned the section, "Quarantine against reimportation of anophelines". These recommendations referred not only to Sardinia but had a general application, and he proposed forming a working party to consider the recommendations and report back to the committee.

Dr. Du Jarric de la Rivière supported the proposal. As a result of the experiment in Sardinia, malaria had become a conventional disease; as such it should be considered by the committee on quarantine.

Dr. Mackenzie, while agreeing with the proposal for a working party, stressed the far-reaching implications of the recommendations, which might involve the adoption of a new international agreement affecting other than medical interests and entailing great responsibilities for the contracting States.

Dr. Canaporia also favoured the establishment of a working party, and gave details of the campaign against anophelines in Sardinia. Measures against reinfection had been taken on national aircraft and shipping, but no international measures could be applied until an agreement was concluded. He looked forward to the prompt implementation of the recommendations.

The Chairman's proposal to appoint a working party, to report back to the committee as rapidly as possible, was supported by the delegates of France, the United States of America, Egypt and Belgium.

The Chairman stated that, when the list of delegates with their special qualifications was available, he would make recommendations for the composition of the working party.

Dr. Maclean (New Zealand) and Lt.-Col. Afridi both signified their interest in the question and their desire to make a statement on the subject of quarantine.

The Chairman replied that they would be appointed to the working party, where they would have an opportunity of stating their views.

Dr. Orfanidis (Greece) said that malaria, which had been widespread in Greece and from which about one-third of the population had suffered in the past, had been greatly diminished by spraying 500 tons of DDT, 30 aeroplane sprayers having been furnished by the United States mission, which had worked in close cooperation with WHO. If the spraying were continued, every hope could be entertained that malaria could be largely wiped out.

On the proposal of the Chairman, it was agreed that discussion on the Expert Sub-Committee on Insecticides would be postponed until later, when it would be considered on a general basis.

Dr. Soper (observer, Pan-American Sanitary Bureau) hoped that it might be possible to consider setting up a special committee on house disinfection. The results achieved in the stamping-out of malaria during the previous four or five years had been largely due to the application of insecticides in the house, which was having a tremendous influence on the incidence of the yellow-fever mosquito, and also on insect-borne intestinal diseases. Spraying DDT in houses for the control of typhus, for instance, was proving more efficacious than making war on the rat. In some American countries, separate malaria services had been transformed into services which covered house disinfection.
Dr. Klosi (Albania) moved the adoption of a resolution to the effect that war-devastated countries not in a position to produce DDT and other disinfectant products should be provided with them, free of charge, on the request of their governments.

The CHAIRMAN replied that, in his view, it was necessary to be quite clear that WHO was not a relief organization. The tremendous work performed by UNRRA was sometimes forgotten. UNRRA, however, no longer existed. It was possible that WHO might be able to spend a certain amount on relief action in war-devastated areas, but that could not be its main function. The extent of war damage, even in small countries like his own and Albania, amounted to fifty or one hundred times the full budget of WHO, and even if the total budget for one year were expended in a single country, that would be no more than a mere drop in the ocean.

On the proposal of the Chairman, it was agreed that the committee should suggest to the Health Assembly that Section X be referred to the Executive Board for consideration.

Section IX, Recommended Resolutions, Part II

The RAPPORTEUR read the resolution regarding the Darling Foundation.

After a short discussion, the suggestion of Dr. MACKENZIE to substitute the word "Assem- bly" for the word "Organization" in paragraphs 2 and 3 of the resolution, was rejected. It was decided that technically the Organization would award the medal, although the Assembly might actually hand it over to the selected candidate.

On the proposal of the CHAIRMAN, seconded by Lt.-Col. AFRIDI (Pakistan), it was unanimously decided to submit this resolution to the Assembly.

REPORT OF THE INTERIM COMMISSION

Organization

The CHAIRMAN drew attention to two items under the heading, Organization, in the report of the Interim Commission. One concerned a panel of corresponding members, and he thought the item might be passed to the Executive Board, together with Section X. The other concerned individual experts and teams, to be employed on a temporary basis as required; in his opinion, the point did not require any special action, if it were put on record that there was nothing in the recommendations of the committee that would prevent the Organization from setting up such teams or employing such experts.

This was agreed.

Dr. BOGOMOLOTS proposed the following addition to the resolution:

That the Executive Board be urged to include in the plan of work of WHO a recommendation to all Member countries to apply the following measures for the control of malaria:

1. a census of all cases of malaria;
2. recommendations on general therapy in the treatment of malaria;
3. the treatment of each case to be carried through to its conclusion;
4. all new processes to be taken account of;
5. all new prophylactic developments to be taken into consideration.

WHO should also recommend to governments that all treatment and prophylactic measures be furnished free of charge.

Dr. DUJARRIC DE LA RIVIÈRE drew attention to a point which he said was rarely raised, but which was nevertheless very important. Considerable attention was devoted to the scientific methods of prophylaxis, but little account was taken of the social aspect of the problem, which had been proved by experience to be of even greater importance. Where the standard of living was raised, malaria diminished.

The CHAIRMAN requested the delegate of the Ukrainian SSR to submit his resolution in writing to the Secretary as early as possible, so that it might be discussed at a later meeting. At the same time, he asked him to bear in mind, first, the terms of reference of the Expert Committee on Malaria and second, whether matters of general importance connected with many different diseases might not preferably be presented in a general resolution.

The meeting rose at 5 p.m.

FOURTH MEETING

Friday, 2 July 1948, at 2.30 p.m.

Chairman: Dr. K. EVANG (Norway)

1. Working Party on Malaria

The CHAIRMAN read the following list of members to be appointed to a working party on malaria: Lt.-Col. Afridi (Pakistan), Dr. Canapieria (Italy), Dr. Cheer (China), Dr. Gonzales Velasco (Venezuela), Dr. Lupasco (Roumania), Dr. Maclean (New Zealand), Dr. Russell (United States of America), Sir Aly Shousha, Pasha (Egypt), Lt.-Col. Singh (India) and Dr. Vaucel (France).
On the proposal of Dr. Banning (Netherlands), the name of Dr. Stokker (Netherlands) was added to the list.

The working party on malaria was constituted as above.

2. Draft Resolution on Malaria, proposed by the Delegation of the Ukrainian SSR

Dr. Canaperia (Italy) stated that while agreeing with the general lines of the draft resolution, he thought that with regard to point (3), as experience in Italy had shown that the new insecticide-spraying methods were considerably superior to chemico-prophylaxis, it would not be wise to suggest the latter method to governments at the present stage. The success of DDT-spraying, which had been initiated in Italy by the Rockefeller Health Unit attached to the Allied Military Government, had been followed by a two-year programme undertaken by the Public Health Department of Italy for the eradication of malaria. That programme was now in its second year, and as a result there had only been 93 deaths from malaria in Italy in 1947, which constituted a record low figure. The cost was also very slight—200 lire ($0.33) per capita per year.

Dr. Lupasco (Roumania) supported the draft resolution submitted by the delegate of the Ukrainian SSR. In the Danube delta, conditions existed under which it was impossible to have recourse only to insecticides against anophelines, and in some cases, in view of the lack of insecticides, recourse had to be had to chemico-prophylaxis. In Roumania, compulsory free treatment was provided for infected populations, and he considered that this should be the case everywhere. Point 6 of the draft resolution was also important, and had been neglected in malaria countries. It was important to introduce compulsory courses in sanitary engineering in the engineering schools of those countries, particularly in regions where rice was cultivated.

The Chairman considered that, rather than enter into a technical discussion on malaria, it would be preferable, if the committee agreed, to refer the draft resolution to the Executive Board for consideration.

Dr. Bogomolets (Ukrainian SSR) agreed in principle with the Chairman's suggestion, but hoped that, as his draft resolution had encountered no definite opposition, a more positive measure would be agreed to, viz., a recommendation of acceptance by the Executive Board.

Dr. Russell (United States of America) thought that most of the points mentioned in the draft resolution were covered by Section VI of the report on the second session of the Expert Committee on Malaria. While it was recognized that in special circumstances chemico-prophylaxis was advisable, he considered that it should not be made a general provision. He supported the proposal to refer the draft resolution to the Executive Board for study.

3. Maternal and Child Health

At the request of the Chairman, Dr. Amyot (Canada), Rapporteur, read the draft resolution on the maternal and child health programme of WHO.

The Chairman drew attention to the Interim Commission's report and also to a paper submitted by the United Kingdom delegation. He added that the last paragraph of the draft resolution should be deleted, as a suitable officer had been appointed for the duties outlined therein.

Sir Raphael Cilenzo (representative of the United Nations) gave some explanations with regard to the child-welfare programme of the United Nations. Child welfare was recognized to be a most important subject and considerable progress had been made, more especially in its social aspect, since the Social Commission had been set up by the Economic and Social Council more than a year previously. In setting up the Social Commission, it had been recommended that a special commission on child welfare be immediately established. That had not been done for two reasons: one was that a state of emergency existed, children being actually starving in some parts of the world; and the International Children's Emergency Fund was set up to deal with the situation; the second was that WHO, with which it was necessary to establish a close liaison for programme, had not come into being, and existed only as an Interim Commission.

Thus the child-welfare programme had remained largely in abeyance, except for long-range programmes in which WHO, FAO, UNESCO and ILO were all also interested. A chart had, however, been prepared and circulated to governments and interested bodies, showing the responsibilities of the various specialized agencies. At the last
meeting of the Social Commission, it had been decided that this chart should be completed by data showing funds available and priority projects. The United Nations had inherited the responsibilities of the League of Nations, and the Information Centre on Child Welfare had been reconstituted; the series of annual reports on child welfare from governments resumed; the legislative series, and also specific studies on various aspects of child welfare, continued. The programme of the United Nations fell into three categories: (1) continuation of the activities of the League of Nations; (2) social amelioration in respect of the child, which was closely associated with the programme of health; and (3) juvenile delinquency.

Action had already been taken in each of those fields, and the United Nations hoped for the continuance of the able assistance of WHO.

The Chairman drew attention to paragraph (a) of the draft resolution. As proposals had now been received from other governments besides that of the United States of America, the last five lines of the paragraph should be deleted, and a full stop placed after "World Health Organization".

Dr. Martha Eliot (United States of America) considered it important to define the terms "child health" and "child welfare", which were frequently confused. She drew attention to the fact that the maternal and child health programme, proposed by the representative of the United States of America, was not a first-year programme, but was intended to be put into effect at the end of from three to five years. The United States delegation proposed a new draft resolution, which would be submitted in writing, to include the setting-up not only of an expert committee, but also of a section on maternal and child health, as recommended in the Interim Commission's report.

Dr. Petrov (Byelorussian SSR) reminded the committee of the proposals made by Dr. Evstafiev in the Health Assembly (see p. 51). All countries were interested in child welfare, for the child represented the future. Since the war, there had been a great increase in child mortality, and maternal and child welfare were more important than ever.

He proposed that the programme presented by the United States delegation to the Interim Commission be accepted, and supported the broadening of the draft resolution put forward by Dr. Eliot to include a section on maternal and child welfare as part of the WHO Secretariat. Recommendations should be made for the enactment of legislation on the protection of expectant and nursing mothers, the protection of adolescents, particularly girls, the employment of minors, leave with pay for expectant mothers, advice on the proper feeding and upbringing of children, and free medical attention. Such measures had been put into execution in Byelorussia with great success, and it was hoped to place that experience at the service of other countries.

All such recommendations should take account of the local living conditions in each country, and if any government should find itself in difficulties, then WHO should render assistance in the form of missions, dispatch of medicine and even food.

Dr. Chellappah (Ceylon) drew attention to the reduction in maternal and infant mortality which might result from effective malarial control in malarial regions. DDT-spraying of malarial regions in Ceylon had reduced the maternal and infant death rate in those areas by as much as 50% in one season.

Dr. Minculescu (Roumania) wholeheartedly supported the programme of the Interim Commission, and stressed the effect of material and social conditions on maternal and child health. The Organization should draw the attention of governments seeking advice to this side of the problem, and to the importance of providing maternity leave and benefits, day nurseries and kindergartens. Attention should also be drawn to the importance of propaganda as a means of focusing public attention on these problems. In granting assistance, priority should be given to war-devastated countries, and in special cases this assistance should take the form of material help, such as the provision of dried milk and milk products.

The Chairman suggested that the delegates of the United States and Byelorussia should assist the Rapporteur and the Secretary in drawing up a combined resolution for submission to the committee.

Dr. Grut (observer, ILO) pointed out that ILO was concerned with the protection of the health of women workers and of young workers. Several international conventions already existed relating to maternity leave and benefits and to the protection of women in certain industries. ILO was concerned with the economic and social aspects of the protection of women workers, and he looked forward to close co-operation between the two organizations.

Dr. Höjér (Sweden) distinguished between two aspects of the problem. The programme recommended by the Interim Commission, including the resolution now proposed by the United States, should become the working programme for the year, while the other economic and social questions would be a matter for the joint co-operation committees to be set up by WHO in conjunction with the other specialized agencies and with the United Nations.

Dr. Martha Eliot questioned the desirability of adding to the general United States resolution such specific recommendations as those proposed by the delegate of Byelorussia, since measures of that kind might more appropriately be discussed by the committee of experts to be appointed by the Executive Board.
It had not been her intention to omit the last two items of the Interim Commission’s report;22 she had intended the resolution to be in sufficiently general terms as to include those two activities. The committee of experts should be free to deal with the total problem.

Mr. LINDSAY (United Kingdom) suggested that the working party should also take into consideration the documents submitted by delegations and the need for co-operation with other specialized agencies. It should stipulate in its report that the creation of a maternal and child health section of the Secretariat should be subject to the consideration of the Committee on Administration and Finance.

On the last point, Dr. CHISHOLM, Executive Secretary of the Interim Commission, explained that no specific provision was required, since the Committee on Administration and Finance would scrutinize all programme items entailing expenditure. If a limitation of the programme became necessary, items might be referred back to the Committee on Programme for consideration of priorities.

The CHAIRMAN agreed that the working party should consider documents submitted by delegations.

Dr. BÁRDOS (Czechoslovakia) spoke of the acute shortage of milk products in certain countries, as a result of the wartime reduction in livestock. He proposed that the operations suggested by the Interim Commission 23 should include promotion of the production of powdered milk and other necessities and improvement in their distribution.

The CHAIRMAN suggested that, as the point was of primary interest to FAO and UNICEF, it might be sufficient to recommend that the Health Assembly draw the attention of those bodies to the problem.

The delegate of Czechoslovakia agreed with the suggestion.

Dr. MONTUS (France) agreed with the programme prepared by the Interim Commission. It was right that the committee of experts should consider the implementation of known measures for reducing the mortality of infants of under one year of age, which constituted a heavy drain on the resources of most countries. He drew particular attention to the countless children who still bore traces of the effects of war. If such disturbances were not remedied within the next three years, they would become a permanent feature of a whole generation. Immediate and effective co-operation with other specialized agencies, particularly UNICEF, was essential, so that health measures might complete the existing social action.

Dr. Martha ELIOT, replying to Dr. Maria KOVRIGINA (USSR), repeated her view that all programme topics should be referred to the Executive Board in general terms, for discussion by the expert committee concerned. Several of the points in the Byelorussian recommendation were already the subject of international conventions.

The CHAIRMAN noted that there was no contradiction between the proposals submitted. The voice of WHO was about to be heard for the first time on a matter affecting thousands of mothers. Special care should, therefore, be given to the scope of the programme and the wording of resolutions.

A working party, consisting of the delegates of Byelorussia, the United Kingdom and the United States of America, was asked to draft, with the Rapporteur and the Secretary, one or more resolutions for submission to the following meeting of the committee.

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The meeting rose at 5.15 p.m.

FIFTH MEETING

Saturday, 3 July 1948, at 10 a.m.

Chairman: Dr. K. EVANG (Norway)

1. Working Party on Malaria

On the CHAIRMAN’s proposal, it was agreed that Dr. Rodhain (Belgium) and Dr. Bogomolets (Ukrainian SSR) should join the working party on malaria.

2. Maternal and Child Health (continuation)

Dr. AMYOT (Canada), Rapporteur, announced that the working party established at the previous meeting to draft one or more resolutions on the subject of maternal and child health had been unable to reach agreement.

Mr. LINDSAY (United Kingdom) said that the working party had not had much time for discussion, and he felt that it should be possible to reach agreement in the committee itself. There were two resolutions before the committee, submitted by the delegations of the Byelorussian SSR and the United States of America; but there was no difference in aim between them;
there was only a difference in method. The United States delegation thought that the committee should indicate its general purpose and leave the detailed planning to an expert committee, while the Byelorussian delegation desired that the Committee on Programme itself should indicate a definite minimum programme to be carried out.

With regard to the resolution submitted by the delegate of Byelorussia, he pointed out that in some countries other methods, such as education of the public, were sometimes used to achieve the aims for which actual legislation was prescribed in the resolution.

In the last paragraph of the resolution "the dispatch of medicaments, literature and, if necessary, food products" was mentioned, and he pointed out that it had been the policy of the Interim Commission to avoid any action that might be regarded as supply or relief work.

The resolution prescribed the submission of recommendations to participating governments on legislation concerning:

(a) care of expectant and nursing mothers and adolescents—particularly girls—and prohibition of the employment of minors;
(b) introduction of leave of absence for expectant mothers and leave after birth of the child, with the continuation for the duration of leave of the average monthly wages;
(c) free attendance during the birth of the child both at home and in hospital, especially in the case of artificially aided births;
(d) organization of public (Red Cross, etc.) and governmental institutions where free medical consultation on pregnancy hygiene, and on feeding, care and upbringing of children can be given.

Dr. Briskas (Greece) observed that the resolution proposed by the delegation of the Byelorussian SSR was not new; it had reference to a programme which had already been applied for some years in many European countries. It was for WHO, through qualified experts, to recommend to governments the employment of particular methods.

Dr. Kacprzak (Poland) supported the resolution submitted by the delegate of the Byelorussian SSR.

Dr. Maria Kovrigina (USSR) replied to some of the objections to the Byelorussian resolution, which had been raised by the delegate of the United States. The delegation of the USSR felt that the proposals should be concrete and detailed so that they could be easily understood and put into practice. All the proposals in the Byelorussian resolution were perfectly clear; it would be useless to refer them to an expert committee for further discussion. They were based on thirty years' experience in the USSR, where they had been put into practice and had proved efficacious.

All the proposals, with the exception of those under B, were simply recommendations, and their adoption would not necessitate any immediate legislative action by governments. There was nothing revolutionary proposed in the resolution, which aimed only at the implementation of a programme already adopted unanimously by the Interim Commission.

With regard to the integration of the proposals into the programme proposed by the Interim Commission, those under A could be included under "Operations", and those under B, under "Action on the international plane".

Sir Arcot Lakschmanaswami Mudaliar (India) said it was very important that all the recommendations made by WHO should be capable of immediate implementation throughout the world. He appreciated the concrete proposals made by the delegate of Byelorussia, but it would be impossible to put them into effect in his own country for many years to come.

He emphasized the fact that many items on the programme, such as malaria, tuberculosis, and venereal diseases, had a great bearing on the question of maternal and child health.

He suggested that a committee should be set up to study conditions throughout the world, because, until such study had been carried out, it would be impossible to make any useful recommendations with regard to legislative measures.

He drew attention to the last part of the Byelorussian resolution, in which it was recommended that WHO should take full responsibility for the programme in countries that might be unable to do so on their own. In his opinion, it would be impossible for WHO to take full responsibility in any country, but he felt that the Organization should give all possible assistance to any country requiring it.

The Chairman asked the delegate of India to submit his proposal in writing.

Dr. Amyot, speaking as delegate of Canada, and not as Rapporteur, felt that the Byelorussian proposal outlined procedures many of which were at present in force in some parts of the world and producing good results.

Among the questions of procedure raised by the Byelorussian proposal was that of the competence of WHO to make recommendations to governments concerning legislation.

Another matter raised in the resolution was free medical attendance in maternity cases. In many countries, there were schemes making hospital and medical care available for maternity cases, on a contributory basis. If free medical attendance were recommended by WHO, governments would in many cases be unable to give infant-mortality, WHO, with the agreement of the government concerned, should take all responsibility for carrying out this work. If special experts were sent, they should be accompanied by the dispatch of medicaments, literature, etc.

24 In paragraph B, it was proposed that in cases where the government of a country was unable to work out a programme for the lowering of high
effect to the recommendation, and that would weaken the position of the Organization.

With a few changes, the Byelorussian proposal, with whose basic aims everyone in the committee was in full agreement, might be acceptable. However, he considered that certain provisions, such as the time to be spent in hospital by the mother, were more suitable subjects for an expert committee of obstetricians than for a committee of public-health experts; such matters also depended upon local custom and many other factors.

He also thought it was going too far to propose that WHO should take all responsibility for the carrying-out of the work. The basic task of WHO was to supplement the health work of countries and not to act as a supply agency, or run their health services for them.

While some of the material in the resolution was more properly the domain of a committee of experts, if some of the administrative principles contained in it were modified, its adoption would help to carry out the programme all delegates had at heart.

The CHAIRMAN pointed out that there was nothing in the Constitution of WHO to prevent the Organization making recommendations concerning legislation to governments.

Dr. BANNING (Netherlands) was in full agreement with the Byelorussian resolution. In many countries, governments or voluntary societies were already carrying out the programme suggested under point 2. As had been stated, however, WHO might recommend programmes, but governments were responsible for their execution. WHO was not a relief agency and could not, on its strictly limited budget, accept the duties of one. That was the essential difference between the Byelorussian and United States resolutions, and he thought it might be possible to bridge the gap by modifying the phrasing of the resolution and making a joint proposal. He proposed setting up a working party entrusted with that task.

Dr. MANI (India) read a compromise text, embodying the principles set out in both the Byelorussian and United States resolutions.

On the proposal of the CHAIRMAN, seconded by Dr. GEAR (Union of South Africa), it was decided to set up a working party, consisting of the delegates of the Byelorussian SSR, India, the Netherlands, the USSR, the United Kingdom, and the United States of America, to consider the Indian resolution and agree upon a text for submission to the next meeting of the Committee on Programme.

The meeting rose at 12 noon.

SIXTH MEETING
Monday, 5 July 1948, at 10 a.m.
Chairman: Dr. K. EVANG (Norway)

1. Announcement by Chairman

The CHAIRMAN said that the General Committee’s suggestion of 24 July as the tentative closing date for the Health Assembly would make it necessary for all reports from committees to be submitted by 15 July. It would speed the work of the committee if delegates who agreed with a proposal would state their approval without elaboration, giving reasons only on points with which they disagreed. Moreover, the Rules of Procedure allowed any delegate to move the closure of a debate.

2. Report of Working Party on Malaria

Dr. RUSSELL (United States of America), chairman of the working party, explained the problem of protecting Sardinia from reinfection. The proposed resolution on the subject showed that WHO had noted the action in Sardinia and supported with reservations the measures proposed by Italy. Paragraph (b) provided for the necessary protective measures. The draft recommendation provided for countries with similar needs, such as Cyprus and Egypt. He suggested that the committee adopt the document in principle, leaving the exact wording to the Legal Committee (final text reproduced in second report, p. 301).

The CHAIRMAN noted that the adoption of the draft resolution would not necessarily entail a new international convention for Sardinia. He proposed submitting the document, if approved, to the Legal Committee.

Dr. GEAR (Union of South Africa) protested, in principle, against wide sanitary legislation, which had an obstructive effect on world trade and commerce. Recent experience had shown that no convention was a guarantee against the importation of insects or infection. Insistence on those barriers gave countries a false sense of security and led them to neglect necessary internal measures. The committee should emphasize the need for internal measures, to which legal conventions were accessory. He therefore opposed the proposal to extend the restrictions suggested for Sardinia to other areas.
Dr. Rae (United Kingdom) considered it sufficient to note the action in Sardinia, referring later action to the expert committee.

Dr. Cramarossa (Italy) said that he appreciated the Committee's approval of the experiment in Sardinia, which constituted a useful field of observation for other countries. He hoped agreement would be reached on an international convention, as he considered that confidence in the Organization would be shaken if the Assembly failed to implement the advice of experts. In the absence of an international convention, Italy would face the impossible task of concluding 18 bilateral agreements.

It was agreed to refer the report back to the working party, to the membership of which would be added Dr. Gear and two more legal experts.

3. Tuberculosis

REPORT OF INTERIM COMMISSION

Dr. León (Mexico) moved the adoption in principle of the Interim Commission programme, subject to later modification of detail.

Dr. Dujarric de la Riviére (France) stressed the importance of hospitalization for all cases of tuberculosis and of readjustment to work and normal life. He drew attention to the work of the recent International Congress on BCG and asked the Committee on Programme to ratify the unanimous conclusions reached by that gathering of experts.

Dr. Bárdos (Czechoslovakia) submitted detailed modifications to the recommendations of the Expert Committee on Tuberculosis. He advocated legislation to enforce the compulsory registration of all confirmed and suspected cases of tuberculosis, compulsory institutional treatment or adequate isolation at home, free treatment in governmental or non-governmental clinics, hospitals and sanatoria, free and compulsory examination, vaccination and x-ray examination, and also adequate insurance during treatment. He further proposed detailed amendments to the report on the second session of the Expert Committee on Tuberculosis, stressing particularly the need to increase the production of BCG vaccine and streptomycin, and to ensure their equitable distribution. He agreed to submit his detailed recommendations in writing.

It was agreed to adopt the general programme of the Interim Commission, leaving the Rapporteur and the Secretary to draft the recommendations from the committee to the World Health Assembly.

BCG VACCINATION

The delegation of France had circulated a paper drawing attention to resolutions adopted by the First International Congress on BCG, held in Paris from 19-23 June 1948, and the Mexican delegation had proposed detailed additions to the tuberculosis programme, providing particularly for the promotion and development of BCG vaccination.

The Chairman, introducing the recommendations of the delegate of Mexico, asked the Committee to decide whether it wished to stress one aspect of the general programme in that way. He noted that any resolution on relations with UNICEF would be subject to the final decision on the general relationship between WHO and UNICEF.

Dr. Briskas (Greece) hoped that the Committee would endorse the findings of the Congress on BCG with one slight modification. The recommendation for "the revaccination of subjects already vaccinated whose skin has lost its sensitivity to tuberculin" should refer specifically to cutaneous and intradermal sensitivity, as some children with a positive intradermal reaction to tuberculin frequently showed a negative result in their cutaneous reaction to tuberculin. Hence, for children showing a negative cutaneous reaction following vaccination with BCG, it was necessary to make the intradermal reaction with increasing doses of tuberculin produced by the Pasteur Institute and if, after such treatment, the intradermal tests remained negative, to revaccinate with BCG. Moreover, all unvaccinated children should be subjected to such tests at three-monthly intervals, those showing positive reactions being x-rayed and submitted to the usual investigatory tests.

Dr. Togba (Liberia) supported the Mexican proposal; he considered that the programme should be compulsory in all countries for children of school age and less.

Dr. Dujarric de la Riviére drew attention to the wording of the French version of a paper submitted by the delegation of Mexico, in the paragraph referring to "Investigation", which seemed to throw some doubt on the efficacy of BCG (as opposed to the method of its administration), which his delegation could not accept. It was not for the Committee on Programme to stipulate the method of administration of BCG; the expert committee should have free scope to recommend methods suitable to the different countries.

Dr. León recalled that the paper submitted by the delegation of France had been circulated for information, and required no action from the committee. In the proposals submitted by his own delegation, the wording of the English text was correct. While there could be no doubt that BCG conferred lasting immunity, it called for further study from a scientific point of view. The Organization should support research into the role of BCG in the future control of tuberculosis.

The Chairman noted that there was no disagreement; the Rapporteur would be able to prepare a text satisfactory to both parties.

Dr. Chellapah agreed with the Mexican proposal. Important work for the control of tuberculosis was being done in Ceylon, which

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26 Ibid. 11, 5
27 Ibid. 6, 49
28 Off. Rec. WHO, 10, 8
would be a suitable place for a demonstration centre. His government would welcome the establishment of such a centre and give it full assistance.

Dr. Perkins (United States of America) questioned the desirability of stressing one item in the general tuberculosis programme. He preferred to leave the programme in general terms. There could be no question of ratifying the conclusions of the International Congress on BCG without knowing the specific recommendation of the sub-committee on BCG.

Dr. Dujarric de la Rivière proposed that the committee recognize the importance and urgency of the BCG programme, that research into and utilization of BCG should be intensified, and that decisions on the methods of utilization be left to the expert committee.

The Chairman suggested a method of satisfying all points of view, by adding to the general programme some remarks along the lines of the recommendation of the Mexican delegation, but stressing that BCG was only one weapon in the control of tuberculosis.

This was agreed.

REPORT ON THE SECOND SESSION OF THE EXPERT COMMITTEE ON TUBERCULOSIS 28

The Chairman recalled that the delegate of Czechoslovakia had spoken extensively on the report and had made concrete suggestions supplementing the conclusions of the expert committee. The delegate of Greece had also stressed one particular method of approach, the tuberculin testing of children. He would ask both those delegates to submit their proposals in writing. Some of the Czechoslovak points—of a technical as distinct from an administrative character—would have to go to the expert committee, as would the Greek suggestions; it would be for the Executive Board to decide.

The report was then discussed paragraph by paragraph:

Recruitment and Training of Professional Personnel

Dr. Puntoni (Italy) noted that the expert committee had recommended training centres for persons in positions of responsibility in tuberculosis control. He hoped that the Forlanini Hospital in Rome might be included in the list of such centres; it was at the same time the largest social-welfare sanatorium in Italy, a seat of instruction of the University of Rome, and a well-known centre of epidemiological and therapeutic research.

The Chairman thanked the delegate of Italy for his offer.

It was agreed to refer the paragraph to the Executive Board.

Provision of Physical Facilities, Supplies and Equipment

This paragraph also was referred to the Executive Board.

PPD and BCG

The Chairman said that the matter was under consideration by the experts on biological standardization and would have to be referred to the Executive Board.

This was agreed.

Classification of Tuberculosis

The Chairman said that no immediate action on this item was called for by the Committee on Programme.

Evaluation of New Chemotherapeutic Agents, such as Streptomycin

The Chairman said that no action was called for by the Committee on Programme.

Research

It was agreed to refer the paragraph to the Executive Board.

Co-operation with other Organizations

The Chairman said that this matter would have to be dealt with by the Committee on Relations.

Tuberculosis among Immigrants

The Chairman reminded the committee that a committee of the United Nations Economic and Social Council had started work on the problem of immigrants. He proposed that the paragraph be referred to the Executive Board.

Dr. Gear questioned whether the procedure outlined would be generally acceptable: the examination was to include "an x-ray film . . . to be interpreted by a medical officer acceptable to the government receiving the immigrant".

It was agreed to refer the paragraph to the Executive Board, with a note mentioning the doubts expressed by the delegate of South Africa.

BCG Vaccination

The Chairman said that that part of the report concerned matters dealt with by the First International Congress on BCG, and also by the Expert Committee on Biological Standardization. No special action was called for by the Committee on Programme, and he proposed that the paragraph be referred to the Executive Board, in order that the various points might be dealt with by the appropriate committees.

This was agreed.

Examination of Sputum

The Chairman said that this item had been withdrawn for the present, so that no decision was called for.

Dissemination of Information

It was agreed to refer the matter to the Executive Board.
Additional Recommendations

The CHAIRMAN pointed out that the recommendation regarding membership of the Expert Committee on Tuberculosis was covered by the general programme already adopted, which provided for a committee of experts on tuberculosis with a maximum membership of ten.

Dr. Klosi (Albania) said that the Albanian delegation approved of the programme submitted by the Interim Commission, and the recommendations of the expert committee concerning BCG in particular. Tuberculosis, an international disease, had increased alarmingly during the war and the post-war period. In some parts of Albania, where 7% of the population were affected, the government had taken active measures of control and had opened modern sanatoria.

Regarding the Czechoslovak proposals, he agreed on the importance of eradicating foci of infection. Governments should be urged to pass legislation with a view to early detection and the compiling of accurate statistics. Hospital treatment for tuberculosis cases was essential, and provision was made in Albania for free preventive and hospital treatment. The Albanian delegation regarded the Czechoslovak proposals as a sound basis for tuberculosis control.

The CHAIRMAN, referring to the last paragraph of the recommendations in the report, said he thought the Committee on Programme should make no special recommendation as to the date of the next meeting of the expert committee. This was agreed.

The CHAIRMAN declared the discussion on the report closed, inquiring whether there were any further remarks on tuberculosis.

Dr. Bogomolets (Ukrainian SSR) thought two points should be stressed in framing the general recommendations to the Assembly. First, the Czechoslovak proposals involved not only technical questions but also questions of principle. Secondly, the Assembly, through the Executive Board, should stress to governments the importance of passing legislation to suit the specific requirements of the country concerned in coping with tuberculosis control.

Dr. Togna said he hoped that, in making its recommendations, the Committee on Programme would emphasize the requirements of the world as a whole in the matter of tuberculosis. The emphasis up to date had been on Europe, but, with progress in transport, the problem could be dealt with now only on a world basis.

Dr. Dujarric de la Rivière reiterated his plea for recognition of the essential importance of hospital treatment for tuberculosis cases and of the re-adjustment of patients to occupational and social activities.

The CHAIRMAN pointed out that the question of medical rehabilitation would be discussed under the item on medical rehabilitation in the agenda.

He thanked the committee for its expeditious handling of the tuberculosis programme.

The meeting rose at 12.10 p.m.

SEVENTH MEETING

Monday, 5 July 1948, at 2.30 p.m.

Chairman: Dr. K. Evang (Norway)

1. Working Party on Malaria

The CHAIRMAN announced that he had invited a representative of the United Kingdom to attend the meetings of the working party on malaria.

2. Venereal Diseases

The CHAIRMAN opened the discussion of the general programme proposed by the Interim Commission.54

Dr. Borensztajn (Poland) proposed the adoption of a resolution expressing approval in principle of the programme submitted by the Interim Commission.

Dr. van der Spuy (Union of South Africa) drew attention to the section, "Action on the international plane ". He read the fourth sentence: "Research grants to organizations, institutions or individuals capable of carrying to a definite conclusion the study of specific problems of venereal disease recommended by WHO", and suggested that the subject of grants should first be discussed by the Committee on Administration and Finance.

The CHAIRMAN explained that no grants would be made to organizations until the relationship between WHO and the organization concerned had been thoroughly discussed; grants to institutions to enable them to carry out research work on behalf of WHO were in conformity with the general policy of the organization. He thought, however, that the mention of grants to individuals was not appropriate, and he proposed the deletion of the words "or individuals".

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54 Off. Rec. WHO, 10, 9
Dr. MacCormack (Ireland) drew attention to the section, "Assistance to governments":

Provision of:
- Expert advice on the prophylactic, diagnostic, therapeutic, legal and social aspects of venereal-disease control.

He objected to the mention of advice on prophylaxis, as in his country the only form of prophylaxis admitted was that of a clean and moral life.

The Chairman explained that each country would be free to interpret the provision as it thought fit. Expert advice on prophylaxis would not take the form of general recommendations to all governments, but would be furnished to any governments who asked for it.

Dr. León (Mexico) proposed that a vote should be taken on the programme in general, without further discussion.

Dr. Stoyanoff (Bulgaria) supported the views expressed in the report of the Expert Committee on Venereal Diseases with regard to the production and distribution of penicillin.

He stressed the importance of the social aspects of venereal-disease control and mentioned laws that had been passed in his country to that end.

With regard to the resolution adopted by the Executive Board of the International Alliance of Women (see p. 130), he thought the measures proposed inadequate.

Dr. Borensztajn proposed the addition of the words "to promote the development of social and economic methods for venereal-disease control" to the section on "Objectives".

Dr. Bárdos (Czechoslovakia) seconded the proposal.

The Chairman said that the Interim Commission had felt that WHO should avoid entering into social or economic questions as far as direct action was concerned, but that it should co-operate with the other organizations of the United Nations working in those fields. He suggested that the proposal made by the delegate of Poland should be included, with a note to the effect that the work of WHO should be co-ordinated with that of other organizations of the United Nations.

The proposal submitted by the delegate of Poland, as amended by the Chairman, was adopted.

Dr. Dujarric de la Rivièrè (France) thought that pre-marital examination should be mentioned as a valuable prophylactic measure.

The Chairman said that proposals on both of its prophylactic and legal aspects. He proposed the adoption of the general programme submitted by the Interim Commission, with the amendments proposed by the delegates of South Africa and Poland, and including a note covering the point brought up by the delegate of France.

The Chairman's proposal was adopted.

Report of the Expert Committee on Venereal Diseases

Dr. Puntini (Italy) suggested that, if the Brussels Agreement were to be revised, it might be expanded to include aircrews.

Dr. León thought that, as the Interim Commission had already studied the report of the expert committee and taken it into account when drafting the programme, there was no need for further discussion of that report.

The Chairman agreed with the delegate of Mexico, adding that he himself had considered the same point, but had felt that the committee would wish to have the report brought before it.

Stimulation of the Production of Penicillin: Supplementary Report of the Interim Commission

The Chairman considered that, as penicillin was used in a great many other cases besides venereal disease, the discussion of the document would more properly fall under the heading "Other Business", to be considered by the committee at a later stage.

In accordance with a suggestion by the delegate of Poland, the Chairman ruled that, there being no opposition, "Penicillin" would figure as a sub-head under the heading "Other Business".

Supplementary Report on Venereal Diseases

The Chairman called attention to the addendum to this document, supplementary to paragraph 2.

In reply to an observation by Dr. Dujarric de la Rivièrè he stated that the question of cardiolipin lecithin antigens had been dealt with in the report on the first session of the Expert Committee on Venereal Diseases.

The report was noted.

Draft Resolution by the Delegation of Mexico

The delegation of Mexico had submitted a draft resolution calling for WHO, through the proper agencies, to promote in all countries legislation having as its main object: (a) the suppression of legal authorization for prostitution; (b) the consideration of traffic with prostitution as a crime; (c) the punishment of moral failings which encourage prostitution; and (d) measures to ensure the constant and fullest application of these laws.

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1 Off. Rec. WHO, 8, 63

2 Off. Rec. WHO, 8, 60

3 Off. Rec. WHO, 8, 61

4 Ibid. 12, ii

5 Ibid. 12, 10

6 Ibid. 8, 61, 63
A discussion took place with regard to the phrasing of paragraph (a). In reply to an objection raised by the delegate of France, Dr. León explained that it was not intended to imply that prostitution was legally authorized in any country, but that there should be no tacit legal admission or tolerance of prostitution by the institution of measures of registration or other legal or police procedures.

Dr. Bárdos (Czechoslovakia) wished to see added to the resolution four points dealing with (a) information centres, (b) clinics, (c) pre-marital examination, and (d) prenatal medical examination.

The Chairman drew attention to the danger of WHO, as a new organization, intervening in matters which were already being dealt with by other international organizations, or recommending legislative measures to governments without first making a careful study of the legislation already in force. He proposed the setting-up of a small working party to redraft the resolution.

It was decided to set up a working party, consisting provisionally of the delegates of Bulgaria, Czechoslovakia, France, Iraq, Mexico, the Netherlands, Poland, and the United States of America, supplemented by the legal expert from the Egyptian delegation. The final composition of the working party would be announced at the following meeting of the committee.

PAPER SUBMITTED BY THE DELEGATION OF POLAND

The Polish delegation had submitted a paper proposing that the section on venereal diseases in the Provisional Agenda 36 be supplemented by a recommendation

(1) that the Executive Board (a) study the possibility of introducing a special medical certificate, to be renewed periodically, and a treatment card for persons whose work entailed frequent journeys from one country to another, and for seasonal workers, and (b) ensure that such workers should receive free treatment in any country, as was accorded to sailors in all foreign ports;

(2) that the recommendation be considered together with the paragraph "Action on an international plane", providing for the revision of the Brussels Agreement of 1924.

Dr. Minculesco (Roumania) supported the Polish paper.

The Chairman drew attention to the last part of the document. The revision of the Brussels Agreement of 1924 was already covered in the Interim Commission's report.

Dr. Borenstejn proposed the addition of an item under "Action on an international plane" to deal with "migratory groups and seamen".

The Chairman objected that the Brussels Agreement dealt only with seamen, but he thought that a suitable wording could be found by the Secretariat.

This was agreed.

RESOLUTION ADOPTED BY THE EXECUTIVE BOARD OF THE INTERNATIONAL ALLIANCE OF WOMEN, ROME, 29 MAY 1948

Dr. Puntoni supported the resolution, recognizing the necessity for the abolition of a system which tended to limit the responsibility for the problem to one sex. The system of registration, which had up to the present been applied in Italy, should be replaced by measures of prophylaxis. He drew attention to the fact that Italy had been one of the first countries to institute free venereal-disease treatment.

Dr. León supported by Dr. Mateeff (Bulgaria), proposed that the resolution be referred to the working party, as there were certain gaps in it, and it also in part duplicated the wording of a draft resolution submitted by the delegation of Mexico.

The resolution was referred to the working party.

BEJEL: PAPER SUBMITTED BY THE DELEGATION OF IRAQ

After a discussion as to whether this subject came under the head of venereal diseases, it was decided to take the matter up at a later stage, when delegates had had the opportunity of giving it more study.

The Chairman declared the discussion on venereal diseases closed.

3. Water-Borne Diseases

Dr. León said that he hoped that, before the item "Other Activities" was discussed, the question of water-borne diseases would be considered by the committee. He wished that category of diseases to be given the same degree of importance as the four preceding categories. The allied question of sanitation was also of fundamental importance.

Dr. Halverson (United States of America) supported what the delegate of Mexico had said relative to the importance of the problem, which he thought might be discussed under the heading "Sanitary engineering".

27 This resolution was as follows:

The International Alliance of Women, meeting in Rome, 29 May 1948, urgently requests the World Health Organization to promote the reduction in the incidence of venereal disease by:

1. urging the abolition of all State regulation of brothels and the regulation or registration of prostitutes by police, health or any other authority whatsoever;

2. urging the establishment of free and confidential treatment for venereal disease for all who need it, accompanied by educational campaigns to stress the fact that acceptance of an equal and high moral standard on the part of both men and women is the only certain protection for both sexes and for children yet unborn;

And expresses its hope that the World Health Organization will present a resolution in this sense to its General Assembly.

18 Off. Rec. WHO, 10, 9

29 Ibid., 10, 12
The Chairman considered that there was a difficulty of nomenclature, which had been encountered also in the Interim Commission. In the English language, there was a group of diseases called “water-borne”, and another called “environmental”. Those distinctions did not exist in some other languages. The order in which the various problems were discussed had nothing to do with the importance ascribed to them. He thought it would be time-saving if the agenda were discussed in the order presented. Afterwards, if it were found that certain important items had been omitted, they might be discussed under “Other business”.

Dr. Dujarric de la Rivière entirely agreed with the Chairman as to the difficulty of nomenclature. He considered, however, that the views expressed by the delegate of Mexico merited every attention. A choice would have to be made between the great number of important questions to be studied by WHO.

Sir Aly Shousha, Pasha (Egypt), supported the proposal of the delegate of the United States. It was agreed that the question of water-borne diseases should be discussed under the item “Sanitary engineering”.

4. Other Activities

Hospitals and Clinics

Dr. Bárdos proposed that an expert committee should be established to deal with these questions.

The Chairman drew attention to the fact that the Interim Commission had tried to establish a certain balance between the questions which called for expert committees, those for which a division should be set up, and those with which only a small group might deal.

Dr. Dujarric de la Rivière agreed that a certain latitude would have to be left to the Secretariat. It might be decided to set up expert committees to deal with many of the problems discussed, but the budget also had to be reckoned with, and when the Committee on Programme had gone through the agenda and taken its decisions, it might be found necessary, as a measure of economy, to entrust one expert committee, or one division, with the study of several questions.

Dr. Vikol (Hungary) seconded the proposal made by the delegate of Czechoslovakia.

Dr. van der Spuy drew attention to a document submitted by his delegation, which recommended that all subjects listed under “Other Activities” be referred to the Executive Board for further study.

The Chairman said that the South African suggestion, which had just been brought to his attention, would have to be considered before the general discussion could be continued. He hoped that it would not be adopted, because the Interim Commission had felt that it had worked as a priorities committee, and the agenda was submitted to the Assembly in the hope that all items would be discussed. The South African resolution would be the first item on the agenda of the next meeting.

The meeting rose at 5.15 p.m.
Dr. DE PAULA SOUZA (Brazil) thought that the South African proposal would cause great delay. Under housing and town planning, for instance, the improvement of housing conditions and the disinestation of houses constituted an attack on several diseases at once. In public-health administration, it was often better to combat disease by sanitary engineering than by purely medical methods. Technical education was another point of extreme importance. He agreed with the delegate of South Africa that it was not necessary to go into great detail, but it was the plain task of the Committee on Programme to give guidance on those matters to the Executive Board, and it would be a pity to leave decisions on such important points until the next Health Assembly.

Dr. BANNING (Netherlands) agreed in principle with the proposal, especially after hearing the explanation given by the delegate of the Union of South Africa, which left the door open for the discussion in the Committee on Programme of many of the more important items. He objected, however, to the last paragraph of the proposal.41 If regional bureaux were established, the regional bureaux should set up their own priorities, and not be dependent upon the decision taken in that respect by the central Executive Board.

Dr. DJUJARRIC DE LA RIVIÈRE (France) agreed with the delegates of Brazil, South Africa and the Netherlands. It was, however, difficult in such a large group to decide upon the selection of diseases for the attention of WHO, because each country would wish to select those diseases prevalent in its own territory. He suggested that a working group be set up to give precise directives with regard to each disease, which would subsequently be submitted to the committee.

The CHAIRMAN asked the delegate of the Union of South Africa whether his suggestion meant that the Committee on Programme was invited to refer the whole group of items under “Other Activities” to the Executive Board for further study and report. If so, that would give the committee no opportunity to make a selection.

Dr. GEAR replied that that was not exactly what was meant. There was no intention of stifling discussion with regard to the urgency of studying any particular disease. It had been felt that referring matters to the Executive Board was a protection against WHO's being committed to too rigid an administrative machine.

The CHAIRMAN stated that, under Article 28 of the Constitution, the Executive Board of WHO could not act without guidance from the Health Assembly. The Committee on Programme could not assign tasks to the Executive Board. Thus, nothing would be done until a new Committee on Programme at the next Health Assembly had taken a decision; and if they too shirked the issue, it would mean indefinite delays. In that case, there would be nothing left for the Chairman to do but resign. Under that section was listed a most important part of the work of WHO.

Dr. GEAR regretted that he had not seemed to have made himself quite clear. He had been trying to convey that the very large number of items under “Other Activities” would prevent any full discussion in the Assembly, and that to describe in detail the proposed programme and organization was beyond the powers of the Committee on Programme.

Dr. BÁRDOS (Czechoslovakia) proposed alternative methods of procedure. The first would be to discuss “Other Activities” point by point, and, at the end, to discuss the grouping of those activities. The second would be to discuss the grouping first, and then go through the agenda point by point.

The CHAIRMAN thought the first alternative should be adopted. Thus certain items would be excluded completely and certain items be given higher priority than others. If the committee were to adopt a programme too onerous for the WHO budget, the programme would be referred back to it by the Committee on Administration and Finance.

Dr. MacCORMACK (Ireland) supported the proposal made by the delegate of Czechoslovakia. Although in substance he was in agreement with the South African proposal, it might be taken to imply a vote of censure on the Interim Commission for not having submitted a document in proper form.

It was agreed to discuss the section “Other Activities” point by point, and subsequently to take a decision with regard to the grouping of the points.

STATEMENT BY OBSERVER FROM THE INTERNATIONAL LABOUR OFFICE

Dr. GRTJT (observer, ILO) referred first to the observation made by the delegate of the United Kingdom in the general discussion that matters already adequately dealt with by existing organizations should be omitted from the programme of WHO. The ILO had for many years been active in some of the fields dealt with in the Interim Commission's Report, and while he did not suggest that those fields were its exclusive province, he thought that co-operation under the proposed Agreement between the two organizations might be useful.

Firstly, there was industrial hygiene, on which ILO had produced a number of important studies, notably the Encyclopaedia of Industrial Hygiene.

Secondly, with reference to social security (medical care), 21 international conventions and 17 recommendations had been adopted by

41 In this paragraph, it was suggested that the Executive Board should consider establishing a list of priorities of subjects under “Other Activities” suitable for international action by WHO. Such a list should take special note of the importance of nutrition, water-borne and insect-borne diseases, and mental health.

40 Off. Rec. WHO, 10, 10
ILO Conferences, and widely ratified, with regard to insurance against sickness, accident, invalidity, old age and unemployment, and survivor’s insurance for workers in industry, agriculture, and the merchant marine. Some 20 authoritative studies on various types of social insurance had been published. Moreover, ILO had sent experts to numerous countries to assist them in framing their social insurance schemes.

The ILO had long studied the subject of medical rehabilitation from the special angle of restoring the fitness of workers for their employment.

As for nutrition, ILO had further produced some studies on nutrition in industry—factory canteens, etc.

With regard to the hygiene of seafarers, the 1936 ILO Conference had adopted a very comprehensive recommendation on seamen’s welfare in ports, which had been largely put into effect in most of the maritime countries.

The ILO claimed a certain share of the credit for the Brussels Agreement of 1924, because one of the incentives to its drafting was a resolution passed by a Maritime Session of the 1920 Conference in Genoa.

It was the desire of ILO to secure the greatest possible social progress as rapidly as possible, and therefore it was not only willing but anxious to cooperate in the study and solution of those problems.

The CHAIRMAN, in thanking the observer from ILO, said that all decisions taken by WHO in those fields would depend on the draft Agreement with ILO.

**DISCUSSION OF SEPARATE ITEMS**

**Preamble—Temporarily Employed Consultants**

Dr. Rae (United Kingdom) emphasized the advantages obtainable from employing the temporary services of recognized authorities in certain fields, rather than employing permanent administrative officers for certain specialized work.

**Hospitals and Clinics**

The CHAIRMAN recalled that the discussion of the item had been begun at the last meeting, and the delegate of Czechoslovakia had proposed that an expert committee should be set up to study it.

Dr. BÁRDOS presented a resolution proposing the appointment of a medical expert as part of the Secretariat of WHO to study the latest developments in connexion with health centres, or, if that were not possible for financial reasons, to confide to one division the study of hospital and clinical activities, medical care, medical rehabilitation, medical social work, nursing, and public-health administration.

The CHAIRMAN asked the delegate of Czechoslovakia to present his resolution in writing. He gave a few figures for the guidance of the committee with regard to the relative cost of expert committees, divisions and groups. The cost of an expert committee, with one meeting per year, was $10,000; with two meetings per year, $20,000. So far there had been eight expert committees set up. The Interim Commission had made suggestions for an additional eight.

Of those an expert committee on maternal and child health had already been approved. Sixteen expert committees would represent a budget item of $240,000. If smaller groups were considered sufficient, they might consist of a division, or a group. The cost of a group consisting of one expert with one research assistant and one secretary would be $125,500 per annum. The cost of a division would depend upon its size. Three medical officers, one head, three assistants and four secretaries would cost roughly $50,000 per annum.

It had been agreed to consider the grouping of items at a later stage. When that stage had been reached, a chart might be drawn up showing the various suggestions with regard to grouping.

It was agreed to adopt the subsection in principle, and proceed to discuss the next subsection.

**Housing and Town Planning**

The CHAIRMAN drew attention to the supplementary report on housing and read the recommendation on this subject:

The Interim Commission recommends to the first Health Assembly that it make substantial provision for housing, by authorizing the continuation of present co-operation with other bodies active in the field, on the basis of a well-defined programme.

The Interim Commission felt that WHO had a constitutional responsibility in housing and town planning, and that machinery should be set up in the Secretariat to provide expert advice to other organizations working in those questions.

The recommendation was adopted in principle.

**Industrial Hygiene**

The CHAIRMAN read the second half of the paragraph: "... it is recommended that there be provided an expert advisory committee of not more than ten members and that there be provision in the Secretariat to service this committee."

He also read a proposal submitted by the delegate of Hungary which covered the two points suggested by the Interim Commission:

(1) That a medical officer, well qualified in industrial hygiene, be employed by the World Health Organization, whose task would include the study of industrial hygiene and co-ordination of available information;

(2) That the Health Assembly advise the Executive Board to set up an expert committee consisting of specialists on industrial hygiene to act as an advisory body.

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44 Off. Rec. WHO, 10, 73
45 Off. Rec. WHO, 12, 12
Dr. Minculesco (Roumania) supported the proposal that an expert advisory committee should be set up. He thought that the necessity for fellowships and travel grants should also be mentioned. He stressed the social and economic aspect of the problem and proposed that legislative measures should be recommended to governments for the protection of the rights of all categories of workers.

Dr. Rodhain (Belgium) agreed that an expert advisory committee should be set up. In view of the legislative measures already existing in many countries for the protection of workers, the committee would have a difficult task in attempting to standardize the measures to be recommended.

Dr. Petrov (Byelorussian SSR) associated himself with the remarks of the delegate of Roumania.

Dr. Du Jarric de la Rivière thought that if an expert committee were set up, it should consider all workers and not only those engaged on work in factories. It was important that the health of rural workers should also be protected.

The Chairman replied that the term "industrial" when applied to hygiene was usually very widely interpreted and was taken to apply to all types of work.

The Interim Commission's recommendation, which had also been the subject of a proposal by the delegate of Hungary, was provisionally adopted, and it was agreed that a note should be included in the committee's report drawing attention to the wide interpretation of the term "industrial".

Medical Care

Dr. Bárdos introduced a paper submitted by his delegation, proposing the establishment of an expert committee to study the precise influence of national health-services and health-insurance on the health of the population and the prevention of disease, so as to be able to recommend the most suitable way of nation-wide health-services for countries which had not yet built up their own services. He emphasized the importance of health insurance and stated that medical attention should be made available to the whole population and not only to those who could afford to pay for it.

Sir Arcot Lakschmanaswami Mudallar (India) suggested that the committee should be careful not to recommend the establishment of too many expert committees and to keep the question of finance in mind. From the practical point of view, it would be advisable for the Secretariat to collect information concerning the situation throughout the world before any expert committees were established. The experts would not have a thorough knowledge of conditions outside their own countries, and they would be unable to carry out their studies without some preliminary work by the Secretariat. The experience of regional organization should also be made available to any expert committees before they started work.

Dr. Gear agreed with the opinions expressed by the delegate of India.

The Chairman said that the number of expert committees proposed had now reached 18. When the discussion on the items of the agenda had been completed, the committee would have to revise the list of expert committees proposed and attempt to cut it down.

Medical Rehabilitation

Dr. Petrov thought that the rehabilitation of war invalids should be specifically mentioned and given special consideration.

It was agreed that a note to that effect should be included in the report.

Medical Social Work

In reply to a question by the delegate of India, the Chairman explained that adoption of the item would not entail the establishment of another expert committee.

The item was approved in principle.

3. Working Party on Venereal Diseases

The Chairman proposed that the working party on venereal diseases should include the delegates of Belgium, Bulgaria, Czechoslovakia, France, Iraq, Mexico, the Netherlands, Poland and the United States of America, and the legal experts of Egypt, Switzerland, the United Kingdom and the United States of America.

It was suggested that the delegates of Roumania and the USSR should also join the working party.

The Chairman said that, if both those delegates were to join, the working party would have 15 members and would, therefore, become a committee. He proposed that the delegate of the USSR only be asked to join the working party, making its membership up to the limit of 14.

The Chairman's proposal was accepted.

The meeting rose at 5 p.m.

Dr. Russell (United States of America), chairman of the working party, submitted the report, which took the form of a draft resolution relative to the prevention of introduction or reintroduction of anophelines (final text in second report, p. 301). There were two appendices to the resolution, Appendix A containing all the measures that the Italian Government declared itself willing to take in case the draft International Agreement proposed by it were adopted, and Appendix B including the relevant statements of the Expert Committee on Malaria.

He recalled the fact that the Sardinian programme of anopheline eradication had been largely financed by funds derived from UNRRA and that some of the responsibilities of UNRRA had been inherited by WHO.

In drafting the resolution in the report, the working party had had the assistance of several legal experts, and it would not, therefore, seem necessary to refer the text to the Legal Committee.

Dr. MacKenzie (United Kingdom) suggested that final discussion of the report should be postponed until delegates had had time to study it and consult their governments.

He considered the wording of recommendation I: "... that the Italian Government shall ..." too strong.

He drew attention to paragraph 2, reading:

"Recommends the fullest practicable co-operation by all Members of the World Health Organization to assure the effectiveness of the measures taken by the Italian Government and in particular that they ensure the adequate disinsectization of all ships and aircraft bound for Sardinia, and that they accept measures taken by the Government of Italy in the absence of satisfactory evidence of such disinsectization."

It would be setting an important precedent if the disinsectization of all ships and aircraft bound for Sardinia were recommended. If the last part of the paragraph meant that disinsectization certificates would be required, he felt that that would be impracticable, and he mentioned the difficulties that had been encountered in connexion with yellow-fever certificates.

In paragraph 5, he suggested that the word "Director-General" be replaced by the words "the Executive Board", as expert committees would have to report to the Executive Board.

The Chairman pointed out a mistake in the wording of paragraph 1 in the English text.

Dr. Gear (Union of South Africa) seconded the proposal for postponement.

The Chairman put to the vote the proposal that discussion of the report should be postponed for a few days.

It was agreed that the resolution should be referred back to the working party for further consideration, when delegates had consulted their governments.

2. Other Activities

Nursing

The Chairman read the recommendation of the Interim Commission on this subject: "Therefore, it is considered desirable that there be facilities within the Secretariat for study and advice on nursing and that an expert advisory committee be established consisting of not more than ten members, to meet say twice a year."

He suggested that the words "to meet say twice a year" be deleted, as he did not think it was within the competence of the committee to say how often an expert committee should meet.

Dr. MacCormack (Ireland) recommended the adoption of a draft resolution proposed by the delegations of Ireland and the United States, reading:

"The Health Assembly recognizes the fundamental importance of nursing in the improvement of health services. It further recognizes that the supply and use of nurses are inadequate to the needs of many countries. The Health Assembly requests that the Director-General give full consideration to the importance of the nursing function when organizing the Secretariat and committees."

Miss Petry (United States of America) emphasized the fundamental importance of nursing in all health activities. She thought that WHO should be in a position to study the nursing problems of the various countries and to give advice on the subject. There were several ways in which that work could be carried out, such as the establishment of an expert committee on nursing or of a section on nursing in the Secretariat. She thought that the choice of methods could be left to the Director-General, but emphasized the necessity for the inclusion of competent nurses in the Secretariat.

46 Off. Rec. WHO, 10, 10
Dr. Höjer (Sweden) and Dr. Karabuda (Turkey) supported the draft resolution.

Dr. León (Mexico) said that all delegates were in agreement on the great importance of nursing. He supported the Interim Commission's recommendation for the establishment of an expert committee rather than the draft resolution proposed by the delegations of Ireland and the United States, which contained no specific provision for one.

Dr. MacCormack said that the proposers of the draft resolution had not wished an expert committee to be established immediately, but had left the question to be decided after the commencement of the work, when it would be easier to tell whether an expert committee was really essential.

Dr. Mackenzie thought that the words "the Executive Board and" should be inserted before the words "Director-General" in paragraph 2 of the draft resolution, as authorization for the establishment of committees would have to come from the Executive Board and not from the Director-General.

Dr. Chisholm, Executive Secretary of the Interim Commission, explained that the procedure was for the Executive Board, under authority from the Health Assembly, to authorize the establishment of expert committees, and for the Director-General to name the members of such committees. There followed a discussion concerning the possibility of authorizing the Executive Board to establish any expert committees that might be necessary to carry out the policy of the Health Assembly.

The Chairman said that the committee would have to make specific recommendations for the establishment of expert committees so that the budget could be arranged accordingly.

Dr. Höjer (Sweden) proposed that the recommendation of the Interim Commission should be combined with the draft resolution of the delegations of Ireland and the United States, with the addition of the words concerning the Executive Board proposed by the delegate of the United Kingdom.

The Chairman drew attention to the words "importance of the nursing function" in paragraph 2 of the draft resolution, and suggested "importance of the nursing aspect of a large number of health problems" as a possible alternative. It was agreed that the Rapporteur, with the aid of the Secretariat, should be asked to draft a resolution, combining the Interim Commission's recommendation with the provisions of the draft resolution proposed by the delegates of Ireland and the United States.

Public-Health Administration

The Chairman drew attention to a paper on this subject submitted by the delegate of Hungary. The first three paragraphs of that document were covered by the recommendation of the Interim Commission. He suggested that the proposal at the end of the document be referred to the Secretariat for study.

Dr. Simonovits (Hungary) accepted that suggestion.

It was agreed that the Secretariat should be asked to draft a resolution incorporating the proposal.

Rural Hygiene

The Chairman drew attention to supplementary report of the Interim Commission on the action taken by ILO with regard to the living and working conditions of the agricultural worker.

Dr. Mackenzie proposed that, as many of the problems concerning rural and tropical hygiene were similar, the two sections in the report of the Interim Commission might be merged.

The conclusions of the Interim Commission with regard to rural hygiene were adopted, the Rapporteur being asked to draft a resolution to the effect that the sections on tropical hygiene and rural hygiene should be combined under one head.

Sanitary Engineering

The Chairman drew attention to two documents on sanitary engineering, one submitted by the Mexican delegation and one by the United States delegation.

Dr. León in presenting his resolution, said that most diseases in the water-borne group came under the heading of environmental diseases, and could be efficiently controlled by means of adequate sanitation and sewage disposal.

Dr. Dujarric de la Rivière (France) considered that sanitary engineering played such an important part in controlling those diseases that any medical officer concerned with public health should have sanitary engineering training. He supported the Mexican proposals. With regard to the conclusions of the United States delegation, they approached very closely those of the Interim Commission, and he thought they might very easily be merged with them.

48 The text of this proposal reads as follows: The World Health Organization should recommend to the governments of all countries that, provided there is no such administration, a public-health-officer system (service) be established such that for every 30,000, or, depending on the density-conditions of the population, for every 40,000 inhabitants, there be a full-time public-health medical officer, whose task would be the supervision and direction of the public health of the district.

49 Off. Rec. WHO, 12, 14

This resolution contained detailed proposals for the establishment of an expert committee and of a section in the Secretariat on sanitation and control of water-borne diseases.
Mr. Wolman (United States of America) supported the proposals of the delegate of Mexico, which covered practically the same ground as those of his delegation. He also supported the proposal of the delegate of France.

Dr. Mackenzie drew attention to a statement in the United States proposal. He did not think it quite correct to say that no country had been successful in reducing in large measure the ravages of water-borne, milk-borne and fly-borne diseases. Considerable progress in that field had been made in Great Britain, and he believed also in Switzerland.

The Chairman agreed with the United Kingdom delegate, but stated that the document expressed the view of one delegation. It would not be submitted to the Assembly.

It was agreed that the delegations of Mexico and the United States would arrange a meeting with the Rapporteur and produce a combined text.

Technical Education

Dr. Briskas (Greece) drew attention to the insufficient training of medical students in some countries in the field of children's medicine. He did not have before him the information concerning all nations, but believed that in many countries it consisted of a three or six months' course. This was definitely insufficient for the purpose of studying the great problems presented by pediatric science. A student having thus easily acquired the right of practising medicine went into the town or country and became a family doctor, where he had to care for children. His training having been insufficient, he could not fulfil his duties efficiently. It was therefore desirable that the training of future pediatricians should be more complete and that the period of training should be at least a year for the general practitioner and three years for the pediatric specialist. Child mortality would be considerably reduced by the proper training of doctors.

Dr. Halverson (United States of America) supported the observations of the delegate of Greece.

It was agreed to ask the Rapporteur to draft a resolution to the effect that the section on technical education was adopted, as modified by the Greek recommendation.

Mental Health

The Chairman read a message from the American Psychiatric Association wishing WHO success in its work, and proposed that the Assembly be requested to return a message of thanks.

This was agreed.

The Chairman then read a resolution submitted by the delegate of Roumania to the effect that instead of setting up a committee of experts on drug addiction and habit-forming drugs, a committee should be created with the object of studying problems of mental health as a whole, with subdivisions for alcoholism and drug addiction.

He pointed out that, although the principle of setting up the expert committee might be discussed at the present stage, the priority to be accorded to it would be subject to later review.

Dr. Martha Eliot (United States of America) supported the conclusions contained in the section on mental health in the Interim Commission's report. The definition of health given in the Constitution called for the adoption of a comprehensive mental health programme, particularly with regard to the mental hygiene of the child. She drew attention to the International Congress on Mental Health, which was to be held in London in August, and suggested the adoption of a resolution taking cognizance of the Congress and authorizing the Executive Board to put into effect any recommendations made by it in so far as practicable within the framework of WHO.

Dr. Mani (India) considered that the discussion was taking a somewhat unrealistic turn. If a multitude of expert committees were to be set up, WHO, instead of being able to concentrate on a number of fixed tasks, would be obliged to cope with an enormous list of subjects, and would come through its first year without being able to achieve any tangible result. It was true that priorities were to be set up later, but priorities would not do anything towards cutting down the number of expert committees. It was not necessary to set up an expert committee to deal with every subject.

The Chairman replied that so far six items of the agenda had been covered, and two expert committees had been recommended. He took the statement of the delegate of India to mean that he was opposed to setting up an expert committee on mental health.

Lt.-Col. Afridi (Pakistan) supported the principle underlying the proposal of the delegate of India to limit the number of expert committees, but he thought that the procedure which had been agreed upon was first to list the problems which needed attention, and afterwards to proceed to group them. Comprehensive expert committees would be set up on a certain number of allied subjects, thus effecting the desired economy.

The Chairman replied that the delegate for Pakistan had correctly stated the procedure adopted by the Committee on Programme.

Dr. Cupcea (Roumania) temporarily withdrew his suggestion for setting up an expert committee on mental health, stating that he would resubmit it later, when the question of grouping arose for discussion.

The Executive Secretary said that there was no doubt that the responsibility with regard to mental health was a heavy one, in view of what was laid down in Chapter II, Article 2, of the Constitution under items (l) and (m). A great deal of work was being done outside WHO. Attention had been drawn by the delegate of the United States to the International Congress on Mental Health in London. UNESCO was also
very active in that field and was subsidizing the Congress, which would be attended by some 2,000 persons from 37 countries. Direct recommendations would probably be received by UNESCO and WHO from the Congress, which expected to set up a World Federation for Mental Health to replace the former International Committee on Mental Hygiene. In view of the particular reference in the Constitution to the healthy development of the child, no doubt if such recommendations were received by WHO, attention would have to be paid to them, and the Executive Board should take reasonably appropriate action.

The CHAIRMAN said that when the Constitution of WHO had been discussed in New York, it had been agreed that one of the main tasks would be the problem of mental health. So far the Interim Commission had done nothing to implement that. It was a pity that the Congress was meeting after the Health Assembly. He asked for the United States resolution in writing.

It was agreed to postpone the final decision on the section on mental health until the United States resolution had been submitted in writing.

Alcoholism

The EXECUTIVE SECRETARY observed that there was nothing in the recommendation of the Interim Commission with regard to the causes of alcoholism, which should be the principal aim of research in that field. The section on alcoholism was adopted, to be supplemented by suggestions of the Executive Secretary.

Drug Addiction and Habit-Forming Drugs

Dr. GAUTIER (Secretariat) recalled that the Opium Conventions of 1925 and 1931 required medical opinion on two points: (1) whether a new drug was liable to give rise to addiction; (2) whether a drug might be classified as not coming under the Convention. Prior to the war, those matters had been under the jurisdiction of the League of Nations, but since the Protocol of November 1946 had been ratified, the implementation of the two Conventions had become the responsibility of the United Nations. The Interim Commission had been the only body in a position to give the opinion required and to establish an expert committee to deal with habit-forming drugs. That committee had before it a considerable task, its opinion having been already sought on four new drugs. As WHO must have a body capable of furnishing technical advice to the United Nations on narcotic drugs, it was necessary for the expert committee to remain in existence.

The CHAIRMAN drew attention to the first report of the Committee on Relations (p. 327), section on the Commission on Narcotic Drugs. In view of the statement by Dr. Gautier, it seemed that the Committee on Programme had no choice in the matter. The expert committee could not be suppressed.

The conclusions of the Interim Commission were adopted.

Nutrition

The CHAIRMAN drew attention to a statement by FAO to the Health Assembly.

Dr. MACKENZIE stated that the question had been studied in the Committee on Relations. Article 4 had been slightly modified in accordance with a proposal made by the United States delegation to make the position more elastic. The proposal provided that there should be agreements between the Directors-General of the two organizations at the secretariat level, and further that the Executive Board should be authorized to set up expert committees when necessary.

Dr. ZHUKOVA (observer, UNESCO) drew attention to proposals on nutritional science in the report of the Sub-Committee on Negotiations with UNESCO.1

It was agreed to postpone decision on the point until the final draft of the Agreement between FAO and WHO had been circulated.

The meeting rose at 5.10 p.m.

1 Off. Rec. WHO, 6, 161

TENTH MEETING

Thursday, 8 July 1948, at 10 a.m.

Chairman: Dr. K. EVANG (Norway)

1. First Report of the Committee on Programme

The CHAIRMAN stated that the document under consideration was the draft of the committee’s first report (for final text, see p. 300), which, if adopted, would be submitted to the General Committee and then to the Health Assembly.

Dr. AMYOT (Canada), Rapporteur, read the first paragraph, concerning the election of officers and the adoption of the agenda.

The first paragraph of the draft report was adopted.

Malaria

The CHAIRMAN proposed deleting subparagraphs (a) and (b) of paragraph (2) of the resolution on this subject. The paragraph would then read: “That the World Health Organization set up within its Secretariat a malaria section.” The resolution would form a pattern
for all future resolutions establishing sections in the Secretariat, and he felt that the functions of such sections were self-evident and did not require definition.

Rajkumar Amrit Kaur (India) supported the proposal for deletion.

The proposal was adopted.

Dr. MacKernie (United Kingdom) drew attention to the sentence "It is recommended that the frequency of the meeting of the Expert Committee be left to the Executive Board." According to the rules of procedure, the frequency of meetings of expert committees would be decided by the chairmen of such committees, in consultation with the Director-General.

The Chairman thought that the question of frequency of meetings should be studied. He proposed that the sentence should be deleted and that the committee should adopt a general recommendation applicable to all expert committees when the discussion of the other items on the agenda had been completed.

It was agreed that the sentence mentioned by the United Kingdom delegate should be deleted.

The resolution, as amended, was adopted.

The Rapporteuring read the next resolution, which dealt with the Darling Foundation.

Dr. MacCormack (Ireland) proposed that the word "attributed" at the end of paragraph 2 of the resolution be replaced by the word "awarded." He also suggested the deletion of the word "solemnly" in paragraph 3.

The Rapporteuring agreed to those drafting changes.

The resolution, as amended, was adopted.

The Rapporteuring read the remaining two recommendations concerning malaria.

Dr. Bogomolets (Ukrainian SSR) drew attention to the report on the second session of the Expert Committee on Malaria, Section IX, subsection 9.1.10, where the revival of international malaria courses was recommended. He thought that it would be better for such courses to be organized separately in each country so that local conditions could be taken into account.

In his opinion, WHO should direct its activities towards supplying literature and advice to such countries as needed it and towards the collection and dissemination of information concerning the work that had already been carried out in malaria control.

With regard to subsection 9.1.18 he objected to the recommendation that budgetary studies should be carried out by the Secretariat, as he felt that that would constitute interference in the internal affairs of States. Such budgetary studies would not be very useful, as it would not be possible to judge the extent of the work undertaken simply from the amount of money allocated in the budget.

With regard to the recommendation in the last paragraph under the heading "Malaria" in the draft report, he thought that the draft resolution proposed by his delegation should be referred to the General Committee rather than to the Executive Board.

The Chairman explained that Section IX contained the conclusions reached and the recommendations made by the Expert Committee on Malaria. It would not be possible for the Committee on Programme to make any alterations to the text of that section, but it could express its opinion in a commentary. The decision to refer the document to the Executive Board did not imply any agreement or disagreement with the recommendations on the part of the Committee on Programme.

With regard to the point raised by the delegate of the Ukraine concerning the collection and dissemination of information by WHO, all delegates agreed on the necessity for that work, which would be carried out by the proposed malaria section in the Secretariat.

As far as budgetary studies were concerned, it was understood that they would be carried out only at the request of the government concerned.

With regard to the final proposal made by the delegate of the Ukraine, it would be impossible to refer the draft resolution in question to the General Committee, as it was not the function of the General Committee to study specific questions.

The first report of the Committee on Programme, if adopted, would be submitted as a whole to the General Committee, and any member of the General Committee would be able to raise any question with reference to it.

Dr. Maria Kovyrgina (USSR) supported the remarks made by the delegate of the Ukraine. She felt that the draft resolution proposed by the Ukrainian delegation had not been adequately discussed, since the working party on malaria had not considered it at all. It was for that reason that she wished it to be referred to the General Committee.

The Chairman said that a general discussion had taken place on the question of malaria and had ended in the committee's agreeing in principle to the programme proposed by the Interim Commission. Discussion had then been opened on the specific problem of malaria in Sardinia and, as agreement had not been reached straight away in the main committee, a working party had been set up to study that particular problem. It had not been within the working party's terms of reference to consider the draft resolution proposed by the Ukrainian delegation, and he had understood during the general discussion (p. 121) that the delegate of the Ukraine had agreed to the suggestion that his proposals should be referred to the Executive Board.

Dr. Höjer (Sweden) suggested that the delegate of the Ukraine might be satisfied with the words "for its consideration" were inserted after the words "Executive Board" in the first of the two
paragraphs under discussion. The second para-
graph had been drafted with those words, and he
thought that they should also appear in the first
paragraph.

Dr. BANNING (Netherlands) and Dr. LEÓN
(Mexico) seconded the proposal.

The proposal of the delegate of Sweden was
adopted.

Dr. BOGO MOLETS still felt that his draft resolu-
tion should be referred to the General Committee
rather than to the Executive Board.

Dr. LEÓN (Mexico) emphasized the point made
earlier by the Chairman that such a procedure
would be impossible because, according to Rule 26
of the Rules of Procedure, it was not within the
terms of reference of the General Committee to
discuss points on the programme.

With regard to the amendments to the report of
the Expert Committee on Malaria, proposed
by the delegate of the Ukraine, the committee
had already discussed that document and decided
to refer it to the Executive Board for considera-
tion.

Mr. NATHANAIL (Albania) agreed with the
proposals made by the Ukrainian delegation in
its draft resolution, but suggested the addition
of the words "whenever necessary" to point 3.
He proposed that the discussion of the resolution
should be reopened.

Dr. BOREN SZTAJN (Poland) and Dr. LUPASCO
(Roumania) seconded the proposal of the delegate
of Albania.

The CHAIRMAN ruled that discussion of the
resolution would be re-opened at a subsequent
meeting of the committee.

With the agreement of the delegate of the
Ukraine, it was decided that the last paragraph
under the heading of "Malaria", which dealt
with the resolution, should be deleted from the
draft report. Reference to the resolution would
be included in a subsequent report, when the
committee had reached a decision on the matter.

With regard to the paragraph concerning the
report on the second session of the Expert Com-
mitee on Malaria, Section X, the CHAIRMAN
asked the delegate of the Ukraine if he would
accept the explanations that had been made and
agree that the document be referred to the
Executive Board for its consideration.

Dr. BOGOMOLETS objected to that procedure.

The CHAIRMAN put to the vote the paragraph,
as amended by the delegate of Sweden.

The paragraph, as amended, was adopted by
30 votes to none.

Maternal and Child Health

The CHAIRMAN recalled that two points of view
concerning this question had emerged, on which
it had not proved possible to reach agreement.
The draft report contained the part of the resolu-
tion on which general agreement had been reached.

At a later stage of the discussions of the Com-
mitee on Programme, an opportunity would be
afforded for the presentation of an additional
resolution, on which the committee would be
asked to give an opinion.

The RAPPORTEUR read the resolution on
maternal and child health, drawing attention to
the deletion of sub-paragraphs (a) and (b).

Dr. Martha E LIOT (United States of America)
requested that the last paragraph of the resolu-
tion be deleted, as the activities mentioned in
it were already being actively pursued by FAO
and UNICEF.

The delegates of India and Mexico supported
the United States proposal, which was accepted.

The section of the draft report dealing with
maternal and child health was adopted as
amended.

Tuberculosis

Dr. BONNE (Secretary) called attention to a
necessary drafting change in the French text.

Dr. BáRDOS (Czechoslovakia) asked what was
meant by the words "in general" in the third
line, and whether the amendment presented by
his delegation with regard to BCG, penicillin and
streptomycin would be included in that
resolution.

The CHAIRMAN explained that the words "in
general" were intended to convey that a frame-
work was being drawn up by the Committee on
Programme, within which WHO would have to
work. It would not be possible for WHO, for
budgetary and other reasons, to proceed to deal
with all the matters that were being considered.

If, at the next session of the Health Assembly,
it was felt by delegates that the Executive Board
and the Secretariat of WHO had not carried out
their mandate efficiently, it would be open to
them to raise criticisms.

The point with regard to BCG had been included
in the resolution by emphasizing that BCG was
an integral part of the programme; with regard
to penicillin and streptomycin, it had been
decided, during the course of the debates, that
those remedies applied to other diseases besides
tuberculosis, and would therefore be dealt with
elsewhere.

Dr. BáRDOS proposed that the words "of
Czechoslovakia and" should be deleted and that
discussion be re-opened on the amendment pro-
bosed by his delegation.

This was agreed.

In reply to a question by Dr. Holm (Denmark),
the CHAIRMAN explained that an expert committee
was a small number of experts, say ten, who
would meet at stated intervals. A panel of
experts meant a few additional experts who
might be consulted by correspondence.

He drew attention to an omission in the draft
report. Similar resolutions had been drawn up
for malaria, maternal and child health, and tuberculosis, but the resolution with regard to tuberculosis had been omitted from the document under discussion. It was identical in all respects with the other two; the Rapporteur would read it to the committee; and it would be included in the document presented to the General Committee.

Dr. León considered that it would be necessary to make provision for an expert panel on BCG.

Dr. Redshaw (Australia) thought it would be preferable to entitle the committees—instead of Malaria Committee, Maternal and Child Health Committee and Tuberculosis Committee—Committee on Malaria, Committee on Maternal and Child Health, and Committee on Tuberculosis. This was agreed.

The section of the draft report dealing with tuberculosis was adopted as amended.

Venereal Diseases

The Chairman announced that he had been informed that objections had been raised to the drafting of the section of the draft report dealing with venereal diseases, on which it had been thought that the working party had agreed. As it was necessary to present that part of the report on which agreement had been reached to the General Committee, which was to meet at noon, he would adjourn the meeting.

The meeting rose at 12.10 p.m.
of fertile land. The FAO had sought the collaboration of WHO, especially with regard to the development of irrigation projects in the Middle East, which threatened to increase the incidence of schistosomiasis, unless plans to prevent its spread were applied. His country had spent over $6,000,000 during the last five years on the disease. It was an international disease, and international methods must be used for its control. Countries could not fight alone against such a scourge. The whole problem of schistosomiasis should be studied and surveyed by experts from all parts of the world. He introduced the following resolution:

The Health Assembly resolves that the Executive Board be instructed to establish, during its first session, an advisory committee of experts, belonging to the principal countries interested in combating schistosomiasis and chosen from the various branches of medicine which contribute to the study, prophylaxis and control of the disease.

Dr. Maria Kovrigina (USSR) opposed the establishment of an expert committee for schistosomiasis, which was an important but localized disease that should be studied by the regional organizations. She recalled the Chairman’s warning against the establishment of more expert committees than could be financed by the budget. Any additional expert committee should be established in connexion with items still to be considered, such as virus diseases, including influenza, which affected all countries.

Sir Aly Shousha, Pasha, said schistosomiasis was a worldwide disease affecting China, the Middle East, the African continent and South America.

Dr. Dujarric de la Rivière (France) emphasized the economic importance, particularly for Mediterranean countries, of the eradication of this disease. The agricultural productivity of Egypt could be increased if measures similar to those applied to malaria were adopted for schistosomiasis.

Dr. Zahawi (Iraq) drew attention to his booklet on bilharziasis, which affected some 20% of the population of Iraq, and was increasing as a result of the irrigation programme for Mesopotamia. He strongly supported the proposal for a local committee of investigation, composed of specialists in pathology, parasitology, and snails.

In reply to the Chairman, Sir Aly Shousha, Pasha, agreed that the recommendation of the schistosomiasis specialists contained in their report, and the general recommendations of the Interim Commission met the requirements of his resolution. He stressed, however, that the expert committee should not be formed on a regional basis. The disease assumed different forms in different areas, and it was essential to bring together experts from all the affected regions and specialists in the appropriate branches of science.

Dr. León (Mexico), while realizing the importance of schistosomiasis, proposed the establishment of an expert advisory committee to deal with that and other tropical and endemic diseases. Sub-committees for specific diseases could be set up as necessary.

Dr. Minculesco (Roumania) favoured the establishment of expert committees with wider terms of reference to study several diseases, such as the group of virus diseases suggested by the delegate of the USSR.

Dr. Ungár (Czechoslovakia) considered that any decision on the establishment of an expert committee would be premature, in the absence of a final decision on the activities, administration and scope of regional organizations. Expert committees were expensive, and the regional experts might be able to study a problem, at least in the first stage of the inquiry, without incurring additional expenditure. He therefore advocated postponing the discussion, pending a decision on regional organizations.

Mr. Babciki (Poland) agreed with that view.

The Chairman recalled that the committee had to discuss the programme independently of regional organizations. It had to decide whether schistosomiasis was of such importance as to warrant the establishment of a special committee of experts. In any case, a regional organization could not be a substitute for an expert committee.

Sir Aly Shousha, Pasha, said that the disease affected more than one region. It was not a question of money, since expenditure on the disease was greater than the cost of an expert committee. There was, however, urgent need for collaboration between specialists, to consider the problem in the different regions and give advice.

Dr. Cupcea (Roumania) recalled that the expert committees were intended to study general problems. Research into diseases affecting one or a group of countries should be carried out by the national organizations, subsidized by WHO as necessary. The need for the Organization’s support for national research had been emphasized in the Health Assembly.

The Chairman suggested giving provisional approval to the establishment of an expert committee on schistosomiasis. The committee would be able to reconsider the decision during the final review of its work.

This was agreed.

Trypanosomiasis

There was general agreement on the recommendation of the Interim Commission.

58 Off. Rec. WHO, 11, 41
3. Virus Diseases 58

Acute Anterior Poliomyelitis (Infantile Paralysis)
Draft Resolution submitted by the French Delegation

A draft resolution on this subject, submitted by the French delegation, had been circulated, and read as follows:

Whereas the Interim Commission of the World Health Organization during its fifth session accorded to the request of the Government of Ireland that poliomyelitis should be included in the agenda of the First Health Assembly;

Whereas, in recent years, increasingly severe forms of poliomyelitis have been rife in numerous countries;

Whereas conferences for the study of questions arising from this disease have recently been convened at Brussels and New York;

The Health Assembly therefore resolves

That the appropriate division of the Secretariat shall be immediately instructed to conduct an investigation on poliomyelitis; and recommends:

(1) that such studies shall be based upon the first results achieved by the Brussels and New York Conferences and shall pave the way for the future work of similar conferences, which should receive the support and encouragement of WHO;

(2) that a report, in the form of a restatement of this important question, shall be submitted to the second Health Assembly.

The Chairman referred to the paragraph in the resolution concerning an investigation to be conducted by the appropriate division of the Secretariat, and asked whether that was a general proposal or should be interpreted to mean an increase in the number of existing experts.

Dr. Dujarric de la Rivière said that the proposal was a general one, and had been moved because the spread of poliomyelitis had reached disquieting proportions. The measures for carrying out the proposed studies would be determined by the Executive Board.

Dr. Bergman (Sweden), in supporting the proposal of the French delegation, stressed that the proposed studies should concern all aspects of the disease: epidemiological, clinical and social.

The Chairman pointed out that the Secretariat had no section dealing with virus diseases, and the problem would therefore have to be referred to the epidemiological section. The Committee on Administration and Finance would be competent to decide on the budgetary considerations entailed.

Dr. Dujarric de la Rivière agreed that the proposed studies should be conducted by the epidemiological section, since poliomyelitis was a disease which should be studied in close collaboration between epidemiologists and laboratory and clinical experts.

Dr. Puntini (Italy) agreed with the delegate of France. One of the most important points stressed by the European Regional Conference recently held in Brussels was the question of directing scientific research into the proper channel.

The draft resolution submitted by the delegation of France was approved.

With reference to a paper on the production and distribution of "iron lungs", submitted by the Belgian delegation, Dr. Bergman thought that the clinical problem of respiratory paralysis in poliomyelitis should be referred to the competent section of the Secretariat for study.

This was agreed.

Another note on poliomyelitis had been submitted by the Belgian delegation, and the Chairman suggested that it should also be referred for study to the competent section of the Secretariat.

Dr. Goossens (Belgium) explained that the explanatory note regarding the European Regional Conference on Poliomyelitis had been submitted by his delegation for the information of the Assembly. He thought it unnecessary for the committee to embark on a discussion of the technicalities dealt with in the note.

Dr. MacCormack (Ireland) considered that poliomyelitis should be studied on an international basis. The disease lent itself to study by visiting teams. The present approaches were very expensive for small countries—in particular, the use of monkeys for experimental purposes—and the problem could best be studied by international action.

The explanatory note submitted by the Belgian delegation was referred to the competent section of the Secretariat for study.

Dr. Dujarric de la Rivière asked whether members of the committee could give him information concerning the epidemiology of poliomyelitis. Very little was known about the disease and therefore research had to be carried out in every direction. He quoted the example of a certain French province to which part of the population of Alsace had been transferred for two years during the war. The number of cases of poliomyelitis noted during that period had been identical with the number which had occurred in Alsace. That fact tended to show that the character of the disease was peculiar to the population itself, and not to the conditions under which they lived.

Influenza

Dr. Dujarric de la Rivière agreed that the grant to the Medical Research Council in support of the World Influenza Centre established in London should be continued and even increased.
He suggested that the World Influenza Centre should get into touch with other laboratories engaged in the study of the disease. Laboratory research in connexion with influenza should include epidemiological and statistical data.

The subsection was approved.

**Rabies**

The committee had before it a paper submitted by the delegation of Hungary, on the subject of rabies, suggesting that the following be considered by the group of experts mentioned in the Report of the Interim Commission:

1. WHO should recommend the introduction of preventive vaccination of dogs in all territories affected by rabies;
2. WHO should recommend the decentralized treatment by vaccination of persons bitten by rabid dogs.

The Chairman explained that the proposal of the Interim Commission was not to set up an expert committee on this subject, but to instruct the Secretariat, in the preparation of the international rabies conference, to seek the advice of experts in that field.

Dr. Minculesco recognized the difficulty of reaching agreement and of reconciling the conflicting points of view of members interested in various problems which affected their respective countries. He felt that the committee should recommend the setting-up of permanent advisory bodies for the study of problems of interest to the majority of Member nations. That was the case of virus diseases, which included influenza, trachoma, rabies and so forth.

Dr. Puntoni said that the spread of rabies in war-devastated countries fully justified the proposal of the Interim Commission for a preliminary survey of the problem by rabioligists. The study of vaccination should moreover be extended to questions of epidemiology, prophylaxis, and so forth. The report of the Interim Commission implied that the value of anti-rabies treatment was being challenged, although experience in Italy had proved vaccination against rabies to be efficacious.

The Italian delegation was in general agreement with the Hungarian proposal, although the vaccination of dogs should not be considered as the principal measure against rabies.

In regard to decentralized treatment by vaccination of persons bitten by rabid dogs, Dr. Puntoni recalled that that measure had been organized in Italy in 1923 by means of anti-rabies dispensaries.

Finally, he proposed that the question of rabies should be studied not only from the point of view of vaccination, but also from that of epidemiology and prophylaxis.

Dr. Dujardin de la Rivière challenged the wording of the first sentence of the section on rabies in the Interim Commission’s Report. For the last 15 years, no case of death had been recorded by the Pasteur Institute which could be attributed to the regular administration of an excellent vaccine under good conditions. He suggested that the Secretariat should bear in mind the need for studying the vaccination of dogs and for intensifying the production of an easily transportable vaccine. For example, during the occupation of France, Corsica had been completely isolated, and persons bitten by dogs had been obliged to obtain transportable vaccine by air from Tangiers. It was essential for depots to be established in countries where there were no anti-rabies institutes. Moreover, the suggested conference on rabies would be the cheapest way of grouping experts in that field.

The meeting rose at 4.35 p.m.

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**TWELFTH MEETING**

*Friday, 9 July 1948, at 2.30 p.m.*

*Chairman: Dr. K. Evang (Norway)*

1. **First Report of the Committee on Programme**

   The Chairman drew attention to the revised version of the first report of the Committee on Programme, which had been circulated (p. 300).

   The report, in its revised form, was approved.

2. **Virus Diseases**

   **Influenza**

   Dr. Maria Kovrigina (USSR) drew attention to the grave problem of influenza, on which the delegation of the USSR had submitted proposals recommending (1) that influenza be placed among those problems to receive urgent priority; (2) that a committee of experts be set up to deal either with influenza exclusively or with the problem of virus diseases in general, with particular reference to influenza and poliomyelitis.

   The Chairman ruled that the document submitted by the USSR would be circulated and dealt with later when the question of the grouping of subjects was discussed.

   Dr. Grasset (Switzerland) stressed the high importance for studies of influenza vaccines to be made by WHO or the Committee on Biological Standardization.
Rabies

Dr. Simonovits (Hungary) described the position with regard to anti-rabies vaccination in Hungary, an agricultural country with widely scattered farms and a large number of dogs. The vaccination of dogs had been thoroughly organized, as experience in Hungary had shown that such was the most effective method of controlling rabies. In cases of a dog-bite where it could not be established that the dog had been vaccinated, it was possible to get in touch with the capital by telegraph, and vaccination of the patient could be effected at the latest on the following day.

The CHAIRMAN drew attention to the recommendations of the Interim Commission, proposing a preliminary survey of the problem of rabies by a group of experts prior to the preparation of an international conference. The delegate of Hungary had proposed that the recommendations of his Government should be submitted to that small group.

This was agreed.

Trachoma

Dr. Dujarric de la Rivière (France) supported the proposals of the Interim Commission, but wished to suggest that, as it had been proposed also in the section on leprosy, WHO should work in co-operation with the National Trachoma Association.

Sir Aly Shousha, Pasha (Egypt), proposed that the Secretariat should set up an international co-ordination centre for workers in this field. The acquiring and dissemination of information were not sufficient; international laboratory research was necessary. Many societies were dealing with that important problem. He proposed a centre to which experts from all over the world could come, to perform clinical and laboratory research. For instance, the Egyptian Trachoma Institute was subsidized by the Government and by voluntary agencies. The Institute was prepared to accommodate research workers willing to undertake research and develop knowledge with regard to this important disease.

Dr. Dujarric de la Rivière supported what had been said by the delegate of Egypt and proposed that liaison be arranged between the Pasteur Institute in Tunis and the WHO co-ordination centre when set up.

Dr. Geor (Union of South Africa) reminded delegates of his constant plea for broad grouping. He asked whether they would not accept a broad grouping of eye diseases rather than restrict the work to trachoma alone.

Dr. MacCormack (Ireland) proposed the addition of the word "cause" after "treatment" in the last line of the section on trachoma in the Interim Commission's Report.

This was agreed.

The CHAIRMAN proposed that a wording be found whereby WHO might be empowered not only to acquire and disseminate information on trachoma, but also to get in touch with trachoma or ophthalmological institutes and establish contacts with them. He understood that this would not involve any financial outlay on the part of WHO.

The proposal of the Chairman was agreed.

3. Other Subjects requiring Study

Cancer

The proposals of the Interim Commission under this section were adopted without discussion.

Hygiene of Seafarers

The CHAIRMAN drew attention to a draft resolution on this subject submitted by the Portuguese delegation. It was understood that any action undertaken by WHO in this connexion would be in close co-operation with ILO. He asked the Portuguese delegation for clarification with regard to the words " working party " contained in point (b) of the resolution.

Dr. de Carvalho Dias (Portugal) said that the prevalence of such diseases as tuberculosis, malaria and venereal diseases among sailors, together with the peculiar living conditions of fishermen and merchant crews, made it imperative to study the hygiene of seafarers.

He cited the " nautical epidemics " originating in swamps (cases of which he had observed at Lisbon aboard ships arriving from infected areas), the living conditions of dockers, fishermen and all those engaged in maritime trade and the accidents to which they were liable. All those facts clearly showed the urgency of the question. Such constantly moving personnel might easily spread infectious diseases. And yet steps taken to prevent that and the treatment of patients varied from country to country, even when the countries were neighbours.

In the course of his official duties, he had observed, for example, that some sailors who had appeared before him had never been re-vaccinated against smallpox, whereas others had been vaccinated four times in one year in different places. He had also noticed that in different countries there were marked divergences in the facilities for urgent prophylaxis available to sailors, even in the case of venereal diseases, for which there was an international agreement.

In Lisbon, there was free treatment of venereal diseases for both foreign and Portuguese sailors;
there was also free vaccination against the diseases covered by conventions.

To obtain practical results, there should be the closest international co-operation between maritime health services and the scope of the Brussels Agreement should be widened. WHO should recommend more regular, adequate and effective protection of seafarers. He therefore suggested that the committee should appoint a working party, for closer study of the question and the drawing-up of concrete proposals.

Sir Wilson Jameson (United Kingdom) thought that the best way to deal with the matters mentioned would be for the Secretariat of WHO to work in co-operation with ILO. A working party alone would not get very far.

Dr. León (Mexico) thought that the principal object of the delegate of Portugal had been to call attention to the importance of the problem. He proposed a resolution to the effect that facilities should be provided in the Secretariat for the application of that programme.

Dr. de Carvalho Dias agreed.

It was agreed that the Rapporteur should be asked to incorporate the suggestion of the delegate of Mexico in the draft resolution submitted by the delegation of Portugal.

Insulin

The Chairman considered that there was every reason to congratulate the Interim Commission on its work in this field. He drew attention to the supplementary report on insulin.63

Dr. Chisholm, Executive Secretary of the Interim Commission, informed the committee that additional information had been received, which had not yet been widely disseminated. In Germany, within recent months, a new method of preserving pancreas gland without refrigeration had been discovered. This method avoided the expense of refrigeration in storing and transporting the substance. It would be possible to utilize supplies obtained from very small slaughter-houses by the application of the new method, a detailed account of which would be published very shortly and circulated by the Secretariat.

The proposals of the Interim Commission on this point were accepted.

Natural Resources

The Chairman stated that the Committee on Relations had recommended the continuation of the activities described in the report of the Interim Commission. It was the business of WHO to stress the point that health was one of the most important natural resources in every country. He drew attention to the recommendation in the supplementary report on natural resources.64

There was general agreement on the proposed resolution, which would be circulated later in final form.

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Rheumatoid Diseases

Dr. Plavšić (Yugoslavia) proposed that, in view of the great social importance of heart disease in general, and not merely of cardiac diseases caused by rheumatism, the title of the section should be changed to "Rheumatoid and heart diseases". He also proposed that WHO should enter into contact with the International League on Rheumatic Diseases, and the following words should be added to the end of the paragraph in the report of the Interim Commission "... to establish liaison with the International League on Rheumatic Diseases".

Dr. Höjer (Sweden) seconded this proposal.

Dr. Brikas (Greece) considered that the problem of rheumatism was as important as that of tuberculosis. Many children suffered from arthritic affection. He felt, however, that there was a distinction to be drawn between cardiac diseases and rheumatoid or arthritic diseases. He proposed that a working party be set up to study the question, which was very important from a social aspect.

Dr. Dujarric de la Rivière stressed the importance of rheumatoid diseases which, like tuberculosis, venereal diseases and cancer, were social diseases. Studies made in the United States had shown that the number of working days lost due to rheumatoid diseases was as great as those lost due to tuberculosis, with the sole difference that effective measures could be taken against tuberculosis whereas they had yet to be discovered for the rheumatoid diseases.

Dr. MacCormack was in full agreement with all that had been said on the importance of this group of diseases. Like the delegate of the Union of South Africa, he believed in broad grouping. He therefore supported the proposal made by the delegate of Yugoslavia.

Dr. León supported the proposals of the Interim Commission, but suggested changing the title of the section to "Rheumatoid and allergic diseases".

The Chairman stated that there seemed to be general agreement on the proposals of the Interim Commission. There had been two proposals to change the title of the section, but the etiology of the group of diseases was still to a large extent unknown. He thought it would meet everybody's point if the title were left as it was, while noting the proposals made by the delegates of Mexico and Yugoslavia.

This was agreed.

4. Co-operation with Non-Governmental Organizations

The Chairman went on to recall that the delegate of Yugoslavia had suggested that WHO should get in touch with international non-
governmental bodies working on rheumatoid diseases. The delegate of France had mentioned a similar proposal with regard to trachoma. Care had to be exercised to ensure that such recommendations were not made before the non-governmental bodies in question had been fully investigated by the Committee on Relations.

Dr. Dujarric de la Rivière agreed with the observations of the Chairman. He proposed to insert in the text of the proposals of the Interim Commission a phrase such as “It is considered desirable that there be facilities for work with organizations connected with this question.” Such a formula would not compromise WHO. This phrase might also be included under the section on trachoma.

The Chairman again emphasized the need for caution in dealing with the matter. In connexion with leprosy, very careful study had been given to the associations concerned. He proposed to the delegate of France that the question be referred to the Committee on Relations for study. This was agreed.

5. General Discussion on Programme

Sir Arcot Lakshmanaswami Muddaliar (India) stated that, as a result of the deliberations of the Committee on Programme, responsibility had been thrown on the Executive Board for the carrying-out of a very heavy programme. In his view, the main task was to define a programme for the first year of operation. There was a danger that the multiplicity of subjects adopted for the Secretariat to work on would mean that effort would be scattered, and no serious work achieved on any one subject. The Secretariat would have to be considerably expanded if all those tasks were to be efficiently carried out; and when secretariats expanded, it was difficult at a later stage to cut them down.

Certain subjects had been selected for study on which a good deal of work had already been accomplished by other organizations, international, national and regional. It was very desirable that when the programme had been finally adopted, it should be definitely stated: (1) that the programme was not intended to be carried out in its entirety during the first year of operation of WHO; (2) that a definite programme for 1949 would have to be adopted. If too many inquiries were initiated at one time, governments would be swamped with questionnaires and insufficient data would be provided.

The delegate of the Union of South Africa had suggested a grouping of subjects, but that would not have been much. He thought it necessary to adopt a practical attitude in drafting the programme in its final stages.

The Chairman, replying to the delegate of India, explained that the proposed programme would be referred to the Committee on Administration and Finance, and if it proved too extensive from the financial point of view, it would be referred back to the Committee on Programme for revision. There had been several suggestions made by delegates with the financial question in mind, such as the grouping of various items together for study by the Secretariat and the enlarging of the terms of reference of expert committees. He did not think that either of those suggestions would have the desired effect, as, in the first case, the grouping of items together would not lessen the amount of work involved, and in the second, the experts would be able to cover only the restricted field in which they were specialists, so it would not be practicable to enlarge their terms of reference.

All those problems would be discussed at a later stage when the programme was being revised.

6. Proposals Concerning Medical Supplies

Dr. Mateff (Bulgaria) introduced a paper, in which his delegation proposed the establishment of a bureau of medical supplies. He said that scientific discoveries had rendered it possible to eradicate diseases such as malaria, but the benefits of those discoveries could not be made available to all peoples, unless the essential drugs and supplies could be obtained. The reports of the expert committees of the Interim Commission showed that medical supplies were lacking in the very countries which needed them most. It was for that reason his delegation had proposed the establishment of a bureau of medical supplies. The establishment of such a bureau would be in line with the objectives of WHO, and it would be able to collaborate with any other specialized agencies interested in the same work.

Dr. Minculesco (Roumania) then read a paper concerning the production, standardization and distribution of drugs and materials for research and education, submitted by his delegation. Action by WHO in that field was of particular importance to war-devastated countries.

Dr. Ungar (Czechoslovakia) said that his delegation had submitted a proposal for the establishment of a procurement office, for the same reasons as those advanced by the delegates of Bulgaria and Roumania.

With regard to a paper concerning radio-active isotopes, also submitted by his delegation, he had been reluctant to raise such a delicate question, but felt that something should be done to make isotopes freely available to those countries which were not in a position to produce them. His delegation therefore proposed that it should be the task of WHO to find ways of facilitating the research on isotopes in countries where they are not available, and to improve the situation in laboratories and institutions where research is already being undertaken; and also that such countries should be enabled to send out their students to study isotopes, for periods sufficiently long to acquaint themselves with the methods and practices of this particular work.

Dr. Soper (observer, Pan American Sanitary Bureau) said that the Pan American Sanitary Bureau had started a purchasing service for the Latin-American countries as from 1 July 1948. It had taken over the files compiled by the UNRRA purchasing service, as well as some of
the staff of that service, which had facilitated their task considerably. He emphasized the fact that the establishment of a purchasing service was an expensive and difficult task. Such a service would have to be quite impartial and would work entirely on the basis of purchasing the best goods at the cheapest price for the consumer country.

Dr. Karabuda (Turkey) thought that the proposed bureau of medical supplies should also deal with surgical instruments.

The Chairman said that the problem was a difficult one. There was the question of making distribution of supplies correspond to demand; the currency problem was also involved in connexion with payment for supplies, and there was the suggestion that supplies and instruments should be standardized. He thought that an advisory bureau might be established instead of a procurement office. In view of the difficulties, he suggested that the committee might recommend the Health Assembly to authorize the Executive Board to set up machinery to study the question and to report back to the next Health Assembly.

Dr. Ungar emphasized the urgency of the problem and felt that it should be studied by the present Health Assembly. The problem was most urgent for those countries which had been receiving aid from UNRRA. Since the termination of that aid their reconstruction programmes were being held up through lack of supplies.

With regard to the financial question, his government was willing to use all its dollar resources in payment as long as the necessary supplies were made available. He suggested that a working party should be set up to study the problem under the chairmanship of Dr. Soper, whose experience would be of great assistance.

Dr. Minculesco agreed in principle with the procedure suggested by the Chairman, but asked that the work should be carried out as quickly as possible.

Dr. Soper said that the purchasing service set up by the PASB had only just been started. He emphasized the importance of the UNRRA files. It had taken several months to collect the information contained in those files, and that information was essential to the service. If WHO were to set up a purchasing service, it would not have the same initial advantages. As far as purchases in the Western Hemisphere were concerned, the PASB would be pleased to cooperate with WHO and to arrange for all the work to be handled through one joint office.

The Chairman said that the discussion would have to be continued at a subsequent meeting. He asked the Secretariat to find out whether the Constitution of WHO would permit the establishment of a procurement office.

The meeting rose at 4.55 p.m.

THIRTEENTH MEETING

Monday, 12 July 1948, at 2.30 p.m.
Chairman: Dr. K. Evang (Norway)

I. Other Subjects requiring Study

Draft Resolution on Brucellosis submitted by the delegation of Mexico

Dr. León (Mexico) recalled that in 1909 brucellosis had been described as a disease of the future. It was now a disease of the present, and was on the increase. It caused much suffering among human beings, and considerable economic loss by its ravages among livestock. What was recommended in the proposal of his delegation was not an expert committee or division in WHO, but the setting-up of an international centre for the study of the disease, such as the one existing in Denmark for the study of salmonellosis, under the direction of Dr. Kaufmann. The cost would be small, as it would be incorporated in an already existing institution.

Dr. Cramarossa (Italy) stated that there were in many countries national centres for the study of brucellosis; for instance, the Department of Public Health in Italy had set one up in the Hygiene Institute of the University of Florence. The etiology of the disease was, however, manifold. It had different causes in different countries. Therefore, research carried out in one central institution would not be effectual. In his view, WHO might act as an information and co-ordination centre, but the actual work of research should be carried out on a national scale.

Dr. Dujarric de la Rivière (France) supported the proposal of the delegate of Mexico. Brucellosis, previously known as "Maltese fever", was now called "undulant fever" and had become a very serious problem. As such it called for study by WHO.

Lt.-Col. Pasricha (India) and Dr. Rae (United Kingdom) hoped that the name "Maltese fever" would be definitely abandoned, as there was no reason for the island of Malta to be singled out in connexion with the disease which was now prevalent in many regions of the globe.

The Chairman thought there was general agreement on the importance of brucellosis. He thought, however, that the recommendation to set up a world centre "in a scientific institute already engaged in research on brucellosis" in the Mexican proposal, needed changing, as it was doubtful whether WHO would be able to find such an institute.
Dr. León thought the Chairman's point might be met by adding the words "if possible". With regard to the observations of the delegate of Italy, the Mexican proposal for a brucellosis centre was not meant as a substitute for national institutes, but rather as an international co-ordinating centre.

It was agreed that the proposed change in the wording of the proposal be incorporated in a new draft prepared by the Secretariat and the Rapporteur and submitted to the committee (for final text, see third report, p. 310).

2. Malaria

Draft Resolution Relative to the Prevention of Introduction or Reintroduction of Anophelines

Dr. Russell (United States of America), chairman of the working party on malaria, in presenting the resolution, drew attention to a misprint in the last line of paragraph 1 of the appendix (p. 304).

The draft resolution was unanimously approved (for text, see second report, p. 301).

3. Tuberculosis

Amendments Proposed by the Delegation of Czechoslovakia to the Draft Resolution on Tuberculosis

The Chairman stated that he understood that the delegation of Czechoslovakia wished to redraft its resolution before presenting it to the committee. As time was drawing short, however, he would press for the redraft to be presented as soon as possible.

4. Venereal Diseases

Draft Resolution Proposed by the Working Party on Venereal Diseases

Dr. Du Jarric de la Rivière, chairman of the working party on venereal diseases, presented the draft resolution (for final text, see second report, p. 302).

Lt.-Col. Pasricha stated, with regard to paragraph (t) (v), that compulsory hospitalization was not at present possible in India. He was further opposed to the provision in paragraph (5)(i), which called for making available lists of treatment centres in all countries and which he thought would impose an unnecessary burden upon the WHO Secretariat. It was useful to make such lists available on a national basis, but he failed to see the necessity for doing so on an international scale.

The Chairman suggested omitting, in accordance with the procedure adopted in the case of other drafts, items (i), (ii) and (iii) of paragraph (5), which gave in detail the functions of the proposed section on venereal diseases. The Brussels Agree-

ment provided for information to be made available with regard to treatment centres in all countries, and he agreed that reference to the point might well be deleted from the document under discussion. The recommendation in paragraph (5) would then simply be for WHO to establish in the Secretariat a section on venereal diseases.

A discussion took place on the first point raised by the delegate of India, the delegate of Egypt stating that the clause with regard to compulsory hospitalization could not be applied in his country either, because of the shortage of hospital space.

The Chairman drew attention to the fact that the recommendation was not mandatory and would in any case apply only to the small number of cases where the patient refused treatment.

Dr. Putkonen (Finland) thought that a drafting change might meet the point. He proposed that the clause should read "compulsory treatment of persons suffering from communicable venereal diseases and compulsory hospitalization of those refusing to submit to treatment".

Sir Aly Shousha, Pasha (Egypt), agreed with the text proposed by the delegate of Finland.

The Chairman considered that the Rapporteur and the Secretariat might be entrusted with the redrafting of the clause.

Lt.-Col. Pasricha asked, in connexion with paragraph (1) (d), calling for notification of primary and secondary syphilis, declaration of sources of infectious contacts, and national and international contact-tracing, how such contact-tracing was to be carried out. Was this to be done by means of passports, yellow tickets or what?

The Chairman explained that it was a matter for co-operation between the health departments of the various countries. He thought the English text needed re-drafting.

The draft resolution was adopted as amended, on the understanding that the wording of the English text would be slightly altered by the Rapporteur and Secretariat before being presented in its final form.

5. Sanitary Engineering

Combined Draft Resolution on Environmental Sanitation Submitted by the Delegations of Mexico and the United States of America

The text of the resolution reads as follows:

The Health Assembly resolves:

(t) That the Executive Board be instructed to establish during its first session a committee to be called : "The Committee on Environmental Sanitation of the World Health Organization", with the following terms of reference:

To act as an expert advisory body to the World Health Organization.
(a) That WHO set up within its Secretariat a section on environmental sanitation adequately staffed, with a view:

(a) to assist in implementing the policy of WHO on environmental sanitation and particularly such recommendations of the Committee on Environmental Sanitation as are approved by the World Health Organization; and

(b) to make it possible for WHO to function as an international co-ordinating centre in the field of environmental sanitation.

Dr. Cramarossa said his delegation supported the draft resolution submitted by the delegations of Mexico and the United States. He spoke of the benefits to be derived from improvements in environmental sanitation and the question of expenditure involved, which those countries whose economies were weak were not in a position to face. The proposed resolution would enable WHO to supply to Member States information and advice likely to be of assistance to them in bettering urban and rural conditions. He submitted the following recommendation, in the hope that it might contribute to the implementation of the aims of the proposed resolution:

The Health Assembly

Inasmuch as university studies for the training of sanitary engineers only exist in a few countries;

Inasmuch as the magnitude of the tasks of the engineer, particularly in this post-war period, is such that it calls for the intervention of all engineers, even those not specialists, for the construction of works often having repercussions on public health;

Recommends to all Member States to include the compulsory study of sanitation in the programme of university studies for engineers and to give it adequate prominence.

In the absence of objections, the resolution of the delegations of Mexico and the United States was accepted, with the understanding that drafting changes necessary to bring it into conformity with the drafting of other recommendations would be made (for final text, see third report, p. 308).

With regard to the proposal of the delegate of Italy, the Chairman drew attention to the fact that technical education had already been discussed under the item "Technical Education" in the report of the Interim Commission (see p. 137). It had been agreed that WHO should gather information on all aspects of technical education; until that information had been collected and analysed it might be difficult to make specific recommendations. He suggested that the proposal should be referred to the Secretariat, which should study the question and report to the next Health Assembly.

The delegate of Italy being in agreement, the Chairman's suggestion was accepted.

Lt.-Col. Pasricha, while supporting the resolution of the delegations of Mexico and the United States, considered it would be premature to establish a committee to deal with the question: a section might quite well collect and collate the information and a committee could be formed at a later stage.

The Chairman said the subject had already been discussed and there was general agreement on the importance of the matter. He suggested that it should be left for final revision when the complete list of proposed expert committees came up for consideration.

This was agreed.

6. Schistosomiasis (continuation)

DRAFT RESOLUTION ON SCHISTOSOMIASIS

SUBMITTED BY THE DELEGATION OF EGYPT

The delegation of Egypt had submitted a draft resolution on Schistosomiasis, calling for the establishment of an expert committee.

The Chairman said that, with the exception of one or two delegates, there was general agreement on the proposed resolution. He suggested that the final decision should be left until the complete list of proposed expert committees was considered.

Sir Aly Shousha, Pasha, wished to stress once more the great importance of schistosomiasis, and the necessity for tackling the disease on an international basis.

Lt.-Col. Pasricha supported the resolution, but suggested a modification in one of the details, to allow experts not belonging to the principal countries interested in schistosomiasis to take part in the work of the proposed committee of experts.

Dr. Vaucel (France) suggested that if, for budgetary reasons, it were found impracticable to establish a committee of experts on schistosomiasis, the subject might be studied by the joint OIHP/WHO study-group, as was being done in the cases of plague and typhus. To emphasize the importance of the disease, the next meeting of the OIHP/WHO study-group on tropical diseases might place the subject first on the agenda.

Dr. MacCormack (Ireland) assured the delegate of Egypt of his firm support for the establishment of the proposed committee on schistosomiasis, when the question of priorities for expert committees was considered.

Sir Aly Shousha, Pasha, said he was willing to leave the final decision until the complete list of expert committees was discussed. If no conclusion satisfactory to him was then reached, he would ask leave to return to the proposal of the delegate of France.

It was agreed that a final decision would be taken at a later stage.
7. Proposals concerning Medical Supplies

PAPERS SUBMITTED BY THE DELEGATIONS
OF BULGARIA, RUMANIA AND CZECHOSLOVAKIA
(continuation) (see p. 147)

The Chairman drew attention to a point to be discussed at a later stage: emergency medical services. In the section in the report of the Interim Commission devoted to this item, it was stated that machinery for giving advice on the immediate procurement of medical supplies should also be available.

Dr. Halverson (United States of America) said he wished to support the proposal for the development of a service to assist countries to secure medical and surgical supplies. The United States delegation recommended that the Secretariat should be instructed to work out an agreement with the Pan American Sanitary Bureau, along the lines suggested at a previous meeting by the PASB observer, as the best and quickest way to get such a service started. The PASB had access to the records and experience of UNRRA in that field, and much time and expense would thus be saved. The United States delegation upheld the suggestion of the observer of the PASB that the service should be largely self-supporting, as that would avoid any delay likely to be caused by the limitation of WHO funds.

Dr. Simonovits (Hungary) said that important new discoveries in drugs were practically unavailable to many countries, not only because of the limited quantities manufactured, but also because, in their distribution, commercial interests were predominant. Many war-devastated countries were also unable to obtain vitally important drugs and medical equipment. While appreciating the difficulties involved in the establishment of an office as suggested by the delegates of Czechoslovakia and Bulgaria, he felt that it was primarily the task of WHO to ensure that the distribution of medicaments should be governed by the interests of public health and not by commercial considerations.

The delegation of Hungary therefore proposed that the Executive Board should set up an office of the Secretariat for the following purposes:

1. To advise governments on purchasing questions concerning medical supplies and special equipment.
2. To arrange contacts between producers and buying governments.
3. To aid governments of Member States to obtain fair treatment from producers.
4. To help in the removal of difficulties in the fair distribution of important medical supplies and equipment.
5. To assist governments, by advice and information, to start the manufacture of special drugs and equipment, and
6. To arrange and facilitate equitable distribution of existing special drugs and equipment or future discoveries in that line.

Sir Aly Shousha, Pasha, supported the Czechoslovak proposal for the establishment of a procurement office of medical supplies. He recalled the immense assistance given to Egypt by the New York office of the Interim Commission during the recent outbreak of cholera, and stressed the advantages to be derived from a procurement office, not only in times of emergency but in normal times.

The Chairman, summarizing the position, said there was no disagreement as to the great importance to be attached to a procurement office, both to give advice and to procure medical supplies for countries. Three ways to establish such an office were open:

1. To recommend that the Executive Board establish a procurement office immediately. The difficulty there was that it would be impossible to do so without first studying the question, and a large staff would also be necessary.
2. To recommend the proposal of the United States delegation that WHO reach an agreement with the Pan American Sanitary Bureau, whereby that Organization’s procurement office would also be able to service other countries than those Members of PASB. There was a difficulty, in that a large number of countries outside the United States were producers of drugs. He was not quite sure whether PASB would be in a position to offer advice to producers in Europe or in other parts of the world.
3. To recommend that the Executive Board study the question and report back to the next Health Assembly, giving full details of the expenditure involved.

He observed also that the way was still open to establish an emergency advice centre for Members of WHO, and cited the case of the help given by the Interim Commission to Egypt. On that occasion the Interim Commission had acted as a procurement office on a small scale.

The matter was a very important one, and he requested delegates who had made proposals to present them in writing for further consideration at the next meeting. He also asked the observer of the PASB whether the PASB procurement office would cover producing areas other than the Western Hemisphere.

Dr. Soper (observer, Pan American Sanitary Bureau) stated that, so far as the Latin-American countries were concerned, his organization would be interested in supplying them with the best and cheapest material, whether produced in the Western Hemisphere or not. It seemed to him that it would be rather awkward to attempt to cover all sources of supply in the world from Washington. His idea had been that, with the
procurement services as with other services, the regional officer should cover his territory. He did not think the situation should be allowed to arise where it would be necessary for PASB, a regional organization in the Western Hemisphere, to establish a subsidiary purchasing service, say in Europe. The problem was one that would require constant adjustment and interchange of information from one area to another.

He stressed that PASB was not attempting to set up a purchasing service in the Western Hemisphere with the purpose of promoting United States commerce, and noted that, with the present exchange situation, it would be more advantageous for many Latin-American countries to buy in other parts of the world. He wished to make it clear, however, that many supplies were more readily available at the present moment in the Western Hemisphere, and the purchasing services aimed at avoiding duplication of effort there. He emphasized the expenditure involved in the establishment of the service. The best way to justify it was by concentrating everything that was available in one organization.

The CHAIRMAN thanked Dr. Soper and announced that the delegate of India had been invited to join the working party on health statistics.

The meeting rose at 4.35 p.m.

FOURTEENTH MEETING

Tuesday, 13 July 1948, at 70 a.m.

Chairman: Dr. K. Evang (Norway)

1. Stomatology and Dental Hygiene, Hygiene and Bacteriology Laboratories

Dr. Koszynski (Poland) drew attention to three health problems, not specifically included on the agenda, which might be considered by the Secretariat in connexion with medical assistance or public-health administration.

A thorough study of dental hygiene and stomatology would be invaluable; dental decay was the cause of many serious social diseases, and in many countries the state of teeth was deplorable. Little was yet known of the cause of dental caries, although some countries, such as the United States of America and the USSR, applied important and far-reaching dental prophylaxis, especially for school children.

Hygiene and bacteriology laboratories were increasing in importance and experience, and had difficulty in meeting all requests and problems referred to them. Co-operation between laboratories in the distribution of vaccine, exchange of information and personnel should be encouraged as a matter of urgency.

Finally he asked for the co-operation of WHO in a matter of national health, namely, the introduction of a health booklet for each individual, to contain a complete medical record. In many countries, such records were kept for schoolchildren or for patients suffering from certain diseases, but were incomplete and therefore useless to the holder. Besides its importance from the medical point of view, the booklet would help in the training of youth and selection of suitable employment, and would facilitate accident and other insurance claims.

His delegation proposed the inclusion of those three items, stomatology and dental services, hygiene and bacteriology laboratories, and individual health booklet, under "Other Activities", and recommended their study by the Secretariat, which should if necessary be increased for the purpose.

Dr. Briskas (Greece) supported the Polish proposal but suggested certain modifications. The term "dental service" should be altered to read "dental medical service" or "stomatologia". Many dental disorders and malformations, particularly in children, required treatment by practitioners with medical training.

Secondly, it was misleading to define the diseases caused by dental decay, as was done in the draft before the committee, and he suggested that the paragraph on this subject should read: "With regard to the dental medical service, this is still much neglected in many countries, although it has been proved that infection of dental origin often opens the door to many infections."

He agreed to the introduction of the individual health booklet.

Dr. DujaRC De la Rivière (France) also supported the Polish proposal. The importance of collaboration between hygiene and bacteriology laboratories had already been recognized by WHO.

He, too, favoured the term "dental medicine" and the deletion of the list of diseases caused by dental infection.

The individual health booklet already existed in France. The Organization could recommend its adoption in countries where it was not yet used, and could also consider the possibility of a standardized form for the booklet.

Dr. Timmerman (Netherlands) said that the Polish proposal on laboratories concerned the Expert Committee on Biological Standardization. He proposed the adoption of a recommendation to the Health Assembly referring the proposal to that committee.
The CHAIRMAN said that a part of the Polish proposal was already covered. The Expert Committee on Biological Standardization was the competent body to study collaboration between laboratories.

The use of the individual health booklet could be considered by the section of the Secretariat studying public-health questions; stomatology and dental medicine were not yet covered, although the subject had been discussed in the Interim Commission and its importance recognized.

It was agreed to refer the Polish proposal on dental medicine and stomatology to the Executive Board for study.

2. Proposals concerning Medical Supplies

PAPERS SUBMITTED BY THE DELEGATIONS OF BULGARIA, ROUMANIA AND CZECHOSLOVAKIA (continuation) (see pp. 147, 151)

Dr. STOYANOFF (Bulgaria) said that there had been no opposition in principle to the establishment of a bureau of medical supplies, the only difficulty being a financial one. The need for a bureau was, however, so urgent that a start should be made in the following year. While agreeing with the Director of the Pan American Sanitary Bureau that regional centres should bear responsibility for their areas, he stressed the need for a central agency for co-ordination and general supervision. Such an agency could be established by co-ordinating and extending the existing services in WHO dealing with supplies of penicillin, streptomycin, etc.

His delegation supported the first proposal made by the Chairman at the previous meeting, namely, the establishment of a special service for medical supplies within the Organization. The Executive Board would decide upon the staffing and functions of the section.

Dr. RAE (United Kingdom) supported the third alternative proposed by the Chairman at the previous meeting. He advocated referring the matter to the Executive Board for close study, and action when it would be effective.

Dr. UNGAR (Czechoslovakia) combined the alternative lines of action in the following proposed resolution:

This committee recommends to the Executive Board the setting up of machinery for giving advice on the procurement of medical supplies in accordance with the item on page 16 of the Official Records of WHO, No. 10.

The staff for operating this machinery to be as small as possible at the beginning and to be recruited from UNRRA staff if practicable;

this office to start by collecting files and other information in close co-operation with the Pan American Sanitary Bureau and UNRRA in liquidation, if practicable;

co-operation in practice with the Pan American Sanitary Bureau to be established in particular for the Western Hemisphere.

This proposal was supported by Dr. KOZUSZNIK (Poland).

Dr. NAZIF Bey (Egypt) supported the United Kingdom proposal, subject to the item's being given priority among the many questions referred to the Executive Board. He thought the proposed bureau should concern itself only with emergency drugs and vaccines.

The CHAIRMAN, summarizing the discussion, said there was general agreement that the matter was urgent and should be referred to the Executive Board with a request for some action on a small scale during the coming year. In addition, the Polish delegation had suggested consultation with the Pan American Sanitary Bureau and UNRRA.

It was agreed that the Rapporteur and the Secretary should prepare a final draft resolution for submission to the following meeting of the committee.

3. Medical Education

The CHAIRMAN asked the delegate for Czechoslovakia whether he pressed his proposal for an expert committee on this subject, in view of the discussion on technical education (p. 137), when it had been agreed that the Secretariat should gather information on all aspects of technical health education and facilitate the exchange of such information.

Dr. BÁRDOS (Czechoslovakia) agreed to withdraw the proposal, if medical training were understood to be included in that resolution.

4. Physical Training

Dr. MATEEFF (Bulgaria) said that the action of WHO in seeking to control disease would be one-sided without the supplementary activity of raising the physical standard of the people and strengthening their resistance to disease. Physical training was of first importance as a factor in health education, as a means of increasing physical well-being and resistance to infection, and of promoting balanced physical development. In view of those facts, he proposed a resolution to the effect that, first, the Executive Board be instructed to study, in consultation with specialists, the means by which WHO could ensure that physical training was established on a solid scientific basis as a health factor of first importance, and secondly, that physical training be placed on the agenda of the second Health Assembly for consideration of more definite action in the future.

The proposals were adopted.

5. Influenza

The CHAIRMAN recalled the decision taken, after discussion of the section on influenza (p. 143), to continue the grant to the Medical Research Council in support of the World Influenza Centre.
He also drew attention to the note by Dr. Andrews of the National Institute for Medical Research, London, 67 and to the informal meeting of 40 influenza experts from many countries. The question had also been discussed in the Interim Commission, which, while recognizing its importance, had found it impossible to recommend any additional action at the time.

Dr. Maria Kovrigina (USSR), while realizing the difficulty of setting up a large number of expert committees, pressed for the establishment of an expert committee on influenza. The disease was one which must be given priority; and there was need for an expert committee, to which many countries, including her own, would send representatives, in addition to the influenza centre in London.

On the Chairman's proposal, it was agreed to adopt provisionally the proposal of the delegation of the USSR for an expert committee on influenza, subject to a final decision during the discussion on the complete programme.

6. Nutrition 68

The Chairman recalled that the discussion on nutrition (p. 138) had had to be broken off, because a revision of the draft Agreement between WHO and FAO was being considered by the Committee on Relations, and it had been thought that the wording of the recommendation might have to be changed. The Committee on Relations had reached a decision, and he read the draft resolution prepared by the Rapporteur and the Secretariat, as follows:

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly resolves:

1. That the Executive Board or the Director-General of the World Health Organization be instructed to cooperate in establishing a joint expert committee of WHO and FAO on nutrition, when necessary, with the following terms of reference: to act as an advisory body to the World Health Organization and FAO;

2. That this joint expert committee should consist of not more than ten members;

3. That it should refer to the Executive Board the nomination of a panel of corresponding members;

4. That the World Health Organization make available, within its Secretariat, suitable facilities to serve the joint expert committee and to supply information as required.

Dr. Briskas made suggestions concerning the feeding and nutrition of infants and children of school age. He said that infant mortality was still excessive, especially during the first months of life, owing in most cases to mistakes in feeding, lack of nutritional adjustment and shortage of mothers' milk. He emphasized the importance of establishing maternal milk banks, as experience had shown that mortality among children diminished in countries where this had been done. It would be in the interest of WHO, in consultation with FAO, to suggest to governments concerned the establishment of milk banks, to supply country districts as well as towns.

His second point was the desirability of making a recommendation to all departments concerned in the various countries that action should be taken to improve the diet in school canteens and boarding-schools, with particular reference to countries which had suffered as a result of the war. He added that many cases of rickets were due to a badly-balanced diet. Diseases such as tuberculosis, certain forms of anaemia and dystrophy, etc., were encouraged chiefly by nutritional defects. Considerable efforts should be made to improve conditions.

The Chairman drew attention to the fact that, at an early stage, the Interim Commission had been approached by UNICEF, and an expert committee of nutritionists had been set up by the Interim Commission and FAO, to advise UNICEF on the feeding of children. That committee's report had been printed and was available to all interested parties.

The resolution embodying the recommendations of the Interim Commission was adopted.

7. Mental Health

The Chairman referred to the draft resolution proposed by the delegation of the United States of America (see p. 137; final text in third report, p. 509). Whilst he had no objection to the somewhat unfamiliar procedure suggested, he felt it his duty as Chairman to draw attention to the fact that the International Congress for Mental Health had not yet taken place, and the committee knew nothing about the decisions which would be reached. He did not think there would be any risk in passing the resolution, but it should not be regarded as a precedent.

Dr. Cameron (Canada) thought the committee would be well advised to take a step forward and be ready for any useful action which could be taken. He agreed it was an unusual procedure but, in view of the great importance of mental health, he thought it was a reasonable thing to do. He therefore supported the resolution.

Dr. Gear (Union of South Africa) hoped that, in offering good wishes to the International Congress for Mental Health, there would be no suggestion that the committee was awaiting its proposals; that would be a delicate position for the committee.

The Chairman thanked the delegate of the Union of South Africa for drawing attention to the point, but assumed the Health Assembly would only offer its good wishes to the Congress.
the resolution would be another document. If the International Congress for Mental Health had taken place before the Assembly, no difficulties would have arisen. He thought the Assembly had on several occasions shown a high degree of practical sense in waiving legalities on such difficulties, and the resolution could be adopted in the same spirit.

Lt.-Col. JAFAR (Pakistan) said he realized the difficulty of giving carte blanche to the Executive Board. He asked whether the United States delegation would consider a limiting proviso by adding that the proposed action should be within the scope of the sanctioned Secretariat framework and financial grants.

Dr. LEÓN (Mexico) suggested that, in order to avoid confusion and the possible embarrassing situation referred to by the delegate of the Union of South Africa, the proposal should be made into two resolutions: (1) "the Health Assembly offers good wishes to the International Congress for Medical Health for its success" and (2) "the Health Assembly authorizes the Executive Board to consider such recommendations . . . .", etc.

Lt.-Col. PASRICHA (India) supported the resolution proposed by the United States delegation but, for his own information, asked whether WHO would be represented at the discussions or whether the Congress would submit to WHO a record of its proceedings. He appreciated the importance of the Congress and thought there should be some machinery by which WHO could co-operate with such congresses.

The CHAIRMAN said he was informed that WHO had received an invitation to be represented at the Congress.

Dr. KLOST (Albania) considered that the text of the resolution could be somewhat improved by amendment of the concluding sentence to read (after the word "action"): " . . . which the Executive Board may deem both desirable and practicable in accordance with the programme established by the Assembly for their implementation . . . .".

The CHAIRMAN thought it would be difficult at the present time to amend the resolution as suggested by the delegate of Albania, because there would be no complete programme drawn up by the Health Assembly.

It was agreed to present the resolution, amended in accordance with the suggestions made by the delegates of Pakistan and Mexico.

8. Penicillin

The CHAIRMAN reminded the committee that discussion on this item had been postponed when venereal diseases were being discussed, because penicillin was used not only in the treatment of those diseases but also for many others. He referred to the recommendation in the Interim Commission's supplementary report, 69 and read out the recommendation which had been adopted at the preparatory meeting of the Interim Commission. 70

Lt.-Col. PASRICHA said that, whilst agreeing with the proposal that penicillin production should be undertaken in as many countries as possible, he would like to know where UNRRA had proposed to have those plants and when they would be in operation.

Dr. GOODMAN (Secretariat) said that UNRRA had already given funds and material for the establishment of plants for the production of penicillin in China, Italy, Yugoslavia, Czecho- slovakia, Poland, Byelorussia and the Ukraine. The proposal before the committee provided for the reception by WHO of further money from UNRRA for the completion of the plants in those countries.

The recommendation was adopted (see third report, p. 310).

9. Bejel

The CHAIRMAN drew attention to a paper submitted by the delegation of Iraq, suggesting that the disease bejel be regarded as belonging to the group of venereal diseases.

Lt.-Col. PASRICHA said that without further information it would be impossible to consider bejel as a venereal disease. He thought it was a disease of which there were several types in different parts of the world, which required investigation locally.

Dr. MATIEFF thought the point raised by the delegate of India should be referred to the Expert Committee on Venereal Diseases and that by the following year, the committee might be in a position to make a more definite announcement.

Dr. NAZIF Bey seconded the proposal of the delegate of Bulgaria.

The CHAIRMAN thought there was general agreement that the disease did not belong to the group of venereal diseases. It was known to have existed for a long period in some countries, but, so far as he knew, there was no scientific proof that it belonged to that group. He therefore suggested referring the matter to the Executive Board for consideration, rather than to an expert committee.

Dr. LEÓN thought that, in view of the fact that clinically the disease might be confused with some forms of syphilis, it would be wise to recommend the Expert Committee on Venereal Diseases to study the subject, in order to make a distinction between the disease and syphilis generally.

Dr. NAZIF Bey said that medical opinion in Iraq and Syria agreed that it was one of the venereal diseases, and he did not think there was any point in referring the question to the expert committee.
It was agreed to propose that the Executive Board refer the question to the Expert Committee on Venereal Diseases, no opinion being expressed by the Committee on Programme as to its classification.

10. Malaria; Maternal and Child Health; Tuberculosis

Final discussion of these items was postponed, as the documents were not yet available.


Dr. Banning (Netherlands), chairman of the working party, said that as members of the committee had the document before them, he would read only the resolutions (for final text, see second report, p. 304). In the first resolution, it was resolved to adopt the draft WHO Regulations No. 1, regarding the nomenclature of diseases and causes of death.

The Chairman reminded the committee that the substance only of the health statistics was to be discussed; the Legal Committee would consider the purely legal aspects.

Lt-Col. Pasricha drew attention to certain sections of the draft Regulations. Syphilis and gonorrhoea had ten subclassifications, while a disease like plague had no classification whatever; it should be subdivided. Leprosy had no subclassification and smallpox was stated only as smallpox. He suggested a subclassification giving hemorrhagic smallpox.

He drew attention to several items in the detailed list and suggested that, before the document was printed, a small working party should be established to give final form to the suggestions, which he thought would make the classification of more use in a later analysis.

Dr. Biraud (Secretariat) thought that the delegate of India would find in the manual, when printed, all the subdivisions which he had proposed; these had been suggested during the thorough work preceding the preparation of the document.

He recalled that since the end of the second World War, work had been carried on in England, Canada and the United States, and that in 1945 a tripartite committee had studied the question for many months. Eventually an international list of diseases, injuries and causes of death had been drawn up and sent to all governments of the world for advice and suggested amendments. The final amendments had been approved at a meeting in Paris this year, attended by representatives of 29 countries, including India.

Dr. Percy Stocks (United Kingdom) thought Dr. Biraud had covered all the points raised.

In the four-digit classification, plague was divided into three subgroups, leprosy into four; sandfly fever had a special number and schistosomiasis had four subheadings. He thought the point raised by the delegate of India was met. With regard to smallpox, the expert committee, after much discussion, had decided to leave it to each country to make its own breakdowns on that item.

Lt-Col. Afridi (Pakistan) referred to item 110-117, Malaria, in the list, and asked the meaning of the words "other and unspecified forms of malaria". He suggested that "undetermined forms of malaria" would be better, omitting the word "other". There were no other known forms; if another form were discovered, it could be added later.

The Chairman considered that a technical detail. He asked Dr. Percy Stocks to give his opinion.

Dr. Percy Stocks thought the answer was that the classification had to provide enough pigeonholes for every record with which they might be confronted. The item in question would serve for any new varieties which might be discovered before a revision of that particular section could be made.

The Chairman suggested that the delegate of Pakistan should discuss the matter with Dr. Percy Stocks and other experts.

To this suggestion Lt-Col. Afridi agreed.

The first resolution was adopted as read.

Dr. Banning read the second, third and fourth resolutions which were successively adopted.

The Chairman said the Rapporteur and the Secretariat would prepare the final wording of the resolutions, which would be placed before the committee for endorsement and added to the resolutions to be presented to the Assembly.

Mr. North (United Kingdom) wished to underline that, in its consideration of health statistics, the Committee on Programme had done three notable things. In the first place, it had approved the first set of regulations to come before WHO. Secondly, it had married to WHO the series of independent conferences which had been going on for many years, under the aegis of the French Government. It was a good marriage, because it would help to bring together clinicians, public-health officers and statisticians, with profit to all of them. Thirdly, in approving the establishment of an advisory committee on statistics and an adequately-staffed section of the Secretariat, the Committee on Programme had forged for itself a very sharp weapon for its attack on disease. Its programme must be founded not merely on statistics, but on good statistics, because sometimes statistics would show that a problem which appeared enormous was not a problem at all,
and wasteful and unprofitable expenditure would be avoided.

He felt that the more the work of the United Nations was interpenetrated with the clinical and statistical approach, the more useful and fruitful results would be achieved.

The meeting rose at 12.25 p.m.

FIFTEENTH MEETING
Tuesday, 13 July 1948, at 2.30 p.m.
Chairman: Dr. K. EVANG (Norway)

1. Malaria

REPORT OF THE WORKING PARTY ON MALARIA

Dr. RUSSELL (United States of America), in presenting the report, stated that general agreement had been reached, and a drafting group, consisting of the delegate of the Ukrainian SSR, the Chairman of the working party and the Rapporteur, had been appointed to prepare the report. Since the preparation of the report, the group had again met and suggested the following addition at the end of the first paragraph, after the word “Board”: “and to call to the attention of governments of countries where malaria is a problem, the need for appropriate legislation”.

Dr. CAMBOURNAC (Portugal) agreed with the general terms of the report but drew attention to point (vi) which included zoonoprophylaxis. He thought that the “improvement of animal husbandry”, with a view to reducing malaria prevalence, would already include this.

Dr. RAE (United Kingdom) suggested that point (iv), “the importance of adequate treatment”, should become point (iii).

It was agreed to accept the report of the working party on malaria, with the amendments proposed. (For final text, see third report, p. 306).

2. Fellowships, Medical Literature and Emergency Services

The CHAIRMAN drew attention to the relevant supplementary reports of the Interim Commission.

Fellowships

Dr. RAE said that he had three points to raise in connexion with the programme of fellowships. First, the United Kingdom considered that much more benefit would result from giving short fellowships to senior candidates, rather than basic training to younger doctors. Secondly, some contribution towards the cost might be made by the countries enjoying fellowships, the amount to vary according to the financial circumstances of the country concerned. The WHO might thus be enabled to extend the number of fellowships. Lastly, he mentioned the meeting which had taken place in March of representatives of the United Nations Secretariat and the specialized agencies, to examine methods for the co-ordination of programmes of fellowships. An observer from the Rockefeller Foundation had been present at that meeting, and he suggested that observers from the Carnegie Trust, the Milbank Memorial Fund and the Nuffield Foundation should be invited to attend future meetings.

Dr. GOODMAN (Secretariat), in reply to the second point raised by the United Kingdom delegate, said that, where it was possible to pay fares in local currencies, that was already being done in many cases by countries enjoying fellowships. He mentioned in particular the case of Poland, which had contributed large sums in local currency towards the fellowship programme.

Lt.-Col. AFRIDI (Pakistan) supported very strongly the three points put forward by the United Kingdom delegate. He particularly emphasized the advisability of a contribution, however small, on a percentage basis by the country concerned.

In reply to the Chairman, Dr. RAE agreed that it was not his intention to suggest that such a contribution should be made a condition of the award of a fellowship.

It was agreed to recommend to the Health Assembly the continuance of the fellowship programme as an important part of the WHO Programme; the Rapporteur and Secretariat to include the suggestions made by the delegate of the United Kingdom and supported by the delegate of Pakistan (for text, see third report, p. 306).

Field Services (UNRRA Funds)

It was agreed to take note of the supplementary report on this subject.

Fellowship programme for countries not possessing indigenous graduate health personnel

The CHAIRMAN pointed out that this document had been passed on to the Assembly by the Interim Commission without a specific recommendation.

Sir Aly SHOUSHA, Pasha (Egypt), was of the opinion that provision should be made for fellowships for undergraduates.
LT.-COL. PASRICA (India) inquired whether it would be possible, when governments wished at their own expense to send Fellows for training, for WHO to provide the same facilities as for their own Fellows.

In reply, the CHAIRMAN stated that the Secretariat would be pleased to consider such requests and that, in the past, it had been able to comply with them.

LT.-COL. AFRIDI proposed that point (b) of the recommendation should be worded to make it plain that the foreign graduates in question were in the service of the country concerned.

The CHAIRMAN suggested that a condition of the award of fellowships to a foreign graduate in the service of another country should be that the graduate must return to the country in which he was employed.

DR. GEAR (Union of South Africa) strongly supported the Chairman's suggestion.

The CHAIRMAN thought that there was general agreement to adopt a recommendation to the Health Assembly on the lines suggested by the Interim Commission, with the amendments that had been proposed.

It was agreed to ask the Rapporteur and the Secretariat to draft a recommendation for the committee's consideration.

**Medical Literature and Special Teaching Material**

It was agreed to recommend to the Health Assembly the continuance of the services in this connexion provided by the Interim Commission.

**Exchange of Medical Literature between Members of the World Health Organization through the WHO Secretariat**

DR. CANAPERIA (Italy) was of the opinion that a paper submitted by his delegation was pertinent to the question of medical literature and the establishment of central reference libraries, and it was agreed to consider it.

The CHAIRMAN suggested that the best procedure would be to refer the document to the Executive Board for study. The organization proposed would be a sort of clearing-house for medical literature and, before making a final recommendation to governments, it was necessary to study the question in all its aspects.

DR. LEÓN (Mexico), while in favour both of the recommendation and the Chairman's suggested procedure, considered the wording of the draft resolution too mandatory, and proposed that it should be altered.

It was agreed to refer the document to the Executive Board for study, after alteration of the wording as proposed by the delegate of Mexico.

**Emergency Medical Services**

In reply to a query by Dr. Gear, it was explained by Dr. GOODMAN that, because of the lack of support of governments for the establishment of a medical-supply advisory bureau, which had been proposed among other items in the field services programme, the Interim Commission had decided to postpone its establishment at that time. Consequently, in the preparation of the agenda, the item had been included with other items arising from the field services programme. Since a number of proposals had been made in connexion with medical supplies, it might be better to consider the item in conjunction with them.

DR. D'UJARRIC DE LA RIVIÈRE (France) pointed out a drafting error in the text: the use in line 4 of the word "primary" instead of "first". The use of the former word might convey the idea that WHO might be regarded as the most important source of assistance.

There was general agreement on the recommendations of the Interim Commission, and the Rapporteur and Secretariat were requested to prepare a draft resolution on the subject.

**Appeal of the International Committee of the Red Cross in favour of the victims of the Palestine conflict**

The CHAIRMAN suggested three possible ways of dealing with this problem: (1) to recommend that the Health Assembly draw the attention of Member Governments to the facts set out in the document; (2) simply to take note of the document; and (3) to recommend that WHO as an organization take action in the matter. The last solution seemed out of the question, as WHO had not the means at its disposal to do so.

DR. MACLEAN (New Zealand) proposed that it should be recommended that the Secretariat reply to the International Red Cross, stating that WHO could not take action in the matter and suggesting that the Red Cross should communicate directly with Member Governments.

DR. LEÓN agreed with the proposal of the New Zealand delegate. He thought, however, that WHO should take some action in regard to health problems connected with the conflict in Palestine. It was a potential source of infection, and the Executive Board should be directed to take any necessary action to avoid the propagation of disease.

DR. CAMERON (Canada) supported the Chairman's second suggestion: that the document should be noted. He felt it should be borne in mind that the International Red Cross was already well organized and prepared to make appeals on an international scale. Doubtless, also, neighbouring States were well aware of the necessity of taking measures to check any diseases which might emanate from Palestine. If a stage were reached where any such action was required, it might then be appropriate for WHO to act.

It was agreed to note the appeal, and to reply to the International Red Cross stating that WHO could take no action in the matter but suggesting that the International Red Cross should communicate directly with Member Governments of WHO.

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17 Off. Rec. WHO, 10, 16
18 Ibid. 10, 16
19 Off. Rec. WHO, 12, 15
3. Maternal and Child Health


Dr. Amyot (Canada), chairman of the working party, submitted the report (final text in second report, p. 302).

Dr. Martha Eliot (United States of America) said she was happy to state that the United States delegation concurred in all the items of the report, and she moved its adoption.

Dr. Gear suggested a drafting change in paragraph (i), which would then read:

"(i) the protection of the health of adolescents—particularly girls—and expectant and nursing mothers who are employed in gainful occupations, and the prohibition of the gainful employment of children."

In reply to the delegate of France, who had pointed out several drafting errors in the French text, the CHAIRMAN observed that there was a need to prepare final versions of the documents. Cenqal Drafting Committee, in addition to the Rapporteur and the Secretariat of the committee, to prepare final versions of the documents. The report, as amended, was adopted.

4. International Standards

A draft resolution on international standards proposed by the delegation of the Byelorussian SSR was before the committee (for final text, see third report, p. 307).

Dr. Timmerman (Netherlands) stated that, as Chairman of the Expert Committee on Biological Standardization, he had studied the proposal of the delegation of the Byelorussian SSR. The first two points to which special attention was drawn—the completion of standardization of various types of penicillin and streptomycin, and the putting into practice of dry standards of diphtheria and tetanus toxoids and the fixing in the nearest future of international units for these preparations—appeared to be covered to a large extent by the proposals of the Interim Commission. The Expert Committee on Biological Standardization was at the present time studying these questions. Many difficulties were involved and much time was required before definite proposals could be made, but the importance of the problem had not been overlooked.

Dr. Petrov (Byelorussian SSR) emphasized the desirability of expediting the work on those problems as far as possible in 1949, with a view to putting the standards into practice at the earliest possible moment.

Dr. Dujarric de la Rivière supported the resolution proposed by the delegation of the Byelorussian SSR. He thought, however, that it would be more prudent to alter the wording of the second point to read "to study dry standards of diphtheria and tetanus toxoids and put them into practice as soon as possible." It was, in effect, not possible to put them into practice immediately, as proposed in the draft resolution, because medical knowledge was not sufficiently far advanced.

This was a slow process. The question of expense was also a factor. For instance, the Pasteur Institute for the study of standards had spent in one year 1,000,000 francs on mice, guinea pigs and rabbits for experiments only.

The observations made by the delegate of France were supported by the delegates of the Netherlands, Switzerland and Canada.

Dr. Cameron asked what was contemplated in point 3 of the resolution "the establishment within the WHO Secretariat of an International Standards Section, adequately staffed with suitable specialists". There were in the Secretariat experts acquainted with those questions. Was point 3 designed to accelerate their work? He thought that question was also bound up with budgetary considerations.

The CHAIRMAN explained that a section on international standards was proposed for the WHO Secretariat, with a budget of $20,000 for staff. He asked whether it was the intention of the Byelorussian resolution to reinforce that unit, which was in reality a very small one, consisting of one medical expert working with a research assistant and a secretary.

Dr. Timmerman considered that it was a small and insufficient unit for such important work. He proposed that the item of the budget be reinforced.

Dr. Petrov said that the main intention of his proposals was that the work should be expedited, as there were numbers of sick people in the world waiting for those standards to be set up. But he had also had in mind that it should be done within the framework of the budget.

Dr. Cameron declared himself in favour of the maintenance of the policy which had been followed so successfully to date. It was important to have staff in the Secretariat to keep track of the programme and co-ordinate the work. He did not know whether the present budgetary provision would be sufficient, but thought it would be enough for the first year.

The CHAIRMAN stated that there was agreement that the committee should endorse the programme for a section on international standards. He was not quite clear whether it was desired to insert a clause to reinforce the section. There was also agreement on points 1 and 2, and on the point concerning penicillin, streptomycin and dry standards. He proposed the deletion of the last five words in point 3.

Dr. Petrov agreed with the suggestion made by the Chairman to delete the words in point 3.

Dr. Ral suggested perhaps it might be wiser to have the section on international standards housed in the National Institute for Medical Research at Hampstead, where increased accommodation had recently been made available for laboratory work. He suggested that that point be referred for consideration to the expert committee.

88 Off. Rec. WHO, 10, 6
81 Ibid. 10, 17
It was agreed that a final draft should be drawn up by the Rapporteur and Secretariat and presented to the committee.

Grants to State Serum Institute, Copenhagen, National Institute for Medical Research, Hampstead, and International Salmonella Centre, Copenhagen

The Chairman stated that the Expert Committee on Biological Standardization, in its report on its second session, had recommended that the Copenhagen Salmonella Centre be taken over by WHO, and pointed out that the activities of such a centre could at small cost be extended, if desired, to cover other species of enteric bacteria. The Interim Commission had referred that recommendation to the Health Assembly, saying that further expert study should be undertaken before deciding whether the International Salmonella Centre should be taken over by WHO and whether its activities should be extended.

Dr. León asked the Chairman of the Expert Committee on Biological Standardization, Dr. Timmerman, whether WHO was now in a position to take over the Centre.

Dr. Timmerman explained that it was not meant that WHO should take over and do the work of the Centre, but that the Centre should be subsidized by WHO. The work was important from an epidemiological point of view. The salmonella group comprised 125 types. It was a cheaper and more efficient way of working, to have a large international centre which sent out strains and sera to national centres.

Dr. León proposed, and Lt.-Col. Pasricha (India) supported, the allocation of a grant of $20,000 to the International Salmonella Centre, as provided in the budget.

This was agreed.

At the proposal of the Chairman, it was further agreed that the supplementary report on international standards, therapeutic, prophylactic and diagnostic agents, with the exception of the paragraph on the Salmonella Centre, be noted by the committee.

International Pharmacopoeia

The Chairman stated that the recommendation of the Interim Commission was to the effect that there be established in the Secretariat a section to deal with this subject, an expert advisory committee consisting of not more than ten members meeting say twice a year, and expert translation.

This was agreed, and the Rapporteur and Secretariat were directed to draft a resolution.

5. Tuberculosis

Draft resolution on Tuberculosis proposed by the delegation of Czechoslovakia (final text in second report, p. 302)

The Chairman stated that there were two parts to the document, one being a proposed resolution, the remainder of the document being referred to the expert committee for further consideration. He asked for observations on the resolution.

In reply to a question by Dr. Halverson (United States of America), the Chairman explained that the first report of the committee under the item "Tuberculosis" contained a paragraph saying that the committee recommended approval by the Assembly of the resolution (p. 300). It was not therefore necessary to add a paragraph to the same effect in the present document.

Dr. Maclean supported the resolution and proposed that the word "indicated" in subparagraphs r(vi), (vii) and (viii) [now vii, viii and ix] be altered to the word "necessary".

This was agreed.

Dr. León also supported the resolution. He proposed to delete the word "free" in subparagraph r(ii), and to insert the words "be made accessible to all" after the words "at home".

The Chairman asked whether, in this connexion, the delegates of Mexico and Czechoslovakia would accept a wording similar to that adopted for malaria.

This was agreed.

Dr. Castillo Rey (Venezuela), Vice-Chairman, supported the Czechoslovak resolution, but thought that subparagraph r(i) was not sufficiently clear with regard to the work that had to be done. He would prefer "Registration of every case of confirmed and suspected tuberculosis, with control of family contacts of the patients". It was also necessary to educate people in all countries to submit to periodic x-ray examination.

Dr. Perkins (United States of America) supported the draft resolution, suggesting a drafting change in paragraph r.

This was accepted.

The Chairman stated, in regard to the point raised by the delegate of Venezuela, that in many countries great importance was attached to contacts—family, school, factory, etc.—and cases of tuberculosis were traced by finding contacts and making tuberculin tests. He asked the Rapporteur to include that point in the redraft.

This was agreed upon.

Dr. Maclean drew attention to a typing error in the fourth paragraph from the end. "Equal distribution" should read "equitable distribution".

The Rapporteur and Secretariat were asked to draw up the resolution in its final form and submit...
SIXTEENTH MEETING

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it to the committee. The second half of the document was referred to the Expert Committee on Tuberculosis for study and the submission of the results of such study to the Assembly.

6. Nutrition

The Chairman drew attention to a paper submitted by the delegation of Roumania,

suggesting that the problems of endemic goitre and pellagra should figure among the questions to be considered by the Health Assembly.

He proposed that this question be referred to the joint expert committee to be set up between FAO and WHO.

The committee agreed.

The meeting rose at 5 p.m.

SIXTEENTH MEETING

Wednesday, 14 July 1948, at 2:30 p.m.

Chairman: Dr. K. Evang (Norway)

1. International Epidemiology

The Chairman proposed that two sections of the agenda, one on sanitary legislation and epidemiological services and the other on the revision of international sanitary legislation, should be kept simultaneously in mind during the discussion. He reminded delegates that the functions to be discussed were fundamental and had formed the basis of international health organizations previously in existence.

MERGING OF EXPERT COMMITTEES

Two papers were before the committee: one submitted by France and the other by the Union of South Africa.

Dr. Dujarric de la Rivière (France) proposed that the Expert Committee on International Epidemic Control and the Expert Committee on Quarantine be merged into one Expert Committee on Epidemiology and Quarantine, if necessary with a subsection on quarantine.

The proposal of the delegate of France was supported by the delegates of Belgium and Egypt.

Dr. Gear (Union of South Africa) urged the adoption of the proposal made by his delegation which, he considered, went further than the French proposal, as it provided not only for a merging of committees, but also for a merging of the sections of the Secretariat concerned.

The Chairman asked the delegate of the Union of South Africa to raise the matter he had referred to in the Committee on Administration and Finance.

It was agreed: (1) that the two committees be merged, and that the words "meeting say twice a year" be deleted from line 5 of the section.

(2) that the programme presented by the Interim Commission regarding sanitary legislation and epidemiological services be approved.

International Epidemiology: Supplementary Report

The Chairman drew attention to the recommendation in this document, which had not been adopted by the Interim Commission, but had been presented to the Health Assembly as a working paper.

The document was noted.

Revision of International Sanitary Conventions

The document was noted.

Joint Study-group on Smallpox

Dr. Banning (Netherlands) drew attention to paragraphs 3.2.1 and 4.1 of this document. The first-mentioned paragraph recommended the vaccination of newborn children between the third and sixth month, while the second stated that the safest means of avoiding post-vaccinal encephalitis was to carry out primary vaccination prior to school age. There seemed to him to be a contradiction in the wording.

Dr. León (Mexico) did not consider that there was any contradiction between the two paragraphs: the first dealt with vaccinal immunity and the other with post-vaccinal encephalitis.

The Chairman agreed with the delegate of Mexico, but asked for opinions on paragraph 4.1 with regard to post-vaccinal encephalitis. If the delegates present did not agree to what was set forth in the paragraph, then it should be referred to the expert committee. In many countries there was disagreement on the point, and he thought it important to reach a decision.

Dr. Briskas (Greece) agreed with the delegate of Mexico that there was no contradiction between the two paragraphs. However, pre-school-age children and newborn infants undoubtedly belonged to different age-groups. In the second place, it was necessary to administer primary vaccination as soon as possible, i.e., between the third and sixth month, as stated in paragraph 3.2.1 of the document. He proposed to add to paragraph 4.1 the words "the best means of avoiding it being to administer primary vaccination between the third and sixth month".

" 98 "R" 99 "Ibid. 11, 18"
In the recommendation contained in the document, the word "pure" was suggested to be replaced by "sterile" in paragraph 3.1.1. Dr. Dujarric de la Rivière also agreed that there was no contradiction between the two paragraphs. At the same time, he could not agree to paragraph 4.1 as drafted. He proposed that the report be approved as a whole, and referred back to the expert committee for further study of certain points.

Dr. Halverson (United States of America) supported the observations made by the delegate of France.

Dr. MacCormack (Ireland) also agreed with the delegate of France. It was important not to adopt a wording that was open to misinterpretation. Paragraph 4.1 did not appear to him to be sufficiently precise. In his opinion, vaccination should take place as early as possible.

Dr. León considered that if the wording were altered to "as early as possible" that would give the impression to many doctors in public-health administration that post-vaccinal encephalitis was a thing to avoid at all costs, and they would therefore hesitate to vaccinate children of preschool or school age. That wording would also include vaccination during the first month. Vaccination should be administered between the third and sixth months, and not earlier.

The Chairman reminded delegates that the document was a report made by a joint study-group on smallpox to the Expert Committee on International Epidemic Control. He had invited opinions on it because of the point raised by the delegate of Portugal. There seemed, however, to be no strong objections. He proposed that the document be noted, and the words of the recommendation contained in the document be passed. A new form of expert committee would be created. It had been felt that matters might be expedited and money saved by creating a small nuclear group of three experts on insecticides and a panel of experts possessing specialized knowledge of the question.

The committee of three experts would first meet alone, and from time to time might co-opt one or more additional members of the panel. An arrangement of that kind might serve the purpose of several expert committees in WHO. On the other hand, it had to be considered whether such a procedure would give sufficient authority to the expert advice given.

Dr. Dujarric de la Rivière supported the remarks of the Chairman. It was important to reach agreement on the question of insecticides.

Dr. de Carvalhós Dias (Portugal) supported the proposals. He suggested that apart from the establishment of the group in question, the competent committee of WHO be assisted by corresponding members with experience in the field.

Dr. Halverson thought that the question raised with regard to the competence of the committee might be met by making it a sub-committee of the Joint Committee on Epidemiology and Quarantine.

The Chairman had no strong objection to a panel of corresponding members, but thought it little complicated to have a nuclear group, a panel of experts, and a panel of corresponding members.

Dr. Stock (United Kingdom) supported the suggestion made by the delegate of the United States, which he thought might meet the point raised by the delegate of Portugal.

The Chairman thought that the suggestion made by the delegate of the United States would obstruct direct contact between committees. If, on the other hand, the committee on malaria desired an opinion on insecticides, it could not ask for it direct, but would have to go through the Committee on Epidemiology and Quarantine.

Dr. Halverson withdrew his suggestion.

Dr. Redshaw (Australia) thought that, if the only objection was that the committee of experts might be too large, the nuclear group might be composed of three members, to which a minimum of three experts might be added.

The proposal made by the delegate of Australia was not seconded.

The document was adopted.

Revision of International Sanitary Conventions

Dr. Dujarric de la Rivière submitted a draft resolution proposing that all sanitary regulations should be combined in an international public-health code.

Suggestions regarding the functions and composition of the proposed group on insecticides

The Chairman drew attention to the fact that on this subject were passed, a new form of expert committee would be created. It had been felt that matters might be expedited and money saved by creating a small nuclear group of three experts on insecticides and a panel of experts possessing specialized knowledge of the question.

The committee of three experts would first meet alone, and from time to time might co-opt one or more additional members of the panel. An arrangement of that kind might serve the purpose of several expert committees in WHO. On the other hand, it had to be considered whether such a procedure would give sufficient authority to the expert advice given.

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The proposal made by the delegate of Australia was not seconded.

The document was adopted.
Sir Aly SHOUSHA, Pasha (Egypt), supported the draft resolution but thought it should include mention of the report of the Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions and of the replies received from governments on that subject. The Eastern Mediterranean Regional Organization should also be consulted when the new pilgrimage clauses were drafted.

Dr. PHARAON (Saudi Arabia) raised an objection to the clauses in the International Sanitary Conventions concerned with the Mecca pilgrimage, and asked why this particular case should be singled out for the application of measures not applied elsewhere. He claimed that the clauses had been inserted for the sole purpose of protecting European countries, and did not take account of the pilgrims themselves, to whom adequate protection was being given on a national level. He supported the proposal of the delegate of France for an international public-health code.

Lt.-Col. JAFAR (Pakistan) drew attention to the replies received from governments on the revision of the pilgrimage clauses. Replies had not been received from all governments. There was no mention of the opinion held by his government or by that of India on the subject. The pilgrimage clauses were very important. They were designed to prevent the international spread of infection, to protect the pilgrims and to prevent the entry of infection into the Hedjaz. He also thought that the Eastern Mediterranean Regional Organization should be consulted, and he proposed postponement of the discussion until after the subject had been examined by the Expert Committee on International Epidemic Control.

Dr. RAE (United Kingdom) and Dr. BANNING (Netherlands) seconded the proposal.

It was decided that the Rapporteur should be asked to draft a resolution containing the proposals made by the delegations of France and Pakistan.

Dr. MACCORMACK suggested the appointment of a liaison officer, who could take immediate action in the event of any failure to carry out sanitary regulations and who would also provide any information required by governments on national sanitary controls.

Dr. LEÓN (Mexico) and Dr. CAMERON (Canada) seconded the proposal.

The CHAIRMAN announced that the Secretariat would be able to carry out the proposed work if the number of staff suggested for the section on international epidemiology were accepted.

It was agreed that the Rapporteur should be asked to draft a resolution incorporating the proposal of the delegate of Ireland.

The programme suggested by the Interim Commission was adopted in principle, with the amendments that had been suggested. (See third report of the Committee on Programme, p. 306.)

2. Reference Services and Library

The CHAIRMAN read this item in the Provisional Agenda and paragraph 3 of the resolution concerning the League of Nations Library, which had been adopted by the Committee on Relations (see p. 325).

The committee agreed with the general principles of the programme submitted by the Interim Commission and asked the Rapporteur to draft a resolution to that effect.

3. Other Business—World Health Day

The RAPPORTEUR read the draft resolution submitted by the Iranian delegation, as follows:

1. The Health Assembly resolves that "World Health Day" should appropriately be held on 22 July each year, the day that the Charter of the World Health Organization was signed by 61 nations in New York in 1946.

2. The Health Assembly therefore instructs the Executive Board to make the necessary arrangements for its observation by all Member States.

Dr. LEÓN (Mexico) and Dr. MACCORMACK (Ireland) supported the draft resolution.

Dr. BRISKAS suggested that countries might issue a special stamp on "World Health Day".

Dr. HAFEZI (Iran) thought that the manner of observing the day could be left for individual countries to decide.

The resolution sponsoring "World Health Day" was adopted.

4. Editorial Services and Publications

GENERAL REPORT ON PUBLICATIONS; PRICING AND SALES

Dr. VAN DE CALSKYDE (Belgium) introduced a paper submitted by his delegation, containing detailed proposals on the contents of a monthly bulletin and a weekly epidemiological bulletin. With regard to the general report on publications, he did not approve of paragraph 4.1, in which the Bulletin was represented as a medical journal with worldwide authority. In the field of medicine new discoveries were being made every day, so that the contents of the Bulletin might not be of lasting authority.

Dr. Maria KOVRIGINA (USSR) considered that one of the essential tasks of WHO was to edit and distribute publications laying emphasis on
the latest information in practical, theoretical and therapeutic medicine. She proposed the adoption of the following resolution:

To invite the Executive Board of WHO to give its urgent attention to the whole problem of the work of the publishing services of WHO, with special reference to:

(a) the publication of isolated monographs, which are of the highest value and have an international significance in the field of practical and theoretical medicine;

(b) the modification of the form and contents of the Bulletin of the World Health Organization, so as to include periodically in its pages the most important original and scientific works obtainable on medical subjects, and to transfer the subject-matter in the nature of news of the work of WHO and of its expert committees to the Chronicle of the World Health Organization;

(c) the study of the possibility of publishing for WHO a new periodical intended as a source of reference and index of medical publications, and the periodical publication of a review of the medical Press of the whole world in all fields of medical knowledge;

(d) the printing of WHO publications in the greatest possible number of national languages.

Dr. CAMERON (Canada) drew attention to the list of publications and their cost. That list was based on the statutory obligations of WHO. He suggested the establishment of a small working party to consider the new suggestions and the problem of priorities.

Dr. VAN DE CALSEYDE asked whether the point made by the delegate of the USSR would be met if the publication of a large bibliography were recommended.

The CHAIRMAN realized the importance of the point, but said that it was a difficult undertaking to compile a complete bibliography. He asked if the delegate of Belgium would agree that the matter should be referred to the Executive Board, as suggested in a draft resolution submitted by the delegate of the USSR.

Dr. VAN DE CALSEYDE agreed to that proposal.

Dr. Maria Kovrigina, in reply to a question by the Chairman, said that her delegation would like the publications to be in as many languages as possible and in the five official languages at least.

It was agreed that the Rapporteur should be requested to draft a resolution covering the recommendations of the Interim Commission, and an additional resolution for the proposals made by the delegates of Belgium and the USSR (see third report, p. 307).

HEALTH EDUCATION

A draft resolution concerning health education had been proposed by the delegations of the Philippines and the United States of America, directing that provision be made in the Secretariat for one or more persons qualified in the field of public-health education.

Dr. LEÓN (Mexico) supported the resolution.

Dr. BANTUG (Philippines) said that provision was made for work on public-health education in the proposed budget for 1949. He emphasized the necessity for the appointment of well-qualified staff and said that in the past the publications of health organizations had often been too technical to be understood by the general public.

Dr. MacCORMACK said that experience had shown that it was necessary to have a Press officer working in conjunction with medical officers on the subject of health education so that the reaction of the public to films or publications could be foreseen.

It was agreed that the Rapporteur should be asked to draft a resolution incorporating the proposals made by the delegates of the United States of America, the Philippines and Ireland.

As the paper submitted by the Mexican delegation concerning the machinery to be used to carry out the programme was of interest to the Committees on Administration and Finance and on Headquarters and Regional Organization as well as to the Committee on Programme, it was decided to submit it to the General Committee for allocation.

The meeting rose at 5.30 p.m.

SEVENTEENTH MEETING

Thursday, 15 July 1948, at 2.30 p.m.

Chairman: Dr. K. EVANG (Norway)

1. Other Activities (continuation)  

The CHAIRMAN proposed a general discussion on "Other Activities"; it was necessary:

(1) to decide whether certain items should be given first priority and action or others postponed until 1950, and (2) to classify the rest in order of priority.

Dr. FRANDSEN (Denmark) said that the great difficulty in international co-operation in health matters arose from the different stages reached
in the development of the health services in the various countries, and the resulting variety of the problems facing them.

The Report of the Interim Commission gave no clear indication of the classification of the activities recommended. The selection of activities for the programme should be governed by urgency and not merely by the interest of the problem. At the present stage, planning should not be on a long-term basis; the programme for the first year should aim at giving assistance where it was most needed, and at obtaining the practical results so essential to win confidence for a new organization.

A budget of $5,000,000 made it necessary to select the programme with caution; it would be disastrous to undertake many tasks ineffectively. An effective solution of one problem would in itself be sufficient to justify the existence of the Organization. The initial effort should be concentrated on certain basic problems, on the statutory obligations and on the organization of a statistics service, which was of first importance to all campaigns against disease.

First priority should be given to the fight against contagious diseases, and a start should be made with problems which were universal, which lent themselves to international co-operation, and in which the Organization would have something new to offer. In the activity selected, one locality should be chosen as a demonstration centre, and information on technique made freely available to other interested areas. Training of doctors and nurses through fellowships, and the provision of instructors were prerequisites to any health work.

He proposed that the major objectives for the first year should be limited to three or four priority items meeting those criteria (malaria, tuberculosis and maternal and child health had already been selected), and discussion should be confined to those subjects, on the basis of an accurate estimate of the funds available after statutory obligations had been met.

With regard to the activities relegated to a secondary position, it would be preferable and more economical to have a series of public-health officers to advise the Organization and governments, than to have a larger number of experts in a limited field.

Dr. RAE (United Kingdom) supported this thesis. The eyes of the world were on the first Health Assembly. The great interest and confidence of the common people would be lost if no practical results were forthcoming by the end of the first year. He therefore supported the proposal of the delegate of Denmark to confine the first programme to problems capable of producing a result within a year.

Dr. HALVERSON (United States of America) also favoured the limitation of the first programme to relatively small projects capable of giving results. He pressed for the inclusion of environmental hygiene in the first priority items, as many diseases arose from unsafe water, faulty sewage-disposal, poor food-protection and failure to eliminate flies. The related subjects of rural hygiene and tropical hygiene could be amalgamated with environmental hygiene.

Dr. GEAR (Union of South Africa) recalled that six items for the 1949 programme had already been referred to the Committee on Administration and Finance. It was unlikely that a budget of $5,000,000 would provide for any other activities.

The CHAIRMAN said that the Committee on Administration and Finance had not yet reached a decision on the ceiling of the budget, but the priorities already adopted and the statutory obligations would account for the largest part of the budget proposed in the provisional Agenda, some $870,000 only being available for all other activities.

Dr. LEÓN (Mexico) also supported the limitation of activities to the main problems. The important matter of environmental hygiene should, however, be included among the priority items.

Lt.-Col. AFRIDI (Pakistan) opposed the inclusion of environmental hygiene among the priority items for 1949, since no field-work would be possible in that subject in the coming year.

Preliminary work on many of the other activities could be undertaken by the joint committees on industrial hygiene, nutrition, rural hygiene and hygiene of seafarers already in existence. Other subjects should be grouped round those committees, to form composite expert committees of the type already established for insecticides, and thus forming nuclear committees with a panel of experts.

Moreover, the subjects could be subdivided, to allow for their study during the coming year without an increase in the staff of the Secretariat. That would save time and settle the minds of delegates anxious to see work started on many subjects.

Dr. BJÖRKNSSON (Norway) said the major emphasis, from the beginning, should be placed on nutrition, with a special section in the Secretariat and the creation of an expert committee.

Dr. UNGÁR (Czechoslovakia) agreed with the proposal to concentrate on the four priority items, malaria, tuberculosis, maternal and child health, and venereal diseases. Success in those subjects was, however, dependent on other activities, such as sanitary engineering, nursing, and hospitals and clinics. Those additional activities should therefore be linked to the first four items, without themselves being given priority.
Dr. Höjer (Sweden) mentioned two activities requiring a high place after the first four items: first, nutrition; and, secondly, mental health and alcoholism. In connexion with the former, attention should be given to the lowest possible diet compatible with health. Industrial hygiene and the hygiene of seafarers could be left to the joint committees. No expert committee was needed on nursing during the coming year, although the Secretariat should collect information on recent work in nursing in the United States of America, the United Kingdom and Sweden. Housing could be placed in category (d); one physician should be able to collect the necessary information.

Dr. Maclean (New Zealand) agreed that primary importance should be given to those activities which could only be undertaken by international action, such as the international pharmacopeia. Discussion on other activities would be more realistic if a definite budget figure were available for the item.

The Chairman explained that financial estimates were beyond the scope of the committee. If the estimated cost of proposed activities exceeded the sums available, the choice would be either to restrict their number or to limit action on all of them.

Dr. Briskas (Greece) agreed that all diseases needed priority action, but since elimination of all illness within a year was impossible, first priority of all should be given to nutrition. Experience in war-devastated countries had shown that malnutrition was the basis of many diseases, and nutrition, particularly of children, should be given a priority above the first four items already adopted. After nutrition, he agreed that action should be concentrated on malaria, tuberculosis, maternal and child health, and environmental hygiene.

Each country should be asked to make a statement of its epidemiological needs, which differed widely, thus enabling a general survey to be made.

Dr. Cameron (Canada) said the problem must be considered with a view to the future development of the programme in the next year or two.

The first obligation was to maintain the Organization itself.

There were then statutory obligations, among which should be included participation in the work of the joint committees on industrial hygiene, rural hygiene, nutrition, and hygiene of seafarers. For the time being, that could be achieved by co-opting experts to represent the Organization on the joint committees. Undoubtedly, those statutory obligations must be given a high priority.

As to the new activities, Dr. Cameron agreed with the four first priority items and favoured giving environmental hygiene the same priority. He wished to make a further suggestion: to have in the Secretariat three or four experts, in mental health, parasitology and the virus diseases for example, who might do valuable work in mapping out programmes on specific diseases upon which operations could be begun, within the limits of the Organization's resources.

Nothing had been said during the discussion about regional organization, which was obviously relevant: e.g., schistosomiasis might constitute a regional activity for a time.

The remainder of the items should be placed in the deferred category.

Dr. Dujarric de la Rivière (France) said difficulty of choice was increased, since most of the subjects were inter-related. There were some diseases, however, of which very little was known: those should be given a high priority, since research was necessary for means of fighting the disease to be found before it made its appearance.

Generally he was in agreement with first priority being given to the four diseases named, with the addition of environmental hygiene. Nutrition also was of great importance: but there was one subject of even greater importance—epidemiology.

The suggestion had been made that the sum available for combating those diseases should first be ascertained, and then an attempt made to divide it between the different items. That would not be satisfactory, as the exact amount of money available could not be known in advance: it was not possible either, to ascertain in advance exactly how much money would be needed for each item. Taking epidemiology as an example, it would be necessary to set up an office for research and also to carry out inquiries on the spot, and no one could exactly estimate the cost. The committee should classify the various diseases according to their urgency, and the Secretariat could follow that order, utilizing the means at its disposal.

Dr. Maria Kovrigina (USSR) said everyone realized that the programme of the activities of the World Health Organization would necessarily be determined by the funds placed at its disposal, but it must not be decided solely by the Committee on Administration and Finance. It was the duty of the Committee on Programme to state what it considered to be the most serious and dangerous problems, causing the greatest anxiety to mankind as a whole. On that basis, the delegation of the USSR agreed with the four first-priority items, and would add to them sanitary statistics.

There were other problems almost equally important: international standards, an international pharmacopeia, and international epidemiology, in which should be included the whole set of problems relating to sanitary legislation, revision of international sanitary conventions and an international epidemiological service.
Taking into account that the available funds would be limited, "Other Activities" had to be restricted, but should include problems such as nutrition and the important class of subjects known as the virus diseases, in particular poliomyelitis, influenza, rabies and trachoma; then industrial hygiene, and endemic diseases, particularly schistosomiasis, filariasis and ankylostomiasis.

The question of publications, debated at an earlier sitting, was of equal importance.

Regarding the other items, the opinion of the USSR delegation was that it was a question of order of priority; the actual measures which had to be taken should be left to the Executive Board, which would have to take into account the funds available.

Lt.-Col. PARSUCHA (India) supported the views of the delegations of Denmark and Canada, and also agreed with the inclusion of environmental hygiene in the first priority group. He considered, however, that it need not be a separate item, as it was a factor of each of the four items mentioned in that group.

Professor Sigurjonsson (Iceland) agreed with the first-priority group and also favoured giving nutrition a high priority. The difficulties would arise in deciding the order of priority to be accorded to the other items, and he proposed that a working party should be established to make a classification.

Dr. Chu (China) said his delegation also supported the views of the delegations of Denmark and Canada. To assist in obtaining a solution, an attempt should be made to classify all activities according to the objective laid down in the WHO Constitution of "the attainment by all peoples of the highest possible level of health".

The first category would include the items whose aim was the achievement of a higher level of health: control of epidemic diseases and quarantine, malaria, tuberculosis, venereal disease, maternal and child health. Environmental hygiene should also be included.

The second category would include activities directed to the co-ordination of effort in order to achieve a higher standard of public-health service and medical practice, e.g., (1) international epidemiological statistics, (2) standardization of biological and pharmaceutical products, (3) medical and health education, (4) public-health organization and practice, and (5) promotion of adequate nutrition for all people.

The third category aimed at collecting necessary information for reference for future WHO programmes, including data on such items as parasitic and virus diseases.

If the activities were divided into those three categories, and the Committee on Administration and Finance allotted the percentage of the budget to be given to each category according to the priority groups, it might assist in arriving at a solution.

Sir Aly Shousha, Pasha (Egypt), said there was no doubt that all were agreed on the four items to be given first priority, and he thought items concerning international health problems, international epidemiology, unification of pharmacopoeias should have equal priority. Many other activities had been suggested for priority and it was not known whether the $750,000 to $800,000 set aside for "Other Activities" would cover those items. He proposed that a working party, constituted from the delegations which had suggested those activities, supplemented by members of the Secretariat, be established, to study the cost of the programme and to advise regarding priority.

Dr. MacCormack (Ireland) said he would confine himself to one point—nursing. He begged the committee not to accept the view of the delegation of Sweden that nursing was not an urgent need. No success could be achieved in the first-priority items (with the possible exception of malaria) without it, and nursing should be included in the first-priority group.

Dr. Chellappah (Ceylon) supported most strongly the proposal to include environmental hygiene in the first-priority group, as it was of primary importance for the improvement of the health of the people and had a bearing on many of the diseases in which WHO was interested.

The Chairman, in summing up, said that, first, it must be borne in mind that the subject under discussion was "Other Activities" only.

Various delegates had suggested that other items in addition to malaria, maternal and child health, tuberculosis, and venereal diseases be included in the first-priority group. Environmental hygiene and nutrition had been proposed by a number of delegations, and other items suggested were nursing (proposed by two delegations), hospitalisation and clinics (proposed by one) and mental health and alcoholism (proposed by one).

One delegation, supported by several others, had expressed the view that, so far as joint committees were concerned, i.e., on industrial hygiene, rural hygiene, nutrition and hygiene of seafarers, the Organization had an obligation, and that item, therefore, also came into the first-priority group.

So far, although several general statements had been made to the effect that a number of activities might be deleted, no specific suggestion had been made that an item should be altogether removed from the proposed activities for 1949.

As to the grouping of the remainder of the items, several opinions had been expressed. It had been emphasized by some delegates, who did not desire to see nutrition in the first-priority
group, that it should rank high within the other groups. The same view had been expressed regarding industrial hygiene, mental hygiene and several other topics, but so far there had been no specific guidance on the point.

After hearing the discussion, however, the Chairman felt the committee would be in a much better position to compile a priority list. Several general points of view and ideas had been brought forward, and he drew special attention to the suggestion of the delegate of Denmark that, in principle, the Secretariat should try to secure the services of specialists in public-health administration, rather than specialist experts in specific diseases, calling upon the latter partly as advisers, partly in the expert committees.

Another suggestion, made by the delegation of Pakistan, was that the committee should adopt as a principle that instead of creating large expert committees, nuclear committees of two, three or four members, with a large panel of experts, should be created, so that the nuclear group could call upon those experts, in consultation with the Executive Board and the Director-General.

The Organization was, of course, in a period of experimentation, and while all felt that it had tremendous possibilities, it was not yet known exactly how it should work—whether as an administrative body, in the field, or otherwise.

The Chairman was surprised that so many people had found difficulties respecting the economic aspect. If the Members of WHO believed in the possibilities of the Organization, the economic aspect was no problem at all. There was probably not a single country represented in the Assembly whose individual public-health budget was not larger than the total budget of WHO. It was not the task of the committee to look into the economic aspect, but to concentrate on recommending to the Organization exactly what actions it should undertake and how those actions could be carried out.

The discussion had been most instructive. There was no short cut to good health. For thousands of years mankind had worked on those problems, and no-one supposed that WHO, in a year or two, could solve them. There seemed general agreement that WHO must concentrate on a few selected tasks, giving them priority aid, and, in regard to the other activities, take more modest steps until further experience had been gained.

The Chairman said he would like to obtain some guidance as to what the final report should be, and he proposed that the committee should go very rapidly, step by step, through the working paper and preliminary report which were before the committee.

Sir Aly Shousha, Pasha, said no mention had been made by the Chairman of his suggestion for a working party.

The Chairman said his intention was to try to reach some conclusions, so that a working party could receive guidance.

Dr. Halverson supported the proposal that a working party be established, but added that he would be willing to try out the Chairman's suggestion.

Dr. Höjér was in favour of the suggestion of the Chairman.

The Chairman said it had been moved and seconded that the matter be referred to a working party and he did not oppose that at all, but was doubtful whether a working party could do any useful work without more guidance as to the opinion of the committee.

He suggested that a working party be established, consisting of delegates of Canada, China, Mexico, Pakistan, Sweden, the USSR, the United Kingdom, and the United States of America.

Lt.-Col. Pasricha proposed that an attempt be made, in accordance with the wish of the Chairman, to arrive at some conclusions at the present meeting.

He added that he would suggest the inclusion of the delegate of Denmark in the working party.

The proposal of the delegation of India was seconded by the delegations of Sweden and the USSR, put to the vote and carried by 25 votes to 8.

The Chairman then asked for an expression of opinion by show of hands on the following proposals:

- That the undermentioned activities be included in the first priority group:
  - Environmental hygiene
  - Nutrition
  - Nursing
  - Hospitals and clinics
  - Mental health and alcoholism

- That an obligation rested on WHO to establish the four joint committees on industrial hygiene, rural hygiene, nutrition, and hygiene of seafarers:

  - 24 delegations in favour; 9 opposed.
  - That the principle be established that the Secretariat should employ specialists in public-health administration, rather than in particular diseases:

  - 21 delegations in favour; 1 opposed.

Dr. Cupcea (Roumania) said that some committees needed specialists and some needed administrators. It was not, therefore, a matter to be decided by vote.

The Chairman explained that there was no question of taking a decision. The committee was merely giving an opinion as to the emphasis to be placed on one or the other category, to serve as guidance for the working party. He agreed that both administrators and specialists were needed.
Dr. Höjer remarked that he had not voted either way, because the man to have in the Secretariat was the specialist with administrative experience.

The Chairman then asked for an expression of opinion on the establishment of small nuclear groups of experts, with a large panel of experts, as was the practice in the case of insecticides.

12 delegations were in favour. No opposition.

The Chairman said that abstentions were also a guide to the working party, for they showed that there was uncertainty on the point.

Dr. Simonovits (Hungary) suggested the inclusion in the working party of the delegate of Czechoslovakia, who had taken a great part in the work of the committee.

It was agreed that the working party be established as proposed by the Chairman with the addition of the delegates of Czechoslovakia and Denmark, to consider the question of priorities and to report to the committee.

The meeting rose at 6.5 p.m.

EIGHTEENTH MEETING
Friday, 16 July 1948, at 9.15 a.m.
Chairman: Dr. K. Evang (Norway)

1. Second Report of the Committee on Programme (final text, p. 301)

The Chairman called on the Rapporteur to present the draft second report of the Committee on Programme. He noted drafting amendments and inadvertent omissions in the text.

Dr. Amyot (Canada), Rapporteur, read the draft report, section by section.

Malaria

The Chairman asked if there was any objection to the first proposal, as amended, that is, with a modification in the introduction (the first proposal was later incorporated in the third report, p. 306), to read:

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly resolves to recommend to the Executive Board for its consideration that governments, where malaria is a problem, take . . . .

Dr. Bogomolets (Ukrainian SSR) thought the committee could agree on the text as it stood in the draft report, without including any reference to the Executive Board. In the recommendations on tuberculosis and venereal diseases, further on in the report, the Board was not mentioned. The various items in the Ukrainian proposal had a general application, and there seemed no point in referring the section now under discussion to the Board. The committee should make its recommendation direct to the Assembly, which, in turn, should make a recommendation to the governments concerned.

Dr. Russell (United States of America) said the matter had been thoroughly discussed by the Committee on Programme, the working party and the drafting committee. He thought there was general agreement that it should be referred to the Executive Board for consideration. The conclusions of the Expert Committee on Malaria had already been referred by the Assembly to the Executive Board, and there was no reason why the points now under discussion should not receive the same treatment. The United States delegation had agreed to the points in the document on malaria on the condition that they would be referred to the Executive Board. It could not agree to the draft report without the amendments.

The Chairman postponed further discussion on the issue and invited the committee to consider the proposed resolution (p. 301).

Lt.-Col. Jafar (Pakistan) asked that “anophelines” be amended to read “anophelines’’.

The proposed resolution, as amended, was approved.

Maternal and Child Health

This section was approved.

Tuberculosis

This section was approved.

Venereal Diseases

Dr. Bonne (Secretary) called attention to the omission of “individuals”, for the purposes of research grants as listed in the Provisional Agenda. Further, in the text of the proposed resolution, the phrase “in all countries” (paragraph (i), iv) should be deleted, the idea being that international action would be taken.

This section, as amended was approved.

International Epidemiology

The Chairman invited the committee to consider the first part of this section.
Dr. Banning (Netherlands) asked for the inclusion of "international" in paragraph 1 (i), the title of the expert committee to read "The Expert Committee on International Epidemiology and Quarantine of the World Health Organization".

This amendment was accepted.

The first part of the section, as amended, was approved.

The Chairman then invited the committee to consider the remainder of the section on international epidemiology. He noted drafting amendments: the insertion of "preferably", the text of resolution (1) to read: "preferably including representatives . . . "; and the deletion of "of marshes", the text of resolution (2) (v) to read "aeroplane dusting", an operation not only applicable to marshes.

He referred also to a point of substance in the following paragraph, the text of which, based on a proposal by the delegation of Ireland, read as follows:

It is recommended that a member of the staff of the epidemiological division be available -acting in a consultative capacity and on request of any country—to advise on matters connected with the administration of sanitary conventions and regulations and, when necessary, to proceed to the country concerned to deal with such matters. These regulations would constitute one chapter of the international public-health code.

The Chairman was informed that the United Kingdom delegation would prefer a different wording, and that the delegation of Ireland was in agreement.

The text now proposed would read: "It is recommended that one or more experts on quarantine work nominated by WHO be available . . . ". He was in doubt as to the wisdom of such a change. The delegate of Ireland had stressed the time factor. The staff of the epidemiological division would be in Geneva on the spot, whereas it might take longer to get in touch with experts as proposed. He suggested a composite text, to read:

"It is recommended that one or more experts on quarantine work nominated by WHO or a member of the staff of the epidemiological division be available . . . ".

This would permit of prompt action in case of emergency.

Dr. Stock (United Kingdom) said the United Kingdom delegation thought a panel of experts would get over the difficulty just referred to. Why send someone from Geneva to New Zealand, for instance, in case of emergency, if there were someone available in Ceylon? It was essential to have practical men who were dealing with the question all the time. That principle had already been accepted by WHO in the case of advice and consultation on questions such as port-health administration. The United Kingdom delegation was of the opinion that the establishment of a panel of experts was by far the best way of dealing with the question.

Lt.-Col. Jafar supported the views expressed by the United Kingdom delegation. It was thought that they would cover all the present difficulties in the matter of advice and information on quarantine matters.

Dr. MacGormack (Ireland) said he was in entire agreement with the views expressed by the United Kingdom delegate, whose suggestion met the purpose of his delegation's original proposal.

The Chairman hoped a decision might be reached on the two proposals before the committee: the United Kingdom proposal and the Chairman's proposal. The discussion on the point would be resumed later.

Health Statistics
This section was approved.

The meeting rose at 10 a.m.
The CHAIRMAN invited comments on the document submitted by the delegation of Mexico.

Dr. Mani (India) proposed the following amendment, the resolution to read:

The Health Assembly

RESOLVES that as far as possible, and at the discretion of the Executive Board, the technical programmes of WHO should be carried out through its regional organizations.

Dr. Castillo Rey (Venezuela) supported the Mexican resolution. In his view, the central body of WHO should be relatively small, and should be in general a co-ordinating and advisory body. The main work should be carried out by regional organizations, as they were acquainted with the problems in the field in their special regions.

Dr. De Paula Souza (Brazil) supported the proposal, either in its original form or as amended by the delegate of India.

Dr. León (Mexico), in order to avoid a lengthy discussion, expressed his willingness to accept the Indian amendment.

Mr. Wolman (United States of America) supported the Mexican proposal. He asked the delegate of Mexico whether he would accept the substitution of the word "primarily" for the word "exclusively" in the two places where it occurred.

Dr. León agreed.

Dr. Maclean (New Zealand) asked for a definition of the word "technical". The determination of biological standards and the development of international pharmacopoeia, for instance, were technical but not regional problems.

Dr. Mani said that he had anticipated criticisms of the kind, and had therefore kept the resolution simple. He thought the word "technical" should not be given a wider significance than it possessed. It was for the Executive Board to define which problems were technical.

The CHAIRMAN explained that during the preliminary work done in Paris and in New York and also in the Interim Commission it had always been the understanding that the technical work in the field would have to be carried out through regional organizations. He therefore could see no reason why the resolution should not be passed.

Dr. Maclean considered that it would be a mistake to bind the Organization to something which was not perfectly clear. Financial considerations would prevent the regional areas from doing work which did not properly belong to them. Any question arising as to where matters would be dealt with would be decided by the Executive Board. If that were the case, he could not see any reason for the Mexican resolution.

Dr. Stoyanoff (Bulgaria) supported the observations made by the delegate of New Zealand.

Dr. León stated that the provision dealt, not with the functions of WHO, but with the programme for 1948. The reasoning of the delegate of New Zealand could be applied to all points of the programme: they could all be left to the discretion of the Executive Board and the Assembly.

The CHAIRMAN observed that so far no regional offices had been set up. It was hoped that some would be functioning by the following year. It was his impression that the Mexican proposal was a statement of principle.

A vote being taken, the New Zealand proposal (to leave this matter to the Executive Board) was adopted.


The CHAIRMAN announced that full agreement had been reached at the previous session on a new drafting of the introduction to the first proposal on malaria. He read the amended text (in third report, p. 306).

Dr. DuJarric de la Rivière (France) proposed the addition, at the end of sub-paragraph (ix) of the words "and prophylaxis".

This was agreed.

With regard to the paragraph on a consultation service on quarantine (in third report, p. 306), the CHAIRMAN recalled that at the previous meeting an amendment had been proposed by the delegate of the United Kingdom to substitute the words "that one or more experts on quarantine work, nominated by WHO, be available" for the words "that a member of the staff of the epidemiological division be available". He himself proposed the following wording for the paragraph:

It is recommended that one or more experts on quarantine, nominated by WHO, or an expert member of the epidemiological division, be available . . .

The Chairman's proposal was adopted.

Attention was called to the fact that the draft resolution submitted by the delegation of France on the revision of international sanitary legislation had been omitted from the report. The Secretary apologized for the oversight, and said that the resolution would be included in the final report to be submitted to the committee.
4. Report of the Working Party on Other Activities

The CHAIRMAN called upon the chairman of the working party to present the report (see text in third report, p. 308).

Dr. HALVERSON thereupon read the report, which allotted priorities to the items under "other activities" discussed by the committee.

The CHAIRMAN moved that the report be adopted.

The delegates of Canada, the Netherlands and several other countries seconded the motion.

In reply to a question by Dr. León, Dr. HALVERSON said he did not believe that it would be consistent to issue instructions to the Executive Board or to the Secretariat with regard to personnel to be allotted to each one of the categories.

Dr. DUJARRIC DE LA RIVIERE supported the programme adopted by the working party, but feared that it might exceed the financial resources of WHO. He asked that, while leaving the Executive Board every latitude, priorities be established with regard to the points to be studied.

The report of the working party was adopted.

The CHAIRMAN announced that the Rapporteur and Secretariat would draw up a final report and present it to the committee for approval.

5. Designation of Representatives to Serve on Working Party set up by the Committee on Administration and Finance

The CHAIRMAN stated that the Committee on Administration and Finance had set up a working party to consider the budget for 1949. Two representatives from each committee were invited to take part in the discussions, without the right to vote. He asked for nominations from the Committee on Programme.

It was agreed that Dr. Halverson (United States of America) and Dr. Bárdos (Czechoslovakia) be designated to serve on the working party set up by the Committee on Administration and Finance.

The meeting rose at 4.40 p.m.
part of the Fellow, but that undertaking was not enforceable in law.

Sir Aly Shousha, Pasha (Egypt), thought the provision should be worded to make clear that it applied only to foreign graduates, and not undergraduates who were natives of the country concerned.

The Chairman said that undergraduates sometimes preferred to remain in the country of study, and he therefore thought the provision should apply to both types of Fellows.

Lt.-Col. Pasricha (India) stated that, in his country, Fellows had to sign a bond undertaking to repay the cost of the fellowship should they decide not to return there.

It was agreed to adopt the section as amended.

Medical Literature and Special Teaching Material; Emergency Medical Services

These two sections were successively adopted.

International Standards; Therapeutic, Prophylactic and Diagnostic Agents

The English and French texts were slightly amended, in accordance with drafting changes suggested by the Chairman and Dr. Dujarric de la Rivière respectively.

The Chairman stated that penicillin, which was mentioned, would be discussed later under the section of the report entitled “Penicillin”. The section was adopted as amended.

International Pharmacopoeia

In response to a suggestion by Dr. Maclean (New Zealand) that the words “of the World Health Organization” in part (1) of the proposed resolution should come after “Expert Committee”, the Chairman stated that the difficulty was a general one in naming expert committees. Much thought had already been given to the point and he proposed that the wording should remain as presented, to which the delegate of New Zealand assented.

The section as presented was adopted.

Nutrition

The Chairman said that, as it had been agreed not to specify the tasks of particular sections of the Secretariat, the words “which will also serve the joint expert committee to supply information as required”, in part (4) of the resolution, should be deleted. He suggested that drafting changes proposed by the delegate of France could be left to the Central Drafting Committee.

Dr. Mackenzie (United Kingdom) noted that the report of the Committee on Relations (see p. 323) had recommended the establishment of a joint committee on nutrition, composed of representatives of WHO and FAO. In the section under consideration it was referred to as a “joint expert committee”. He proposed that the word “expert” should be deleted in parts (1) and (2) and in the final sentence of the resolution.

This was agreed. The section, as amended, was adopted.

Environmental Sanitation (Sanitary Engineering)

Lt.-Col. Pasricha suggested that it was unnecessary to differentiate between rural hygiene and tropical hygiene; in his opinion, the former term included the latter.

Dr. Mackenzie strongly supported this view.

A discussion ensued in which the Chairman and the delegates of Ceylon, France, India, Ireland and the United States participated.

It was agreed, on the suggestion of the Chairman, to include the two items under the title “urban and rural sanitation and hygiene” and to add a footnote to the effect that tropical hygiene was included.

The section, as amended, was adopted.

2. Working Party on the 1949 Budget: Instructions to Representatives of the Committee on Programme

Consideration of the report was suspended at this point to allow discussion on the instructions to the committee’s representatives on the working party on the 1949 budget.

Dr. Halverson (United States of America) reported that the working party on the 1949 budget had decided to have an item-by-item discussion. He therefore wished to ask whether or not the committee had any instructions to give its representatives.

The Chairman stated that it had been decided to cut down the budget to $5,000,000, subject to confirmation by the Health Assembly. That sum would not allow the complete fulfilment of the programme contemplated. In the event of the working party’s deciding (1) not to allocate funds to an item, (2) to move an item from one priority group to another, or (3) to alter, in effect,
the order of priority of an item by reason of the sum allocated, such items should be referred back to the Committee on Programme for further consideration in the light of the decision taken. It seemed quite clear that the representatives of the committee to the working party should be instructed accordingly.

This was agreed.

3. Third Report of the Committee on Programme (continuation)

Public-Health Administration

The CHAIRMAN drew attention to a point in connexion with the item "technical education". The Interim Commission had recommended that the item should be entrusted to the section of the Secretariat dealing with fellowships, but he thought it would be more appropriate to place it in the section on public-health administration.

Dr. Chellappah said that the section, despite its title, appeared to have little to do with public-health administration. He suggested that an item on public-health organization should be included in the items listed.

Dr. Maclean recalled that the objectives of the technical education programme as set out in the Interim Commission's Report 103 were to gather information on all aspects of technical health education and to facilitate the exchange of such information. Those objectives seemed very similar to the ones set out under "medical literature and special teaching material", and it seemed to him that the same section could conveniently deal with both subjects.

Dr. Martha Eliot (United States of America) considered that the item could be dealt with more logically under fellowships, and therefore supported the recommendation of the Interim Commission.

The delegate of New Zealand did not press his suggestion, and it was agreed to leave the item, "technical education" as presented.

Dr. Martha Eliot drew attention to the fact that an item appearing in the report of the working party on "Other Activities" appeared to have been omitted. She therefore proposed the following insertion: "In the meantime, nursing representation should be considered where appropriate in the appointment of expert committees".

This was agreed.

The section, as amended, was adopted.

Parasitic Diseases

This section was adopted.

Virus Diseases

Dr. Bergman (Sweden), while supporting the French proposal to include the study of polio-

myelitis, thought that other sides of the question besides the epidemiological aspect should be studied. He proposed the deletion of the words "the epidemiology of" in the footnote on that subject.

This was agreed.

The section as amended was adopted.

Mental health; Habit-forming drugs; Cancer; Rheumatoid diseases; Leprosy; Technical education; and Brucellosis

These sections were adopted.

Proposed Bureau of Medical Supply

Dr. Mateeff (Bulgaria) drew attention to a discrepancy between the English and French texts.

The section was adopted, with the necessary alteration in the French text.

Penicillin

The CHAIRMAN referred the delegates to the paragraph in which the question of the standardization of penicillin was referred to. He proposed the insertion of the words "different types of" after "standardizing".

Lt.-Col. Pasricha considered it was asking too much of the expert committee to give such an indication. There were many types of penicillin, some of which had no therapeutic value. He proposed rather to say "standardization of antibiotics, especially streptomycin".

Dr. Grasset (Switzerland) suggested that a form of words might be found to cover antibiotics in general and streptomycin in particular.

Lt.-Col. Pasricha thereupon proposed the words "standardizing antibiotics and in particular streptomycin".

Dr. Petrov (Byelorussian SSR) preferred the formula suggested by the Chairman, as there was the possibility of discovering new types of penicillin.

Dr. Dujarric de la Rivière drew attention to the possibility of discovering synthetic penicillin. If that were done, the plants now producing penicillin would be superseded. While it was important to standardize antibiotics, it was also very important to carry out research for the discovery of synthetic penicillin.

The CHAIRMAN stated that the manufacture of penicillin was outside the scope of the Expert Committee on Biological Standardization. There seemed to be agreement on the substance of the paragraph, and it was merely a question of drafting. He proposed the words "different types of penicillin, streptomycin, and other antibiotics"
The section on penicillin was adopted, as amended by the Chairman's last proposal.

Insulin

The Chairman drew attention to a drafting change in line 1, where the words "the question of" should be deleted.

The section was adopted, with the deletion proposed by the Chairman.

Miscellaneous

On the proposal of Lt.-Col. Pasricha it was decided to insert a heading "miscellaneous" after the section on insulin.

The final sections and the report as a whole were adopted.

4. Closing of Session

The Chairman thanked the members of the committee for their excellent co-operation. At first it had not been quite clear whether the committee was to act as a group of experts, a drafting group, or in some other capacity, but, after one or two meetings, its specific task had defined itself. The work that had been done was both constructive and positive. He spoke of the volume of work carried out by the staff, who, he considered, were deserving of special thanks and congratulations.

Dr. Maria Kovrigina (USSR) speaking in the name of the delegation of the USSR as well as that of the Ukrainian and Byelorussian SSR, expressed sincere gratitude to the Chairman for his excellent and statesmanlike qualities. In directing the complicated work of the committee, he had shown himself unbiased and objective, and had always acted with the utmost restraint and calm.

The remarks of the Chairman and of Dr. Maria Kovrigina were warmly seconded by the delegates of France and India.

The meeting rose at 12 noon
1. Election of Chairman and Vice-Chairman

The Chairman drew the attention of the committee to Rule 29 of the provisional Rules of Procedure which provided that each main committee should, after consideration of the report of the Nominations Committee, elect a chairman and a vice-chairman.

On the proposal of Dr. Van den Berg (Netherlands), supported by Mr. Edmonds (United Kingdom) and Dr. Montus (France), the appointments of Dr. Kacprzak (Poland) as Chairman and Dr. van der Spuy (Union of South Africa) as Vice-Chairman were confirmed.

The Chairman expressed his thanks for the honour conferred upon him, which he regarded as due essentially to the geographical situation of his country. As he was not an expert on financial matters, he would request the Secretary, Mr. Siegel, to introduce the various items to be discussed; any resolutions or proposals relating to the work of the committee should be handed to the Secretary or to one of his assistants.

Although all programmes were dependent on budgetary considerations, the great importance of the committee's work was generally underestimated. He stressed, first, that the policies to be established would be laid down for a considerable period, and merited a long-range view; secondly, it was desirable, if possible, to reach unanimity in regard to any resolutions; thirdly, it was essential to speed up the work to enable the committee to conclude its discussions by 24 July.

2. Election of Rapporteur

The Chairman having pointed out the difficulty of finding a candidate to act as Rapporteur, the committee agreed that the Vice-Chairman should act in that capacity for the first meeting.

3. Adoption of Agenda

The Chairman said that since the publication of the proposed agenda, the Interim Commission has issued a supplementary report, which included a number of modifications to items on administration and finance. Since financial and staff regulations would affect other items to be discussed, he suggested the adoption of a modified agenda, as proposed by the Secretariat.

Dr. Van den Berg (Netherlands) saw no objection to the proposed change and agreed that the importance of the work should not be underestimated. He stressed the need for full cooperation between the present committee, the Committee on Programme, and the Committee on Headquarters and Regional Organization. The proposals of those committees regarding future activities would be rendered useless, if the necessary funds were not forthcoming.

He urged the creation of a joint working group composed of members of the three committees in question, in order to avoid inevitable difficulties which would otherwise arise in discussions at the Assembly.

The Chairman, while in agreement with Dr. van den Berg, suggested that the matter should be postponed to a later stage, and that the committee should confine itself to the adoption of the agenda.

Mr. Baghdadi (Egypt) felt that the committee should concentrate attention on the technical aspect of the work, and agreed with the Chairman that the question of cooperation should be deferred until further information was available in regard to decisions taken by other committees.

Mr. Brady (Ireland) supported the proposal of Dr. van den Berg. He agreed with Mr. Baghdadi that discussion should continue on the administrative aspects of the committee's work. It was, of course, necessary to improve liaison with the Committees on Programme and on Headquarters and Regional Organization concerning financial matters, since there was no limit to the funds which could be usefully spent on certain regional administrations. In the absence of cooperation between the various committees likely to recommend items involving expenditure, it would be unwise to continue the work. He proposed the creation of a joint working committee, consisting of three members from each of the committees in question, to consult and to work out a programme of reasonable financial expenditure.

On the proposal of the Chairman, the committee decided to authorize the Chairman to
The agenda was adopted, on the understanding that the item on the scale of contributions would be discussed at a later stage.

4. Provisional Financial Regulations

Mr. SIEGEL, Secretary, said that the Interim Commission, in presenting the Financial Regulations* and Staff Regulations* for consideration of the Health Assembly, had decided to use the general pattern established by the United Nations. Those two sets of regulations would establish the basic policy under which WHO would work in those fields. They would be, in effect, governing statutes, which could be changed only by action of the Health Assembly. They followed as closely as possible, both in form and substance, the regulations adopted by the United Nations. The Financial Rules and Staff Rules, on the other hand, would implement the provisions of the respective regulations.

Both Financial Rules and Staff Rules would be established by the Director-General, confirmed by the Executive Board, and reported to the next Health Assembly. The rules should be designed to fit the needs of the particular organization. Internal instructions describing the methods of operation under both regulations and rules would be issued later.

The proposed Financial Regulations were then presented seriatim by the Secretary, who pointed out in each case any divergence between the proposed WHO regulation and the corresponding United Nations regulation.

Regulations 1 to 5 were approved without discussion.

Regulation 6: The delegation of Australia had proposed the amendment of this regulation by the addition of the words: "... and shall include sufficient detail to enable adequate consideration to be given to them."

Mr. LANDALE (Australia) said his delegation considered this an essential principle which should be included in the regulation.

M. BOISSIER (Switzerland) supported the amendment. He also suggested that instead of the words "thirteen or fourteen weeks" it would be better to state a definite period. This view was supported by Mr. PEMBERTHY (Union of South Africa), who proposed "ninety days".

The CHAIRMAN remarked that paragraph (c) of Regulation 5 would appear to cover the same ground as the Australian amendment, and he wondered if the delegation of Australia thought it necessary to introduce the provision again.

Mr. LANDALE replied that his delegation had given the matter much consideration and did think it necessary to include those words.

* Off. Rec. WHO, 10, 34
* Ibid., 10, 30

There being no objection, the amendment of the Australian delegation was accepted.

The proposal of the delegation of Switzerland, as amended by the delegation of the Union of South Africa, was also accepted.

Regulation 6, with the above amendments, was approved.

Regulations 7 and 8 were approved without discussion.

Regulation 9: The CHAIRMAN stated that an amendment had been submitted by the delegation of the United Kingdom, which considered that appropriations came under the heading of "important questions", decisions on which required a two-thirds majority vote under Article 6oa of the Constitution, and suggested that "Article 6oa" be substituted for "Article 6ob" in the regulation.

Mr. EDMONDS (United Kingdom) said his delegation considered that appropriations certainly came into the category of "important questions" and that Regulation 9 would be more in accordance with the Constitution if it referred to Article 6oa. The proposal was supported by Dr. HYDE (United States of America).

Mr. HALSTEAD (Canada) opposed the United Kingdom proposal on two grounds: (1) the specific questions enumerated in Article 6oa included only matters of a permanent nature, and the annual budget hardly fell within that category; (2) Article 6oa required the same type of majority for debates in Assembly and in committees, and in the proposal of the United Kingdom it was admitted that a simple majority was sufficient for a vote in committee.

M. BOISSIER considered that the phrase in Article 6oa "These questions shall include: ..." was not restrictive or exhaustive and did not debar the inclusion of other questions. He asked if the Executive Secretary would give his interpretation.

Dr. CHISHOLM, Executive Secretary of the Interim Commission, agreed with the delegate of Switzerland. Under Article 6ob the Assembly, by a simple majority vote, could put any question into the category requiring a two-thirds majority vote. If a two-thirds majority vote were stipulated for budgetary matters, a procedural difficulty would arise in that if the required majority was not obtained, either for or against, the normal procedure would be to postpone consideration until the next meeting of the Assembly a year later; such procedure would not be appropriate in dealing with the budget.

Dr. HYDE (United States of America) urged the desirability of having a budget which was supported by at least two-thirds of the membership of the Organization, if not unanimously; the United Nations had recognized this and required by its Charter a two-thirds majority for the adoption of its budget.
Mr. Baghdadi said it seemed illogical that a decision as to an activity of the Organization, which took into account the necessary financial provision, could be made by a simple majority, but that the inclusion of the necessary financial provision in the budget should require a two-thirds majority vote.

Dr. van den Berg agreed with the delegate of Egypt and also supported the objection raised by the delegate of Canada.

Mr. Edmonds asked if the Executive Secretary could explain how it was that the two-thirds majority procedure had been found workable by the United Nations but was considered unworkable by the World Health Organization.

The Executive Secretary replied that the difference was that the provision was included in the Charter of the United Nations, whereas in the case of WHO it would appear only in the Financial Regulations and could therefore have no permanence, since any question falling within the category requiring the two-thirds majority vote could at any time be taken out of that category and decided by a simple majority vote.

To make the provision permanently effective would require an amendment to the Constitution.

Mr. Brady supported the United Kingdom proposal. As to budgetary decisions being postponed for a year if the necessary two-thirds majority was not obtained, this matter was governed by Rules of Procedure, which were still in a provisional state and could be revised to allow of such questions, if necessary being brought a second time before the same Assembly. It was most desirable that matters of financial importance should have a firm basis of support from the delegations, and he urged the inclusion of a provision for a two-thirds majority vote on appropriations.

The Executive Secretary explained that the postponement referred to by Mr. Brady was the normal procedure, but, of course, a budget could not be postponed for a year; advantage would have to be taken of the opportunity given under Article 60b to decide that any question which had not obtained the necessary majority of votes could be put into the category requiring only a simple majority vote and settled immediately.

At the request of the Chairman, the Secretary explained that the question at issue appeared to be resolved by the fact that, even if it were agreed that budgetary questions should fall within the category requiring a two-thirds majority vote, they could easily be taken out of that category and decided by a simple majority vote. Therefore, there would seem to be no purpose served by a two-thirds majority provision being included in Regulation 9.

Mr. Edmonds said his delegation was prepared to withdraw its proposal.

Dr. Hyde agreed to the withdrawal, but added that his delegation nevertheless felt very strongly that the budget should have the support of at least two-thirds of the membership of the Organization.

The Chairman suggested that the United States delegation might care to introduce an amendment to the Constitution to this effect for the consideration of the second Health Assembly.

Regulation 9 was approved.

Regulations 10 to 15 were approved without discussion.

The meeting rose at 12 noon.

SECOND MEETING

Tuesday, 6 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland)

1. Election of Rapporteur

On the proposal of the Chairman, Dr. Chu (China) was elected Rapporteur.

2. Continuation of Discussion on Provisional Financial Regulations

Regulations 16, 17 and 18 were approved without discussion.

Regulation 19: Mr. Siegel, Secretary, said that the drafting of the regulation had been left for decision by the first Health Assembly. Two draft texts were before the committee: that suggested by the United Kingdom delegation and that of the Secretariat. There was only one essential difference between the two drafts, namely, whether contributions should be assessed in Swiss francs or in United States dollars. The United Kingdom recommendation included an additional paragraph making it possible for the Director-General, at his discretion, to accept contributions in other currencies, depending upon the needs of the Organization and on the possibility of using such currencies.

The Secretariat had also suggested a separate proviso, not to be incorporated in the Financial Regulations per se, by which the Director-General would be empowered to accept, at his discretion, a portion of the contribution for the years 1948 and 1949 in currencies other than United States
Mr. Edmonds (United Kingdom) asked why United States dollars were considered a more desirable than Swiss francs.

His delegation agreed with the resolution suggested by the Secretariat but proposed that the words "a portion of" should be replaced by "in whole or in part". The Director-General would thus be enabled to accept, at his discretion, contributions in other currencies.

The Secretary replied that the only reasons why United States dollars seemed to be more acceptable in Geneva. The point was of no immediate consequence to his delegation but might affect the administrative requirements of the Secretariat.

The United States delegation strongly favoured the suggestion that the problem should be dealt with as a temporary requirement and that the resolution should not be incorporated in the permanent regulations.

He agreed to the United Kingdom proposal to insert the words "in whole or in part", although the Director-General should not be hampered in his task by reason of the nature of contributions made by Members.

Dr. Ungár (Czechoslovakia) supported the United Kingdom amendment. He stated that for countries with a lack of hard currency, it would be advisable for the paragraph to be inserted in the Financial Regulations.

Dr. Van den Berg (Netherlands) considered that the resolution should be included in the Regulations.

The Secretary pointed out that the suggestion for a separate resolution was based on a decision adopted by the United Nations. It was hoped that the present currency situation would be only a temporary one, and that it would therefore be unnecessary to incorporate in the Financial Regulations provision for a contingency which might not continue to exist. It was, however, for the committee to decide whether that provision should be made for an additional number of years.

Dr. Ungár and Dr. Van den Berg were strongly of the opinion that the resolution should be incorporated in the Regulations. Dr. Ungár asked what other reasons there were for making the resolution a separate proviso.

The Secretary said that a reason that had given cause for considerable concern was that a number of administrative obligations were involved in dealing with several different currencies.

Dr. Ungár was not convinced of the necessity of a separate proviso. If the situation should change, the Assembly was competent to amend a regulation which was no longer applicable.

Mr. Madani (Pakistan) supported Dr. Ungár's view. There was likely to be substantial regional expenditure, and he therefore suggested that the resolution should read: "Annual contributions and advances to the working capital fund shall be assessed in Swiss francs. The Director-General may at his discretion accept the whole or part of the contributions of Member States to the budget in currencies other than Swiss francs."

Mr. Roseman said he was more optimistic about the future improvement of the currency situation, and felt that currency problems would soon be alleviated. The committee appeared to be dealing not with a question of substantive change, but rather one of procedure. His delegation would prefer a separate proviso because the programme of the Organization should not be determined by currencies. His delegation would be prepared to accept the inclusion of the resolution in the permanent regulations on condition that the Director-General, in his presentation of the annual budget, should indicate the currencies envisaged as necessary for the carrying-out of the programme contemplated by the budget, namely the currencies in which the expenditure of the Organization under that budget would be made.

Dr. Chisholm, Executive Secretary of the Interim Commission, stated that the Secretariat could undertake that work, although it would complicate the mechanical operation of the financial services. It would mean parallel systems of book-keeping in different currencies, with a report eventually made, for the sake of coherency, in one currency; it would moreover be costly and imply additional staff.

Dr. León (Mexico) suggested that the resolution should read: "Annual contributions and advances to the working capital fund shall be assessed and paid in United States dollars. The
Mr. Edmonds explained that his delegation believed that *ex gratia* payments would be needed only in very exceptional circumstances, and consequently that it would not be tying the hands of the Director-General unduly if he were obliged to refer to the Executive Board or its Chairman.

The proposal of the United Kingdom was supported by Mr. Landale (Australia), Dr. Baran (Ukrainian SSR), and Mr. Baghdadi (Egypt), the latter adding that such a provision would protect the Director-General against sometimes very pressing claims.

Mr. Roseman opposed the United Kingdom proposal. The Director-General would undoubtedly be a man of discretion, in whom full confidence could be reposed, and it should not be necessary for him to obtain the approval of the Executive Board in such minor decisions. The interests of the Executive Board were fully protected by the requirement that there should be a report annually by the Director-General of the expenditures made by him under the provisions of Regulation 24.

Dr. Ungár (Czechoslovakia), Dr. Björnsson (Norway), Dr. Van den Berg (Netherlands) and Dr. Yung (China) supported the remarks of the delegate of the United States of America.

Mr. Madani suggested the inclusion in the regulation of a maximum up to which the Director-General might sanction an *ex gratia* payment in a particular case, without reference to the Executive Board.

A vote by show of hands on the United Kingdom amendment resulted in 16 votes in favour and 16 against.

Mr. Roseman inquired what provision was made in the Rules of Procedure for the case of a vote on an amendment resulting in a tie.

The Executive Secretary replied that the only relevant rule appeared to be Rule 56, which read: “Except as stipulated otherwise in these Rules, 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.” He added that if a proposition was not carried by majority, then the proposition was lost.

The amendment of the United Kingdom having been lost, Regulation 24, submitted by the Interim Commission, was approved.

**Regulation 25:** The delegation of the United Kingdom had proposed that Regulation 25 be re-worded as follows: “The Director-General shall institute or provide for full investigation in all cases of loss, whether of funds or property, and shall take such action, including write-off action, as may be necessary after such investigation, subject to the requirements of Regulation 22c.”

Mr. Edmonds said that it was a matter of interpretation. As written, the regulation was permissive. His delegation considered it should
be mandatory and should be so worded as clearly to require investigation into all cases of loss.

Regulation 25, with the new text proposed by the delegation of the United Kingdom, was approved.

Regulations 26 to 30 were approved without discussion.

Regulations 31: The delegation of Australia had submitted an amendment to Regulation 31 to the effect that, when the accounts were submitted by the Director-General to the external auditors, a summary of such accounts should be circulated at the same time to all Members.

The Secretary pointed out that normally it was the audited accounts of an organization that were distributed to its members.

Mr. Landale (Australia) said that while his delegation felt strongly that the Members should have an opportunity of viewing the accounts before the Assembly, they would be willing to alter their amendment so that it should refer to the audited accounts.

The Australian amendment was accepted with the understanding that it be reworded so as to apply to the audited accounts.

The Secretary asked permission to raise a further point with regard to Regulation 31 on behalf of the Secretariat. In the regulation as at present before the committee, the date for the submission of the accounts by the Director-General to the external auditors was given as 31 March, to agree with the corresponding provision in the United Nations regulations. If, as provided in a subsequent regulation, the external auditors had to submit their report to the Organization on 1 June, it might not be possible for the accounts to be put before the following Health Assembly. The Secretariat would suggest changing the dates to 28 February and 1 May respectively. It was realized that this would allow the Secretariat only 60 days to submit its accounts, but it could be done and was necessary, if the accounts were to be submitted to the Assembly within reasonable time.

Mr. Roseman asked whether this would give time for the audited accounts to be circulated to Members prior to the Assembly, and the Secretary replied that the answer depended upon the date fixed for the Assembly.

Mr. Roseman then said that he realized that Regulation 32 was not yet under discussion, but he wondered if it would be acceptable to the delegation of Australia if a provision were made in that regulation which would ensure that the report of the auditors, at the same time as it was submitted to the Executive Board, should be sent to all governments concerned.

Mr. Landale replied that his delegation would accept this, but would like the word "accounts" included in any such provision.

The meeting rose at 12 noon

THIRD MEETING

Wednesday, 7 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland)

1. Announcements by the Chairman

The Chairman announced that the committee was expected to report to the Health Assembly by 20 July and should therefore complete its work by the end of the week preceding that date. He further announced that the General Committee had established a committee, consisting of the five vice-chairmen of the main committees, to serve as a liaison between the committees.

2. Continuation of Discussion on Provisional Financial Regulations *

Regulation 32, with the change of date to 28 February as agreed at the previous meeting of the committee, was approved.

Regulation 32: Mr. Siergel, Secretary, explained that this regulation had been drafted in order to give as much flexibility as possible, so that WHO might either appoint its own external auditors or make use of the Board of Auditors of the United Nations. The question of the appointment of external auditors would be discussed under a separate item of the agenda, and an explanatory document had been issued.

It would be noted that Regulation 32 as drafted contained references to the "Board of Auditors", but, at an earlier meeting, the committee had decided to change this term to "external auditors". A change of date from "1 June" to "1 May" would also be necessary following the decision taken on Regulation 32 at the previous meeting.

Further, the delegation of Australia had submitted a proposal on Regulation 32 which it had been agreed should be transferred to Regulation 32. The following words should, therefore, be inserted, immediately before the last sentence of paragraph (b) of Regulation 32: "Immediately upon receipt thereof by the Director-General, the report, together with the certified accounts, will be circulated to all Members."

With the following amendments: that the words "Board of Auditors" be replaced through-
out the regulation by "external auditors"; that the date "3 May" be substituted for "1 June" in paragraph (b); that the provision required by the delegation of Australia be inserted as the penultimate sentence of paragraph (b), Regulation 32 was approved.

Regulation 33 was approved without discussion.

Regulation 34: The SECRETARY explained that the provision referring to pension fund investments as contained in the second half of the comparable United Nations regulation had been omitted, as no pension fund had yet been established by WHO.

Regulations 34 and 35 were approved without discussion.

Regulations 36 and 37: The SECRETARY drew attention to the fact that no regulations had been submitted comparable to the last two financial regulations of the United Nations, as the latter were not applicable to WHO. The proposed Regulations 36 and 37 were additional to the United Nations regulations. Regulations 36 and 37 were approved without discussion.

Suggestions of the United Kingdom Delegation

Mr. EDMONDS (United Kingdom) presented the suggestions of the United Kingdom delegation, which had been circulated.

One suggestion had been for the inclusion of a regulation, which had been submitted in an earlier draft resolution under which the Health Assembly could disallow any item of the accounts.

It was agreed that this regulation, as proposed by the delegation of the United Kingdom should be included in the Financial Regulations (see p. 357, Regulation 33).

Mr. Edmonds asked permission to bring forward another suggestion, on bonding, when the question of insurance came up on the agenda (see p. 195).

The United Kingdom delegation proposed the addition of a further regulation, to bring the Financial Regulations into line with Staff Regulation 30.

It was agreed that the suggested regulation, as proposed by the delegation of the United Kingdom should be included in the Financial Regulations (see p. 357, Regulation 33).

Mr. Edmonds, in regard to a suggestion for provisions to ensure the control of funds and effective financial administration, said that no doubt the Secretariat intended to incorporate some system of safeguarding in the Financial Rules, and that would satisfy his delegation.

The SECRETARY agreed that it was understood that the Director-General would issue a set of Financial Rules which would contain provisions similar to those suggested by the delegation of the United Kingdom.

Mr. EDMONDS said his delegation felt that the Financial Regulations were so important that it would be useful to have a report on them, as it had outlined in a further suggestion, but that it would now prefer the report to be made by the Director-General and not by the Executive Board as stated in the document.

The SECRETARY assumed that it was not necessary to incorporate such a provision in the Financial Regulations themselves. He proposed that the committee should recommend to the Health Assembly the adoption of the following resolution:

The Health Assembly resolves that the Director-General review the provisional financial Regulations in the light of the first year's work and after receipt of the report of the external auditors, and report thereon to the Assembly.

It was agreed that the above resolution be recommended for adoption by the Health Assembly.

The CHAIRMAN said that the only regulation remaining to be approved was Regulation 19, further discussion on which would have to be postponed because of the absence of three of the five members of the working party concerned.

Mr. MADANI (Pakistan) remarked that many delegations vitally interested in the Financial Regulations were absent owing to their attendance at the meeting of the Committee on Headquarters and Regional Organization. He would suggest that, in future, care should be taken to avoid the two committees' meeting at the same time.

The CHAIRMAN replied that this was a matter for the General Committee, to which a recommendation could be sent if desired.

It was agreed that, with the exception of Regulation 19, the Provisional Financial Regulations as amended, having been accepted by the committee, should be recommended to the Health Assembly (see p. 312).

3. Provisional Staff Regulations

The CHAIRMAN asked the committee to bear in mind, in discussing Staff Regulations, that the regulations should include only matters of policy; implementation of policy should be effected through the rules which would be established by the Director-General and approved by the Executive Board: this committee should be concerned with the quality of staff rather than the quantity, to ensure that the programme agreed upon might be efficiently carried out.

The SECRETARY then presented seriatim the provisional Staff Regulations, explaining in each case the reasons for any divergence between the proposed WHO regulation and the corresponding United Nations regulation.

Regulation 1: An amendment submitted by the delegation of Bulgaria was before the committee.

The Director-General and all members of the staff of the Organization are international civil servants recruited impartially from all the Member-nations of WHO, and approved by their respective Governments...

DR. MATEEFF (Bulgaria), in presenting his delegation's amendment, said that the proposal
for recruitment of personnel from among all the different Member Nations was in complete conformity with Article 35 of the Constitution. The proposal concerning approval of governments in no way conflicted with Article 37 but was considered by the Bulgarian delegation to be indispensable in order that the Secretariat might know that the staff member in question was not in any way in disagreement with his own government. After his appointment, the staff member would, of course, take the oath in accordance with Staff Regulation 2.

Mr. Halstead (Canada) strongly opposed the amendment. The United Nations had studied the question extremely carefully and recognized the importance of preserving the international character of the Secretariat; Article 37 of the WHO constitution was framed to safeguard this international character; and if that principle were destroyed, the whole basis upon which the operation of the Organization was founded would be undermined. Furthermore, the Bulgarian amendment was contrary to both the words and the spirit of the other clauses of Regulation 1.

Dr. van den Berg (Netherlands) supported Mr. Halstead’s remarks, adding that in the interest of world health, the best men available must be appointed, whether or not they were nationals of a Member State.

Dr. Björnsson (Norway), opposing the amendment, expressed the view that, as the United Nations, which was a political organization, had not found it necessary to introduce such a regulation, it was certainly unnecessary for WHO, a technical organization, to do so.

Mr. Penberthy (Union of South Africa) and Dr. Hyde (United States of America) also opposed it.

Dr. Chisholm, Executive Secretary of the Interim Commission, said it was clear that the secretariat of any specialized agency would be very careful not to form its membership, generally speaking, from political refugees; on the other hand, from an administrative point of view, if government approval were obligatory, considerable difficulties would be caused if, owing to a sudden change of government in any country, certain members of the staff should find themselves out of favour with their governments.

Mr. Madani said that, although his delegation did not support the amendment as a whole, it was in sympathy with the principle underlying it. The regulations did not specify clearly how appointments were to be made. The Director-General could not be expected to have first-hand knowledge of all countries, and some provision must be made for capable men to be brought to his notice. It should be laid down that he should consult members of the Executive Board or, if the person concerned did not belong to a country represented on the Executive Board, the government of that country. Moreover, governments of all Member States should be requested to submit periodically names of persons deemed suitable for appointment to executive and administrative posts in the Secretariat.

Dr. Petrov (USSR) said the Bulgarian amendment involved two distinct points. First, there was the desirability of recruiting members of staff impartially from all the different countries, with which his delegation agreed. The important thing was to secure officials who would be efficient in their work, and appointments could not be made entirely on grounds of geographical representation. Secondly, there was the necessity of obtaining the approval of the government of the country to which the proposed member of staff belonged. That was not supported by his delegation.

Dr. Mateeff said that, in view of the discussion, he would withdraw the second part of his amendment and revise the first part to read as follows: "The Director-General and all members of the staff of the Organization are international civil servants recruited impartially from all nations."

The Executive Secretary explained that, although the Interim Commission had made every effort to secure the widest possible basis of representation in its secretariat, there were many nations which were not in a position to supply any staff.

Mr. Davin (New Zealand) supported the remarks of the Executive Secretary. The provisions of Article 35 of the Constitution were fully comprehensive and it was not desirable to add anything to them.

Mr. Halstead and Baron van der Bruggen (Belgium) suggested that it might meet the wishes of the Bulgarian delegation if the last two sentences of Article 35 were included in Regulation 1.

Dr. Hyde and Dr. van den Berg thought that the sentences from Article 35 would more appropriately be included in Regulation 11.

Dr. Mateeff considered that the proposal of his delegation was more precise, as the Organization did not consist of geographical elements but of citizens of different countries, and he asked for a vote to be taken on his revised amendment; this was seconded by Dr. Kozusznik (Poland) and Dr. Ungár (Czecho-Slovakia).

A vote taken by show of hands on the revised amendment of the delegation of Bulgaria resulted in 8 votes in favour and 21 against. The amendment was lost.

Regulation 1, as submitted by the Interim Commission, was approved.

Discussion as to whether the last two sentences of Article 35 of the Constitution should be included in the proposed Staff Regulation 11 was deferred until discussion on that regulation.

Regulations 2, 3, 4, 5 and 6 were approved without discussion.

Regulation 7: Dr. van den Berg and Mr. Davin thought the wording of the proposed regulation inconsistent. Mr. Davin, supported by Dr. Björnsson, proposed adoption of the wording of the corresponding United Nations regulation.
Regulation 7, as worded by the United Nations, with the necessary modifications to make it applicable to WHO, was approved.

Regulation 8 was approved without discussion.

Regulation 9: A revised text, submitted by the Secretariat, was before the committee:

No member of the staff shall accept any honour, decoration, favour, gift or fee from any government or from any other source external to the Organization during the period of his appointment, except for war services, or for services rendered before appointment. Notwithstanding the provisions of this regulation, the Director-General may authorize exceptions as in, for instance, the acceptance by staff members of scientific honours, and/or when otherwise he deems it not contrary to the interests of the World Health Organization.

The Executive Secretary said that the revised wording would make provision for cases where members of the staff were awarded an honour for services rendered before appointment to the Secretariat.

The exceptions provided for would cover the case of professional men who were awarded scientific honours, the refusal of which might, in the event of their leaving the Secretariat, militate against their future professional activities.

Dr. Van den Berg and Mr. Landale (Australia) were uncertain as to the implication of the words "except for war services".

The Secretary suggested that the words "for war services" should be deleted, so that the text would read: "... except for services rendered before appointment".

Regulation 9 as revised, with the modification suggested by the Secretariat, was approved.

Regulation 10: A revised text, submitted by the Secretariat, was before the committee:

Eligibility for posts in the Secretariat shall be determined on the basis of individual competence, character, and integrity, without discrimination on the grounds of sex, race, religion or creed.

Regulation 10, as revised by the Secretariat, was approved.

Regulation 11: The Chairman recalled that in order to meet an amendment to the regulation proposed by the delegate of Bulgaria, two suggestions had been made for the modification of Regulation 11: (1) that of the delegate of Bulgaria to add the words: "The Director-General and all members of the staff of the Organization are international civil servants, recruited impartially from all nations"; and (2) the suggestion of the United States delegate to add the last two sentences from Article 35 of the Constitution: "The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat 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. Roseman (United States of America) said he favoured the wording of the Constitution, which had been subject to thorough examination and expressed the principle on which all were agreed.

Mr. Madani wondered whether it would be appropriate to reproduce the text of the Constitution as a regulation. He suggested: "Appointments shall be made on a competitive basis in accordance with the provisions of Article 35."...

Dr. Petrov thought there could be no objection, in principle, to transferring sentences from the Constitution to the regulations.

Sir Dhiren Mitra (India) felt that no useful purpose would be served in isolating one provision of the Constitution, since the regulation was in any case subject to Article 35. Regulation 11 should be approved in its present form.

Dr. Van den Berg proposed a small drafting group in order to reach unanimity on an appropriate text.

Mr. Penberthy thought all points of view would be met by the addition to the existing text of the words: "and with due regard to the provisions of Article 35 of the Constitution".

Sir Dhiren Mitra opposed Mr. Penberthy's suggestion on the ground that such a sentence would also have to apply to Regulation 10 and would moreover weaken Article 35 of the Constitution.

Mr. Amy (El Salvador) said his country had considerable interest in geographical representation, and proposed the following text: "The recruitment of the staff should be carried out impartially on as wide a geographical basis as possible, taking into consideration recruitment among all nations who are Members of WHO."

Dr. Mateeff accepted the proposal of the delegate of El Salvador.

Dr. Van den Berg recalled that the second part of the proposal of Bulgaria had been withdrawn: recruitment from all Member Nations of WHO. He urged consideration of his suggestion for a small drafting group to examine and agree upon a final text for Regulation 11.

The committee agreed to postpone the question until the following day, so that discussion could continue on the report of the working group on Regulation 19 of the provisional Financial Regulations.


Dr. Ungar presented the report of the working party, which had agreed on the following text:

Annual contributions and advances to the working capital fund shall be assessed and paid in United States dollars, provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Executive Board, may determine.

The working party believed that (although the text of the regulation need not include provision therefor) it should be understood that the expectation of the yearly expenditure on different
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currencies should serve as the basis for that determination.

M. Raffard (France) proposed that the words "may determine" in the last line should be replaced by "shall have determined".

The drafting modification was accepted by the working party.

Dr. Petrov asked why the United States dollar had been selected as the basis for payment of annual contributions in preference to the Swiss franc.

The Secretary recalled that the first sentence of the text submitted by the working party had been considered and adopted at the previous meeting. The working party had been asked only to submit a new text for the second sentence concerning the currency or currencies in which annual contributions might be paid.

Dr. Petrov maintained that countries should be given the possibility of paying annual contributions not only in United States dollars, but also in Swiss francs. Otherwise, the procedure would be complicated for some countries.

The Secretary observed that the second sentence of the proposed text clearly established that other currencies, which would include Swiss francs, could be accepted in payment of the whole or part of annual contributions.

The Chairman referred to Rule 53 of the Rules of Procedure, which stipulated that when a proposal had been adopted or rejected, it could not be reconsidered unless the Assembly so decided.

Dr. Petrov maintained his proposal. It was legitimate to raise the question since he had understood that the working party would deal with the whole substance of the problem. It should be clearly stated that payment of annual contributions could be made either in Swiss francs or in United States dollars. The seat of the Organization was in Geneva and it was therefore logical for contributions to be paid in Swiss currency.

M. Muller (Switzerland), speaking on a point of substance, supported the view of the Secretariat that, on the basis of the text submitted by the working party, each country was free to pay its contribution in currencies other than United States dollars. He felt sure that should the USSR desire to pay in Swiss francs, no objections would be raised by the Director-General or by the Executive Board.

He saw no difficulty in regard to the other point raised by the USSR, namely, that it would be a complicated procedure if all countries paid their contributions in dollars, while the major expenses of the Organization had to be paid in Swiss francs. The Organization would enjoy every facility for the transfer of funds and would be able freely to convert United States dollars into Swiss francs.

Mr. Shtylla (Albania) supported the USSR proposal on the following grounds: first, the committee was free to discuss and make recommendation to the text submitted by the working party; secondly, the proposal would enable countries to effect payments in Swiss francs rather than dollars, without prior determination by the Director-General of the Executive Board.

The Chairman announced that after the two following speakers the meeting would adjourn.

Dr. Bjornsson proposed that the words "in Swiss francs" should be inserted in the second part of the paragraph, so that the text would read: . . . payment of the whole or part of these contributions may be made in Swiss francs or in such other currency or currencies . . . .

M. Raffard asked the delegate of Switzerland whether each country would be free to convert Swiss francs into United States dollars, in which case no difficulty would arise.

M. Muller said that, since the Chairman had decided that the discussion would be closed after the speakers announced, he would be prepared to answer M. Raffard's question at the following meeting.

The meeting rose at 12.45 p.m.

FOURTH MEETING

Thursday, 8 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland)

1. Provisional Financial Regulations (continuation) *

Regulation 19 (continued): At the request of the Chairman, M. Muller (Switzerland) replied to the question which had been asked by the delegate of France at the conclusion of the previous meeting, as to whether each country would be free to convert Swiss francs into United States dollars. The answer was in the affirmative. From the point of view of the Swiss authorities it was preferable that such transactions should be carried out by the Organization and not by the individual Members. A draft agreement between the Organization and the Swiss Federal Council was being recommended by the Legal Committee to the Health Assembly, under which the Orga-

* Off. Rec. WHO, 10, 34
nization might convert money in Switzerland from any currency into any other currency without difficulty: Members themselves wishing to convert currencies would have to apply through the Banque nationale suisse.

M. Muller added that his delegation considered the document produced by the working party entirely satisfactory.

Dr. Björnsson (Norway) asked permission to withdraw the proposal he had made at the previous meeting for an amendment to Regulation 18 as drafted by the working party and to substitute the following text:

Annual contributions and advances to the working capital fund shall be assessed and paid in either United States dollars or Swiss francs, provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Executive Board, shall have determined.

The amendment of Norway was seconded by Dr. Ungár (Czechoslovakia) and supported by M. Raffard (France) and Dr. Baran (Ukrainian SSR).

There being no opposition, the amendment of the Norwegian delegation was accepted.

Regulation 19, as submitted by the working party and amended was approved.

It was agreed that the provisional Financial Regulations as amended, having been accepted in toto by the committee, should be recommended to the Health Assembly (see p. 311).

2. Provisional Staff Regulations (continuation) *

Regulation II: Mr. Siegel, Secretary, presented a new draft of this regulation, reading as follows: "With due regard to Article 35 of the Constitution, appointments to posts in the Secretariat shall be made as far as practicable on a competitive basis."

The Chairman said there were now several proposals before the committee: the new draft of the Secretariat, as read; the proposal of the delegation of El Salvador (see p. 184), and the proposal of the delegation of India that the regulation originally drafted by the Secretariat should be accepted.

It was proposed by Dr. Hyde (United States of America) and seconded by Dr. Björnsson (Norway) that the new draft of the Secretariat be accepted.

Mr. Penberthy (Union of South Africa) expressed the opinion that what delegations really desired was not so much an amendment to Regulation II but a guarantee that in the application of the Staff Regulations the appropriate provisions of the Constitution would not be overlooked. The Interim Commission had recommended that the Staff Regulations should be attached to the Rules of Procedure as an annex 9. This would mean that the preamble to the Rules of Procedure appearing on the same page, which made it clear that those rules were under the authority of the Constitution, would automatically apply to the Staff Regulations. He therefore considered that the existing provisions of Regulation II should stand, and he proposed that the committee should adopt the following resolution for consideration by the Legal Committee:

The committee considers it essential that the Staff Regulations should be attached as an annex to the permanent Rules of Procedure as recommended by the Interim Commission (Off. Rec. WHO, 10, 97), and that the preamble to the latter should make it clear that the provisions of the rules and regulations must be read in conjunction with the appropriate provisions of the Constitution.

The proposal was supported by Sir Dhiren Mitra (India).

Dr. Hyde, with the consent of Dr. Björnsson, withdrew his proposal in favour of that of the delegation of South Africa.

Mr. Shylia (Albania) said that Article 35 of the Constitution dealt with general principles with regard to recruitment of personnel, but the regulations particularized and gave rules for the application of those principles. For that reason he was in favour of the wording proposed at the previous meeting by the delegation of Bulgaria (see p. 184), which stressed the necessity for recruitment of staff from among all nations, and he would further propose that the following recommendations be made to the Director-General:

"Staff should not be recruited amongst persons who are stateless or of unknown nationality. The Director-General should secure beforehand all the necessary guarantees as to the political and moral integrity of candidates."

The proposal was seconded by Dr. Ungár, who desired to add that the integrity of the individual should be assessed in consultation with his government.

The Chairman said that an almost unanimous decision had been reached on the latter point at the previous meeting and discussion upon it could not be reopened.

Dr. de Laët (Belgium) considered that a thorough knowledge of one of the working languages with a sufficient knowledge of the second working language should be included in the qualifications expected of staff.

The committee proceeded to vote on the different proposals, taking first the amendment by the delegation of Bulgaria (see p. 184), which now read: "Due regard shall be paid also to the importance of recruiting the staff impartially on as wide a geographical basis as possible from all nations."

A vote taken by show of hands resulted in 8 votes in favour and 20 against. The amendment was lost.

The resolution proposed by the delegation of the Union of South Africa supported by the delegations of India and of the United States of America, was next put to the meeting.

There being no opposition, the resolution was adopted.
The recommendation to the Director-General proposed by the delegation of Albania and seconded by the delegation of Czechoslovakia was then put to the vote.

A vote taken by show of hands resulted in 10 votes in favour and 21 against. The recommendation was not accepted.

Regulation 11, as presented by the Interim Commission, was approved. 11

Regulations 12 and 13 were approved without discussion.

Regulation 14: Mr. Penberthy, seconded by Mr. EDMONDS (United Kingdom) and Mr. BAGHDADI (Egypt), proposed that, for the sake of consistency, the opening words: "With due regard to Article 35 of the Constitution and . . ." be deleted.

The amendment was accepted.

Dr. UNGAR said that, with regard to vacancies being filled by the promotion of persons already in the service of the World Health Organization, it should be made clear that, where there was competition, this preference should only be given provided that the qualifications were equally good.

The SECRETARY drew attention to Article 35 of the Constitution and suggested that the word "efficiency", which was to be one of the paramount considerations in employment of staff, met the point raised by the delegation of Czechoslovakia, to which Dr. UNGAR agreed.

Regulation 14 as amended was approved.

Regulation 15: The SECRETARY pointed out that the word "question" in the comparable United Nations regulation had been replaced by "conditions".

Dr. HYDE desired that the regulation should be so worded as to allow rather broader participation by the staff and suggested that the final words should be "... relating to appointment, promotion and conditions of service".

Mr. BAGHDADI asked for information with regard to the intention of the regulation: was it proposed to give the personnel an opportunity of participating in the drafting of rules of procedure affecting the staff, or was it intended to give some sort of recourse to an appellate body on such questions?

Dr. CHISHOLM, Executive Secretary of the Interim Commission, replied that it would be impossible for the staff to participate in the drafting of regulations because that was a matter for the Health Assembly. The intention of the regulation was to provide an opportunity for staff members to participate fully in the discussion of all conditions affecting their service with the Organization, so that in the drafting and application of staff rules the whole staff might have a voice through the staff committee which would be set up for that purpose.

Mr. BAGHDADI said that, in view of the explanation given, he thought it preferable to retain the word "question", its implications being wider than "conditions".

The amendments proposed by the delegations of the United States of America and of Egypt were adopted.

Regulation 15, as amended, was approved.

Regulation 16: The SECRETARY noted the extension of the title, Salaries and Allowances. Amendments had been proposed by the Secretariat and by the Australian delegation.

Dr. HYDE said that Regulation 16 raised difficult points. Everyone realized that the administration of an international organization was a highly complex matter, in view of the different backgrounds of experience. The present problem could be envisaged in two ways. There could be, as it were, a central point of reference—the United Nations, for instance—where the views of experts and governments were available. Or again, the individual agency concerned could establish its own pattern in the matter of salaries. The former plan appeared the sounder of the two, but it was recognized that there might be valid exceptions to the overall scheme of any central body. Therefore, it would seem wise for WHO to keep fairly close to the United Nations, where salaries and allowances were under continuous study, and to adhere to United Nations scales, except when the Executive Board considered a departure from those scales justified. He proposed the following amendment, to constitute the text of Article 16:

Pending the adoption of a permanent classification plan, the salaries of the members of the staff other than the Deputy and Assistant Directors-General shall be determined by the Director-General, who shall, except as approved by the Executive Board, follow the scales of salaries and allowances of United Nations, in the same or comparable locations.

Mr. LANDALE (Australia) withdrew the Australian amendment in favour of the United States amendment.

Mr. HALSTEAD (Canada) said that the Canadian delegation had always been in favour of following the scale of salaries and allowances of the United Nations, where the question was closely followed by experts. He therefore supported the United States proposal, which the Canadian delegation considered the most effective and practical.

The SECRETARY, commenting on the revised Secretariat proposal,12 said the first change, which provided that salaries should be determined on the basis of the duties and responsibilities performed, was explained by a desire to establish a distinction concerning job evaluation. The second change followed the lines laid down in Article 36 of the Constitution. If it were decided to use the United Nations, for instance—where the views of experts could be envisaged in two ways. There could be, as it were, a central point of reference—the United Nations, for instance—where the views of experts and governments were available. Or again, the individual agency concerned could establish its own pattern in the matter of salaries. The former plan appeared the sounder of the two, but it was recognized that there might be valid exceptions to the overall scheme of any central body. Therefore, it would seem wise for WHO to keep fairly close to the United Nations, where salaries and allowances were under continuous study, and to adhere to United Nations scales, except when the Executive Board considered a departure from those scales justified. He proposed the following amendment, to constitute the text of Article 16:

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12 This proposal read as follows: "Salaries of staff shall be determined on the basis of the duties and responsibilities performed. The salaries and allowances of the members of the staff, other than the Deputy and Assistant Directors-General, shall be determined by the Director-General in accordance with Article 36 of the Constitution."
States proposal, it might be advisable to do so in the form of a resolution, in preference to incorporating it in the actual regulation. The United Nations Co-ordination Committee had a consultative committee on administrative problems, which had reached agreement on some questions, but the question of salaries had met with difficulties, owing to certain specific problems awaiting solution. It might be assumed that the United States proposal, referring to the Executive Board's being authorized to make exceptions from the United Nations plan, recognized the importance of making specific provision for the particular requirements of the World Health Organization, which might properly differ from those of the United Nations.

Dr. Bjornsson appreciated the United States point of view, but drew attention to another aspect of the question. There would probably be competition among the specialized agencies in the recruiting of staff, and WHO should not be placed in a disadvantageous position in getting the best people. The Norwegian delegation urged the adoption of Regulation 16 in the modified form proposed by the Secretariat with a drafting change to make the first sentence read: "Salaries of staff shall be determined on the basis of the duties performed and the responsibilities fulfilled."

Mr. Davin (New Zealand) said he would support the Norwegian proposal. He suggested, however, that the Secretariat draft of Regulation 16 implied rigidity, whereas staff might have to be diverted to other work involving more, or less, responsibility and consequent fluctuations in salary.

The Secretary said that in any plan of job evaluation the basis used was always the permanent assignment. Provision would undoubtedly have to be made to provide for temporary assignments of staff without affecting their normal status. He directed attention, on the general question of salaries, to a document submitted by the Polish delegation.

The meeting rose at 11.55 a.m.

FIFTH MEETING
Friday, 9 July 1948, at 10 a.m.
Chairman: Dr. M. Kacprzak (Poland) then Mr. A. J. Van der Spuy (Union of South Africa)

1. Communication by the Chairman

The Chairman said that the General Committee had asked all committees to speed up their work still further, in order that they might complete it by the agreed date. Otherwise, it would be necessary to hold night meetings, in addition to the meetings already contemplated. Speeches of delegates should be limited to what was essential.

2. Continuation of Discussion on Provisional Staff Regulations

Regulation 16: On the question of staff salaries, the Chairman said that, after consultation with the Secretariat, it had been decided to discuss the document submitted by the Polish delegation at a later date, when budgetary questions were considered.

Mr. Siegel, Secretary, observed that the committee had been discussing the revised text proposed by the Secretariat and that a United States amendment had also been submitted at the previous meeting.

Mr. Halstead (Canada) said the Canadian delegation had supported the United States amendment. After hearing other delegations, however, it now desired to submit a fresh text, with the object of reaching general agreement:

Salaries of staff shall be determined on the basis of their duties and responsibilities. The salaries and allowances of the members of the staff, other than the Deputy and Assistant Directors-General, shall be determined by the Director-General, following basically the scales of salaries and allowances of the United Nations in the same or comparable locality. Any deviations from the United Nations scales of salaries and allowances which may be necessary for the requirements of the World Health Organization shall be subject to approval of the Executive Board.

Mr. Landale (Australia) agreed with the first sentence of the Canadian amendment but desired to submit an amendment for the second sentence, as follows: "The Executive Board shall approve and may authorize any deviation from the United Nations scales of salaries and allowances as shall be necessary for the requirements of the World Health Organization."

It was felt that the Executive Board should have some initiative in the matter.

Dr. Hyde (United States of America) said the United States delegation was prepared to withdraw its amendment, to enable the Australian and Canadian delegations to draft an agreed text.
The Secretary stated that the Secretariat had no objection to the proposal of the Canadian delegation.

M. Raffard (France) supported the Canadian text, the terms of which seemed more general than the Australian amendment. His delegation welcomed in particular the proposal to take the United Nations scales as a basis, subject to fluctuations according to regions and localities.

An agreed text of Regulation 16 was presented by the delegates of Australia and Canada and supported by the delegate of France, as follows:

Salaries of staff shall be determined on the basis of their duties and responsibilities. The salaries and allowances of the members of the staff, other than the Deputy and Assistant Directors-General, shall be determined by the Director-General, following basically the scales of salaries and allowances of the United Nations in the same or comparable locality. Any deviations from the United Nations scale of salaries and allowances which may be necessary for the requirements of the World Health Organization shall be subject to the approval of or may be authorized by the Executive Board.

This text of Regulation 16 was approved.

Regulation 17: The Secretary said an amendment had been submitted by the United States delegation to add to the first sentence "... except as provided in staff rules established pursuant to Regulation 30".

Dr. Hyde observed that the United States delegation had been struck by the fact that no distinction was made in the provisional Staff Regulations between "policy" personnel and lesser personnel, or between whole-time and part-time personnel. His delegation supported the principle that the whole time of members of the staff should be at the disposal of the Director-General, but wanted to make it clear that there was a mechanism by which certain staff could be excluded, whereas "policy" staff should be available at all times. The Director-General should be given some discretion in the matter.

Dr. Chisholm, Executive Secretary of the Interim Commission, said the United States proposal would be administratively advantageous. The Organization might find it useful to employ part-time highly qualified personnel on special problems.

Mr. Brady (Ireland) proposed inserting the word "working", the text to read: "The whole working time of members of the staff...".

Dr. Hyde said the intent of the regulation would appear to be that staff should be on call at all times to serve the Organization, more particularly for emergency work.

Mr. Brady said he was in agreement with the position indicated by the United States delegate. He did not desire to press his proposal, but would withdraw it, to expedite matters.

Regulation 17, as amended by the United States delegation, was approved.

Regulation 18: The Secretary said an amendment had been submitted by the Australian delegation to delete the word "Director-General" and insert "Executive Board".

Mr. Landale asked for an interpretation of Regulation 30, and inquired more particularly whether the words "such staff rules" covered Regulation 18 or not.

The Secretary explained that it was clear that the staff rules to be drawn up by the Director-General would include provision for the amplification of the regulation now under discussion. The Director-General would report annually to the Assembly any changes made in the staff rules, after confirmation by the Executive Board.

Mr. Landale said that, in that case, the Australian delegation desired to withdraw its amendment to Regulation 18 and also its amendments to Regulations 24 and 25, to save time in discussion.

Dr. Evstafiev (Byelorussian SSR) said Regulation 18 dealt liberally and in detail with questions of leave, giving rather the impression of granting too much leave. Apart from sick leave and maternity leave, to which special rules applied, there should be comprehensive provision for annual leave, the official being free to decide how and where he would spend it.

The Secretary suggested that provision would then be lacking for leave without pay, and proposed some modification of the views of the Byelorussian delegate.

It was therefore decided that the text of Regulation 18 would read: "Members of the staff, shall be allowed sick leave, maternity leave, annual leave and such other leave as may be prescribed by the Director-General."

Regulation 18, as thus amended, was accepted by the Byelorussian delegation and supported by the delegations of Albania, Czechoslovakia and Hungary.

This text was unanimously approved.

Regulation 19: The Secretary said an amendment had been submitted by the United States delegation in the last sentence to delete the word "dismiss" and substitute "suspend", and to add "... and dismiss such member after review in accordance with the procedure established under Regulation 23".

Mr. Hyde said the United States amendment was designed to regulate the position under Regulations 19 and 23. The intention was to
suspend without pay, until matters had been investigated under the machinery to be set up. The rights of the official would be maintained and, if he were not dismissed, it would thus be easier to continue his employment.

Dr. León (Mexico) supported the United States amendment. It was obvious that the dismissal of staff must be subject to final inquiry by the proper authority.

The Chairman said the Secretariat was in favour of the amendment.

The amendment was seconded by the delegate of Czechoslovakia and supported by the delegate of the Union of South Africa.

Mr. Baghdadi (Egypt) said he assumed that the amendment applied to the whole of the provisions of the regulation.

Mr. Davin (New Zealand) inquired whether pay would continue in the event of an official's suspension.

The Secretary said that that point would be covered by the staff rules. The question of pay, in a case of suspension, would depend on the outcome of the appeal.

Regulation 29, as amended by the United States delegation, was approved.

Regulation 20: The Secretary said the only change made was the deletion of the last phrase of the United Nations text, which was redundant in the case of WHO.

Mr. Madani (Pakistan) proposed an amendment, which he agreed to modify in the light of observations by the delegates of the United States of America, Canada and Mexico, defending the constitutional rights of the Director-General as the chief administrative officer of the Organization, the text to read:

The normal age of retirement for members of the staff shall be 60 years. In exceptional circumstances, if it would be in the interest of the Organization to do so, the Director-General may retain the services of a member of the staff after he has attained the age of 60 years, provided that not more than one year's extension is given at a time. The period for which a member of the staff can be retained in service after reaching the normal age of retirement shall in no case exceed five years.

This text of Regulation 20 was unanimously approved.

Regulation 21: The Secretary presented the new text of Regulation 21 drafted by the Secretariat, which combined the original Regulations 21 and 22, as follows:

The Director-General may terminate the appointment of a member of the staff in accordance with the terms of his appointment if made under the provisions of Regulation 12, paragraph 2, or if the necessities of the service require the abolition of the post or a reduction of the staff, or if the service of the individual concerned prove unsatisfactory.

If the Director-General terminates an appointment under this regulation, he shall give at least three months' notice and pay an indemnity equivalent to at least three months' salary. These provisions of notice and indemnity shall not apply to probationers, to persons holding short-term contracts, or to persons summarily dismissed.

Mr. Pemberton (Union of South Africa) agreed in principle with the proposal of the Secretariat to combine the two regulations, but suggested that, consequent upon the adoption of the amended form of Regulations 19, the final words of the last sentence "or to persons summarily dismissed" should be replaced by "or to persons summarily suspended and dismissed in terms of Regulation 19."

Mr. Davin also thought that a reference to Regulation 19 should be included, as that regulation provided for summary suspension followed by dismissal. He was not clear what was meant by "summary dismissal."

Dr. León considered that the word "short-term" in the phrase "persons holding short-term contracts" was ambiguous and that "fixed term" would be preferable.

The Secretary commented that either might give rise to difficulties of interpretation and proposed the substitution of "temporary", which was accepted by Dr. León.

Dr. Ungar (Czechoslovakia) asked whether the Director-General and Deputy Director-General were subject to the provisions of Regulation 21. This should be made clear in the regulation.

The Secretary replied that the Director-General might or might not be so included, depending upon the terms of his conditions of service. It was understood that all members of the staff, unless particularly excepted, were covered by the regulation.

Mr. Baghdadi supported the view of the delegation of Czechoslovakia and considered that any provisions concerning the Director-General should be the subject of a separate regulation and not implied in Regulation 21.

The Secretary explained that, whether or not it might be decided that the Staff Regulations should apply to the Director-General, sufficient provision for either contingency would be made in the contract of employment between the Director-General and the Organization.

Dr. León drew attention to Article 31 of the Constitution, which stated that the Director-General should be appointed on such terms as the Health Assembly might determine. This made it clear that the Staff Regulations did not apply to the Director-General.
The Secretary reverted to the proposal of the delegate of the Union of South Africa, in connexion with which the delegate of New Zealand had asked what was meant by summary dismissal. Summary dismissal was designed to cover cases of misconduct or serious violation of the rules, and there should be careful distinction between summary dismissals and dismissals for unsatisfactory service over a period of time. The provisions of Regulation 19 referred to both categories. As amended by the delegation of the Union of South Africa, the last clause of Regulation 21 would apply to persons summarily suspended and dismissed after review, and to persons discharged for persistent failure to give satisfactory service. That might give rise to some difficulties, in that staff members who had long-term contracts and were dismissed for unsatisfactory service would be entitled to a certain amount of notice, whereas people summarily dismissed might not be entitled to a period of notice.

M. Boissier (Switzerland) emphasized the distinction between persons dismissed because of unsatisfactory service and those dismissed for misconduct: the former were entitled to notice and, in some cases, to certain indemnities. He supported the amendment of the delegation of the Union of South Africa.

Mr. Penberthy said there seemed to be some misunderstanding as to the effect of his amendment. The final clause of Regulation 21 meant that a full three months' notice need not be given, but a shorter period of notice could be given if found desirable. In any event, in case of injustice, an appeal could be lodged through the administrative machinery referred to in Regulation 23.

Dr. Hyde proposed that the concluding words of Regulation 21 be: "... to persons dismissed after suspension for serious misconduct as provided in Regulation 19".

This wording was accepted by the delegation of the Union of South Africa.

Dr. Ungar proposed that after the opening words of Regulation 21 "The Director-General may terminate the appointment of a member of the staff..." should be inserted "... with the exception of those members of staff holding special terms of appointment:"

The Secretary thought that the reference to Regulation 12, paragraph 2, clarified the position, but this explanation was not considered sufficient by Dr. Ungar.

Dr. Ungar said that for the time being the only appointment excluded from the provisions of this regulation was that of the Director-General, but it might be that, in future, Members would ask for special terms of appointment for other staff members.

M. Boissier and Dr. Hyde expressed the opinion that such an amendment could refer only to the Director-General: as the regulations were an annex to the Rules of Procedure, and Rule 83 specifically provided that the Health Assembly should consider the draft contract of the Director-General, it would be open to any Member of the Organization to discuss that contract and there was no need for any special provision in the Staff Regulations.

Dr. Ungar explained that it was only a matter of formulation and not of principle and if the committee was satisfied that there would be no misinterpretation of the regulation, he would withdraw his amendment.

Regulation 21, as presented by the Secretariat, was approved as amended.

Regulation 22: The Secretary presented the revised Regulation 22 as drafted by the Secretariat.

In case a staff member wishes to resign, he is expected to give at least three months' notice; this notice period may be shortened or waived by the Director-General. The Director-General shall establish appropriate notice periods for persons appointed under Regulation 12, paragraph 2, who wish to resign.

Mr. Penberthy proposed that the first clause of Regulation 22 should read:

It shall be a condition of service that members of the staff shall be required to give at least three months' notice should they wish to resign, provided that the Director-General may waive this requirement in respect of certain categories of staff or in special circumstances.

The Secretary suggested that if the words "is expected to" in the Secretariat draft were replaced by "shall", this would meet the case.

Mr. Penberthy agreed to alter his amendment in accordance with the Secretary's suggestion, and the revised amendment was supported by the delegations of Canada and France.

Regulation 22 was approved as amended.
1. Provisional Staff Regulations

Regulation 23: The delegation of the United States had proposed the addition of the following words: "Such provision shall permit an appellant to be heard in person or through a representative of his own choice."

In answer to questions from the Secretary and from Mr. Gouwsmit (Netherlands), Dr. Hyde explained that it was the intention of his delegation that the applicant might be heard through a representative of his own choice either from amongst the staff or from outside, and could be heard both personally and through his representative. He therefore asked leave to substitute the words "and/or" for "or" in the amendment.

Mr. Davin suggested substitution of the word "machinery" for "provision" and Mr. Halstead proposed a consequent drafting change: deletion of "such machinery" and insertion of the word "and".

These verbal changes were accepted by the delegation of the United States, and the amendment as revised was seconded by the delegation of South Africa.

The Secretary read the regulation as amended:

The Director-General shall establish administrative machinery for inquiry and appeal in disciplinary and termination cases. This machinery shall provide for staff participation and shall permit an appellant to be heard in person and/or through a representative of his own choice.

Regulation 23 as amended was approved.

Regulations 24 and 25 were approved without discussion.

The meeting rose at 12.25 p.m.

SIXTH MEETING

Monday, 12 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland) then Dr. A. J. Van der Spuy (Union of South Africa)

1. Provisional Staff Regulations (continuation)

Regulation 26: Mr. Siegel, Secretary, said the Secretariat proposed that the title of Chapter IX should be "Staff Provident Fund and Retirement and Pension Fund", and had made consequent alterations in the regulations in order to provide the necessary flexibility so that, at such time as a retirement and pension fund was adopted by the Organization, there would be no necessity to change the Staff Regulations. The matter of a pension scheme would be discussed under a later item of the agenda. He drew attention to an error in the revised regulation: the first line of Regulation 26 should be deleted so that the regulation would read: "A deduction shall be made from the salaries of members of the staff and paid into a staff provident fund and into a retirement and pension fund, to which funds the World Health Organization shall make additional contributions."

Regulation 26 as drafted by the Secretariat was approved.

Regulation 27: The Secretary pointed out a misprint on page 32 of No. 10 of the Official Records of WHO; the word "dependent" should read "dependents".

Regulation 27 was approved, with the typographical correction mentioned.

Regulation 28: An amended text submitted by the delegation of the United States was before the committee:

Any dispute arising between the Organization and a member of the staff regarding the fulfilment of the member's contract or terms of employment or arising out of disciplinary action may be referred

for final decision by the staff member concerned to an Appeals Board to be established by the Executive Board. The Appeals Board shall consist of five members, a chairman, to be appointed by the Executive Board, two members appointed by the Director-General, and two members selected by the members of the staff.

The Secretary stated that there was no provision in the comparable United Nations regulations for an administrative tribunal. The Interim Commission had recommended that such a tribunal should be established, as specified in the proposed Regulation 28. He drew attention also to the amended text submitted by the delegation of the United States.

Mr. Moore (Secretariat) said that the need for an administrative tribunal arose principally out of the judicial relationship between a staff member and the Organization. There might be disputes which could not be settled in the ordinary way, and there must be some means of deciding them. In normal circumstances, a party to a contract would have available to him the national courts of a country, but in the case of WHO, because of the immunities enjoyed, an employee could not bring his case to a national court, and one had a situation in which the employer might be both judge and a party to the case. It was therefore necessary to give the employee the kind of right which he would have under national legislation. In that connexion it should be noted that the Health Assembly had already adopted certain legal obligations: the Convention on the Privileges and Immunities of the Specialized Agencies which provided in Section 31 that: "Each specialized agency shall make provision..."
for appropriate modes of settlement of: (a) disputes arising out of contracts or other disputes of private character to which the specialized agency is a party; and the draft Agreement between the Swiss Federal Council and the World Health Organization concerning the local status of WHO in Switzerland, which contained an exactly similar provision.

Consequently, it appeared that WHO was required to make provision for appropriate modes of settlement of disputes of a private character, and the mode the Interim Commission had selected was the administrative tribunal. Under this regulation, the Executive Board could adopt whatever method of setting up the tribunal appeared to it the most efficient. The ILO had such an administrative tribunal of three persons, who were high judges chosen for that purpose and who met once a year or oftener.

Under Regulation 28, the Executive Board might establish a tribunal of its own or might simply designate the ILO tribunal to act for it by agreement with that organization.

Mr. Cruikshank (United States of America) said that the alternative proposal of the United States delegation was prompted by a desire to meet the objectives which had been presented by the Secretariat, at the same time recognizing two basic problems:

(1) While the desirability of keeping such disputes and assessments within the province of persons who were close to the issues and understood the relationship between staff members and the Organization was appreciated, it was also realized that an issue arising between an employee and the Organization could not, in justice to either party, be left in the hands of persons parties to the disputes; e.g., the machinery provided should not be such as to allow one party, the Director-General, to have the final say in the matter.

(2) When justice was sought for employees it was not only legalistic determinations that guaranteed fair play; matters concerning internal relationship often had to be adjudicated by persons well acquainted with the issues at first hand. An outside administrative tribunal would incline towards legalistic determinations rather than those based on issues of real concern to the employees.

Experience with labour organizations in the United States of America had shown that machinery which was internal, and yet impartial, could best guarantee the interest and welfare of workers, and thus contribute materially to the successful operation of the organization.

Dr. van den Berg (Netherlands) said that the aspect of the question that concerned internal management was important but easy to understand; the legal aspect was equally important but not so easily understood by all the members of the committee. He therefore proposed that the Legal Committee be asked to report upon this question.

Sir Dhiren Mitra (India) supported the views of Dr. van den Berg.

Mr. Baghdadi (Egypt) said he agreed with the text submitted by the United States delegation. The considerations underlying it had long been recognized in France and were embodied in the Constitution of the Conseil d'Etat. The juridical difficulties must be kept in mind. If the Secretariat's proposal were adopted, it might give the plaintiff a position in international law which had not yet been recognized. The possibility of a member of the tribunal being appointed by the International Court of Justice should also be considered.

M. Boissier (Switzerland) thought it should be possible to reach a decision in the present committee, as there was little substantial difference between the two texts, the only real question being the composition of the tribunal. The phrase in the United States text, "two members selected by members of the staff", was somewhat ambiguous; it would be better to state that those members should be chosen by the staff member making the complaint. In regard to the application of the law, the principles applied in arbitration tribunals should be followed, and decisions should be given in equity and not on the basis of purely legal considerations.

The Secretary being asked by the Chairman to give the views of the Secretariat on the text proposed by the United States delegation, with the amendment suggested by the delegation of Switzerland, reminded the committee that Regulation 23 provided for an Appellate Board to do two things: to conduct inquiries in disciplinary determination cases, and to deal with appeals of staff members against disciplinary action or any decision regarding determination of their appointment. The composition of this Board, which was now being dealt with in Regulation 28, was important: should members of staff be on the Board, they might be in the position of arriving at a decision which conflicted with the decision of their own superior, the Director-General.

There was no objection on the part of the Secretariat to the regulation being referred to the Legal Committee.

Dr. Chisholm, Executive Secretary of the Interim Commission, said it must be remembered that before any matter would be referred to the proposed Board there would have been a considerable history of conflict and difficulty in arriving at a conclusion. If the Board were made up of or chosen by members of the Secretariat and the Executive Board, and by the Director-General, who were the very people concerned intimately in the problem, it would have the effect of producing opposite sides to take a decision, and any decision so taken might continue to cause trouble within the Secretariat. Therefore it seemed highly desirable that a decision, made at what must be the final stage of a problem, should be taken by people completely outside the organization and completely disinterested, having nothing either to gain or lose.

Mr. Cruikshank said that what his delegation were most desirous of avoiding was a legalistic
procedure. Experience showed that when a completely outside tribunal of a judicial nature was appointed, it often unwittingly affected procedures at the lower level: there was a desire to build up a case for appeal rather than a desire to get the issues settled at the lower level where they arose. The United States proposal did not necessarily limit the composition of the Board to members of the Secretariat or the Executive Board, nor need the chairman be a member of the Executive Board. Any of these members could be selected from outside the Organization, and those selected by the staff should be chosen because of their general representative character. Therefore, it would not necessarily mean that members of the staff would be taking decisions on internal staff questions in which they might be directly or indirectly involved.

Mr. BAGHDADI said there were two questions. First as to the status of the tribunal, would it be autonomous or part of the internal machinery of the Organization? Secondly, as to its composition, was the Executive Board to be empowered to establish this tribunal, or were rules to be laid down concerning its composition? In face of those questions he supported the proposal to refer the matter to the Legal Committee.

A vote taken by show of hands resulting in a majority in favour of the proposal of the Netherlands delegation, it was decided to refer Regulation 28 to the Legal Committee for an opinion.

Regulations 29 and 30 were approved without discussion.

The SECRETARY said that Chapter XII of the United Nations Staff Regulations, "Children's Allowances and Education Grants", had not been included in the WHO Staff Regulations. Provision for allowances would be made in the Staff Rules.

The CHAIRMAN announced that the whole of the proposed Staff Regulations as amended, with the exception of Regulation 28, had now been accepted (see p. 338).

On the proposal of Mr. EDMONDS (United Kingdom), the committee recommended to the Health Assembly the following addition to the resolution adopting the Staff Regulations:

The Health Assembly further resolves that the Director-General review the Provisional Staff Regulations in the light of the first full year's work and report thereon to the Assembly.

2. First Report of the Committee on Administration and Finance

Dr. CHU (China) presented the draft first report of the committee on the Provisional Financial Regulations (see p. 311). Page 1 was read by Dr. Chu and the regulations themselves were taken as read.

The draft first report of the committee for presentation to the Health Assembly was adopted.

3. Appointment of External Auditors

Mr. RILEY (Secretariat) read Regulation 32 of the proposed Financial Regulations in its amended form, as adopted by the committee (see p. 181), and said that the committee had now to decide what recommendation it would make to the Health Assembly as to the auditors to be appointed. Detailed reasons for the findings of the Secretariat had been circulated.

Mr. ROSEMAN (United States of America) said the subject was a highly technical one in which the Secretariat could not be expected to take leadership, because the matter under consideration was the appointment of people who would audit and judge the financial work of the Secretariat. There were four possibilities before the Organization. (1) It might use the existing United Nations Board of Auditors. (2) It might set up for itself a board of auditors comparable to that of the United Nations. (3) It might appoint a commercial firm of auditors. (4) It might designate an individual auditor of international repute, not normally thought of as a commercial auditor. All the Members were concerned to have as good an audit as possible, and at the same time not to spend too much of the Organization's limited funds on a large and complex audit structure. The United States delegation felt that the simplest and most effective way to accomplish those objects was to appoint an individual who had had experience in audits of this type.

As to the other three methods suggested, the United Nations Board of Auditors was concerned with many problems of a very large organization and had a timetable into which it might be difficult to fit the work of WHO: to establish a similar tripartite board for WHO would appear to be unduly expensive in proportion to the work involved, and a commercial firm seemed hardly suitable for the WHO type of operation, which was of an essentially governmental nature.

The United States delegation therefore suggested that the Secretariat be instructed to ascertain whether the services of one of the members of the existing United Nations Board of Auditors, possibly the representative of Sweden, would be available to serve as auditor for WHO and on what terms and conditions, and to make a recommendation to the Executive Board before the termination of the present Health Assembly, so that the issue could be settled.

Dr. VAN DEN BERG agreed with the proposal of the delegation of the United States, but asked why the difficulties referred to in connexion with the United Nations Board of Auditors did not also apply to an individual member of that board.

Mr. ROSEMAN explained that the three members of the United Nations Board prepared their work in different countries and then met together.
The Swedish representative actually worked in Geneva and was also the auditor for ILO. By his appointment, WHO would secure the benefit of the experience and the proved integrity and competence of the United Nations Board.

Mr. Edmonds (United Kingdom) supported, with a proviso, the proposal to appoint the Swedish member of the United Nations Board. His delegation believed, however, that the use of the United Nations Board would be beneficial; it would help towards standardizing administrative practice, and a board was probably better than an individual. The Secretariat should therefore be asked to continue to study the question of using the United Nations Board in the future, and to report to the Executive Board before the Health Assembly met next year.

M. Raffard (France) supported the views expressed by the United Kingdom delegate.

In reply to a question by Sir Dhiren Mitra, the Secretary read out a section of the document prepared by the Secretariat, which set out the audit arrangements made by other specialized agencies.

Sir Dhiren Mitra thereupon remarked that there did not appear to be any precedent for appointing the United Nations Board of Auditors and he would support the United States proposal that a member of that board be appointed.

The Chairman proposed that a small working party be established to study the question.

Dr. Vinogradov (USSR) said that his delegation would recommend the appointment of the United Nations Board of Auditors.

Mr. Landale (Australia) asked whether the Secretariat had ascertained that the Swedish representative on the United Nations Board, who had been suggested as auditor, would be available.

The Secretary said that on the question of the possible appointment of the United Nations Board of Auditors, information had been received from the chairman of that board and was contained in the Secretariat document. He read out the relevant section and added that a factor to be considered was the timing of the audit. Under Provisional Financial Regulation 32, 1 May had been fixed for submission of the audit report to enable it to be presented to the following Health Assembly, which it was assumed would be held early in the year, as specifically requested by the United Nations General Assembly and the Economic and Social Council. If it was decided to hold the Health Assembly later than 1 June, the question of time would not be so important.

It was understood that the Swedish representative on the United Nations Board of Auditors would be able to assume the additional duties. As well as being the auditor of ILO, he had been the auditor of the League of Nations for a number of years.

Attached to the Secretariat document were a proposed resolution on the appointment and responsibilities of external auditors and also a proposed letter of appointment (text reproduced in second report of the committee; see pp. 312, 315). It might be expedient to have a small working party which would consider those matters, as well as the main question under discussion.

Dr. Vinogradov said that, having regard to the fact that certain supplementary questions had been raised, he would support the reference of the matter to a working party.

The Chairman proposed that the working party should consist of the delegates of the United States of America, USSR and the Netherlands.

It was decided that a working party, as suggested by the Chairman, should be set up to consider the question of external auditors, meeting immediately after the next plenary meeting of the Health Assembly.

4. Insurance

The Chairman observed that the document prepared by the Secretariat listed a number of types of insurance which were recommended for consideration, together with a proposed resolution for submission to the Assembly (final text reproduced in second report, p. 311).

The Secretary explained that the proposed resolution set out a policy for WHO. He referred in particular to the question of the fidelity bond, which the United Kingdom delegation, had suggested holding over.

[At this point the Chair was taken by Dr. van der Spuy (Union of South Africa), Vice-Chairman, to enable the Chairman to absent himself for other duties.]

The Secretary, at the Chairman’s request, then summarized the types of insurance covered by employee compensation (workmen’s compensation), provision for which had been made by the United Nations and most of the specialized agencies.

The Chairman invited the committee to consider the proposed resolution. Paragraphs (1)-(8) were dealt with seriatim.

1 (1) Employee compensation

This paragraph was approved.

(2) Public liability and property damage insurance

This paragraph was approved.
(3) Fire and other comprehensive insurance
This paragraph was approved.

(4) Fidelity bonds
Mr. EDMONDS said that the paragraph confirmed the view expressed by the United Kingdom delegation in its document on the subject.
This paragraph was approved.

(5) Group life-insurance
Mr. ROSEMAN said that the United States delegation wished to indicate that care should be taken by the Executive Board to avoid duplicating coverage and protection under this head of insurance and under the staff pension plan.

The CHAIRMAN said due note would be taken of these views.

The SECRETARY said the Secretariat was in agreement. It felt that group life-insurance could not be finally settled until the pension plan had been approved. The Executive Board’s decision must be held over until then.
This paragraph was approved.

(6) Hospitalization and medical care insurance for staff members
Dr. UNGAR (Czechoslovakia) proposed omitting “if practicable”, in relation to dependants who, he thought, should benefit in all cases.

Mr. EDMONDS asked what was meant by “dependants”. The clause seemed a very wide one.

The SECRETARY said that normally the term “dependants” was applicable to children up to legal age, to wives, and sometimes to parents or relatives dependent for the major part of their subsistence on the person concerned.

Mr. EDMONDS said that, in view of the explanation, the delegation of the United Kingdom thought the words “if practicable” should be retained. The Director-General or the Executive Board would have to look into each case.

The CHAIRMAN asked if any delegate wished to second the Czech proposal to delete “if practicable”, or the United Kingdom proposal to retain those words.

M. RAFFARD seconded the United Kingdom proposal to retain the words. He thought the Secretariat’s hands should be free in this matter.

The United Kingdom proposal to retain “if practicable” was approved.
This paragraph was approved.

(7) Personal effects insurance (baggage)
This paragraph was approved.

(8) Other forms of insurance
This paragraph was approved.

The draft resolution, as submitted by the Secretariat was approved.

5. Administrative and Financial Relations between the United Nations and Specialized Agencies

International Civil Service Advisory Board
The CHAIRMAN asked the Secretary to introduce the Interim Commission’s supplementary report on the subject.

The SECRETARY, in response to the Chairman’s invitation, stressed the advisory and consultative character of the board mentioned in the findings of the working party which had reported to the Co-ordination Committee, and referred to the estimated cost of WHO participation. The Interim Commission had approved participation by the Commission, and it was for the committee to consider now whether it wished to recommend to the Assembly that WHO should participate in future.

The CHAIRMAN, noting that no members of the committee wished to speak, proposed that the Rapporteur be asked to prepare a draft resolution on participation.
This was agreed.

Staff Retirement and Pension Scheme

The SECRETARY said that, pending finalization of the United Nations retirement and pension scheme, it was felt that the plan for WHO should be held over for the present, the decision in the matter being left to the Executive Board. It was suggested, however, that, in addition to continuing the Provident Fund, a separate fund should immediately be established, to be known as the “Retirement and Pension Fund—Provisional”. A draft recommendation to the Health Assembly, embodying the terms of a draft resolution, would be found at the end of the Interim Commission’s Report on the subject.

The recommendation submitted by the Interim Commission was approved.

Tax Equalization

The SECRETARY said that the problem of tax equalization had been under consideration for the past two years. It resulted from the fact that certain countries did not grant immunity to their nationals when employed by international organizations. The United Nations had arranged for reimbursement to officials, to ensure equality in the matter. The last General Assembly had instructed the Secretariat to study and consider an internal assessment plan, to come before the next Assembly; no decision had yet been reached.
It was now suggested that the problem should also be considered by the first Health Assembly, and a draft recommendation to the Health Assembly would be found in the Interim Commission’s Report,\(^1\) embodying a draft resolution in the matter.

Mr. ROSEMAN said the United States Government would continue to tax its officials, as it considered it neither morally nor socially sound to exempt international officials from internal taxes. He hoped a solution might be found at the next General Assembly and now supported the WHO draft as an interim measure, until the problem could be worked out for all international agencies.

The recommendation of the Interim Commission was approved.

The meeting rose at 12.30 p.m.

SEVENTH MEETING

Monday, 12 July 1948, at 2.30 p.m.

Chairman: Dr. M. KACPRZAK (Poland)

1. Administrative and Financial Relations between the United Nations and Specialized Agencies (continuation)


Mr. SIEGEL, Secretary, explained that paragraph 23 b of the Summary of Recommendations of the United Nations Advisory Committee had been fully considered by the Interim Commission at its fifth session, together with an amendment proposed by the United Kingdom for the establishment of an advisory group of financial experts for the purpose of detailed examination and co-ordination of the various budgets of specialized agencies. The Interim Commission considered that the creation of a separate body of financial experts was unnecessary, since the proposal would be fully complied with by the appointment of a standing Committee on Administration and Finance of the Executive Board.

The recommendation of the Interim Commission was approved.

Other Items pertaining to Administrative and Financial Relationships between the United Nations and the World Health Organization

The Secretary drew attention to the items affecting co-ordination covered in the General Assembly resolution pertaining to administrative and financial relationships between the United Nations and the World Health Organization, as presented in the Report of the Interim Commission. \(^3\)

Paragraph 23 of the summary of recommendations included two items which had already been dealt with by the committee: (1) the desirability of submitting the WHO budget to a committee of the Executive Board for examination and (2) the matter of consideration being given to participation by the World Health Organization in the United Nations Retirement Scheme (see p. 196).

There were still a number of items in the resolution which should be considered. These items were covered in paragraphs 4 and 5. With regard to paragraphs 4 a and 4 c, the committee's attention was invited to the fact that some progress had been made in the direction of achieving uniformity in budget presentation.

Representatives of a number of the specialized agencies, including the observer from the Interim Commission, at a meeting of the Consultative Committee considering this matter, had made reservations about the possibilities of establishing complete uniformity in the details of the budgets, it being pointed out that, because of differences in objectives and in the operations of the respective organizations, it was not always practicable for such details to be uniform. At the request of the United Nations, however, all agencies had agreed to present their budget summaries to the United Nations in such manner as to achieve as much uniformity as possible. With regard to paragraph 4 b, the financial regulations already provided for the fiscal year of the Organization to be the calendar year, which was in accordance with the desires of the Co-ordination Committee.

The determination of the schedule of meetings of the plenary body would have to be made by the Assembly itself.

With regard to paragraph 5, the Secretary stated that he was confident the committee would agree that it was undoubtedly extremely important that there be developed to the extent practicable similar budgetary, administrative and financial practices among the United Nations and the specialized agencies, and that this undertaking should have the full support of the World Health Organization. It should be recognized of course that, because of the nature of the

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\(^{1}\) Off. Rec. WHO, 12, 24

\(^{2}\) Ibid. 10, 40
problem, the differences in operations and the individual requirements of each of the agencies, the co-ordination of these practices would develop only after careful consideration of the respective problems and requirements of each of the organizations concerned.

He then drew attention to the first report of the Committee on Relations (see p. 321), which had been adopted by the Health Assembly, subject to any remarks which might be made by the present committee on Article XV of the draft Agreement between the United Nations and the World Health Organization. 44

At the request of the Chairman, Mr. RILEY (Secretariat) read Article XV, concerning budgetary and financial arrangements.

Article XV of the draft Agreement was approved without discussion.

2. Publications Revolving Fund

At the request of the Chairman, the SECRETARY read a document prepared by the Secretariat on the establishment of a revolving fund for publications.

In reply to a question by M. RAFFARD (France), he said that the amount standing to the credit of the Revolving Fund approved by the Interim Commission was about $2,500.

The resolution suggested by the Interim Commission was adopted (text reproduced in the fifth report; see p. 316).

3. Transportation and/or per diem Allowances for Members of the Executive Board

The SECRETARY said that it had been the practice of the Interim Commission to provide transportation and per diem allowances for members. A document on the subject of allowances for members of the Executive Board had been prepared by the Secretariat and a table appended which showed the payments allotted by a number of other organizations.

Mr. EDMONDS (United Kingdom), supported by Mr. ROSEMAN (United States of America), asked whether an allowance of $15 or 60 Swiss francs per diem would not be sufficient.

Mr. MADANI (Pakistan) felt that the practice followed by the Security Council and the Economic and Social Council should be adopted and no provision made for allowances. Most of the countries represented on the Executive Board were rich and prosperous and could well afford the establishment of a revolving fund for publications.

Dr. BAGHDADI (Egypt) supported Dr. van den Berg's proposal. Since the place of the meeting of the Executive Board would not be fixed in advance, it would be impossible to estimate the expenses of members.

Mr. EDMONDS asked whether it would meet the point of the delegate of Egypt if agreement could be reached that a per diem allowance of $15 would be granted when the Board met in Geneva. If the Board met elsewhere, a different rate would apply.

Dr. CAVALIÈRE (France) speaking on the question of principle, said that a poor country should not be penalized on account of being unable to provide for the expenses of its members.

In view of the need for economy, however, and the fact that the Board would most probably be meeting in Geneva, the amount of $15 would seem to be sufficient.

Dr. BARAN (Ukrainian SSR) supported the proposal of the Secretariat, because smaller countries might be faced with difficulties in meeting the travelling expenses of their members.

A vote was taken by show of hands, and the resolution suggested by the Secretariat was adopted by 18 votes to 7 (text reproduced in the fifth report; see p. 317).

4. Joint Effective Date of Termination of Interim Commission and Assumption by World Health Organization of Functions, Assets and Liabilities of the Interim Commission

The SECRETARY introduced the resolution submitted by the Interim Commission 45 and said that the committee would have to insert the date on which the Interim Commission would cease to exist. It had been recommended that the last day of a month should be chosen, so that WHO would formally come into existence on the first day of a month. The last day of the second month following the adjournment of the Health Assembly had been suggested, so that there would be time for the Interim Commission to wind up its affairs and for the Director-General to make his plans.

It had been proposed that the words "As of the above-mentioned date" should be replaced by the word "Whereupon".

The CHAIRMAN proposed that the date 31 August 1948 be chosen.

44 Off. Rec. WHO, 10, 62

45 Off. Rec. WHO, 10, 29
Dr. Vinogradov (USSR) said he had understood that the Interim Commission would cease its functions as from the beginning of the first World Health Assembly. He inquired whether the resolution referred to the Interim Commission itself or to its Secretariat.

The Secretary replied that, according to the Arrangement concluded between the governments represented in the International Health Conference in New York, the Interim Commission would not, technically, cease to exist until the Health Assembly adopted a resolution fixing the precise date for its functions to be taken over.

The Executive Secretary agreed with the delegate of the USSR that the Interim Commission had no authority after the commencement of the Health Assembly. It would, however, take some time to transfer the staff of the Interim Commission to WHO, and the date for the completion of those arrangements would have to be fixed.

The Secretary said that the resolution could be redrafted to take account of the point raised by the delegate of the USSR. It could provide that the governing power of the Interim Commission be immediately transferred to the Executive Board, which would authorize the activities of the Secretariat of the Interim Commission to continue until 31 August 1948.

With the agreement of the delegate of the USSR it was decided that the Secretariat should be asked to redraft the resolution on those lines.

Mr. Penderthy (Union of South Africa) introduced the amendment submitted by his delegation to the latter half of the resolution.

The amendment read:

Immediately upon transfer, such staff members shall be subject to the Staff Regulations and Staff Rules of the Organization, in the application of which periods of service with the Interim Commission shall count as periods of service with the Organization. Staff members so transferred to the Organization shall be eligible to receive such allowances approved for new staff members of the Organization and not previously paid to them by the Interim Commission as the Director-General may, either generally or in any particular case, deem equitable.

The amendment had been proposed in order to allow any retroactive adjustments of salary or allowances which might be necessary so that the staff taken over from the Interim Commission would be treated on the same basis as any new members.

Mr. Roseman (United States of America) thought that it would be a bad precedent if any provisions were made retroactive. The staff of the Interim Commission had accepted the terms of their contracts, and he saw no necessity for the amendment submitted by the delegate of South Africa.

The Executive Secretary said that the staff of the Interim Commission had accepted employment under somewhat abnormal conditions. They had expected to receive the same allowances as those given by the United Nations. It was not until its fourth session that the Interim Commission had come to an agreement on the subject of allowances and decided that it could not pay all the allowances paid by the United Nations, as it was only a temporary organization. The staff had worked for two years under very difficult conditions, as they had always been uncertain how long their contracts would last. There was, therefore, some discontent among the members of the staff, and that discontent would increase if they were not given any retroactive compensation when the allowances for the staff of WHO were fixed.

Dr. Van den Berg proposed that a working party be set up to study the amendment submitted by the delegation of the Union of South Africa and to draft a revised version which would be acceptable to all delegates.

Dr. Cavillon seconded that proposal and said that, as a member of the Interim Commission, he could corroborate all that the Executive Secretary had said with regard to staff conditions.

The Chairman proposed that the working party should consist of the delegates of Byelorussia, the Netherlands, Norway, the Union of South Africa and the United States of America. This was agreed.

At the request of the delegate of the Netherlands, it was decided that the delegate of France should replace him in the above list.

5. Budget and Financing for 1948

The Secretary introduced a document prepared by the Secretariat on the financing of WHO pending receipt of contributions or advances from Members. The Interim Commission at its fifth session had considered the problem and instructed the Executive Secretary to consult the United Nations regarding further loans to finance WHO pending receipt of contributions from Member Governments. A reply had been received by the Executive Secretary, indicating that the matter would be given consideration by the United Nations Advisory Committee. That letter was quoted in the Secretariat document under consideration.

Information had just been received that the United Nations had approved a loan of $400,000 to WHO for the months of September and October. He then read out the resolution suggested by the Secretariat:

The Health Assembly resolves that, in order to provide necessary financing for the World Health Organization:

(1) all Member Governments be urged to pay their contributions to the Organization at as early a date as possible and that, in the event that instalment payments are to be made, such instalments in all cases be transmitted at the beginning, rather than at the end of the instalment period;

(2) any Member Governments which can do so be urged to make some advance payment as soon as possible; and that

"Off. Rec. WHO, 10, 56"
(3) in the event that further financing is necessary, the Director-General be instructed to utilize any other possible source of financing, including the United Nations and UNRRA.

Mr. Edmonds proposed that paragraph (2) be deleted and paragraph (1) amended to read as follows:

(1) all Member Governments be urged to pay their contributions to the Organization in respect of the 1948 budget before 31 December 1948. Further, in the event that instalment payments are to be made in subsequent years, that such instalments be transmitted as soon as possible after the beginning of the instalment period.

The Secretary agreed with the amendment to paragraph (1), but thought that paragraph (2) should be retained. The United Nations had urged WHO to try to obtain advances from its Members in order that the Organization might be able to meet its commitments out of its own funds as soon as possible. If it became necessary to request a further loan from the United Nations, the retention of paragraph (2) of the resolution would show that the Organization had made every effort to obtain the necessary funds from its own Members.

In view of that explanation, Mr. Edmonds withdrew the proposal that paragraph (2) be deleted.

The resolution, as amended in respect of paragraph (2) by the delegate of the United Kingdom, was adopted.

The meeting rose at 4.20 p.m.

EIGHTH MEETING
. Tuesday, 13 July 1948, at 10 a.m.
Chairman: Dr. M. Kacprzak (Poland)

1. Appointment of External Auditors 27 (continuation)

Dr. Van den Berg (Netherlands), chairman of the working party on the Appointment of External Auditors, read the working party's report (recommendations reproduced in second report; see p. 312).
The report was adopted.

Mr. Edmonds (United Kingdom), supported by M. Raffard (France), suggested that the Secretariat be asked to continue to study the possibility of using the United Nations Board of Auditors in the future. The Executive Board could be asked to report on the matter before the next Health Assembly.

The Chairman said that the matter would be referred to the Executive Board for consideration.

2. UNRRA Special Fund

Dr. Chisholm, Executive Secretary of the Interim Commission, introduced the report of the Interim Commission on this subject. As the conditions attached to the UNRRA loan of $1,000,000 were not yet fully known, no immediate decision could be taken, but the Director-General could negotiate with UNRRA and find out the exact conditions. He drew attention to the Interim Commission's recommendation and suggested its adoption by the committee.

The Chairman pointed out that in paragraph 2 of the recommendation the word "Secretariat" should be replaced by "Director-General".
The recommendation was adopted, with the change noted by the Chairman.

3. Transportation and/or per diem Allowances for Delegates to second World Health Assembly

Mr. Steigel, Secretary, introduced a document on transportation and per diem allowances for Assembly delegates and drew attention to the resolution presented in the last paragraph (text reproduced in second report; see p. 314).

Mr. Baghdadi (Egypt) supported the resolution.

Mr. Shah (Pakistan) suggested that, in addition to transportation allowances, a per diem allowance of $15 should be paid to one delegate from each country for the duration of the session. He thought that, if the principle of paying travelling expenses were adopted, the Organization should be consistent and pay the entire expenses of one delegate from each country.

The Secretary said that, as delegates had to come from different distances to the meeting place, their travelling expenses would vary. The Interim Commission had, therefore, agreed to pay the travelling expenses of one delegate from each country. The subsistence expenses would be the same for all delegates, so the Interim Commission had not considered it necessary to grant a per diem allowance.

Dr. Van den Berg said that if delegates had to pay their own travelling expenses, it would always be necessary to hold meetings at a central place, while it was important that the Health Assembly should vary its place of meeting and visit all parts of the world.

The Chairman announced that if per diem allowances were to be paid, it would cost the

27 Off. Rec. WHO, 10, 42
28 Ibid. 12, 26
Organization $900 a day; if the session lasted 30 days, the cost would be $27,000.

M. BOISSIER (Switzerland) mentioned that, in recommending the payment of per diem allowances to members of the Executive Board, the committee had taken into account the fact that those members were representatives of the Organization as a whole, and not of their individual countries. Delegates to the Health Assembly were, however, representatives of their individual countries and it was the duty of their governments to pay their subsistence expenses.

Mr. SHAH withdrew his amendment in view of the explanations that had been given.

The resolution was adopted.

4. Recruitment of Staff

The committee had before it a proposal on recruitment of staff presented by the delegation of Venezuela:

Considering that, in accordance with Article 35 of the WHO Constitution, the Director-General must select from the different countries of the world the best available qualified personnel; and,

Considering that it is desirable that WHO should encourage all Governments to make available such qualified personnel; and

Considering that there may be encountered certain difficulties resulting from the reluctance of Governments to release such qualified personnel; and

Considering that personnel of Governments should be given certain guarantees regarding their respective status upon return to their Governments,

The delegation of Venezuela proposes the following resolution to the Committee on Administration and Finance:

The Health Assembly RESOLVES that all Member Governments of WHO be requested to take steps to establish in their appropriate laws of service, provisions for:

(a) the granting of leave of absence of up to five years for the members of their technical, national health, medical and educational institutions, to serve the World Health Organization without losing their rights or privileges acquired by previous service in their countries; and

(b) recognition for service credit and the acceptance in the national official curriculum or record of services for the services rendered to the World Health Organization.

The EXECUTIVE SECRETARY said that the problem had been considered by many other international organizations. If staff were given leave from their government posts to work with WHO, it was feared that they might be in some degree under the influence of their own government service. The question of pensions would also have to be considered, as such staff might be acquiring pension rights in WHO and in their own government services at the same time. In such cases, he suggested that they should be taken on as temporary staff of WHO, who would not be entitled to join in the pension scheme.

Dr. CAVAILLON (France) said that if the staff in question were engaged on a temporary basis he would support the proposal of the delegate of Venezuela.

Mr. BAGHDADI supported the proposal of the delegate of Venezuela. The experience of other international organizations and of the United Nations itself showed that many officials had been allowed to work for international organizations, while still retaining their government posts.

If such staff were only engaged on a temporary basis he thought that it would weaken the Organization. It was in the interest of WHO to employ such staff, so that on their return to their government posts they would retain an interest in the work of the Organization.

Sir Dhiren MITRA (India) read Regulation 1 of the Staff Regulations. He thought that the proposal under discussion was not consistent with the provisions of that regulation, as staff on loan from government posts might not have exclusively international loyalties. He suggested that the resolution might be amended to read:

The Health Assembly resolves:

that all Member Governments of WHO be requested to take steps to establish in their appropriate laws of service, suitable provisions for:

(a) the release of members of their technical, national health, medical and educational institutions ....

M. BOISSIER thought that countries should be left free to apply the principles underlying the proposal in the way they thought fit, without necessarily altering their administrative regulations. He proposed that the first part of the resolution be amended to read: "The Health Assembly resolves that all Member Governments of WHO be requested to grant: (a) leave of absence ...."

He further suggested the insertion of the word "temporarily" after the words "World Health Organization" in paragraph (a).

He did not think that the staff in question would have divided loyalties or that the proposed resolution would be contrary to the provisions of the Staff Regulations.

The EXECUTIVE SECRETARY thought that the amendments proposed by the delegate of Switzerland could be accepted. The Organization would need temporary staff and such staff could contribute to the Provident Fund but not to the pension scheme.

Mr. SHAH agreed that staff on leave from government posts should be temporarily employed by WHO. He suggested the addition of a provision for the establishment of a provident fund for such temporary employees.

18 Off. Rec. WHO, 10, 30
Dr. GONZALES-VILASCO (Venezuela) accepted the amendments proposed by the delegate of Switzerland and agreed that all the staff of WHO would have to be international civil servants, with no conflicting loyalties.

M. BLONDEEL (Belgium) thought that the matter should be left to the discretion of the Director-General instead of forming the subject of a resolution. He saw no reason why national loyalties should necessarily conflict with the interests of WHO.

Mr. ROSEMAN (United States of America) agreed with the delegate of Belgium, and pointed out that other international organizations had succeeded in solving the problem without encountering any difficulties with regard to national and international loyalties.

The Executive Secretary suggested that the matter be referred to the Executive Board for consideration.

Dr. ROUTLEY (Canada) formally proposed the adoption of the suggestion made by the Executive Secretary.

The proposal was seconded by the delegates of the United Kingdom, China, Australia, India, and the Ukrainian SSR, and accepted by the delegate of Venezuela.

The proposal of the delegate of Canada, that the matter be referred to the Executive Board for consideration, was adopted.

5. Scale of Contributions

Dr. CALDERONE (Secretariat) explained that a working paper on this subject which had been prepared by the Secretariat and circulated was an attempt to answer the points raised by the Interim Commission for consideration in the development of a scale of contributions for Members of WHO. The consensus was that a unit system related to the percentage scale of the United Nations would be more adaptable to the needs of WHO. Appended to the paper was a table (see p. 362), in which the United Nations percentage scale had been converted to a total of 12,002 units (120 units representing 1%). Hence, it was not a 100% scale, but one in which 120 units represented 1%. The contributions of non-members of the United Nations had been calculated on statistical material received from the United Nations. In the case of Monaco and San Marino, a unit of one had been considered because of their small populations. Otherwise, five units (0.04%) was adopted as a minimum level, as had been done in the fixing of the contributions of Member Countries of the United Nations.

Dr. HYDE (United States of America) said that his delegation opposed the view that the scale of contributions to WHO should be based on that of the United Nations. He referred to the expenses borne by the United States in the activities of the United Nations and its specialized agencies. It would be necessary to determine the fair share of the United States in supporting WHO. That share should be based entirely upon levels of per capita income and other economic factors but should be determined by the greatest possible equality of participation by all Members.

While not attempting to shirk its responsibility, the United States considered that the expenses of organizations with small budgets could be more evenly shared among Member Nations than was possible in the case of those with very large budgets. It was for those reasons that the United States had agreed on a temporary basis to contribute a substantial percentage of the funds of the United Nations, and 72% of those of UNICEF, while contributing less than 20% to the budgets of ICAO and ILO, and 25% to FAO.

The World Health Organization would be strengthened by equalizing the participation of its Members under a scale of contributions in which the United States would contribute approximately a fourth of the budget during the first years.

Dr. Hyde urged that the matter be fully discussed, and hoped that a unanimous decision would be reached in the best interests of WHO and of the world in general.

Dr. VAN DEN BERG referred to the psychological and financial aspects of the matter. He proposed, in order to avoid a confused debate, that a working group should immediately be appointed, and should submit a report to the full committee.

Mr. EDMONDS felt that the committee should be clear about the principles on which contributions should be paid. His delegation believed that the United Nations criteria for assessing contributions should be used by WHO, but doubted whether it was appropriate for the Health Assembly—a body of public-health experts—to juggle with so intricate a financial question as the assessment of these criteria, or of drawing up a new or an amended scale.

He wondered whether Dr. Hyde's statement about the contributions of the United States to other organizations was applicable, since the point at issue was the amount of contributions to be paid to WHO and not to other organizations. Some Members of WHO were not members of the other organizations referred to.

The United Kingdom delegation was strongly of the opinion that the contributions of all Members of WHO should be assessed according to the criteria used by the United Nations, which were based on capacity to pay. He understood that the United Nations criteria were being reviewed, and he trusted that the knowledge of that review would meet the views of the United States delegation, and of any other delegation which considered that its assessment was too high or too low.

Mr. Edmonds finally suggested that the committee should adopt the United Nations criteria for the budgets of 1948 and 1949. The matter could be reconsidered by a later Health Assembly, when the result of the review would be known.
Dr. Karabuda (Turkey) considered that the scale of contributions should be subject to a serious revision in order to exclude any possibility of subsequent difficulties in payment, and that a scale consistent with the realities of the situation should be elaborated.

Dr. Hyde requested that the statement of his delegation should be circulated to the committee so that the views of the United States would be perfectly clear (see p. 101).

The meeting rose at 12.30 p.m.

NINTH MEETING

13 J uly 1948

Chairman: Dr. M. Kacprzak (Poland)

1. Scale of Contributions (continuation)

The Chairman called on the delegate of the Union of South Africa.

Mr. Penberthy (Union of South Africa) seconded the United Kingdom proposal that the present United Nations scale of contributions be adopted for the purposes of the 1948 and 1949 budget (see p. 362). The South African delegation desired that the position be reviewed within the next two years, preferably at the next Health Assembly, and that the Executive Board be instructed to prepare a special report to that end.

Dr. Mani (India) also supported the United Kingdom proposal. He thought some adaptation might be found necessary, as the United Nations scale was based on necessarily imperfect statistical data. He also supported the proposal that the position be reviewed the following year, the Executive Board to report on the subject. He asked that the contribution of India should be fixed separately from that of Pakistan.

Dr. Björnsson (Norway) also supported the United Kingdom proposal, with the addition of a phrase indicating that the present United Nations scale would be used for the next two years, notwithstanding the provision of Rule 75e of the Rules of Procedure, which stipulated that the scale of assessments, when once fixed by the Health Assembly, should "not be subject to a general revision for at least three years . . . ." The committee might wish to consider recommending to the Legal Committee that that part of the rule be deleted. He did not recommend the appointment of a working party. Any attempt to establish a new scale was out of the question, as it would take a couple of months to work out.

Dr. van den Berg (Netherlands) said that, in proposing a working party, his purpose was not to establish a new scale, but simply to permit of technical discussion by a small group. He agreed in principle with the United Kingdom proposal.

Professor Sigurjónsson (Iceland) pointed out that, according to the United Nations scale the minimum level of units was five. If Iceland's contribution was calculated per capita, it would be found to be higher than any other in the same category. He had not been instructed by his Government to object to the adoption of the same scale as for the United Nations. He was prepared to accept the United Kingdom proposal that that scale be adopted provisionally for 1948 and 1949. But he proposed that the minimum level be not fixed now, and reserved his country's right to ask for a revision as regards its contribution.

M. Raffard (France) associated himself with the criticisms expressed in regard to the United Nations scale. There was no time to debate the matter fully in the committee, and he agreed with the United Kingdom proposal that the United Nations scale be taken provisionally for 1948 and 1949 (and perhaps for 1950). It would be for the Executive Board to study the question of the definitive scale, when the United Nations experts had completed the work on which they were engaged. He approved the use of a unit system, as recommended by the Secretariat.

Dr. Evstafiev (Byelorussian SSR) said it was indispensable to follow the United Nations scale, established with the help of expert advice and by reference to the devastation caused by the war. Some countries still needed all their resources for purposes of reconstruction, whereas others which had not suffered had made immense progress in the past two years. He was in favour of keeping to the United Nations scale, at all events for the next three years.

Mr. Landale (Australia) supported the United Kingdom proposal that the scale for 1948 and 1949 be based on the United Nations criteria.

The Chairman, summing up the position, said the United States proposal that the United States contribution be reduced to 25% had not been seconded. The United Kingdom proposal that the United Nations scale be adopted for 1948 and
1949, with the proviso that the Executive Board study the question and report to the second Health Assembly, had been supported by the delegations of the Union of South Africa, India, Norway, Netherlands, Iceland, France, the Byelorussian SSR, Australia, Turkey (so he understood) and the USSR.

Dr. Hyde (United States of America) said he was struck by the lack of enthusiasm for the United States proposal. He wished to discuss a number of related points. There appeared to be general support for the proposal to follow the United Nations scale. He understood that the United Nations scale was under discussion elsewhere, and there was a distinct possibility that at the next General Assembly there might be a change. If a new scale was arrived at, that, presumably, would be the best scale for the United Nations at that time. He assumed that the new modern scale would then apply to WHO. He would be glad to have that point elucidated.

Further, in the documents before the committee, the total of percentages of contributions added up to 105%, owing to the addition of nations which were not Members of the United Nations. He suggested that that 5% be used to bring the United States contribution closer to parity with the other States.

Dr. Calderone (Secretariat) stated that Member States of United Nations which are not Members of WHO represented 3.84% of the scale of contributions.

Dr. Mani asked whether the entire burden of the expenditure for the Interim Commission and for the years 1948 and 1949 was to be borne by the States which had hastened to ratify the Constitution. Was there to be no provision for sharing the burden, as new States joined the Organization and ratified?

Dr. Calderone quoted the statement on the policy for new Members of the United Nations, to be found in the Official Records of WHO. There was nothing to indicate that new Members would pay anything towards past expenditure on becoming Members of the United Nations.

Dr. Hyde thought all signatories must be regarded as debtors in respect of the expenses of the Interim Commission. It should be easy to set aside a percentage as collectable, when new Members joined the Organization. The points raised suggested that a working party might be useful, following on the discussion in the committee.

Dr. Yung (China) supported the Netherlands proposal for a working party.

Dr. Routley (Canada) also supported the proposal for a working party. The life-blood of the Organization now and in the future depended on unanimous co-operation. He hoped that a working party would be able to arrive at a decision on financial assessment that would be generally acceptable.

Mr. Rasmuson (Denmark) agreed with the delegate of Canada and supported the proposal for a working party.

Dr. Vinogradov (USSR) urged that a decision be taken at once on the United Nations scale. If it was accepted, the working party could then consider any requests that had been submitted, including the United States requests.

Mr. Landale supported the proposal for a working party, which he thought should be given definite terms of reference.

Mr. Baghdad (Egypt) said all the delegates realized the difficulties facing the committee. A working party would be one solution to the problem, but, unless the main lines of its discussion were laid down in advance, the results were unlikely to be fruitful.

M. Raffard said the United States delegate had asked whether the new United Nations scale would apply to WHO. The French delegation was prepared to agree to its application and thought that the point might be immediately discussed.

Dr. Karabuda (Turkey) supported the proposal to set up a working party.

The Chairman, again summing up the position, said the committee had before it a United Kingdom proposal that the United Nations scale be adopted. There was a further proposal that a working party be constituted immediately. An amendment to this latter proposal submitted by the delegation of the USSR was supported by the Egyptian delegation. It would be useful to have a working party, but the committee must first decide on the general lines for its discussion.

Dr. Vinogradov said there were two proposals: the proposal of the USSR was in line with that of the United Kingdom, namely, to adopt the United Nations scale. An amendment to this latter proposal submitted by the delegation of the USSR was supported by the French delegation. It would be useful to have a working party, but the committee must first decide on the general lines for its discussion.

The Chairman referred the committee to the Interim Commission’s report on scale of contribution. He suggested taking paragraph (b) as a basis for immediate discussion: “Can the United Nations scale be used as a basis for assessing contributions of Members of WHO which are Members of the United Nations?” Paragraphs (a), (c), (d) and (e) could then be referred to a working group.

Dr. Routley suggested that a working party should discuss all the various points and report to the committee, which could decide the question in the light of their recommendations.

Dr. Bjornsson said that the United Kingdom proposal had been seconded and supported by a number of delegations. He thought the committee should be asked to vote on it.

82 Off. Rec. WHO, 6, 93
83 Off. Rec. WHO, 10, 39
Dr. Vinogradov said that a fair degree of unanimity appeared to have been reached concerning the adoption of the United Nations scale. If paragraph (b) could be formally adopted now, this would facilitate the task of the working party.

M. Raffard said the Chairman's proposal was a wise one and the French delegation was prepared to support it.

Dr. Hyde said that if the committee voted, it must know what it was voting on. Paragraph (b) spoke of using the United Nations scale as a basis for assessing contributions, but the United States delegation had already pointed out that there might be a new United Nations scale, and a further point to be considered was that some modification would be necessary if new Members were to contribute.

Dr. Calderone explained that one of the most important principles involved in adopting the United Nations scale was the possibility of converting that scale into units, so that the exact assessment of non-members of the United Nations could be calculated.

Dr. Hyde objected that, in converting the scale into units, the Organization would not be following the United Nations scale because the percentages would have to be recalculated, and would be different.

Dr. Calderone explained further that what was involved was whether the United Nations scale could be used as a basis: it was not a question of percentages but of how to convert the scale into units so that those units could be applied to non-members of the United Nations. In practice, as those Members joined the United Nations, the United Nations scale would begin to correct the WHO unit system of contribution.

Dr. Baran (Ukrainian SSR) raised a point of order. He said that the Rules of Procedure had not been observed. First, a vote should have been taken upon the various resolutions in succession; secondly, suggestions regarding the scale of contributions should be discussed by a working party; thirdly, in regard to the future, whatever percentages were to be adopted could not be decided at present and no advantage was to be gained from pre-judging future discussion. Any decision taken now should be limited to the adoption of the United Nations scale of contributions for a period of two years in order to give time to the World Health Organization to establish itself and to embark upon its activities.

The Chairman replied that the Rules of Procedure were not always strictly followed because two considerations had to be kept in mind: one, that unanimity should be achieved if possible; two, that no delegation should feel its views had not been given full opportunity of expression. He would call on the Netherlands delegate, the last speaker on the list, before taking a vote.

Dr. Van den Berg said that he had seconded the United Kingdom proposal and was still prepared to defend it in principle, but he was not prepared to vote on it, for he was not exactly clear on what the committee was to vote. It would be wiser to refer the matter to a working party. A proposal had been made to that effect and that proposal should be voted on first.

M. Boissier (Switzerland) said that if the matter were referred to a working party without any directive, nothing would be gained. If the directive were given that the committee agreed in principle that the United Nations scale should be adopted, as suggested by Dr. van den Berg, he would be in favour of reference to a working party.

The Chairman said there were five points put forward by the Interim Commission in its report,4 and there were two proposals before the committee under point (b): that of the United Kingdom delegation, to adopt the United Nations scale for 1948 and 1949, with the provision that the Executive Board study the problem further and report thereon to the second Health Assembly; and an amendment that the United Nations scale should be accepted only in principle, and that the matter should be referred to a working party.

Dr. Hyde said he wished to make it clear that, even if the proposal were only to adopt the United Nations scale as a basis in principle, his delegation would still be opposed to it.

Dr. Van den Berg on a point of order, said that first the amendment should be put to the vote, and then the proposal of the United Kingdom, with or without amendment.

Dr. Routley asked what was meant by “accepting in principle”.

M. Boissier explained that acceptance in principle of the United Nations scale would mean that Members were in favour of units and not percentages, which would leave some margin for further suggestions by the working party. If point (b) were accepted outright, there would be no object in forming a working party.

Mr. Baghdadi said that there were a number of proposals, some formal, some substantive. There was the resolution of the United Kingdom, and an opposition resolution of the United States of America. Other questions had been raised in connexion with the resolution of the United Kingdom; whether the United Nations

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4 Off. Rec. WHO, 10, 39
scale should be adopted as it stood, or whether it should simply be taken as a basis for calculation. Then there were two proposals of a formal nature; one to refer the matter to a working party without any directive, and another to refer it to a working party with the directive that the United Nations scale be accepted in principle. The latter proposals should be discussed first.

M. Boissier, at the request of the Chairman, presented his delegation’s amendment as follows:

The Committee adopts in principle the scale of contributions of the United Nations, to be used as a basis for assessing the contributions of Members of WHO which are Members of the United Nations, and it agrees that the question be referred to a working party for examination.

Dr. Baran objected that the amendment of the delegation of Switzerland now appeared to be an independent proposal; it would not be possible to vote on such a proposal before a vote had been taken on the original resolution which it modified.

The resolution of the delegation of the United Kingdom should first be taken, and then a vote taken on each of the other proposals in order of presentation.

The committee agreed that the proposal of the delegation of Switzerland should be considered to be a new resolution and that a vote should be taken on the proposal of the delegation of the United Kingdom.

The United Kingdom proposal was then put to the vote.

[In accordance with the resolution immediately following, a portion of the proceedings has been omitted from the minutes at this point.]

The following resolution was proposed by Mr. Madani (Pakistan):

In view of the fact that the resolution regarding adoption of the United Nations scale was not clearly understood by the Chairman or the committee, and was different from that which the United Kingdom delegation had moved, the committee resolves that the vote taken be treated as void, the decision set aside, and the proceedings from the stage when the resolution was put to vote be not recorded in the minutes.

A vote taken by show of hands on the resolution of the delegation of Pakistan resulted in 22 votes in favour and 11 against.

The resolution was adopted.

Mr. Edmonds (United Kingdom) then presented the revised resolution of the delegation of the United Kingdom as follows:

That contributions to WHO from all its Members in respect of 1948-49 should be assessed according to the criteria used by the United Nations in assessing its Members; and that the Executive Board should re-examine the question when the result of the review which is being made by United Nations of the criteria is known.

Dr. Hyde moved that the meeting be adjourned to permit delegates to examine the new proposal. This proposal was seconded by Mr. Baghdadi (Egypt) and Mr. Fenberty (Union of South Africa).

Dr. Baran moved that a vote be taken on the proposal of the delegation of the United Kingdom, but the Chairman ruled that, under Rule 45 of the Rules of Procedure, no further proposals could be made unless the motion for adjournment was rejected.

A vote taken by show of hands on the motion for adjournment resulted in 21 votes in favour and 10 against.

The motion was adopted.

The meeting rose at 5.20 p.m.

TENTH MEETING

Wednesday, 14 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland)

1. Scale of Contributions (continuation)

The Chairman asked that members submitting verbal proposals or resolutions should hand them in to the Chair, in writing, immediately after presenting them verbally. This would prevent any misunderstanding, and only written texts would be taken into consideration. He invited the United Kingdom delegate to present a draft resolution representing an original United Kingdom proposal, with slight changes proposed by the Norwegian delegation.

Mr. Edmonds (United Kingdom) presented the following text:

Notwithstanding Rule 75e of the Provisional Rules of Procedure, the Health Assembly resolves that contributions to the World Health Organization from all its members to the budgets for the financial years 1948 and 1949 shall be assessed according to the criteria used by the United Nations in assessing its members for the year 1948 and.

That the Executive Board be instructed to consider the question of scale of contributions for 1950 and future years in the light of any revisions which are made in the United Nations scale by the United Nations General Assembly and report thereon to the second Health Assembly.
TENTH MEETING

The CHAIRMAN asked if the committee was prepared to accept the resolution.

Dr. HYDE (United States of America) said that the committee would want to be sure what it was voting on. It would want to know exactly what criteria were used by the United Nations in assessing Members. Those criteria were set forth in the report of the United Nations Preparatory Commission, dated December 1945.

Dr. CALDERONE (Secretariat) said the criteria were standards to be used in determining how to assess the various countries’ capacity to pay. The United Nations had used such criteria as national income, per capita income of the population, war devastation and so forth. Those criteria could be used again by WHO in assessing the contributions for States Members and non-members of the United Nations.

Dr. HYDE said that the terms of reference of the United Nations Committee on Contributions were very specific and the Committee on Administration and Finance should know what they were before accepting the United Nations scale on bloc.

Dr. CALDERONE referred the committee to the complete report of thirteen pages on the criteria used by the United Nations. This report, published in October 1946, could be used by the working party in assessing the contributions of WHO Members.

Dr. HYDE said that the document in question was a committee document, which had not been approved in toto by the constitutional authorities of the United Nations. He suggested that the official criteria be used by the committee’s working party.

Mr. BAGHDAI (Egypt) said he interpreted the resolution before the committee as applying to States Members and to non-members of the United Nations.

Mr. LANDALE (Australia) asked whether it might be assumed that “budgets” in the resolution under consideration included the working capital fund.

Mr. SIEGEL, Secretary, suggested that the reference to “budgets” probably could be assumed to include all items which required contributions from governments.

The CHAIRMAN inquired whether the committee was prepared to accept the resolution, subject to the views expressed.

The draft resolution proposed by the delegations of the United Kingdom and Norway was approved.

APPOINTMENT OF A WORKING PARTY

The CHAIRMAN proposed that the following delegations be asked to appoint members to form a working party: Brazil, Canada, China, France, Hungary, India, Italy, New Zealand, Poland, Sweden, Switzerland, Union of South Africa, USSR, United Kingdom and the United States of America.

This was agreed.

2. Budget and Financing for 1948** (continuation)

The CHAIRMAN called on the Secretary to introduce the draft budget for the period from 1 September to 31 December 1948.

The SECRETARY said the Interim Commission, at its fifth session, had considered the question of the preparation of a draft budget for the last four months of 1948 and had decided, in view of the problems involved in framing that budget before the 1949 budget, to take the present authorized level and make provision for increased development looking towards 1949. Accordingly, the document now before the committee showed budget estimates based on the present level, with the addition of a lump sum figure providing for the items listed in Part III, namely, contingency fund, working capital fund, Executive Board special fund, and recruitment of additional staff.

The committee might also find it useful to have some explanation regarding the field services programme. As it was aware, the Interim Commission had received grants for 1947 and 1948 from UNRRA for that purpose, and had made allocations to countries which were eligible to receive UNRRA funds under the agreement between UNRRA and the Interim Commission. A programme for 1948 was well under way. The draft budget before the committee did not include the funds received from UNRRA, which were at present available to finance the field services programme. It was proposed that the Assembly, by a resolution should reaffirm the allocations made by the Interim Commission, and an appropriate paragraph covering that point had been included in the proposed appropriation resolution.

A further point to be considered was the repayment to the United Nations of the loan made to the Interim Commission. The matter had been considered by the Interim Commission, and it had been decided that that obligation rested with the signatories of the Arrangement of 1946 and with countries which had ratified the WHO Constitution by the date of the first Health Assembly. It was estimated that the amount of the loan at the termination of the Interim Commission would be $2,150,000. That sum, added to the sum of $2,650,000 in the recommended budget, would bring the total funds for 1948 up to $4,800,000, to be financed by Members of the Organization.

The Secretariat had suggested that the committee should consider distributing the funds in Part III on lines which he would explain. Dealing first with the working capital fund, he said its

** Off. Rec. WHO, 6, 92
** United Nations doc. A/80
purPOSE was to finance the Organization pending the receipt of contributions from States, a process which was subject to delays. All the specialized agencies had provided for such a fund. A working capital fund was generally established at approximately 50% of the budget of an organization, but, if that were done now, it would mean increasing the 1948 costs to a considerable extent. The Secretariat had proposed that an amount of $1,300,000 be fixed for 1948 for the working capital fund.

The next item in Part III was the Executive Board special fund, to be established under Article 58 of the Constitution. The Secretariat had suggested that $50,000 be provided, any balance not used remaining available.

For the last item, recruitment of additional staff, the Secretariat had suggested $510,000. It was purely an estimate, and no more accurate a figure could be given until the 1949 budget was established.

The sum of $1,300,000 for the working capital fund did not meet requirements, and the Secretariat recommended that provision be made to authorize the addition to the working capital fund of unused balances from the 1948 budget. The Secretariat suggested adding a paragraph, VII, to the appropriation resolution submitted by the Interim Commission, 40 to read:

Notwithstanding the provisions of Regulations 13 and 16 of the Provisional Financial Regulations, the Director-General is further authorized to transfer, as an addition to the working capital fund, any balances remaining in the appropriations made for the financial year 1948.

Dr. HYDE said that action was being taken to disband the Interim Commission, without making provision for the collection from the signatories of the 1946 Arrangement of the amounts necessary for the liquidation of the Interim Commission's indebtedness to the United Nations. As all were agreed that it was right and proper for WHO to assume responsibility for the indebtedness of the Interim Commission, the United States delegation moved the following resolution:

WHEREAS, the United Nations has loaned to the Interim Commission of WHO sums totalling approximately $2,150,000 and

WHEREAS, the Interim Commission will cease to exist by resolution of the Health Assembly,

BE IT RESOLVED THAT:

There shall be included in the budget of WHO for the year 1948 provision for the repayment of the sums loaned to the Interim Commission by the United Nations, with the understanding that signatories to the Arrangement of 22 July 1946 establishing the Interim Commission who have not yet joined WHO shall be expected to bear their appropriate share of such repayments.

M. Geeraerts (Belgium) supported the United States resolution. In other specialized agencies, the practice followed had been for the first budget of the agency to include a special provision dealing with the liquidation of the interim body, in order to arrive at a general budget and also to allow the debt of the interim body to be settled.

The SECRETARY could not see that any particular complications would be introduced by the resolution.

It was agreed to adopt the United States resolution.

Dr. MANI (India) said the delegation of India had objections to two of the figures proposed by the Secretariat for the 1948 budget. First, his delegation considered the sum of $50,000, proposed for the Executive Board emergency fund, to be ridiculously small; an amount three times that sum would be necessary to meet effectively any emergency that might eventuate. Secondly, the sum proposed for recruitment of additional staff was excessive, and should be reduced to $150,000. If the expansion of the functions of the Secretariat was not to take place until 1949—and he understood that such was the intention—he failed to see the necessity for a provision of the extent of half a million dollars in the 1948 budget.

The SECRETARY agreed that, should a real emergency occur, the amount proposed for the Executive Board special fund would prove inadequate. The same problem had arisen in regard to both the special fund and the working capital fund, namely, that it had not appeared possible to make complete provision for both those funds in the 1948 budget. It was thought that in future years, both funds could be increased, depending on the financial resources of the Organization.

Regarding the second point raised by the delegate of India, it was clear that, if the programme was to be started early in 1949, some arrangements for the recruitment of additional staff would require to be made in the latter part of 1948. He asked the committee, in considering the matter, to take into account the initial expenses involved in the recruitment of staff.

Mr. LANDALE agreed with the delegate of India that the Executive Board special fund should be increased. On the other hand, the Australian delegation could not see the purpose of the proposed contingency fund, and moved that it be suppressed.

Dr. MANI drew attention to the fact that, according to the proposals regarding the budget for 1949 in the Interim Commission's report, 41 it was assumed that 95% of the staff for 1949 would be provided in 1948. That appeared to be an extravagant way of providing a staff. He still considered it more important to provide for a possible emergency than for recruitment of additional staff.

Dr. HYDE said that the concept of the working capital fund was too restricted. The United States delegation was of the opinion that the contingency fund, the working capital fund and the Executive Board special fund should be incorporated in one fund.
The Secretary, in order to meet the point raised by the delegate of India, suggested that the contingency fund might be reduced by $100,000 and that amount added to the Executive Board special fund. Regarding staff to be recruited for 1949, the Interim Commission had discussed the matter and considered that, if possible, staff should be recruited in 1948. The budget proposals for 1949 presented by the Interim Commission had been based on the assumption that 95% of the staff would have been recruited before 1 January 1949. It was clearly a matter for the committee to decide; the decision would depend on whether or not it was desired to have the programme under way early in 1949.

The suggestion of the United States delegation to extend the concept of the working capital fund, thereby eliminating the Executive Board special fund, appeared to be satisfactory. He drew attention, however, to Article 58 of the Constitution, providing for the establishment of such a fund. As there was a statutory provision for the establishment of the special fund, the estimated expenditure for 1949 was to cover the comparatively short period of four months. He quoted the figures suggested by the United Kingdom delegation, which were as follows:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contingency fund</td>
<td>$100,000</td>
</tr>
<tr>
<td>Working capital fund</td>
<td>$50,000</td>
</tr>
<tr>
<td>Executive Board special fund</td>
<td>$50,000</td>
</tr>
<tr>
<td>Recruitment of additional staff</td>
<td>$260,000</td>
</tr>
</tbody>
</table>

Total, part III $910,000

He agreed with the delegate of India that the figure proposed by the Secretariat for recruitment of additional staff was rather high, and thought the sum of $260,000 adequate. It should not be overlooked that governments would receive demands for payment of 1949 budget contributions soon after paying those for 1948.

Dr. Cavailillon (France), while agreeing upon the necessity of recruiting personnel in order to be ready to commence activities on 1 January 1949, considered it impossible to fix the sum necessary until the decisions of the Committee on Programme regarding the 1949 programme were made known. He therefore proposed that a decision as to the appropriation for recruitment of additional personnel should be postponed until that information was available.

M. Geeraerts wondered if it would not be possible for the Committee on Programme to give a general idea of the programme for 1949, thus allowing an estimate to be formed of the additional number of staff required. It would then be possible to discuss with more precision the appropriation necessary.

Mr. Amy (El Salvador) supported the remarks of the delegates of France and Belgium. He was, however, in favour of enlarging the field of the discussion. The items of the budget were to a certain extent fixed by Chapter XII of the Constitution. Chapter II of the Constitution, on functions, gave a much clearer idea of the tasks of the Organization. Those tasks fell into two categories: (1) those involving study, research and consultation; and (2) those concerned with the safeguarding of health against the ravages of disease. He asked for information as to how it was proposed to distribute the budget between the two categories.

Mr. Shah (Pakistan) supported the view of the United Kingdom delegation. He considered that expenditure for the remaining four months of 1948 should be based on the figure of $1,500,000. The estimated expenditure for 1949 was approximately $6,000,000, and contributions for 1949 would fall due soon after those for 1948 had been paid. While he recognized the necessity of recruiting personnel in advance, he also considered the sum proposed to be excessive, and he agreed with the delegate of India that the Executive Board special fund should be greatly increased. As there was a statutory provision for the establishment of such a fund, he considered its nucleus should be substantial. Any balance remaining at the end of the year could be utilized for the succeeding year.

Dr. Routley (Canada) recalled the fundamental objective of the Organization—to assist every man, woman and child in the world to attain the highest possible level of health: no specialized agency of the United Nations had a task taking priority over this objective. It was the task of the Committee on Programme to outline a programme based on that objective, and the Secretariat estimated the costs of carrying out the programme. It was for the Committee on Administration and Finance to decide whether to accept, reject or amend those estimates. A number of points arose in that connexion: was it considered (1) that the proposed programme was worthy of financing; and (2) that the estimated cost of doing so was sound, reasonable and equitable? If so, would Member Governments feel disposed to provide the funds necessary to pay the costs for a given length of time?

Several delegates had already pointed out the difficulty of deciding on a budget before the programme for 1949 was known. It was also necessary to know its estimated cost and whether it would be a reasonable amount to levy from Members.

Although the Committee on Programme had not yet presented a complete programme for 1949, there was a communication from the Interim Commission on the obligations resting upon the Organization for 1948. With regard to recruitment of personnel, many factors had to be taken into account. He felt that the Secretariat should be given a great deal of latitude in the procurement of staff, and the time factor involved in doing so should be recognized.

The meeting rose at 11.55 a.m.
1. Second Report of the Committee on Administration and Finance

Dr. Chu (China) presented item by item the draft second report of the committee (see p. 311). It was mentioned that some proposals already adopted by the committee were not included.

Insurance

This item was adopted without discussion.

Administrative and Financial Relations Between the United Nations and Specialized Agencies

This item was adopted without discussion.

Appointment of External Auditors

Mr. Madani (Pakistan) pointed out what appeared to be an inconsistency between the texts of paragraph 2 of the appended draft letter to be sent to Mr. Brunskog and section 5 of the proposed resolution.

In reply, Mr. Riley (Secretariat) explained that it was intended in this paragraph to give the auditor the right to make a surprise audit, without the accounting staff having previous knowledge of his intention to do so.

Mr. Madani found the explanation satisfactory.

UNRRA Special Fund

This item was adopted without discussion.

Transportation and/or Per Diem Allowances for Delegates to the Second Health Assembly

This item was adopted without discussion.

Other Business: Proposal Regarding the Recruitment of Staff

In reply to an inquiry by M. Boissier (Switzerland), Mr. Siegel, Secretary, stated that all the relevant documents—the original proposal of the delegation of Venezuela and the minutes of the discussion thereon—would be sent to the Executive Board.

The draft second report of the Committee was adopted for presentation to the Health Assembly.

2. Joint Effective Date of Termination of Interim Commission and Assumption by World Health Organization of Functions, Assets and Liabilities of the Interim Commission

Mr. Penberthy (Union of South Africa) presented the report of the working party (text of recommendations given in fifth report; see p. 377).

Dr. Mani (India) inquired whether, as a result of the change-over, it was intended to make the allowances mentioned in the last paragraph of the resolution retroactive to staff members who had served with the Interim Commission.

Mr. Moore (Secretariat) replied that, as he understood it, the intention of the working party was not to make any payment retroactive. The last paragraph of the resolution concerned allowances or grants which would be authorized for staff members of WHO and the payment of such allowances or grants on an equitable basis.

The Secretary noted that the resolution clearly provided that, in the event of an allowance having already been paid to a staff member of the Interim Commission, the member concerned would not be entitled to receive the same allowance a second time. On the other hand, if a staff member of the Interim Commission had not previously received an allowance, as established for staff members of WHO, he would now become eligible for it. The period of service with the Interim Commission would count for pension rights, but he emphasized that there would be no retroactive payment of allowances.

Mr. Roseman (United States of America) said that the United States delegation was of the opinion that the type of question which had been raised by the delegate of India would not be settled in detail by the committee or by the Health Assembly. Many factors were involved, making it primarily an administrative question. It was precisely for that reason that his delegation had asked for the insertion in the resolution of the phrase "Subject to policies to be approved by the Executive Board ...". The Executive Board should be responsible for working out a policy giving equitable treatment to all staff members.

Dr. Mani expressed himself as satisfied.

The report of the working party was adopted.

3. Budget and Financing for 1948

Dr. Routley (Canada), in presenting the proposal on this subject submitted by the delegation of Canada (final text given in sixth report; see p. 317), stated that, in preparing the proposal, his delegation had taken into account the obligations resting upon the Organization and the advice given by the Secretariat as to the cost of meeting them. It had also endeavoured to make reasonable provision for the transition period before comm-

43 Off., Rec. WHO, 10, 29
mencement of the full programme in 1949. He made the following comments on the proposal:

PART II, APPROPRIATION section 2: Secretariat

This item included provision for the recruitment of staff. The figure might be considered excessive but it should be remembered that unexpended balances were subject to transfer to the working capital fund or other funds.

PART II, APPROPRIATION section 4: Advisory and Demonstration Services to Governments

No provision was made for this item, as the needs were still undetermined. The working capital fund could, however, meet any requirements.

PART III, APPROPRIATION section 7: Working Capital Fund

Two points should be noted: (1) to carry out its programme it was necessary for the Organization to have money; (2) it was necessary to have that money as and when required. It was also

Usually included in the usual procedure that contributions from governments were paid at varying times of the year. In view of those circumstances, it was generally agreed that a substantial working capital fund was necessary.

PART IV, APPROPRIATION section 8: Repayment of Interim Commission Debt to the United Nations

No provision appeared to have been made in future budgets for the repayment of this debt. It seemed reasonable, therefore, that provision for its repayment should be made in the budget for 1948.

Paragraph III: The delegation of Canada felt that adequate safeguards of the powers of committees were provided by this clause.

Paragraph (1) of the draft resolution relating to the working capital fund: The delegation of Canada had grouped the working capital fund, the contingency fund and the Executive Board special fund under one heading. Two factors had been taken into account in arriving at the figure of $1,650,000 for the working capital fund: (1) the needs of the Organization, paying due regard to its future programme, and (2) the advice given by the Secretariat, in whose judgment every confidence was felt.

Paragraph (4): It seemed logical to lay down a fixed sum for the Executive Board special fund, in order to implement Article 58 of the Constitution.

In conclusion, Dr. Routley said that, if adopted, the proposal would determine the activities of the Organization for the rest of the year, as well as forming a basis for future activities.

The Secretary, pointing out a typographical error in the document, proposed adding the following to paragraph (4) of the draft resolution relating to the working capital fund: "except when expenditures made under this authority are recoverable from some other source". He noted that a similar provision had been made in the preceding paragraph.

With regard to the working capital fund, it would be necessary to establish such a fund to enable the Organization to meet its current expenses in the early part of the financial year, until such time as the contributions from governments were received. The sum of $1,650,000 mentioned in the Canadian proposal would be adequate for the period 1 September to 31 December 1948, but it would have to be reviewed when future budgets were considered, as an increase in the total budget would necessitate a corresponding increase in the working capital fund.

Dr. Routley accepted the amendment suggested by the Secretary.

Mr. Penberthy seconded the proposal submitted by the Canadian delegation.

Dr. Hyde (United States of America) said that the document under discussion raised several questions of principle. He thought that the programme and budget for 1948 should have been decided upon before the budget for the last four months of 1948 was discussed. That had been the method of work suggested by the Interim Commission, and it was the only way in which a budget based on adequate information could be prepared for the last four months of 1948.

He inquired from what basic figures the budget proposed by the Canadian delegation had been built up, and noted that the total was the same as that mentioned by the Interim Commission at its third session, when it had been asked to prepare a budget estimate for 1948.

He drew attention to the proposed allocation of $15,500 for "Other offices and regional activities" and thought that that item should be further discussed before a decision was taken.

He agreed with the proposal that the contingency fund, the working capital fund and the Executive Board special fund should be fused into one.

With regard to paragraph III of the appropriation resolution, he drew attention to the words "with the concurrence of the appropriate committee", and said that that wording seemed to take all power out of the hands of the Executive Board.

He asked for clarification of paragraph V of the same resolution.

Dr. Routley agreed that it was desirable to be in possession of complete information before deciding on a budget, but he thought that there was sufficient information in the Official Records of WHO to justify discussion of the budget for the last four months of 1948. He admitted that the figures mentioned in his proposal were open to debate, but he felt that the Executive Board could be trusted to spend the money placed at its disposal in the best possible manner.

He agreed with Dr. Hyde's remarks in connexion with paragraph III, and suggested that the phrase "with the concurrence of the appropriate committee" should be replaced by "after receiving advice from the appropriate committee".
With regard to paragraph V, he explained that the sums in question were those allocated under the Field Services budget.

M. BLONDEEL (Belgium) thought that the sum of $15,500 allocated to "Other offices and regional activities" was insufficient.

In reply, the SECRETARY explained that the sum was the same as that allocated by the Interim Commission for the item. It was intended only to cover the expenditure of the Epidemiological Intelligence Station at Singapore, and no provision had been made for the establishment of regional offices during the last four months of 1948.

In answer to the remarks made by the delegate of the United States of America, he pointed out that the figures used as a basis for the draft Appropriation Resolution in the Interim Commission's report and for the Canadian proposal were given in appendix 2 of the supplementary report of the Interim Commission. The total appearing in both cases had been suggested by the Interim Commission at its third session, because that figure had already been quoted to governments ratifying the Constitution.

With regard to paragraph III of the document proposed by the delegate of Canada, he thought the meaning would be clearer if it were amended to read:

The Director-General is authorized, with respect to all parts of the budget, to transfer credits between chapters in sections, and, with the concurrence of the Executive Board or any committee to which it may delegate authority, to transfer credits between sections in parts, and between parts.

Dr. ROUTLEY accepted that amendment.

Dr. HYDE was still of the opinion that no decision should be taken on the 1948 budget until the 1949 budget had been discussed.

Dr. LEÓN (Mexico) agreed with the delegate of the United States of America.

With regard to the allocation proposed for "Other offices and regional activities", he said that the Assembly had already agreed on the definition of regional areas and had decided to establish regional offices in those areas as soon as possible. He thought that some of the offices might be established in the remaining four months of 1948 and that more money should therefore be allocated for that item.

The CHAIRMAN agreed that if regional offices were established in 1948 more money would be needed.

Mr. MADANI asked whether the debt to the United Nations could be repaid in instalments, and whether governments which were not signatories of the 1946 Arrangement were liable to contribute to the repayment of that debt. He agreed with the point of view expressed by the delegate of the United States of America with regard to the postponement of the discussion of the budget for 1948 until the programme and budget for 1949 had been settled.

Dr. CAVAILLON (France) also agreed with the delegate of the United States of America on that point.

The CHAIRMAN suggested that the proposal made by the delegate of Canada concerning the budget for 1948 should be adopted, subject to any alteration which might become necessary when the 1949 budget was settled.

The meeting rose at 12.40 p.m.

TWELFTH MEETING

Friday, 16 July 1948, at 10 a.m.

Chairman: Dr. M. KACPRZAK (Poland)

1. Budget and Financing for 1948 44 (continuation)

The CHAIRMAN repeated the suggestion he had made at the previous meeting that the proposal made by the delegation of Canada concerning the budget for 1948 (see p. 210) should be adopted subject to any alterations which might become necessary when the budget for 1949 was established.

It was agreed to adopt the Canadian proposal provisionally.

44 Off. Rec. WHO, 10, 56; 12, 27

2. Proposals regarding Budget for 1949

Mr. SIEGEL, Secretary, introduced a working paper concerning budget proposals for 1949 based on the decisions reached by the other main committees of the Health Assembly. The budget total mentioned in the document did not include any provision for the working capital fund. In view of the unanimous decision reached by the committee to fuse the working capital fund, the contingency fund and the Executive Board special fund into one in the 1948 budget, the Secretariat had mentioned only one fund in the working paper for the 1949 budget.
The total in the document prepared by the Secretariat showed an increase of $87,360 over that proposed by the Interim Commission.\textsuperscript{44} That increase was due in part to the fact that provision had been made in the working paper for the establishment and operation of six regional areas. The sums mentioned were intended to include the expenses of the meetings of regional committees, and the Secretariat had made provision for the payment of travelling expenses to members of regional committees in accordance with the principle adopted with regard to the meetings of the Health Assembly.

He emphasized the fact that the working paper was intended only to serve as a guide in the discussions of the committee. He drew attention to the paragraph headed “Cost-standards” in the Interim Commission’s Report.\textsuperscript{45} In drafting the working paper, it had not always been possible to use precise figures as a basis for the estimates, but in those cases the experience data developed by the United Nations in preparing its own budget had been used.

Dr. Cavallon (France) said that there were two possible methods by which the budget proposals for 1949 could be studied. Either the committee could discuss the working paper item by item, coming finally to the total, or else a definite figure could be set as a limit for the total at the start of the discussions, and the items could then be discussed separately in the light of that decision. He thought that the committee should decide at the outset which of those two methods it intended to follow.

Dr. Gear (Union of South Africa) presented some proposals submitted by his delegation with a view to simplifying the organizational structure of WHO. His delegation thought that it was necessary to have the organizational structure in mind when preparing the budget. He mentioned that seven broad subdivisions of the Secretariat were proposed and that some of the items which had been dealt with separately in the Interim Commission’s report had been grouped together. The budget for 1949 should not exceed five million dollars, and the Organization should not undertake too much during its first year.

The Secretary said that the working paper prepared by the Secretariat was not based on any organizational structure but on the discussions on the programme held during the fifth session of the Interim Commission and during the present Assembly. He pointed out that, as the chief administrative and technical officer of the Organization, the Director-General must have a perfectly free hand in determining the necessary organizational structure. Otherwise, he could not carry out his responsibilities.

Dr. Gear agreed with the Secretary and said that his delegation’s proposal aimed at making the structure flexible. He thought that some of the proposals of the Committee on Programme and some of the budget proposals might lead to a rigidity of structure, which his delegation wished to avoid.

Mr. Edmonds (United Kingdom) introduced budget proposals submitted by his delegation, and suggested that the committee should take note of these proposals and use the figures mentioned in it as a basis for comparison during the discussion. He agreed with the delegate of the Union of South Africa that the budget for 1949 should not exceed five million dollars.

Dr. Gonzales-Velasco (Venezuela) agreed with the delegate of France that the committee should decide on its method of work before commencing discussion. He thought that the total should be decided first and that the discussion of each item should follow.

Dr. Vinogradov (USSR) was also of the opinion that the total should be discussed first. As the Director-General was authorized to transfer credits from one part of the budget to another, it would not be very useful to enter into a detailed discussion of each item. He agreed with the delegates of the Union of South Africa and the United Kingdom that the total should not exceed five million dollars.

Mr. Babiecki (Poland) associated himself with the remarks made by the delegate of the USSR.

Mr. Edmonds wished to have more time to consider the question before the scale of contributions was settled. The report of the working party on the scale of contributions should be discussed before the budget proposals for 1949.

Dr. Evans (Norway) supported that proposal. The two subjects were closely related, and if the scale of contributions were settled, a great deal of the discussion on the budget for 1949 could be avoided.

The meeting rose at 12 noon
THIRTEENTH MEETING
Friday, 16 July 1948, at 2.30 p.m.
Chairman: Dr. M. Kacprzak (Poland)

1. Proposals regarding Budget for 1949
(continuation)

The CHAIRMAN recalled that a proposal had been made at the previous meeting by the delegation of the Union of South Africa, seconded by the delegations of Poland, the United Kingdom and the USSR, to the effect that for the budget of 1949 an amount of $5,000,000 be accepted (see p. 213). There being no objections, the proposal was approved.

The CHAIRMAN stated that the budget for 1949 could now be considered in detail.

Dr. Gear (Union of South Africa) proposed that, in view of the fact that the subject was so closely related to the work of the Committee on Programme, a combined working party, composed of members of both committees, should be established, in order to prepare proposals on which to base discussion.

Dr. Baran (Ukrainian SSR) and Dr. Hyde (United States of America) both supported the proposal, the latter suggesting that the working party's terms of reference should include full consideration of the findings of the Committees on Relations and on Headquarters and Regional Organization. He also suggested that the Chairmen of those two committees should be members of the working party.

Dr. Vinogradov (USSR) recalled that a co-ordination committee, composed of the five vice-chairmen of the principal committees of the Assembly, had recently been established by the General Committee. He proposed that the co-ordination committee should be summoned without delay.

After further discussion of those two proposals, Dr. Routley (Canada) observed that the Committee on Administration and Finance was the competent committee to deal with budgetary matters. He therefore asked the delegate of South Africa whether he would alter the wording of his proposal to read as follows:

The delegation of the Union of South Africa proposes that this committee appoint a working party to discuss the 1949 budget and to this working party shall be invited representatives of appropriate committees of the Assembly.

Dr. Gear accepted the revised wording.

In reply to an inquiry by the delegate of Czechoslovakia, the CHAIRMAN replied that he understood that the Co-ordination Committee had not yet started work, but the five vice-chairmen of the main committees might be invited to attend the meetings of the working party.

Dr. Vinogradov withdrew his proposal in favour of the revised proposal of the delegate of the Union of South Africa. He considered, however, that the five vice-chairmen should be invited to co-operate.

Dr. Ungár (Czechoslovakia) supported the view of the delegate of the USSR.

There being no opposition, the revised proposal of the delegate of the Union of South Africa was accepted, and a working party composed of the delegates of the following countries established: Canada, China, Czechoslovakia, France, Mexico, Netherlands, New Zealand, Norway, Pakistan, Poland, Union of South Africa, USSR, United Kingdom, United States of America and Venezuela.

The CHAIRMAN proposed the adjournment of the meeting to enable the working party to start work immediately.

This was agreed.

The meeting rose at 3.5 p.m.

FOURTEENTH MEETING
Tuesday, 20 July 1948, at 10 a.m.
Chairman: Dr. M. Kacprzak (Poland) then
Dr. A. J. Van der Spuy (Union of South Africa)


Dr. Routley (Canada), chairman of the working party, introduced the report and drew attention to the fact that the other main committees had sent observers to participate in the discussions of the working party. He read the decisions reached, emphasizing that the figures for the budget shown in the report were the result of discussion and compromise and that they represented the opinion of the working party as a whole.
FOURTEENTH MEETING — 215 — 20 JULY 1948

After reducing each item of the budget to the minimum, the working party had arrived at a final figure of $4,843,932. He proposed that the committee should adopt the budget as set forth in the report and then proceed to discuss the allocation of the $156,068, which would bring the final budget to the agreed total of five million dollars (final text reproduced in seventh report; see p. 319).

Dr. GEAR (Union of South Africa), Dr. VINOGRADOV (USSR) and Dr. VAN DEN BERG (Netherlands) seconded the proposal.

The proposal made by the chairman of the working party was adopted.

UNALLOCATED SUM OF $156,068

Dr. CHISHOLM, Executive Secretary of the Interim Commission, drew attention to the severe cuts that had been made in the sums allotted to publications and editorial services. With regard to publications, he suggested that the allocation should be cut by only $20,000 instead of $50,000. That reduction could be met by cutting the following items from the list of publications:

- Spanish edition of the Pharmacopoeia: $8,000
- Bibliographies: $2,000
- Papers presented at international congresses: $10,000

Total: $20,000

With regard to editorial services, he suggested that the allocation should be cut by $70,000 instead of $250,000. Mr. EDMONDS (United Kingdom) said that he would like to agree in general with the remarks of the delegates of Norway and the USSR, but, with regard to the office of the Director-General, a point of considerable importance arose. Several specialized agencies had a reputation for extravagance in their administration, which might, in the future, prove harmful to them. The United Kingdom delegation therefore suggested that the total sum allocated to the Director-General’s office should be raised to $250,000, but should not exceed that figure.

Dr. VAN DEN BERG (Netherlands) agreed in principle with the proposals made by the delegate of Norway, especially with regard to the allocation for the office of the Director-General. He asked the opinion of the Executive Secretary on the matter. Dr. EVANG (Norway) thought that the cuts in the sums allocated to the following items were too heavy:

(a) Malaria, tuberculosis, maternal and child health, and venereal diseases, which were the chief concerns of the Organization.

(b) Public-health administration, under which heading nine important activities were grouped.

(c) Publications and editorial services. He did not think it would be advisable to cut out the Spanish edition of the Pharmacopoeia.

(d) Office of the Director-General. A strong central administration was essential to the Organization, and a cut of one-third in the allocations to this item was excessive.

He proposed that the unallocated sum should be used to restore in full the cuts made in “Publications” ($50,000), “Editorial Services” ($20,440), and to restore $25,000 to “Public Health Administration” and $60,000 to “Office of the Director-General”.

Dr. DE LAËT (Belgium) thought that the Executive Board should be left to dispose of the unallocated sum, taking into account the opinions expressed in the Committee on Administration and Finance. With regard to publications, he felt that it was most important for the Organization to develop bibliographical information. There were sufficient medical journals already in existence, and he thought no money should be wasted in creating a new one. If sufficient money for the publication of bibliographical information were allocated to the item “Publications”, he thought that the rest of the unallocated sum should be distributed among the four main items of the programme, i.e., malaria, tuberculosis, maternal and child health and venereal diseases.

Mr. EDMONDS (United Kingdom) said that the committee had already adopted a total of five million dollars; it would have to reach a decision concerning the unallocated sum.

He thought that it should be distributed as follows:

1. Publications and editorial services: $50,000
2. Tuberculosis, maternal and child health and Industrial Hygiene: $70,000
3. Office of the Director-General: $36,000

Dr. VINOGRADOV (USSR) said that as the committee had already adopted a total of five million dollars it would have to reach a decision concerning the unallocated sum. He expressed the opinion that the office of the Director-General should be restored. The Executive Secretary replied that the Secretariat was of the opinion that some of the cuts made in the allocation for the office of the Director-General should be restored.

Dr. CAVAILLON (France) thought that the cuts in the allocations for the four main items of the programme—malaria, tuberculosis, maternal and child health, and venereal diseases—had been too heavy. He suggested that part of the cut in publications should be restored and agreed with the delegate of Norway that $60,000 should be restored to the office of the Director-General.
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He drew attention to the cut of $35,000 in the item "Co-ordination of International Congresses of Medical Sciences", leaving only $15,000 for that item, and suggested that at least $15,000 of that cut should be restored.

Dr. Hyde (United States of America) drew attention to the part of the Interim Commission's report 4 in which the budget estimates for the office of the Director-General were given. He thought that the allowances proposed were too high and suggested that the representation allowance of the Director-General should be reduced to $3,000 and that of the Assistant Directors-General to $2,500. He thought that no representation allowances should be granted to the Directors, but that they should receive the ordinary allowances provided for in the Staff Regulations. It should be made quite clear that those receiving representation allowances would not be eligible for other allowances provided for in the Staff Regulations. He suggested that the number of Assistant Directors-General should be limited to two and the number of Directors to six.

Dr. Mani (India) drew attention to the working party's proposal that consideration should be given to an increase for regional offices. The deduction made for "lapses and delays in filling positions" amounted to 40% for regional offices, whereas it amounted to only 20% for other items.

On the Chairman's suggestion it was agreed that the meeting should be suspended for a short time, so that the delegates of Canada, France, Norway, the USSR, the United Kingdom and the United States of America could consult and submit a joint proposal.

The meeting was accordingly suspended from 11.30 till 11.50 a.m. On the resumption, Dr. van der Spuy (Union of South Africa), Vice-Chairman of the committee, took the Chair.

The Chairman said that the working party would report to the full committee that afternoon.


The Chairman drew attention to a document on administrative and financial relations with the United Nations submitted by the Secretariat.

Mr. Siegel, Secretary, explained that the resolution presented in the document had been suggested in order to comply with a request from the United Nations that the Health Assembly should consider the adoption of a resolution indicating its policies on this subject.

The resolution was adopted without discussion (reproduced in fifth report; p. 316).

3. Budget for 1949

The Chairman welcomed Dr. Vial (Observer from Chile), who wished to make a general statement concerning the 1949 budget.

Dr. Vial stressed the necessity for the universality of membership in WHO, which could not be achieved if too high a budget and an unequitable scale of contributions were approved. Ratifications to the Constitution now pending might also be withheld on those grounds.

It would not be possible for Chile to obtain parliamentary consent for ratification, if WHO did not show a spirit of moderation and realism. Chile was not in favour of creating parallel bodies for the fight against disease but of utilizing regional and national organizations for the purpose. His country favoured a simple programme, covering the main diseases such as tuberculosis, malaria, maternal and child welfare, and venereal diseases, as well as the dissemination of medical knowledge throughout the world. Co-ordination with social security services should be intensified in a frank and modest manner, thus eliminating any possible misunderstanding, in a sphere where jealousy, pride, or any kind of antagonism had no place.

The Chairman thanked Dr. Vial for his observations, and asked him to convey to his government the committee's appreciation.

4. Staff Regulation No. 28 — Administrative Tribunal 51

The Secretary recalled that Staff Regulation 28, concerning an administrative tribunal, had not been adopted with the other Staff Regulations, but had been referred to the Legal Committee for an opinion. The Interim Commission had recommended the establishment of a tribunal for the settlement of disputes between the Organization and members of the staff, which could not be brought before national courts because of the immunities enjoyed by WHO, and an alternative proposal had been submitted by the United States delegation (see p. 192).

The views of the Legal Committee were before the meeting (see p. 290).

Mr. Moore (Secretariat) read the report of the Legal Committee, drawing attention to the opinion that the tribunal should not be described as of international character. The Secretariat was in agreement on that point and was willing to change Regulation 28 accordingly, by suppressing the word "international" before "Administrative Tribunal" in the draft regulation.

He pointed out, also, that the United States proposal did not take into account the obligations of WHO under Article XII of the Agreement between the United Nations and WHO. That obligation, however, had been recognized in draft Regulation 28 by the words "until definite arrangements have been made with the United Nations."

With the exception of the previous point concerning obligations to the United Nations, the two proposals were not inconsistent. Draft Regulation 28 provided a broad basis under which the Executive Board would have responsibility for selecting the type of tribunal desired: the United States proposal, on the other hand, provided for a specific tribunal. The committee

48 Off. Rec. WHO, 10, 50
49 Ibid. 10, 40
50 51 Off. Rec. WHO, 10, 33
might wish to consider accepting draft Regulation 28 and referring the United States proposal to the Executive Board, as a possible type of tribunal to be contemplated.

Mr. Roseman (United States of America) said that either proposal was satisfactory, but recognized that if the United States proposal were accepted, it would be essential to include a sentence stating that permanent arrangements would have to be made with the United Nations.

He proposed that the question of the establishment of an administrative tribunal should be approved in principle by the committee, leaving details to be elaborated by the Executive Board. Any reference to a specific international tribunal should be deleted.

He further suggested that the tribunal should be referred to as a tribunal of an arbitral character.

Mr. Madani (Pakistan) felt that two distinct questions were involved: disciplinary measures against members of the staff and conflicts arising in the application of contracts. He proposed the insertion in the Staff Regulations of two paragraphs covering those points as a substitute for Regulation 28.

The discussion was adjourned until the following meeting.

The meeting rose at 12.45 p.m.

FIFTEENTH MEETING

Tuesday, 20 July 1948, at 2.30 p.m.

Chairman: Dr. A. J. Van der Spuy (Union of South Africa), then
Dr. M. Kacprzak (Poland)

Dr. Van der Spuy (Union of South Africa) (Vice-Chairman of the committee) was in the Chair.

1. Staff Regulation 28—Administrative Tribunal (continuation)

The Chairman reminded the committee that before the morning adjournment they had been discussing the proposal submitted by the Secretariat, a United States amendment to that proposal, and an amendment proposed by the delegation of Pakistan (see p. 192).

Mr. Moore (Secretariat) read the wording proposed for Regulation 28, including the amendment suggested by the delegation of the United States, as follows:

Regulation 28
Any dispute which cannot be resolved internally arising between the Organization and a member of the staff regarding the fulfilment of the contract of the staff member or arising out of disciplinary action shall be referred for final decision to a tribunal of an arbitral character which may be designated or, if necessary, established by the Executive Board until definitive arrangements have been made with the United Nations.

The Chairman announced that, as the proposal made by the delegation of Pakistan had not been seconded, the proposal submitted by the Secretariat would be put to the vote.

The text submitted by the Secretariat was adopted.


The Chairman asked the chairman of the working party which had been appointed at the morning meeting for considering the allocation of the undistributed amount of the 1949 budget, to present his report.

Dr. Routley (Canada) stated that the working party had unanimously decided to recommend the following allocations of the sum of $156,068:

1. Publications and Editorial Services . . . . . . . . . . . . . . . . . . . . . $30,000
2. Programme: for allocation by the Executive Board to increase allowances for malaria, tuberculosis, venereal diseases, maternal and child care, public health administration, and coordination of medical conferences 70,000
3. Administration . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 36,068

Total . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $156,068

In item 2, the working party had not undertaken to divide the $70,000, preferring to leave the apportionment to the Executive Board, which would take into account the recommendations contained in the report on the sections of the programme to be particularly supported.

In item 3, it had considered the question raised by the delegate of the United States of America in regard to salaries and allowances for the Deputy and the Assistant Directors-General, and was of the opinion that that was not a matter on which it should make any recommendation. Undoubtedly those matters would be considered by the Executive Board.

Dr. Routley moved the adoption of the report.

The Chairman expressed satisfaction that the working party had reached a unanimous decision.

Dr. León (Mexico) regretted that he did not agree with the working party's decision. He said
the group had been composed mainly of delegates who had already made suggestions which were generally in agreement, and that other delegates had not had an opportunity to speak before it had begun its work. As the delegate of India had rightly pointed out, one very important item which had been forgotten was the amount allocated to regional offices. He referred to the proposal he had made previously, that the amount of $150,006 be allocated to regional offices, and expressed his surprise at finding that no amount had been allocated to that item. His delegation understood that, because drastic cuts had been made in certain important items, some of the money should be re-allocated to some of those items, but wished to propose that $50,000 be allocated to programme, instead of the $70,000 proposed by the working group; $20,000 to publications and editorial services; $36,068 to administration and $50,000 to regional offices.

The CHAIRMAN reminded delegates that this subject had been fully discussed at the previous meeting and thoroughly investigated by the working group; he appealed for brevity and avoidance of repetition.

Dr. de Paula Souza (Brazil) said that, as a member of the Executive Board, which would have the responsibility of carrying out the recommendations of the committee, he was concerned as to how the various items of the programme could be administered without regionalization. He wished that small regional organizations could be started immediately, but no scheme had so far been put forward for the regions. He was afraid that the $300,000 allocated to the regions would be too much, when it was not yet known what was going to be done, but too little when once it was known.

Dr. González-Velasco (Venezuela) apologized for insisting on the question of regional organization after it had been so fully discussed, but his delegation felt it to be of the greatest importance. It thought that too large a central organization at the present stage would be dangerous, and that field work could best be carried out by the establishment of efficient regional organizations. He agreed with the delegate of Mexico, and wished it placed on record that the Venezuelan delegation had always supported the conception of the importance of regionalization. He was instructed to say that the working party wished to emphasize that it did not think that additional money for regional offices might not be desirable but it believed that the future of the regional offices would not be in jeopardy, if the $300,000 suggested in the budget was made available to them. It had not been the function of the working party to enter into debate on the merits or claims of regional offices; it had the responsibility, however, of indicating to the committee why it had allocated the amount in the manner chosen.

Dr. Mani (India), while agreeing that the importance of regionalization had been realized, felt that the amount allocated was not sufficient to provide adequate staffs in the regions to carry out the programme planned by the Organization. He wished to second the proposal made by the delegate of Mexico and to suggest the following re-allocation of the amount: $50,000 for publications and editorial services could be retained, as recommended by the working group; $106,000 suggested for programme and the Director-General's office could be reduced to $56,000, and the balance of $50,000 could be given to regional offices, to enable them to have a fair start.

Dr. Nazif Bey (Egypt) and Dr. Chellappah (Ceylon) supported the proposal of Dr. Mani.

Dr. León withdrew his proposal in favour of that made by Dr. Mani.

The CHAIRMAN thanked the delegate of Mexico and put to the vote the amendment proposed by the delegate of India.

The amendment was rejected by 22 votes to 14.

Mr. Siegel, Secretary, then re-read the proposal submitted by the working party, and a vote was taken.

The proposal of the working party was adopted by 25 votes to 17.

Dr. Routley moved that the proposal just adopted and the one adopted at the morning meeting (see p. 275) be combined in one proposal, representing the appropriations for the 1949 budget.
The Secretary suggested that Dr. Routley was referring to the formal budget appropriation resolution contained in the Interim Commission's Report, to which Dr. Routley agreed.

Dr. Hyde (United States of America) said he would like to know how the money would be distributed, and referred to the remarks he had made at the previous meeting regarding the office of the Director-General.

The Chairman reminded the delegate of the United States of America that the committee was not competent to discuss the internal arrangements of the office of the Director-General. They were asked to approve the budget in total; there would no doubt be an opportunity to raise the matter again.

Dr. Hyde said he felt they had a right to know how the total figures were built up.

The Secretary thought the question could be cleared up by reference to the Interim Commission Report. The draft Appropriation Resolution showed the appropriation by the Health Assembly of such sums as recommended by the committee, and set forth certain provisions within the appropriation. Following the resolution were a number of tables, indicating the details making up each section of the budget. The set of working papers which had been before the committee did not represent the formal budget presentation, nor would they be part of the formal appropriation resolution. The details of each section would be included in the committee's report, which would be ready within a few days. The matter of internal organization to which the delegate of the United States of America had referred appeared to be one to be settled between the Director-General and the Executive Board.

The Chairman asked the delegate of the United States if he was satisfied with the explanation.

Dr. Hyde thought it was important for the Assembly to give guidance to the Executive Board and the Director-General as to how many Assistant Directors-General there should be. He proposed that for 1949 the Assistant Directors-General should be limited to two.

The Chairman pointed out that the proposal made by the delegate of the United States was not in order. If he desired to submit his proposal to the Executive Board, no doubt it would receive full consideration.

Dr. Vinogradov (USSR) moved that the committee should vote on the budget for 1949 as a whole, as proposed by the chairman of the working group.

The proposal was adopted by 32 votes, with one against.

The Chairman asked the Rapporteur, in consultation with the Secretariat, to prepare a report concerning the 1949 budget, to be submitted to the Health Assembly (seventh report, p. 319).

On behalf of the committee, he thanked the chairman of the working party for the hard work accomplished, also speaking of the excellent work done by the Secretariat.

3. Proposal concerning Recruitment of Personnel

M. Raffard (France) submitted the following proposal:

Considering that the recruiting of personnel, as provided for in the budget for 1949, is likely to have a considerable effect on the budget for 1950.

Considering that, by reason of their economic situation, many Members of the World Health Organization will find it impossible in 1950 and 1951 to finance a budget exceeding that for 1949.

The Health Assembly, Recommends to the Director-General, when engaging staff in 1949, that he take the necessary steps to ensure that the permanent posts are restricted to the number which can probably be financed in 1950.

He stated that it had been based on considerations of an economic character. Many countries, Members of WHO, were in an impoverished condition as a result of the war, and consequently unable to sustain undue financial burdens.

Dr. Evang (Norway) suggested that the proposal might be out of order, as the committee was considering the budget for 1949. Decisions prejudging decisions of the second Health Assembly could not be taken.

Dr. Cameron (Canada) seconded the proposal of the delegate of France. The proposal did not, in his opinion, attempt to prejudge the decisions of the second Health Assembly. It was meant simply as a caution, in view of the fact that the budget cuts agreed upon had not resulted in the elimination of any item of the programme. The cuts had been achieved in many cases by under-taking to delay action, including postponement of recruitment of certain staff until the latter part of 1949, and no action had been taken to limit the number of posts in the Secretariat.

Dr. Chisholm, Executive Secretary of the Interim Commission, explained that the resolution, if adopted, would necessitate the recruitment of staff on a temporary basis, without security of tenure or pension rights, which would make it difficult to obtain suitable personnel. He noted that the level of expenditure of the Organization towards the end of 1949 would be above the $5,000,000 per annum basis, as the recruitment of new staff would take place mostly in the second half of the year. He suggested that the proposal should be referred to the second Health Assembly for consideration.

The Chairman suggested that the Secretariat should be requested to submit the proposal to the Executive Board, for consideration at the appropriate time.
Dr. Evang strongly opposed the suggestion. The drastic cuts made in the 1949 budget had made it impossible for WHO to carry out its programme in full. He saw in the French proposal an attempt to fix the budget for the succeeding two years at the same starvation level, and moved that no action be taken.

The Chairman put to the vote the motion of the delegate of Norway.

The motion was adopted by 19 votes to 9.

The Chairman stated that, in consequence, the proposal of the delegate of France was defeated.

4. Scale of Contributions

Dr. Mani reported the present of the working party on the scale of contributions (final text in fourth report; p. 316). He read the part of the report dealing with the first two items of the working party's terms of reference, and formally moved the adoption of the following two resolutions:

Resolved, that the percentages and units of contributions shown in annex 4 [p. 362] be assessed according to United Nations criteria in assessing its Members for the years 1948-49.

Resolved, that the unit system of assessment be adopted in assessing contributions of the Members of WHO.

Dr. Hyde noted that the report was not a unanimous one. He recalled the position taken by the United States Government on the question, and summarized one of the papers presented by his delegation. The United States Government considered it an important matter of principle that specialized agencies should be considered on their merits, and that a scale of contributions fixed for a different type of organization should not be followed. There was a danger also that, in adopting the United Nations scale, the future development of WHO might be hampered. He noted that in the report of the working group it was stated that the resolution relating to the unit system had been unanimously agreed upon. He pointed out that the United States delegation had reserved its position on the subject. He also stated that if the report of the working party was adopted, the United States delegation would reserve its right to discuss the matter further in plenary session.

Mr. Landale (Australia), while not opposed to the use of the unit system as an initial measure, felt that the percentage system should be introduced when WHO's position had become stabilized. He therefore proposed the following addition at the end of the resolution: "...for the years 1948-49 and that the system of assessment shall be reconsidered at the second Health Assembly."

Dr. Hujer (Sweden) seconded the Australian amendment.

Dr. Mani accepted the amendment, as it was already implicit in the proposal.

Dr. Gear (Union of South Africa) stated that his government was willing to accept a larger share of the expenses of WHO, which might be entailed by the revision of the scale of contributions.

The Chairman put to the vote the two resolutions proposed by the working party, the second as amended by the delegate of Australia.

The resolutions were adopted by 26 votes to 2.

Dr. Mani then presented the part of the report dealing with the method of assessment of Members of WHO which were not Members of the United Nations. In regard to the resolution, he observed that no scale had been established for San Marino, as it was not yet a member of WHO. With regard to Monaco, the working party had followed the principle laid down by the United Nations and adopted the minimum assessment of five units.

[At this point Dr. Kacprzak (Poland) took the Chair.]

Mr. Roseman (United States of America) objected to the contribution fixed for Monaco, on the ground that it was based entirely on the United Nations scale, which was not a proper scale to be applied to WHO.

M. Lozé (Monaco) commented on the small size of his country and its necessarily modest budget. He thanked the delegate of the United States for his support in the effort to keep Monaco's assessment as low as possible.

The resolution was adopted, an objection by the United States delegation being recorded.

Dr. Mani presented the remainder of the report and proposed the adoption of the final resolution, to the second part of which was added an amendment similar to that proposed by the delegate of Australia, and the scales of contributions.

Dr. Gear asked whether the working party was making a formal recommendation that the question of the fixing of maximum and minimum contributions should be referred to the Executive Board for study and recommendation.

The Secretary, in reply, stated that the second part of the resolution proposed by the delegates of the United Kingdom and Norway covered the point raised (see p. 203).

Dr. Gear accepted the explanation, on receiving an assurance that it meant that the Executive Board would study the question. He asked that the principles stated in earlier discussions by the South African delegation should be kept in mind by the Executive Board in making the study.

Mr. Landale wished it placed on record that the delegation of Australia opposed the fixing of maximum or minimum contributions.

The report of the working party was adopted, an objection by the United States delegation being recorded (recommendations reproduced in fourth report; p. 326).

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The Chairman expressed the committee's thanks to the chairman of the working party for the excellent work accomplished.

5. Budget and Financing for 1948 (continuation)

Mr. Roseman recalled that at a previous meeting the sum of $4,800,000 had been accepted provisionally for the 1948 budget, subject to further consideration after the 1949 budget was adopted. He proposed that that sum should be fixed for the 1948 budget but that the amount of the budget to be allocated to regional activities be proportionate to the corresponding allocation for 1949, and that similar adjustments should be made in other items to make them correspond to the 1949 budget. He was particularly concerned that provision should be made for regional organizations and thought that the Executive Board should give consideration to the starting of the work of the regional offices as early as possible in 1949.

In reply to an inquiry by the delegate of the United Kingdom, the Secretary stated that the delegate of Canada had introduced a proposal regarding the 1948 budget which included an appropriation resolution and a resolution pertaining to the working capital fund. The proposal had been accepted provisionally, with the understanding that after the 1949 budget had been approved, the question would be one more placed before the committee.

Mr. Edmonds (United Kingdom) proposed the sum of $4,000,000 for the total budget for 1948, as a figure between the amount that would have been expended by the Interim Commission, if it had continued its existence for the whole of 1948, and that of the budget for 1949. He reminded delegates that after the 1949 budget had been approved, the question would be one more placed before the committee.

Mr. Roseman supported the remarks of the Secretary regarding the importance of the working capital fund. He explained that the contingency fund and the Executive Board special fund should be combined, but that it was considered a sounder working practice to keep the working capital fund as a separate unit. He also stated that the Advisory Committee on Administration and Budgetary Questions of the United Nations had expressed the opinion that the working capital funds of specialized agencies should not be much in excess of $7,000,000 or one-fifth of the budget.

Dr. Routley formally moved the adoption of his proposal and said he regarded the United Kingdom proposal as an amendment to it.

Mr. Madani (Pakistan) seconded the United Kingdom amendment.

The Secretary emphasized that a working capital fund of $1,000,000 or of $850,000, as proposed by the United Kingdom delegate, would not permit the Organization to be adequately financed. A sum of not less than $1,600,000, as proposed by the delegate of Canada, was necessary, and if possible, an amount equal to half the budget should be allocated to the working capital fund. He reminded delegates that government contributions in many cases would not be paid until after the middle of the year, and it was therefore necessary to have an adequate working capital fund with which to carry on the Organization. Regarding the expression of opinion by the United Nations Advisory Committee on Administration and Budgetary Questions, he thought the opinion was based on the assumption that the United Nations itself would advance sums to specialized agencies from its working capital fund. That assumption appeared to be incorrect, as the United Nations had made it clear that sums advanced to the Interim Commission should be repaid and that no further advances to WHO could be expected.

Mr. Roseman supported the remarks of the Secretary regarding the importance of the working capital fund. He said his delegation felt a special responsibility, because, under its legislative procedure, the United States contribution could not be paid until after 1 July. He pointed out that the working capital fund was both an emergency fund and a fund to finance the Organization, and he felt that the sum proposed by the Canadian delegation was not too large to cover those two potentialities. Under paragraph VI of the Canadian proposal, any unexpended balances could be used to augment those resources.

Mr. Roseman said he believed the working capital fund of the United Nations was approximately the amount of one year's budget.

The Chairman then put the United Kingdom amendment to the vote.

The amendment was rejected.

Dr. Nazif Bey (Egypt) seconded the United States amendment, which was read to the committee by the Secretary.
Mr. Roseman said he wished to add to his proposal a proviso that the working capital fund be established at $1,650,000 and that repayment be made to the United Nations of the debt incurred by the Interim Commission.

Dr. Routley thought the effect of the United States proposal would be to bring the 1948 budget into harmony with the conditions implicit in the 1949 budget, in which case he did not see the necessity for the amendment. He felt the question fully covered by paragraph VI of the Canadian proposal and asked if the United States delegation wished to press its amendment.

Mr. Roseman thought the Canadian proposal seemed to limit the amount available for regional activities to not more than $15,500.

The Secretary explained that the amount of $15,500 shown in the Canadian proposal was only in respect of the office at Singapore. When the budget was drawn up, no provision had been made for regional offices in 1948, because the question had not been dealt with until the Health Assembly met. He thought it was quite clear, in the resolution adopted by the Assembly in plenary session, that regional organization should begin in 1949.

Dr. Routley thought that the authorization given to the Director-General in paragraph III of the Canadian proposal provided the necessary authority for the Executive Board to deal with the item of $15,500.

Mr. Roseman agreed with the delegate of Canada, but said he would feel happier if some reference were made in the report to be presented to the Assembly regarding the carrying-out of the spirit of the 1949 budget in the 1948 budget. In that case he would be willing to withdraw his resolution. As it stood at present, the budget did not take into consideration the action which the Assembly had since taken.

The Chairman thanked the delegate of the United States of America for withdrawing his amendment and said the necessary reference would be made in the Rapporteur's statement.

The proposal made by the delegation of Canada was adopted (text reproduced in sixth report; p. 317).

The meeting rose at 5.40 p.m.

SIXTEENTH MEETING

Wednesday, 21 July 1948, at 10 a.m.

Chairman: Dr. M. Kacprzak (Poland)

1. Reports of the Committee on Administration and Finance

THIRD REPORT (see p. 315)

The report was adopted without discussion.

FOURTH REPORT (see p. 316)

Mr. Siegel, Secretary, drew attention to two typographical errors in the document.

Dr. Hyde (United States of America) reserved the right to speak on the subject in plenary session. His delegation did not support the use of the United Nations scale or of the unit scale in assessing contributions to WHO. He also thought that the maximum ceiling for contributions, fixed by the committee, was too high.

The report was adopted, with the reservation made by the delegate of the United States of America.

FIFTH REPORT (see p. 316)

The report was adopted item by item without discussion.

SIXTH REPORT (see p. 317)

The report was adopted without discussion.
Dr. León (Mexico) thought that paragraph V should be considered first. He seconded the proposal made by the delegate of the United States that the words "and/or States" should be deleted.

The Secretary said that a very important question of principle had been raised and he welcomed the opportunity of having it thoroughly explored. It was necessary, in order to carry out programmes, to predetermine certain details and to draw up an estimate of the money that would be required. It had already been decided that the fiscal year of WHO would coincide with the calendar year, and programmes should be planned to conform with the fiscal year.

There were two important principles involved. In the first place, in planning programmes for the year it was necessary to decide what the programme should be in each area or country. That raised the question as to who should make that decision, the Executive Board or the Director-General.

In the second place, it was sometimes important to carry over into another fiscal year activities which had been planned and budgeted for the previous fiscal year. He cited the example of fellowships, which were sometimes accorded late in the year. The fellow selected would hardly have had time to begin his work before the end of the calendar year and unless there were provision of funds to carry out the commitments entered into, he would have to break off and go back to his own country. Another example was the procurement of medical literature and teaching equipment. He added that the provisions of paragraph IV were not new, and were embodied in the Report of the Interim Commission.

Dr. Hyde thought that by a proper system of obligation of funds that point could be met. For example, if WHO made a commitment out of, say, 1949 funds, the money could be set aside to cover the whole of the commitment, even if it had to be expended in the following year.

With regard to paragraph IV, the problem was more general. Committees seemed to be agreed on the principle that programme funds should be used to improve health conditions in areas where the need was greatest. He thought it important that it should not be a matter for bargaining, and that just because a State did not need help in certain fields, in controlling malaria, for instance, it should not necessarily feel entitled to a certain amount of money for some other purpose.

Dr. Mani (India) proposed the amendment of paragraph V by substituting in the third line, after the word "shall", the words "after consultation with the regional organizations, establish allocations to regions and areas". That, he thought, would also meet the point raised by the delegate of the United States of America.

Dr. Chellappa (Ceylon) seconded the amendment proposed by the delegate of India.

The Secretary drew attention to the fact that regional organizations had not yet been set up. The existence of regional organizations might be delayed in some instances for several months into the year 1949. He therefore proposed to add to the Indian amendment the words "existing" before the words "regional organizations".

Dr. Mani accepted this modification.

The Secretary drew attention to Regulation 13 of the Financial Regulations, which precluded the procedure outlined by the delegate of the United States of America. Budget surpluses could not be carried over from year to year even though there might be commitments outstanding.

Dr. Chisholm, Executive Secretary of the Interim Commission, pointed out that if the deletion of the words "and/or States" were made, it would be impossible for the Executive Board to allocate money to any of the Latin American States, until the Pan American Sanitary Bureau was incorporated in WHO as a regional organization. The same would be true of any region until regional offices were established. He did not think that that was the intention of the committee.

Dr. Hyde did not agree as to the effect of the proposed amendment. Disease occurred on a regional basis, and did not respect national frontiers. The task of WHO was to combat disease. Even if there were no regional organizations, it would still be possible for the Executive Board to allocate funds for that basic purpose. The various regions were all well represented on the Executive Board, and were in a position to state their points of view. He supported the Indian amendment.

The Executive Secretary drew attention to Article 44 of the Constitution. It was impossible for WHO to allocate money to a regional organization or any part thereof. Moreover, no member of the Executive Board could be said to represent a particular region.

Dr. León stated that there was no reference in paragraph V to organizations. Regions and areas were mentioned, but not regional organizations. He did not think that the deletion of the words "and/or States" bore the implication attributed to it by the Executive Secretary. Further, the point with regard to the fiscal year applied to States as well as to regional organizations.

Mr. Goudsmit (Netherlands) supported the observations made by the delegate of Mexico.

Dr. Chu (China), Rapporteur, thought there was a certain confusion with regard to regions, areas and States. When funds were allocated, they had to be administered by an organization. Where no regional organizations existed, States were the only bodies which could receive and allocate funds. The measures under discussion were only temporary measures, applying to the 1949 fiscal year. There was no question of making a permanent decision of principle. The regional organizations would not be set up in 1949. He asked with whom WHO would do business in the various regions if not with States.

Dr. Baran (Ukrainian SSR) agreed with the observations made by the Executive Secretary.
In the first place, all States were not grouped in regional organizations. In Europe, for instance, a temporary regional administration was provided for, which would disappear at the end of two years or so. He asked whether it would mean that the European countries would then be excluded from all financial aid. In the second place, the funds had to be allocated to definite entities. A geographical territory did not constitute a definite entity, such as a State. In the third place, since it was the States who applied to WHO, it was also to them that the funds should be allocated. He was therefore opposed to the deletion of the words "and/or States" but proposed the addition of the words "in consultation with the existing regional organizations". If regional organizations did not exist, then the Executive Board was competent to allocate funds to States of its choosing.

Dr. Hyde thought that the words "establish allocations" gave delegates the impression that it was a question of money allocations. That was not always the case. He proposed to add after the word "allocations" the words "for assistance".

Mr. Goudsmit thought that the words "establish allocations" gave delegates the impression that it was a question of money allocations. That was not always the case. He proposed to add after the word "allocations" the words "for assistance".

Dr. Vinogradov asked what would happen in the case of, say, an outbreak of malaria, if all the funds had already been allocated. Assistance had been rendered by the Interim Commission in the past to China, Egypt, Greece and India, and no objections had been raised. While it was important to have confidence in the Director-General, it was also important to have confidence in the Member States. The expression "regions" was vague and uncertain. Malaria, for instance, existed everywhere, not only in "malaria regions". He urged that the text submitted by the Secretariat be maintained.

Dr. Maclean (New Zealand) proposed the addition, after the word "allocations", of the words "for programmes to be carried out in regions, areas and/or States".

Dr. Routley (Canada) proposed the establishment of a working party to deal with the matter under discussion, composed of delegates of India, Mexico, the USSR and the United States of America.

The Secretary submitted the following wording for paragraph V, which he thought might be acceptable to all delegates:

The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5 and 6 of Part II, shall, after consultation with the existing regional organizations, make allocations of funds to the six defined regional areas; the Director-General shall direct the expenditure of these funds.

That would permit the Director-General to make allocations to States, if in his judgment it became desirable to do so, thus lending a degree of flexibility to the provision.

The proposal of the Secretary was acceptable to the delegate of the United States of America, but not to the delegate of the Union of Soviet Socialist Republics.

In accordance with a proposal by the Chairman, it was agreed that the working party should meet under the chairmanship of Dr. Routley and report back to the committee.

The meeting rose at 12.50 p.m.
1. Seventh Report of the Committee on Administration and Finance (see page 319) (continuation)

Dr. Routley (Canada) presented the report of the working party appointed to consider the wording of paragraph V of the seventh report of the committee. The working party had reached unanimous agreement on the following text:

V. The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5, and 6 of Part II, shall, taking into account the recommendations of regional organizations and of Governments, make the necessary allocations of funds.

In view of the connexion between paragraph IV and V, the working party had instructed the Secretariat to redraft paragraph IV to bring it into conformity with the proposed draft of paragraph V.

Dr. Routley noted that only one deletion of substance had been made in paragraph IV, referring to Appropriation section 5 of Part II of the budget. The working party considered that the two clauses as amended would satisfy all points of view expressed in previous debates, and he moved the adoption of the working party's report.

Dr. Hyde (United States of America) seconded the motion.

The report of the working party was adopted.

The Chairman, on behalf of the committee, thanked Dr. Routley and the other members of the working party for the excellent work accomplished.

The seventh report of the Committee on Administration and Finance was adopted without further discussion.

2. Concluding Remarks

The Chairman, in closing the final meeting, expressed warm appreciation of the spirit of conciliation and the friendly attitude towards the Chair which had animated the discussions. He stressed the excellent work accomplished by both the delegates and the Secretariat, which had greatly facilitated the committee's task.

He made similar observations in French, Russian and Spanish, adding a few words in Chinese and Latin.

Dr. Routley, on behalf of the committee, moved a vote of thanks to the Chairman, which was carried by acclamation.

The meeting rose at 10.30 a.m.
4. COMMITTEE ON RELATIONS

FIRST MEETING

Thursday, 1 July 1948, at 10 a.m.

Chairman: Dr. Melville Mackenzie (United Kingdom)

1. Election of Chairman and Vice-Chairman

On the proposal of Dr. Chee (China), seconded by Mr. Lindsay (United Kingdom), Professor de Laet (Belgium) and Dr. Aujaleu (France), the committee confirmed the nominations made by the Nominations Committee, and elected as Chairman Dr. Mackenzie (United Kingdom), and as Vice-Chairman Lt.-Col. Jafar (Pakistan).

2. Address by Chairman

The Chairman explained that the committee was called upon to deal with the question of collaboration between WHO and other specialized agencies in cases where overlapping existed, particularly in the field of health. He urged that a full exchange of views should take place in the committee so that the passage of any resolutions through the Assembly would be more or less formal. The role of the committee was to improve the machinery for carrying out the policy and recommendations of the Health Assembly, while the Committee on Programme would be responsible for work in the field of health to be accomplished jointly with other specialized agencies.

The committee would have to make recommendations, for approval by the Assembly, in regard to formal agreements with the United Nations and its specialized agencies. Those agreements had already been carefully examined and approved both by the specialized agencies concerned and the Interim Commission.

The committee would also have to discuss the possibility of the continuation of working agreements with different organizations and branches of specialized agencies which had proved satisfactory in the past. Finally, the question of relationships between WHO and non-governmental organizations, both international and national, would have to be discussed.

3. Adoption of Agenda

The Chairman, referring to a request received from UNICEF and FAO, proposed that consideration of the sections concerning those two agencies should be postponed until the following Tuesday.

On the proposal of Mr. Lindsay (United Kingdom), seconded by Dr. Evang (Norway), the agenda was adopted, on the understanding that the sections concerning UNICEF and FAO would be discussed on the following Tuesday morning.

4. Election of Rapporteur

On the proposal of Dr. Timmerman (Netherlands), seconded by Dr. Canaperia (Italy), the committee elected as Rapporteur Professor de Laet (Belgium).

5. United Nations

AGREEMENT BETWEEN THE UNITED NATIONS AND THE WORLD HEALTH ORGANIZATION

Introduction 1

In the absence of observations, it was agreed, on the proposal of Dr. Miller (United States of America), seconded by Dr. Timmerman (Netherlands), to accept the introduction.

Draft Agreement 1

Dr. Evang (Norway), speaking on a point of procedure with regard to Article XV, asked for a ruling on whether any recommendation which concerned budgetary and financial arrangements should not first be referred to the Committee on Administration and Finance.

He accepted a suggestion by the Chairman that the Agreement should be adopted, subject to any observations by the Committee on Administration and Finance.

This was agreed.

General Assembly 2

Dr. Forrest, Secretary, explained that with the exception of sub-paragraph (a) the section fell within the competence of the Committee on Administration and Finance.

Mr. Lindsay (United Kingdom) suggested that the proper interpretation of sub-paragraph (a) was that the General Assembly of the United Nations should be able to call the attention of the executive bodies of specialized agencies to

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1 Off. Rec. WHO, 10, 59
2 Ibid. 10, 63
matters of urgency on which those specialized agencies should take action. On the other hand, authority should not be given by WHO to its Executive Board to depart, on the initiative of the General Assembly, from the major lines of policy laid down.

Dr. EVANG emphasized that WHO could not, under normal circumstances, be directed by the United Nations General Assembly, because that would be in opposition to the Agreement. He understood the paragraph to refer only to occasions of emergency; in case of emergencies connected with health, financial considerations ought not to be taken into account. It seemed to him that the words "over-riding need for economy" in the summary of recommendations might profitably be replaced by "over-riding need for international co-operation".

The CHAIRMAN thought the general view was that WHO could not take any instructions except in cases of emergency; such cases would be decided upon by its Executive Board.

The committee agreed that the delegates of the United Kingdom and Norway, in consultation with the Rapporteur, should be requested to prepare a report for consideration at the following meeting.

ECONOMIC AND SOCIAL COUNCIL AND ITS COMMISSIONS

Introduction

In the absence of observations, it was agreed to accept the introduction.

Programme

On the proposal of the CHAIRMAN, the committee agreed that the Rapporteur and Secretary should prepare a resolution to be discussed at the following meeting.

Co-ordination Committee

The SECRETARY stated that the Co-ordination Committee was the core of the United Nations machinery for co-ordination. At its meeting on 28 May, the committee had considered three proposed titles: "Co-ordination Committee", "Secretary-General's Committee on Co-ordination" and "Co-ordination Committee of the Secretary-General and the Chief Administrative Officers of the Specialized Agencies". The old title was being retained, pending a decision of the Economic and Social Council.

The Secretary read the Co-ordination Committee's recommendation: that in order to avoid overlapping, none of the United Nations agencies should undertake to establish new regional or branch offices without full consultation in advance, which would be done through the machinery of the Co-ordination Committee. It would perhaps be necessary, however, to bring the recommendation to the attention of the Committee on Headquarters and Regional Organization.

In reply to an observation by Mr. Lindsay, the CHAIRMAN explained that the position was somewhat complicated. The Co-ordination Committee reported to the Economic and Social Council on a secretariat level. He suggested, and Mr. Lindsay agreed, that the secretariat of the Committee on Headquarters and Regional Organization should informally draw the attention of members of that committee to the recommendation of the Co-ordination Committee.

This was agreed.

Replying to Dr. Timmerman (Netherlands) in regard to the attendance of the Executive Secretary of the Interim Commission as an observer at the meetings of the Co-ordination Committee, the CHAIRMAN said that as soon as WHO had become a specialized agency it would have full membership.

The paragraph, which called for no action, was accepted.

Commission on Narcotic Drugs

Mr. PASTUHOV (representative, Commission on Narcotic Drugs) recalled that a protocol approved by the United Nations in 1946, and since signed by 42 countries, had provided the legal basis for the transfer to the United Nations of the League of Nations functions relating to international control of narcotic drugs. Amendments introduced by this protocol related in particular to Articles 8 and 10 of the 1925 Convention and Article 12 of the 1931 Convention, and entrusted certain duties to WHO. In view of the progress made in recent years, the terms of the Conventions of 1925 and 1931 no longer sufficed for present needs in narcotic drug control. The Commission on Narcotic Drugs had therefore proposed to the Economic and Social Council the preparation of a new protocol, taking into account recent developments of synthetic drugs; the draft of the protocol was submitted to the Health Assembly in the report on the third session of the Commission on Narcotic Drugs.

The Commission would be glad if the Health Assembly could examine the draft as early as practicable and send its observations for the consideration of the Council at its forthcoming session.

The CHAIRMAN directed attention to the recommendation in the report, and proposed that it be considered paragraph by paragraph.

With reference to the first paragraph, it was agreed (i) that a working party should be appointed to study the draft protocol and report to the committee at its meeting on Tuesday, 6 July; and (ii), that the Chairman should submit nominations for the working party at the succeeding meeting.

The second and third paragraphs were accepted, and the Rapporteur and Secretary were instructed to prepare a suitable draft resolution for consideration at the succeeding meeting.

5 Off. Rec. WHO, 10, 64
6 Ibid. 10, 64

1 JULY 1948
Statistical Commission

In the absence of observations, this section and the report on the third session of the Statistical Commission were accepted.

Social Commission

Sir Raphael CilenO (representative, Economic and Social Council) stated that the paragraphs under consideration and various sections of the Supplementary Report—the report of the third session of the Social Commission, that of the meeting of schistosomiasis specialists held during the Fourth International Congresses on Tropical Medicine and Malaria, the report on representation on Committees on Migration, and the note on the Regional Economic Commissions of the United Nations—concerned matters which would be of particular importance to the WHO's Committee on Programme and to the United Nations during the succeeding twelve months. He referred with satisfaction to the extensive co-operation already existing between the two bodies.

Regarding the prevention of crime and treatment of offenders, he stressed the value of the work accomplished by the consultant psychiatrist provided by WHO, and hoped that he would be able to continue.

On the question of migration and assistance to indigent foreigners, an attempt had been made to outline the respective responsibilities of the United Nations and of the specialized agencies and other organizations.

In connexion with standards of living, particularly those obtaining in under-developed countries, it had been pointed out by WHO that the problem involved questions of health. Considerable attention had already been given by the Council to the health aspect of the question, and there existed a wide field for continued constructive co-operation in this connexion.

Regarding the important question of housing, the opinion had been held that a number of solutions might be more readily obtainable in the international than in the national field; that had not proved to be the case. In view of the fact that some organizations had assumed considerable responsibilities in respect of housing, the Council had decided to determine the respective responsibilities of various organizations.

The Economic and Social Council shared the view of WHO regarding the priority to be accorded to child welfare, which would constitute one of the outstanding activities of the United Nations Department of Social Affairs for the period 1948-1949. The line of demarcation between the medical and social aspects of the problem was so doubtful that continuation of the close cooperation already existing between the two bodies was absolutely essential.

All the subjects he had referred to would be discussed and debated at the forthcoming session of the Council.

Mr. Lindsay, seconded by Dr. Timmerman (Netherlands), proposed that the committee express its opinion that the work dealt with in this section and in the reports under consideration should be continued, subject to remarks or decisions of the Committees on Programme and on Administration and Finance.

The United Kingdom proposal was adopted, and the Rapporteur and Secretary were asked to prepare a draft resolution on the subject for consideration at the succeeding meeting.

Population Commission

In the absence of observations, this section and the report on the third session of the Population Commission were accepted.

Economic and Employment Commission

This section was accepted, subject to remarks or decisions of the Committees on Programme and on Administration and Finance.

Proposed United Nations Scientific Conference on the Conservation and Utilization of Resources

This section and the section in the Supplementary Report of the Interim Commission were accepted, subject to remarks or decisions of the Committees on Programme and on Administration and Finance; and the Rapporteur and Secretary were asked to prepare a suitable draft resolution to implement the recommendation in the Supplementary Report.

OTHER COUNCILS AND COMMITTEES OF THE UNITED NATIONS

On the proposal of Mr. Lindsay, it was agreed to defer consideration of this section, as many delegates interested were engaged in another committee.

The meeting rose at 11.40 a.m.

\footnotesize{\begin{itemize}
\item[1] Off. Rec. WHO, 10, 64
\item[2] Ibid. 12, 34
\item[3] Ibid. 16, 65
\item[4] Ibid. 12, 34
\item[5] Ibid. 12, 38
\item[6] Ibid. 10, 65
\item[7] Ibid. 10, 65
\item[8] Ibid. 12, 38
\item[9] Ibid. 10, 65
\end{itemize}}
SECOND MEETING

Friday, 2 July 1948, at 10 a.m.

Chairman: Dr. Melville Mackenzie (United Kingdom)

1. First Report of the Committee on Relations

Upon the request of the Chairman, the Rapporteur, Professor de laët (Belgium), read the report of the decisions taken at the previous meeting in English, the French text not yet being available (final text, p. 321).

United Nations

Draft Agreement

This section was accepted without discussion.

General Assembly

Mr. Stewart (Union of South Africa) thought that the word "their" before "constitutional powers" in the recommended resolution was ambiguous. He did not think it was intended to be a reference to the Director-General and the Chairman of the Executive Board.

Mr. Lindsay (United Kingdom) said that, in comparison with the original resolution, although a slight ambiguity existed there also, it would appear that the reference was to the executive authority of the specialized agency. On the request of the Chairman, he agreed to prepare a revised text.

Dr. Maclean (New Zealand) proposed a further verbal alteration: that after the words "authorizes the Director-General" there should be inserted "in cases of emergency" and that the phrase "in emergency only" at the end of the sentence should be deleted.

Subject to the verbal alterations mentioned above, this section was adopted.

Economic and Social Council

Programme

Mr. Stewart considered that "the programme", as mentioned in line two of this section, might refer to a programme which could be set out in some other document. If the reference intended was to the programme set out in the report itself, it would be clearer to say "the following programme".

The Chairman said it was not the intention specifically to limit liaison to the programme as outlined in the document under consideration and he made the suggestion, with which Mr. Stewart agreed, that the words "a programme" should be substituted.

With the above verbal amendment, this section was adopted.

Co-ordination Committee

The first clause of this section was adopted without discussion.

The Chairman requested the committee to consider carefully whether the second clause should be adopted in its present form or whether it should be included in the report at all. This clause read:

The Committee on Relations instructs the Secretary to draw the attention of the Secretary of the Committee on Headquarters and Regional Organization to the following paragraph from the report of the Co-ordination Committee of the Secretary-General of the United Nations:

The Co-ordination Committee recommends that none of the United Nations' agencies should undertake to establish new regional or branch offices without full consultation in advance. The machinery of the Co-ordination Committee and its Preparatory Committee is available for this purpose.

It had been brought to the attention of the committee quite informally: it was an extract from the report of a committee at secretariat level which was being sent for consideration to the Economic and Social Council but which had not yet been considered. There seemed some doubt whether it was appropriate to make a definite recommendation that an extract from an unaccepted report should be transmitted to another committee.

Mr. Lindsay said he had understood the decision adopted at the previous meeting of the committee to be that the recommendations of the Co-ordination Committee should be communicated informally at secretariat level. The views of the Chairman and Mr. Lindsay were supported by Dr. Mac Cormack (Ireland).

On the proposal of Dr. van den Berg (Netherlands), seconded by Mr. Baghdadi (Egypt) and Dr. Aujaleu (France), it was agreed that the second clause under this heading should be deleted from the report.

Commission on Narcotic Drugs, Statistical Commission and Social Commission

These sections were successively adopted, without discussion.

Prevention of Crime and Treatment of Offenders

Mr. Baghdadi (Egypt) asked that special mention be made of crimes having an international character and influence, of which there had been examples, such as genocide, in the period preceding the last war. The intentional dissemination of microbes was another example.

The Chairman replied that the subject under discussion was the relationship of WHO with the Social Commission in its work in prevention.
of crime and treatment of offenders, and such crimes as those mentioned by the delegate of Egypt were outside this relationship.

The RAPPORTEUR added the explanation that WHO was concerned with the pathological origins of crime and the medical and social treatment of delinquency. The repression of certain kinds of crime was outside its competence.

Mr. BAGHDADI maintained that the elimination of sources of disease and of anything which endangered public health should come within the scope of WHO. Further, the subject under present consideration was that of co-operation with the Economic and Social Council, and it had been on the proposal of that Council that the crime of genocide had been brought under discussion. It would therefore be in accord with the purposes of the Council if attention were now drawn to other aspects of crimes.

Dr. VAN DEN BERG (Netherlands) supported the view of the Rapporteur, that the subject-matter with which the Committee on Relations was dealing was quite other than that which had been brought forward by the delegate of Egypt: however important the observations of Mr. Baghdadi might be, they did not come within the competence of the committee. He proposed that the section in the Report of the Interim Commission14 be adopted without amendment.

This view was supported by Mr. LINDSAY, who added that the essential point of any crime such as that described by the delegate of Egypt was that it was a breach of the laws of war, the particular form of attack on health being incidental.

Mr. BAGHDADI replied that he had not been referring to war crimes as such, but had in mind particularly criminals who had been engaged in the dissemination of disease microbes, which subject he did consider fell within the scope of WHO; and his object in introducing it was that it should be brought to the attention of the Economic and Social Council when the proposed co-operation came into existence.

The CHAIRMAN said that before putting the relevant section to the meeting, he would like to make clear to the delegate of Egypt that the correct procedure would be for him to send in a draft resolution to the Health Assembly: the General Committee would then decide to which main committee it should be submitted.

Mr. BAGHDADI agreed that his delegation would take action in accordance with the advice of the Chairman.

This section was accepted, as was the resolution in the report.

2. Working Party on Draft Protocol on Narcotic Drugs

The CHAIRMAN proposed that the following members should form the working party on the draft Protocol on Narcotic Drugs15 to be set up as agreed at the previous meeting; they included lawyers, experts on drugs, and experts in medical administration: Australia, Mr. Ballard; China, Dr. Cheer; Denmark, Dr. Frandsen; France, Dr. Aujaleu; Poland, Mr. Babecki; Siam, Dr. Bhayung; Switzerland, Dr. Grasset; USSR, Dr. Vasiliev, and the USA, Mr. Calderwood.

The nominations were accepted, and it was agreed that the working party should meet on 2 July 1948, at 5 p.m.

Mr. PASTUHOV (representative, Commission on Narcotic Drugs), asked leave to give the following information to the committee. The draft protocol in regard to the control of certain drugs which did not fall within the scope of the Convention of 1931 had now been submitted to the Health Organization. Under Article I, WHO might report that certain drugs were liable to produce addiction, and, if the protocol came into force, this would throw considerable responsibility on the Organization. At a meeting held at Lake Success last May, the United States representative had pointed out that, as a result of the studies being pursued, the United States Government expected to receive a great number of new synthetic drugs. About twelve new drugs were under consideration at that moment, and it was expected that several would become available for health services in the course of the year.

The CHAIRMAN pointed out that the question also concerned the Committees on Programme and on Administration and Finance, and he proposed that the information should be transmitted to both of them.

It was agreed to transmit to the Committee on Programme and the Committee on Administration and Finance the information just given by the representative of the Commission on Narcotic Drugs.

The meeting rose at 11.5 a.m.
THIRD MEETING

Saturday, 3 July 1948, at 10 a.m.

Chairman: Dr. Melville Mackenzie (United Kingdom)

1. International Civil Aviation Organization

The Chairman directed attention to relevant documents: the supplementary report of the Interim Commission on the draft Agreement between WHO and ICAO, the report on the second session of the ICAO Quarantine Group, a draft resolution proposed by the delegation of Ireland, and a further statement of the Interim Commission suggesting that there should be no distinction in the type of agreements made with specialized agencies.

Mr. Marlin (observer, ICAO) stated that he appreciated the opportunity of speaking on relations between ICAO and WHO, as an agreement between the organizations was under consideration. It might seem a little strange that the organizations which, together with their predecessors, had collaborated so closely in the past should be discussing the question of an agreement to co-operate with each other.

The history of their collaboration revolved mainly about the International Sanitary Convention. ICAO’s predecessor, CINA, had participated with the Office International d’Hygiène Publique in drawing up the original convention, in so far as it concerned civil aviation. Since the creation of the Interim Commission, ICAO had met with the Quarantine Committee of WHO and had otherwise maintained contact with the Organization in the revision of the Sanitary Convention. It would be appreciated that, in the application of the necessary measures for the prevention of the spread of diseases across frontiers, the civil airlines were most concerned in preserving their primary advantage, speed. Accordingly, ICAO had endeavoured to assist in formulating procedures that would meet the standards of WHO on the one hand, and the natural desire for expedition by the airlines on the other. Co-operation between the organizations on that subject had so far been highly satisfactory and extremely practical.

About a year ago a draft Agreement between the two organizations had been prepared, to which both bodies had proposed modifications. The Council of ICAO, after consideration, had decided that it would prefer a less formal arrangement, to co-operate with each other. The draft Agreement did little more than affirm that desire. The organizations agreed to exchange documents, invite each other to their meetings, permit each other to propose agenda items for such meetings, exchange information and enter into certain personnel and statistical arrangements and similar forms of administrative co-operation. A formal agreement for those purposes would appear to be heavy machinery for conducting such simple relations, which had already been carried out without benefit of such formality.

The Agreement also proposed an ICAO-WHO Joint Committee, which might indeed be a valuable means for considering problems of mutual interest to the two organizations; however, it was more likely that co-operation would be initiated and conducted, where problems of mutual interest arose, by the normal exchange of communications between the heads of agencies, a channel that permitted a quicker and more efficient exchange of views than the mechanism of a joint committee. The specific provision of a joint committee might, in fact, prove an embarrassment, if it should become the normal body for considering all questions of mutual interest when these might be dealt with by simpler means.

Formal agreements were not detrimental per se to good relations. They might be required to settle large issues, such as the relationship between the United Nations and the specialized agencies provided for in the Charter of the United Nations, or controversial areas of activity between two specialized agencies. The Agreement under consideration had no such justification. It added little to the happy relationship already existing between ICAO and WHO, and in the

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18 Off. Rec. WHO, 10, 71
19 Ibid. 12, 46
unlikely event of co-operation becoming difficult, or even impossible, the mere assertion of goodwill contained in the Agreement would not offer a solution to such a state of affairs. Goodwill between two specialized agencies created to promote international co-operation in their respective fields could safely be taken for granted, so long as the governments that supported both organizations took the necessary measures to ensure such co-operation.

Co-operation between the two organizations had so far been eminently successful, and ICAO considered that no formal agreement was required. There would be many areas of common interest, in which the two organizations would be able to profit from each other’s assistance: it was the hope and expectation of ICAO that such co-operation would take place as and when the time was ripe for the examination of new projects.

ICAO would be prepared to abide by the wishes of WHO regarding the disposition of the proposed Agreement.

Dr. CHISHOLM, Executive Secretary of the Interim Commission, stated that the Secretariat of the Commission warmly welcomed the suggestion of ICAO. It should be noted that the suggestion was not the Secretariat’s; it had been made by the Council of ICAO itself. Article 70 of the WHO Constitution provided for the establishment of effective relations and co-operation with other inter-governmental organizations, but did not prescribe the conclusion of formal agreements. In his opinion, co-operation and co-ordination between specialized agencies could not be forced by the conclusion of such an agreement: the will to co-operate was necessary. He cited the example of a family living together as a case that did not require legal arrangements, and stated that the Secretariat would welcome the opportunity to demonstrate the ability of two specialized agencies of the United Nations to maintain friendly and co-operative relations without formal arrangements. Should difficulties arise—which he did not anticipate—the question of a formal agreement could be reconsidered; but he felt that such a step would have to presuppose that the relations between the two organizations had deteriorated to such an extent that the conclusion of a formal agreement would, in any case, be of little value. He also drew attention to the slow and complicated machinery for altering a formal agreement.

Amendments or alterations had to be approved by the governing bodies of both organizations concerned, which tended to be a very long process.

Dr. MACCORMACK (Ireland) felt there was a very real need for the type of agreement advocated. Aerial navigation was making rapid strides, and regulations required to be kept up to date. The agreement between WHO and ICAO should be of a character that would permit of the speedy introduction of necessary changes. He therefore proposed the adoption of the following resolution:

Whereas the relations between the Interim Commission of WHO and ICAO have been marked by a close and productive collaboration and

Whereas it appears desirable to continue the present satisfactory informal arrangements in the interest of administrative flexibility and efficiency

Therefore the Health Assembly

DECIDES

That the formal Agreement with ICAO before the Health Assembly is not essential at this time

and that the informal arrangements under which the Interim Commission and ICAO have conducted their relations shall continue to form the basis of future collaboration between the two organizations unless experience dictates otherwise.

Dr. MILLER (United States of America) said that his delegation was fully in agreement with the position taken by the observer of ICAO, and therefore warmly supported the resolution proposed by the delegate of Ireland.

Dr. VAN DEN BERG (Netherlands) also supported the resolution. It introduced a very important new principle in regard to the relationship between two specialized agencies, and he was of the opinion that a formal agreement should be dispensed with. There was a possibility that too much power would thereby be given to the Secretariat, but he did not think so. In such an event, however, the question of a formal agreement could be reconsidered.

The CHAIRMAN redirected the attention of delegates to the opinion expressed by the Interim Commission that there should be no distinction in the types of agreements made with specialized agencies.

There being no objection, the resolution proposed by the delegate of Ireland was accepted.

2. First Report of the Committee on Relations (continuation) (final text, p. 321)

GENERAL ASSEMBLY

The CHAIRMAN recalled that at the previous meeting there had been some discussion about the actual wording in respect of relations with the General Assembly. The delegates of the United Kingdom and the Union of South Africa, who had raised the question, had now agreed on the following draft resolution:

The Health Assembly, having taken note of the Resolution 125 (II) of the General Assembly of the United Nations with special reference to sub-paragraph (4),

AUTHORIZES the Director-General to take such interim action, subject to the approval of the Chairman of the Executive Board, within the limits of their present constitutional powers as seems appropriate with regard to any recommendation which the General Assembly may make to WHO, if such recommendation cannot be dealt with by the plenary body itself without considerable delay, in emergency only. The question of whether an emergency exists shall, in such case, be decided by the Director-General and the Chairman of the Executive Board.

The resolution was adopted.

3. International Labour Organization

Mr. Manning (observer, ILO) said he did not wish to add anything to what was stated in the Report of the Interim Commission. He felt sure that if the Governing Body of ILO—at the moment meeting in San Francisco—were able to state its opinion directly before the meeting, it would express the hope that the committee would recommend the draft Agreement to the Health Assembly for final approval and thus set the seal at the earliest possible moment on the close co-operation which already existed between WHO and ILO on the lines indicated by the Agreement.

The Chairman reminded the committee of three points. First, the introduction to the section on ILO in the Report of the Interim Commission dealt with some of the ways in which co-operation between WHO and ILO had been carried out in the past, making special reference to the other sections dealing with industrial hygiene and medical care, subjects on which the two organizations overlapped. Secondly, the Interim Commission had recommended continuance by WHO of the forms of co-operation initiated by the Interim Commission. Thirdly, the committee would have to recommend to the Health Assembly that this Agreement be or not be accepted. He asked the committee if it was in agreement with the suggestion of the Interim Commission that the collaboration which had taken place previously should be continued.

Mr. Stewart (Union of South Africa) referred to Article II of the draft Agreement, where provision was made in paragraph 1 for representatives of ILO to attend meetings of the commissions of WHO, whereas paragraph 2 referred to committees of WHO.

The Chairman replied that that was really a drafting point: WHO had no commissions; they were all committees.

Mr. Stewart did not press the point, as he agreed that it was covered by paragraph 3 of Article II.

The Committee recommended acceptance of the Agreement, and asked the Rapporteur to prepare a suitable resolution, embodying the views of the committee, for consideration at the next meeting.

4. Preparatory Commission for the International Refugee Organization

The Chairman said no action was really needed on this item, except a recommendation that

relations with PCIRO be continued on the present basis, pending the creation of a permanent body, when the question of a formal agreement would arise. If the committee agreed, he would ask the Rapporteur to prepare a suitable recommendation.

Dr. Kozuszyn (Poland) said his country was not a member of PCIRO and did not recognize that organization. His delegation believed that its activities were harmful, and he was against any collaboration with PCIRO by an international organization of which his country was a member. He therefore proposed there should be no continuation of the relations between WHO and PCIRO, and submitted the following resolution:

In the opinion of the Polish delegation, the activities of the Preparatory Commission for the International Refugee Organization are harmful and do not contribute towards international co-operation. Consequently the Polish delegation is against any connexion or collaboration between WHO and ILO and proposes the termination of relations between the two organizations.

The Chairman said the delegate of Poland had raised a very important question of principle and suggested that Dr. Kozuszyn should submit his proposal in writing to the Secretariat, so that it could be circulated to the members of the committee and discussed at the next meeting.

Dr. van den Berg seconded the Chairman's proposal, which he considered a very wise one. The delegate of Poland agreed to this course.

It was agreed that consideration of the item be postponed until the following meeting.

5. United Nations Educational Scientific and Cultural Organization

The Chairman stated that a document which had not yet reached the committee contained a proposal by the delegation of the United States of America, for the amendment of the draft Agreement with UNESCO. The wording of the proposal was the same as that of the proposal of the United States delegation in regard to the draft Agreement with FAO.

Dr. Irina Zhukova (observer, UNESCO) gave a brief review of the work and co-operation in the fields of common interest of the two organizations. She outlined UNESCO's activities in those fields and also its programme for the future, detailing in particular work on the project for a permanent bureau for the co-ordination of international congresses of medical sciences, the Hylean Amazon project, and the fellowships programme of UNESCO.

She emphasized that future co-operation in those fields would be based on the Agreement which was before the committee, and pointed out that any changes in the draft would have to be referred back to the governing body of UNESCO which would lead to considerable delay. On behalf of UNESCO, she paid tribute to the
Executive Secretary of the Interim Commission and his staff, and hoped that the co-operation now established between the two organizations would be developed and enlarged in the same spirit in other fields of common interest.

The Chairman announced that, as there was to be a meeting of the General Committee immediately, the French interpretation of Dr. Irène Zhukova's speech would be given at the next meeting. He reminded the committee that it had been agreed to consider the requests received from UNICEF and FAO the following Tuesday. If it were decided to hold a meeting before then, an agenda would be circulated.

Before adjourning the meeting, he again appealed to delegates to attend meetings promptly.

The meeting rose at 11.50 a.m.

FOURTH MEETING

Tuesday, 6 July 1948, at 10 a.m.

Chairman: Dr. Melville MacKenzie (United Kingdom)

1. The Trusteeship Council; General Assembly's ad hoc Committee on the Transmission of Information under Article 73 (c) of the United Nations Charter

The Chairman suggested that these two items could conveniently be discussed together.

Dr. Forrest, Secretary, surveyed the respective functions of the Trusteeship Council and the ad hoc Committee, each of which had distinct rights and duties. The Trusteeship Council was directly dependent on the Security Council of the United Nations, on the same level as the Economic and Social Council. The ad hoc Committee was a committee of the General Assembly.

The committee would wish to consider liaison between WHO and the Trusteeship Council. The Interim Commission had been informed that the Trusteeship Council was expecting to collaborate with WHO. Collaboration had in fact existed between the Interim Commission and the competent United Nations section, more particularly concerning reports, and the Interim Commission had also been invited to comment on the Trusteeship Council's draft questionnaire. It was clear that, should the Health Assembly so decide, WHO would be able to give its views on that and other questions of common concern. It would be necessary for the Health Assembly to instruct the Director-General to make any representations to the Trusteeship Council, which was punctilious as regards procedure.

The ad hoc Committee was to meet on 2 September, and one of its tasks would be to consider the form of the report to be forwarded by governments, a question on which the Interim Commission had expressed some doubt.

He suggested that the committee might wish to appoint a working party to discuss the whole question of liaison between WHO and the Security Council and Secretariat.

Mr. Ballard (Australia) recalled that at the fifth session of the Interim Commission it had been understood that the Secretariat would prepare a critique of the draft questionnaire and that it would be presented when the question was examined. He would be interested to know what had been done by the Secretariat, and whether documents would be circulated; also what had taken place when the question was considered.

The Australian Government had already so many reports to send in on non-self-governing territories—to the United Nations, FAO, UNESCO, etc.—that its feeling regarding the question under discussion was that collaboration between WHO and the Trusteeship Council should be directed towards the complete sharing of information, to obviate the need for a multiplicity of reports.

The Secretary said that the Secretariat had done everything possible—by consulting experts—in the absence of any specially designated person and of the necessary funds. It was hoped that funds would be made available by the Health Assembly. The Secretariat had borne the question of reports in mind. That point, along with other administrative points, could perhaps best be discussed by a working party, with a view to submitting recommendations to the Assembly.

Appointment of a Working Party

The Chairman invited the committee, in view of the complexity of the question before it, to set up a working party to report to the committee at a later meeting. He proposed that the following delegations be asked to appoint members: Australia, Belgium, Ceylon, France, Iran, the USSR, the United Kingdom and the United States of America; Chairman, Dr. Vaucel (France).

This was agreed.

2. UNESCO (continuation)

The Chairman called for the translation into French of the speech delivered at the previous meeting by Dr. Irina Zhukova (observer, UNESCO).

Draft Agreement with UNESCO

The Chairman, noting that no one wished to speak in the general discussion, invited the committee to discuss the draft Agreement with

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14 Off. Rec. WHO, 10, 66

UNESCO, together with the proposal of the United States delegation for amendment.

He said the draft Agreement had been approved by UNESCO and amendments would have to be referred back to that organization. The Executive Board of UNESCO was meeting the following week, and, after circulating documents, a reply from UNESCO regarding any amendments by the Health Assembly could be expected by the end of October.

Dr. MILLER (United States of America) said that the object of the United States amendment was to simplify the operation of the Agreement by instituting a more flexible arrangement. The proposal, which was similar to the provision in the agreements with FAO and ICAO, was to delete paragraphs 1, 2 and 3 of Article IV and to substitute the following paragraphs:


2. Joint committees may be established by agreements approved by the Executive Board of each Organization.

Mr. STEWART (Union of South Africa) supported the United States amendment. He pointed out that the present text of the draft Agreement was merely permissive, whereas the United States text placed the responsibility on the Directors-General of the two organizations for taking the initiative in the matter of co-operation.

Dr. VASILIEV (USSR) raised no objections to the United States draft amendment but recommended the incorporation in WHO of the Bureau of International Congresses of Medical Sciences. He agreed to raise this proposal again in connexion with the supplementary report of the Interim Commission on Relations with UNESCO. 24

Mr. NATHANAIL (Albania) drew attention to a typing error in the introduction to the United States text placed the responsibility on the Directors-General of the two organizations or would involve other concerns, as financial implications would be considered in each case during the consultations provided for in the article.

Mr. STEWART said that Article VIII, as worded at present, did not make such consultations automatic, and he therefore proposed amending the first line to read: "... organization to the other involves or would involve ...

Mr. NATHANAIL accepted the amendment, but Dr. NAZIF Bey asked for the same change to be made to the corresponding article in the other draft agreements.

The CHAIRMAN proposed amending Article X—"Implementation Agreement"—of the draft Agreement to read: "... UNESCO shall enter into such supplementary arrangements" and retaining only paragraph 2 of the United States proposal.

This was agreed.

Dr. Irina Zhukova (observer, UNESCO) replying to Dr. Borensztajn (Poland), said that UNESCO's approval of any amendments to the draft Agreement would not be available before November at the earliest. Such amendments would have to be considered by the Executive Board and then circulated to governments, whose comments would be considered at the November meeting of the Executive Board.

The committee agreed that the delay was not harmful. It was agreed to pass the United States proposal, as amended, to the Rapporteur, for preparation of a final text to be submitted at the following meeting of the committee.

The CHAIRMAN proposed that the draft Agreement, as amended, might be referred to the Health Assembly.

Dr. NAZIF Bey (Egypt) said that the same reservation would apply to other draft agreements, as this article was common to all of them.

Mr. NATHANAIL thought that general approval of the Agreement must be subject to consideration by the Committee on Administration and Finance, of the financial implications of Article VIII—"Financing of Special Services".

Mr. NATHANAIL thought it more appropriate to alter the permissive character of Article X than to introduce a general clause into Article IV, which was concerned only with joint committees.

The CHAIRMAN proposed amending Article X—"Implementation Agreement"—of the draft Agreement to read: "... UNESCO shall enter into such supplementary arrangements" and retaining only paragraph 2 of the United States proposal.

This was agreed.

Dr. Irina Zhukova (observer, UNESCO) replying to Dr. Borensztajn (Poland), said that UNESCO's approval of any amendments to the draft Agreement would not be available before November at the earliest. Such amendments would have to be considered by the Executive Board and then circulated to governments, whose comments would be considered at the November meeting of the Executive Board.

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Mr. NATHANAIL thought that general approval of the Agreement must be subject to consideration by the Committee on Administration and Finance, of the financial implications of Article VIII—"Financing of Special Services".

Dr. NAZIF Bey (Egypt) said that the same reservation would apply to other draft agreements, as this article was common to all of them.

The CHAIRMAN, while agreeing in principle, said that the point was not particularly important, as financial implications would be considered in each case during the consultations provided for in the article.

Mr. STEWART said that Article VIII, as worded at present, did not make such consultations automatic, and he therefore proposed amending the first line to read: "... organization to the other involves or would involve ...

Mr. NATHANAIL accepted the amendment, but Dr. NAZIF Bey asked for the same change to be made to the corresponding article in the other draft agreements.

The CHAIRMAN said that the Agreement with ILO, having already been approved, could not now be modified by the committee, although the amendment could be moved at the Assembly.

24 Off. Rec. WHO, 12, 53
Mr. Stewart was willing to raise the matter in the Assembly provided the amendment would not delay acceptance of the Agreement by the ILO.

It was agreed to postpone a decision on this point until after consultation with the ILO representative and to adopt the rest of the Agreement.

Supplementary Report of the Interim Commission on Relations with UNESCO

Dr. Vasiliev recommended the incorporation within WHO of the Permanent Bureau of International Congresses of Medical Sciences on the ground that, as a purely medical body, it should form part of WHO and not of UNESCO. Its integration into WHO would facilitate co-operation with the Bureau on the part of countries which were Members of WHO and not of UNESCO and allow a more rapid exchange of information relating to medical science.

Dr. Irina Zhukova thought there was a misconception of the nature of the Bureau. It was concerned with the co-ordination of international, not national, congresses; its membership was composed of personalities, not nations. The services of the Bureau were at the disposal of Members of WHO, even if they were not also Members of UNESCO.

Dr. MacCormack (Ireland) supported the proposal of the delegate of the USSR which seemed sensible and logical.

The Secretary, at the request of the Chairman, gave an account of the events leading up to the present position. The idea had originated with UNESCO, and the Interim Commission had agreed to share the expenses on a 50% basis. The amount of the expenditure involved was given in a report of the Interim Commission. This figure would be doubled if the whole operation were to be transferred to WHO. The Bureau was in fact a non-governmental organization and was intended to become self-supporting as soon as possible.

Professor Dr. Berredo Carrier (Brazil) stressed the need for the closest lasting relationship between the permanent Bureau and UNESCO, since UNESCO was deeply concerned with all the sciences which served as a basis for medical work and research. The second function of the Bureau was to allow meetings between nationals of Member States of UNESCO and other personalities from countries not Members of UNESCO, who were interested in those sciences and who would not otherwise have an opportunity to meet. The present arrangement had proved highly satisfactory and he was strongly in favour of its continuation.

The Chairman asked the delegate of the USSR to submit a specific recommendation in writing, for discussion at the next meeting of the committee.

He stressed the fact that the Bureau was a non-governmental organization designed to co-ordinate the work of those congresses and, in time, to provide them with accommodation, interpreters and secretariat help. It was in no sense a governmental agency. Further, it was difficult to draw a clear line between medical and other sciences.

The meeting rose at 11.50 a.m.

FIFTH MEETING

Tuesday, 6 July 1948, at 2.30 p.m.

Chairman: Dr. Melville Mackenzie (United Kingdom)

1. UNESCO (continuation)

Draft Agreement

The Chairman, summarizing the discussion at the previous meeting, said that the general opinion was in favour of accepting the draft Agreement with UNESCO, with the exception of Article VIII. The delegate of the Union of South Africa had suggested an amendment by the insertion of the words “involves or” in the first line, after “other”. The view of the delegate of Egypt was that, if any alteration was made, it was desirable that similar alterations should be made in the agreements with the other specialized agencies, some of which included a similar article.

He suggested that the view of the delegate of Egypt might be met if those words were included in the Agreement with UNESCO and in other agreements to be subsequently considered. The Agreement with ILO had already been approved; a rider might be added for consideration by the ILO Governing Body at its next meeting to the effect that the addition of those words was desired. The next meeting of the ILO Governing Body would take place in a year’s time, and the Health Assembly was faced with the alternative of accepting the Agreement as already drafted or of having no agreement at all with ILO for the next year.

Dr. Nazif Bey (Egypt) accepted the Chairman’s suggestion.

The draft Agreement with UNESCO was approved and it was agreed to recommend its acceptance by the Health Assembly.

The Rapporteur was requested to insert the amendment proposed by the United States dele-
gate and that of the delegate of the Union of South Africa to Article VIII.

SUPPLEMENTARY REPORTS AND PROPOSALS 30

The following resolution proposed by the delegation of the USSR was placed before the meeting:

The Committee on Relations recommends to the Health Assembly to instruct the Director-General to open negotiations with UNESCO for the transfer to the World Health Organization of responsibility for the co-ordination of International Congresses of Medical Sciences.

Lt.-Col. Afridi (Pakistan) strongly supported the resolution of the USSR. Two points had been raised in opposition. First, owing to the difficulty of drawing a clear line between medical and other sciences, it would be better to retain the close relationship with UNESCO. Secondly, as WHO and UNESCO were sharing the expenditure involved, if WHO took over the whole operation, its share would be almost doubled. He stressed the need for WHO to be responsible for all activities in the sphere of medical science; in the present case UNESCO should be asked to cooperate, and the reverse position would be the case for activities in the sphere of other sciences. The division of activities and expenses might be mutually agreed upon.

Dr. Chisholm, Executive Secretary of the Interim Commission, reminded delegates that the initiative in this matter had been taken by UNESCO, the Interim Commission not having been in a position to do so. A very wide group of organizations might be involved in the activity contemplated; it was impossible to say which were purely medical and which purely scientific organizations. To illustrate the difficulty, he cited the cases of bio-chemistry and physiology. A broader organization with broader representation might therefore be obtainable under the auspices of UNESCO, with the co-operation and assistance of WHO. He suggested that the final decision might be deferred until the second Health Assembly, the Executive Board to study the question in the meantime and prepare a report on the most satisfactory arrangement between UNESCO and WHO.

Dr. Nazif Bey opposed the Executive Secretary's suggestion. He quoted item II of Appendix A attached to the resolutions passed by the Organizing Committee for the Bureau of International Congresses of Medical Sciences, 31 which defined the character of the proposed Permanent Bureau. It was clear that its activities would be purely medical.

Mr. Nathanael (Albania) supported the resolution submitted by the USSR. The Albanian Government was not a member of UNESCO. There appeared to him to be a tendency in the arrangements with UNESCO to cause duplication of effort, and while the Albanian delegation favoured the holding of international congresses of medical sciences, they should be under the auspices of WHO, not UNESCO.

Mr. Ballard (Australia) agreed with the Executive Secretary's proposal to defer the decision until the second Health Assembly.

Mr. Lindsay (United Kingdom) also favoured the Executive Secretary's suggestion, although he entirely agreed in principle with the resolution submitted by the USSR.

Dr. Lupasco (Roumania), and Dr. Butrov (Ukrainian SSR) were in agreement with the resolution of the USSR. Dr. Lupasco said that Roumania was in a similar position to Albania in that it was not a Member of UNESCO. He emphasized that WHO was concerned with the practical aspects of medical science, and should therefore assume responsibility for the conduct of international congresses.

Mr. Brady (Ireland) renewed the support his delegation had given at the previous meeting to the USSR proposal. He considered that there was much to be said for bringing the Permanent Bureau under the control of WHO, and there was also much in favour of earlier action than had been suggested by the Executive Secretary. There was a tendency to create a multiplicity of international organizations with consequent overlapping of functions and increased expenditure by governments. Where the chance arose of controlling the activities of a proposed organization, it should be taken.

Professor de Berredo Carneiro (Brazil), while agreeing that it would be more fitting for WHO to direct the policy of the Permanent Bureau, felt that the interest of UNESCO in scientific activities made necessary some form of co-operation between the two bodies. Taking a wider view, he wondered whether the question might be referred to the Co-ordination Committee of the United Nations, in order that a formula to cover such cases might be prepared.

Dr. Aujaleu (France) agreed entirely with the delegate of Brazil.

M. Muller (Switzerland) said that his government was a member of both UNESCO and WHO and was therefore prepared to support all forms of co-ordination between the two, particularly with a view to avoiding duplication of effort. It was desirable, however, that the respective spheres of activity of the two organizations should be defined. He supported the resolution submitted by the USSR, because the essentially medical character of the Permanent Bureau would bring it more into WHO's sphere of activity: the possibility of consultation with UNESCO should not, however, be excluded.

He agreed with the delegate of Ireland as to the desirability of taking an early decision.

Dr. Miller (United States of America) supported the point of view expressed by the delegate of Brazil. In the event of the resolution of the USSR being adopted, an impasse in the succeeding negotiations with UNESCO might arise, if UNESCO were not disposed to agree to the proposed transfer.

30 Off. Rec. WHO, 12, 53
31 Ibid. 12, 55
The Executive Secretary said it was clear that, to the extent that the activity of the Permanent Bureau represented medical activity, that part belonged to WHO: where there was an admixture of "pure sciences", it should belong to UNESCO. The controlling factor in deciding his own attitude had been that of finance. If the Bureau's activities were taken over by WHO, the extra cost to WHO in 1949 would be in the region of $35,000, with no extra gain to health services. As there were indications that the budget of WHO would be very limited, he was concerned that that sum of $35,000 should be put to the most advantageous use.

Dr. Irina Zhukova (observer, UNESCO) said she wished to make it clear that the Permanent Bureau, although at the moment sponsored by UNESCO and WHO, should, in the future, be an independent non-governmental organization.

Dr. Vasiliev (USSR) felt that the consensus expressed was in favour of the resolution submitted by the USSR. In his opinion, postponement of a decision on the question would be quite unjustifiable. The possibility of co-operation with UNESCO was not excluded, and he was very grateful to UNESCO for the initiative taken. He requested that a decision be taken either by the committee or by the Health Assembly, preferably the latter.

The resolution proposed by the delegation of the USSR was adopted by majority decision.

It was agreed to send the supplementary report of the Interim Commission on relations with UNESCO and the request from UNESCO with regard to high altitude stations to the Health Assembly, with the recommendation that they be referred to the Executive Board for study.89

Similar action was taken in respect of the proposal for co-ordinating sponsorship by UNESCO, WHO and FAO of medical and biological abstracting services, and the paragraphs relating thereto which had been added by the Interim Commission at its preparatory meeting.90


Dr. Plavšić (Yugoslavia), in submitting his delegation's proposal for collaboration with UNESCO in the publication of papers presented at international congresses, stressed two points: firstly, the inability of certain bodies, owing to lack of the necessary funds, to have their proceedings printed, and the consequent loss to the world; secondly, the difficulty, under present currency regulations, of disseminating publications. The creation of an international library of congresses would be of great assistance in overcoming those difficulties.

Mr. Lindsay, while agreeing that there were obvious advantages to be derived from the suggested library, stressed the considerable expenditure involved. In his opinion, there were more urgent problems requiring attention, and he suggested that the question should be referred to the Executive Board for study.

It was agreed to send the document to the Health Assembly with the recommendation that it be referred to the Executive Board for study.

Co-operation with UNESCO in the Fundamental Education Project in Haiti

It was also agreed to send the working paper prepared by the Secretariat on this subject to the Health Assembly with a similar recommendation.

2. Principles of Co-operation

Mr. Lindsay said it was clear that the delay in constituting WHO had brought about the condition of the Interim Commission's receiving more suggestions for co-operation from other bodies than it had been able itself to make, and certain difficulties might result from that fact. He wished to suggest that, as a matter of general policy in the future, WHO should co-operate with other organizations only after the problem had been jointly surveyed. He thought a good survey of a problem meant quicker work in the end, and a joint survey would ensure that the special knowledge of each organization was brought to bear on the facts discovered.

The Executive Secretary said that several times the Interim Commission had been asked without previous warning to co-operate with other agencies and without the Secretariat's having had an opportunity to make a preliminary investigation of the situation and obtain reliable information. On several occasions, the Commission had had to give the Executive Secretary permission to go ahead with certain co-operative work, without any proper delimitation of how far it was prepared to go, or how that co-operation should be carried out.

From an administrative point of view, therefore, he strongly supported the remarks of the delegate of the United Kingdom.

Dr. Mani (India) also supported the view of the delegate of the United Kingdom. He agreed entirely that WHO should not, as a body, take part in any co-operation unless it had been considered in the preliminary stages. He thought the committee should formulate a resolution to be adopted by the Health Assembly, giving effect to the suggestion made by the delegate of the United Kingdom, as a matter of general policy.

Mr. Halstead (Canada) and Dr. Miller (United States of America) supported the remarks of the delegate of India.

The Chairman suggested that, as there appeared to be general agreement, the delegates of the United Kingdom and India should prepare a resolution, which could be considered at the next meeting of the committee and incorporated in the report to the Health Assembly.
3. Food and Agriculture Organization

The Chairman said he had received a message from Dr. Latsky, the observer for FAO, expressing his regret at being unable to attend the meeting, owing to illness. The Chairman suggested that FAO should be dealt with in the same way as UNESCO and, as there appeared to be no wish for a general discussion, the committee could proceed to consideration of the draft Agreement with FAO.

DRAFT AGREEMENT: UNITED STATES AMENDMENT

The first amendment for consideration was that proposed by the delegation of the United States of America, the wording of which was the same as agreed to in respect of UNESCO.

Mr. Lindsay thought the original wording proposed for paragraphs 1, 2 and 3 of Article III was in admirably general terms, but during the discussions in London there had been some differences of interpretation of the exact meaning of the words "organizational level". The United Kingdom delegation felt that the co-operation of WHO and FAO in certain matters, such as nutrition, rural hygiene, and diseases common to men and animals, should be so close that it might justify-he would say it with some hesitation—an abnormal machine of co-operation. He considered it essential to have a real joint consideration of policy and suggested the formation of a joint committee of members of the Executive Boards of both bodies. He interpreted "organizational level" as meaning a joint committee of delegates. That joint committee would consider any broad subject and appoint a committee of experts. The joint committee would then consider how far the ideals of the experts were administratively practical and the best methods of attaining them. He agreed that the wording suggested by the United States delegation would make it easier to work out the practical details of any arrangement, but would like the matter to be put before the parties who would be responsible for working out the details.

Dr. Mani asked for clarification of paragraph 2 of the United States proposal. Did it visualize a standing agreement under which joint committees could be established as and when necessary, or would there have to be prior approval by the Executive Board. In the latter case, it might be difficult for joint committees to be set up between sessions of the Executive Board.

Dr. Miller thought the intention might be made clear if it was said: "In this connexion, joint committees may be established by the Director-General under agreements approved by the Executive Board of each organization." The CHAIRMAN asked whether the committee considered that the Executive Board alone should have the power to set up joint committees, or whether the Director-General should also have the power. As there were no views on that question, he called upon the Executive Secretary of the Interim Commission. The Executive Secretary said there were certain circumstances in which it could be very desirable for the Directors-General of the two organizations to set up joint committees. In ordinary circumstances, short of an emergency, there was no reason at all why joint committees should not be approved by the Executive Board; it would be possible, however, under the revised wording suggested by the delegate of the United States, for the Executive Boards to give the Directors-General power, in certain circumstances, to set up joint committees on their own initiative, while reserving to themselves the general power to set up such committees.

The Chairman asked whether the committee would agree for the Rapporteur to prepare a short note as an amendment to the United States proposal, making it clear that the authority for setting up a joint committee lay only...
with the Executive Board but that, in case of emergency, that power could be exercised by the Director-General.

Dr. Nazif Bey thought it should be made clear that any amendment made to that proposal should also be made to the proposal in respect of UNESCO or any other organization.

The Chairman said that, as there was general agreement, the Rapporteur would prepare an amendment to the United States proposal, which would be considered at the next meeting. As the final draft of the Agreement with UNESCO had not been approved, a similar amendment would be made to the UNESCO text which the committee had approved.

Professor de Laet (Belgium), Rapporteur, said he would like it made clear whether the appreciation of the existence of a state of emergency depended on the Director-General, or whether it was to be decided in agreement with the Chairman of the Board.

The Chairman noted the agreement of the committee that the Executive Board should decide on that question, and said the views of the delegate of the United Kingdom with regard to the possible structure of the joint committees should be transmitted to the Executive Board for examination.

Draft Agreement: South African Amendment

The next amendment to be considered was that proposed by the delegate of the Union of South Africa in regard to Article IX of the draft Agreement. The Chairman said the wording would be the same as that agreed upon in the case of Article VIII of the Agreement with UNESCO: the words "involves or" would be inserted before the last word at the end of the first line. He understood that FAO could adopt the alterations to the Agreement at its next conference at the end of November; it would not be necessary to refer to governments, as the governing body could take a decision.

This amendment was adopted. It was agreed to accept the draft Agreement with FAO as amended and to recommend it to the Assembly for adoption.

General Co-operation

The Chairman next drew attention to the statement on the course and scope of FAO/WHO relations submitted by the Interim Commission and to the statement by FAO to the Health Assembly. He did not think it necessary to do more than take note of those documents.

Dr. Forrest, Secretary, said it might be desirable to point out that in the statement by FAO—the statement on which Dr. Latsky would have spoken had he been present—there was a reference to the recommendations made by the secretariats of the two organizations. The Interim Commission had recommended that the Health Assembly should consider the technique for co-operation with FAO.

The Chairman considered that the recommendation of the Interim Commission might properly be sent to the Health Assembly, with the suggestion that it be referred to the Executive Board for consideration in relation with FAO. This was agreed.

A further recommendation that the forms of co-operation initiated by the Interim Commission be continued was adopted.

4. UNICEF

The Chairman drew attention to the relevant documents: the supplementary report of the Interim Commission on relations with UNICEF and co-ordination of health activities and the resolution adopted by the Social Commission relating to co-ordination of medical activities. There was also an amendment proposed by the delegation of the Union of South Africa to the resolution recommended by the Interim Commission. A further document, containing a proposal by the delegate of the United States of America, would later be placed before the committee.

Dr. Martha Eliot (chief technical adviser, UNICEF) spoke on behalf of the Executive Secretary of the Fund, who was unable to attend. She wished to make a general statement about the activities of UNICEF, as she realized that a number of delegates present were perhaps not fully aware of the basis on which the Fund operated. She gave a description of some of the activities of UNICEF and summarized its attitude towards collaboration with WHO. The Fund was entirely in agreement with the resolution of the General Assembly of the United Nations, which had set up UNICEF on a temporary basis. UNICEF wished to collaborate closely with WHO on all health problems; it welcomed the arrangement for collaboration with expert committees of WHO, and wished to extend the relationship.

The meeting rose at 5.5 p.m.
1. Second Report of the Committee on Relations (p. 324)

In the absence of the Rapporteur, Dr. FORREST, Secretary, presented the draft second report, drawing attention to some typographical errors.

The second report was adopted.

2. UNICEF (continuation)\(^{41}\)

At the request of the Chairman, the SECRETARY summarized the documentation relating to this item, as follows: memoranda submitted by the Interim Commission on the subject of UNICEF; \(^{42}\) discussions at the fifth session of the Interim Commission, with special reference to UNICEF medical programmes; \(^{43}\) factual documents presented to the preparatory meeting of the Interim Commission, and resolutions adopted by the Social Commission; \(^{44}\) resolution proposed by the Interim Commission for adoption by the Health Assembly, \(^{45}\) replacing the previous recommendation; \(^{46}\) and amendments submitted by the delegation of France, the Union of South Africa, and the United States of America to the resolution of the Interim Commission.

Regarding the resolutions presented to the Health Assembly by the Social Commission, it should be noted that the Economic and Social Council, meeting at Geneva during July, would have an interest in the decisions which the Assembly might take thereon.

The CHAIRMAN referred to the statement made by the observer of UNICEF at the previous meeting (see p. 240) and suggested following the same procedure as in the case of the specialized agencies, i.e., to discuss first the question of general relationship, and then proceed to consider any individual papers outstanding. Four resolutions had been suggested: one from the Interim Commission, and amending resolutions from the delegations of the Union of South Africa, France and the United States of America.

Miss Green (United Kingdom) supported the resolution proposed by the Interim Commission and asked how the programme was being carried out and how the collaboration was proceeding.

Dr. CHISHOLM, Executive Secretary of the Interim Commission, said the Interim Commission had authorized the Secretariat to co-operate wherever possible with UNICEF and give whatever services were within its capacity. Specific authority had also been given to provide a liaison officer on a full-time basis, a medical health adviser and an officer who was a paediatrician, for assistance.

There had been certain difficulties in the relationship between the Interim Commission and UNICEF, largely on account of the different character of the two organizations, but there had been willingness to co-operate on both sides. It was clear that, if such co-operation were to continue in the future, it would be necessary for the Secretariat to have much greater flexibility in providing the services required than had been the case with the Interim Commission. The programmes of UNICEF had in many cases developed rapidly, and the Interim Commission had not always been able completely to give the services asked for.

The Commission had firmly instructed the Secretariat not to engage to any degree whatever in the control of the distribution of supplies in relation to UNICEF. It had been difficult for UNICEF to maintain that status, because UNICEF, being short of administrative personnel, had a tendency to use WHO personnel as administrative officers, rather than as the technical advisers designated by the Interim Commission.

Dr. AUJALEU (France) believed that close co-operation should exist between WHO and UNICEF, as between all other specialized agencies. He agreed with the view that the health tasks mentioned in the documents before the committee were within the sphere of WHO: the health projects outlined by UNICEF were also within the sphere of WHO. Whilst agreeing with the Interim Commission's report on those points, he felt that the resolution as presented should be modified in certain respects.

It should be remembered that UNICEF had received sums of money for assistance for children in countries which had been occupied and devastated by the enemy. It had been understood at first, that the assistance would take the form of supplying food to those areas, but it was soon found that, even if the funds were used solely for nutrition, only a small proportion of children actually in need could be succoured. Four million children had been mentioned, but the number in need greatly exceeded that figure.

UNICEF had to take into consideration the fact that many children in the occupied countries had died from diseases which had their origin in malnutrition, and that their medical activities would have been detrimental to the children's interests. If WHO were to oppose any action of UNICEF in the medical sphere,
the money would have to be spent on food for those children, at the cost of medical assistance. The French delegation felt that it would be difficult for WHO to assume possession of the funds, which had been contributed from governmental and private sources, but thought UNICEF should continue its more urgent medical activities in those cases in which WHO, it being understood that when the emergency was over those tasks would be taken over completely by WHO.

The delegation of the United States had submitted an amendment on the same subject, and the French delegation had no objection to combining the two amendments.

Dr. BORENSZTAJN (Poland) was of the opinion that medical projects within the sphere of activities of WHO should be implemented by WHO, but the programme must be considered in the light of certain circumstances. He outlined the facts in regard to the medical projects of UNICEF and said that, if the proposals contained in the Interim Commission's resolution were to be put into effect, certain conditions would have to be fulfilled. In the first place, UNICEF must agree to hand over not only the medical projects but also the funds allocated therefor; secondly, WHO would have to start fresh negotiations with the governments concerned; and, thirdly, WHO would have to create a new apparatus for implementing the projects, which might result in this not being implemented or being much delayed.

The Polish delegation felt very strongly about the question, because a vital health problem for children was involved. It believed the medical projects were of an urgent character and should continue to be implemented by UNICEF, and suggested the appointment of a joint committee of WHO and UNICEF, with the aim of the closest co-operation. That would be the best and most appropriate way in which WHO could take over the projects, so as not to cause delay in implementation.

The Polish delegation supported the amendments proposed by the delegations of the United States of America and France.

Mr. STEWART (Union of South Africa) said he would support the resolution of the Interim Commission, if the amendment suggested by his delegation were incorporated in it. The amendment, which was a small one textually but involved an important principle, proposed the substitution of the word "a" for the word "the" before "programme" in paragraph (4) of the resolution.

If paragraph (4) were read with the rest of the proposed resolution, "the" programme "might be interpreted to mean the exact health projects of UNICEF, in which case the resolution authorized the Executive Board to implement those projects in detail. He doubted whether the committee was competent to decide that WHO should be committed to the detailed implementation of the UNICEF projects, in the absence of any indication that the Health Assembly desired the projects to be implemented in detail. If the word "a" were substituted for "the" the Executive Board would be given some latitude in implementing the projects.

So far as the question of funds was concerned, as well as the objections which had been made that contributors might not be prepared to see those funds handed over to WHO, he pointed out that the contributions were not made to UNICEF, but for the relief of children. If it were decided that the relief could best be carried out by WHO, surely there would be no objection to the funds being transferred.

Dr. ONFINOS (Greece) thought there would be agreement that the activities of UNICEF should be limited to the emergency period. The Interim Commission's report showed that WHO had been co-operating with UNICEF within certain definite limits, which was satisfactory. He thought it would be unfortunate at the present moment to press for a transfer of the medical activities of UNICEF to WHO. In the first place, UNICEF had entered into certain agreements with different countries—for instance, with Greece—and the transfer of responsibility would involve States in new negotiations, which appeared to be entirely unnecessary. Moreover, UNICEF alone was not responsible for carrying out the work in question; it had the assistance of Red Cross agencies, particularly those of the Scandinavian countries. If the transfer were to take place, it seemed probable that the same personnel would have to be employees, in which case it was not clear what would be gained by the transfer.

The delegate of Greece agreed with the speakers who had expressed the view that when the emergency period was over, those activities should be transferred to WHO. There ought not to exist an organization other than WHO which was concerned with the health of children throughout the world.

The BCG campaign was another instance of specialized activity, which had the services of first-class specialists; if WHO took over that work it would have to obtain highly specialized personnel to continue it.

He thought everyone would agree that co-operation with UNICEF should be continued on the basis accepted by the Interim Commission, but that, when the present activities were completed, WHO should assume the whole of the medical responsibilities.

Dr. MILLER (United States of America) stressed the great interest of the United States Government and people in both UNICEF and WHO, and their desire to aid children everywhere. Though UNICEF's first obligation was the feeding of children suffering from lack of nutrition, a small portion of its funds was being devoted to helping in the carrying-out of the BCG vaccination programme, through the generosity of Denmark, Sweden and Norway. The United States Government had closely followed the implementation of the Interim Commission's report showed that WHO had been co-operating with UNICEF within certain definite limits, which was satisfactory.
made in connexion with the projects for the control of syphilis. He also approved the suggestion of the delegate of France for the establishment by mutual arrangement of a joint committee of WHO and UNICEF, and suggested that it might consist of two or three members of each Executive Board, the Director-General of WHO, and the Executive Secretary of UNICEF.

The United States delegation doubted whether the Interim Commission, in drafting its resolution, had fully understood the conditions laid down by the United Nations and the Economic and Social Council. He explained that the international Children's Emergency Fund was a fund composed of contributions by governments, voluntary groups and individuals, and the moneys thus contributed were held in trust. Full responsibility for establishing policies and procedures, for approving plans of operation and for expending funds rested upon the Executive Board, and certain principles for its guidance had been laid down by the Economic and Social Council. The Programme Committee of the Board had set up a medical sub-committee, whose responsibility it was to review health projects and recommend plans of operation.

The United States delegation did not deny that the operation of health programmes of the type being undertaken by UNICEF lay within the competence of WHO, and in view of the temporary character of UNICEF it would support the transfer to WHO at the earliest practicable date of any medical project of UNICEF to be placed on a permanent basis.

The United States delegation, however, supported the continuation by UNICEF of the BCG programme, for the period covered by the terms of the agreements already made with Czechoslovakia, Finland, Greece, Hungary, Poland and Yugoslavia, and those under negotiation with Albania, Austria, Bulgaria, Italy and Roumania.

It considered that the whole question should be reviewed at a subsequent meeting of the Health Committee, in the light of the discussions and recommendations of its joint committee. It might therefore be impracticable for WHO to take it over. UNICEF, however, seemed to it necessary to transfer funds to any other body, and that up to date no such transfer had taken place.

M. GEERARDS (Belgium) felt that the funds of UNICEF had been subscribed for a particular purpose and should not therefore be transferred to another use. The main object was to help children, and WHO should make contact with UNICEF in order to give assistance in medical matters, particularly in the fight against tuberculosis. A joint committee might be established, to examine the question of co-operation during the emergency period, to determine the appropriate time for the transfer of responsibility, and to draft an agreement on the subject.

M. MULLER (Switzerland) said he was entirely in agreement with the observations of the delegations of Belgium and France, and he supported the amendment proposed by the French delegation.

Dr. MANI (India) observed that the BCG vaccination programme was already in operation and it might therefore be impracticable for WHO to take it over. UNICEF, however, seemed to be planning further activities in the medical sphere. A point of principle was therefore involved: which international organization was to be responsible for carrying out international medical activities? As none of the resolutions proposed was generally acceptable, he suggested the appointment of a small working party to draft a compromise resolution.

Mr. DAVIN (New Zealand), Dr. NAZIF Bey (Egypt) and Professor DE BERREDO CARNEIRO (Brazil) supported the proposal of the delegate of India. Mr. DAVIN felt that there were good points in all the resolutions submitted, and it might be possible to combine them. New Zealand was a member of the Executive Board of UNICEF, and its Government was concerned by the tendency shown to launch out into programmes touching upon the activities of other specialized agencies.

The Chairman stressed the difficulty of drafting a resolution to combine all points of view. He mentioned that UNRRA funds had been transferred to WHO, and suggested that the observer of UNICEF might be asked to find out the principles established.
whether it was possible legally to transfer funds from UNICEF to WHO.

Dr. Mani recalled that the Interim Commission had acted as agent for the Office International d’Hygiéne Publique for over a year. To overcome possible legal difficulties, WHO might act as agent for UNICEF.

Professor de Berredo Carneiro felt that UNICEF should continue to administer its own funds. WHO should confine itself to giving technical medical assistance and assuring its preponderance in that sphere.

The Chairman drew attention to point 3 of the Interim Commission’s resolution, from which it would be seen that only if the funds were made available would WHO take over the health projects of UNICEF. The resolution would therefore fall, if it were illegal to take over those funds.

Dr. Martha Elliot pointed out that the Executive Board of UNICEF would meet in Geneva about 16 July: it might be possible, therefore, at that time to get a solution of some of the questions that had been raised.

Dr. Aujaileu said that the cases quoted of UNRRA and OIHP were not comparable, as those organizations had been on the eve of liquidation.

Dr. Mani thought it was unnecessary to worry about the transfer of funds, as it might be possible to come to an agreement whereby WHO could act as agent of UNICEF.

The delegates of China, France, India, New Zealand, Poland, the Ukrainian SSR, the Union of South Africa, the United Kingdom and the United States of America were then appointed as a working party, to draft a generally acceptable resolution.

The Chairman thought it would be wise to obtain a legal opinion regarding the possibility of the transfer of funds from UNICEF to WHO. It would also be helpful to the working party if the expression “a committee composed of representatives of both organizations” were defined.

He then closed the discussion, noting that the remainder of the documents to be dealt with in connexion with UNICEF were largely factual.

3. Office International d’Hygiéne Publique

Dr. Morgan (observer, OIHP, and President of its Permanent Committee) stated that, after the signing of the Protocol in 1946, the Permanent Committee of OIHP had set up a Committee on Finance and Transfer to facilitate the transfer of its functions to WHO. The Interim Commission had appointed a Negotiating Committee to co-operate in the work, and the two committees had collaborated to great advantage. He reported that the personnel of OIHP had been satisfactorily pensioned off, and, in regard to administration and finance, that the funds of the Office were in a good state and well invested.

Although the transfer of activities should not have taken place before ratification of the Protocol, it had been felt right and proper to transfer them at the earliest practicable moment. Such activities as the preparation of the Bulletin and publication of notifications of epidemic diseases had therefore been transferred to WHO. The one remaining task for accomplishment was the transfer to WHO of the library on public health—which should prove an enormous asset.

In transferring activities, the Committee on Finance and Transfer had considered it only right at the same time to transfer funds to cover the cost involved. He gave details of the amounts involved.

Dr. Morgan then gave a résumé of the collaboration between the two organizations in connexion with research work on epidemiology, a subject which had closely concerned OIHP since 1907, and mentioned that certain funds had also been transferred to WHO for that work.

In conclusion, he expressed his appreciation to the Interim Commission, its committees and its Secretariat for their invaluable co-operation.

The Chairman thanked Dr. Morgan for his review of the relations between the two organizations.

The meeting rose at 4.55 p.m.

**SEVENTH MEETING**

_Friday, 9 July 1948, at 10 a.m._

**Chairman:** Dr. Melville Mackenzie (United Kingdom)

1. **Working Party on UNICEF**

On the suggestion of the Chairman, it was agreed to include the delegate of Denmark in the working party established at the previous meeting.

2. **Office International d’Hygiéne Publique**

(continuation)

Dr. Aujaileu (France) noted that, since the transfer to WHO in 1947 of some of the functions of the Office International d’Hygiéne Publique, only one number of the Bulletin had been issued, and that number had contained no medical or legislative bibliography. Since the war, many countries had reorganized their sanitary legislation, and information on the subject would be extremely useful. He wished to draw the attention of WHO to that omission, and considered that publication of the bibliographies should be resumed as soon as possible.

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47 Off. Rec. WHO, 10, 81
In reply, the CHAIRMAN observed that there were certain statutory obligations devolving on WHO in connexion with the publication of this information; the administration was therefore bound to take action in the matter.

Dr. MILLER (United States of America) submitted, and Dr. MACCORMACK (Ireland) supported, a resolution on the subject of continued co-operation with OIHP (for text, see fourth report, p. 324).

Dr. Stock (United Kingdom) paid tribute to the co-operative spirit shown by the authorities of OIHP and, in particular, to the help given by Dr. Morgan and Dr. Gaud.

The United States resolution was adopted.


The CHAIRMAN noted that the resolution on this subject submitted by the delegate of Portugal had been received after the working party's report was completed.

Dr. de Pinho (Portugal) said that his delegation objected to Article 2 of the draft Protocol. Objection was based on purely technical grounds, as Portugal had itself no chemical industry producing synthetic drugs. He proposed the following resolution:

Considering that the Draft Protocol on New Synthetic Drugs empowers the Commission on Narcotic Drugs to apply provisionally to a drug the measures applicable to drugs included in Group I, paragraph 2, of Article 1 of the 1931 Convention;

Considering that WHO is a specialized organization of the United Nations and will give without delay the information requested by the Commission on Narcotic Drugs, in view of the application of Article 1 of the Protocol;

Considering that a provisional measure on this subject will encounter difficulties, when WHO declares that a substance is not likely to produce such dangerous effects as toxic drugs;

The World Health Assembly recommends the deletion of Article 2 of the draft Protocol on New Synthetic Drugs.

Mr. Pastuhov (representative, Commission on Narcotic Drugs), gave a résumé of the deliberations of the Commission on Narcotic Drugs on the subject. The commission had carefully considered the views expressed by the United States and the United Kingdom Governments, but had decided that Article 2 of the Protocol should be maintained. The commission's view was that WHO possessed both the scientific means and the knowledge to enable it to decide whether a drug was habit-forming—in which case it should be placed under international control—and that, until a decision was given, measures were necessary to prevent trading in and distribution of the drug in question. He stressed the element of time involved before a new drug could be placed under international control, for which reason it had been considered desirable to have some measures to deal immediately with such drugs.

Dr. de Pinho maintained that a question of principle was involved. The 1931 Convention should be applicable to a product only on the basis of a qualified medical opinion, namely, that of an expert committee of WHO. In Portugal, the practice of limiting distribution of such products to cases where a medical prescription was produced followed. That practice might be used in other countries to counteract possible abuses during the period required for a decision to be taken.

Dr. Forrest, Secretary, said there was one further point relevant to the discussion. Before a government sent a notification regarding a drug, it had to have some reasonable belief that it was habit-forming, and the Commission on Narcotic Drugs had considered it unlikely that such a notification would be sent for frivolous reasons. In his view, it was reasonable that certain immediate measures should be taken pending the decision of WHO.

The CHAIRMAN summarized the position and said that the subject had already been thoroughly examined by the Commission on Narcotic Drugs. The draft Protocol was the result of a compromise, and he felt that, as such, it should not be lightly rejected. The points raised were not really of a medical, but of a general legal and commercial nature.

The resolution of the delegate of Portugal not being seconded, the meeting passed to consideration of the following report of the working party:

The Working Party recommends to the Committee on Relations that it put forward the following resolution to the Health Assembly:

The Health Assembly has examined the text of the draft Protocol to bring under international control drugs outside the scope of the 1931 Convention and approves it. This approval is therefore conveyed to the Secretary-General of the United Nations for consideration by the Economic and Social Council.

It was agreed to adopt the report of the working party on the draft Protocol on Narcotic Drugs.

4. Preparatory Commission for the International Refugee Organization (continuation)

The CHAIRMAN drew attention to the documents relevant to this subject: the report on the general conference on the resettlement of specialists, convened by PCIRO, and a report by the Director of Health, PCIRO, on the resettlement of displaced medical personnel.

A resolution had also been submitted by the delegation of Poland.

Dr. Koszuszynik (Poland), in explaining the reasons for his resolution, said that WHO was an organization to help in fostering international

57 Off. Rec. WHO, 12, 57

58 Off. Rec. WHO, 10, 75

59 Ibid. 12, 49
co-operation and the consolidation of peace. In the opinion of his delegation, PCIRO was one of the factors at present causing difficulties and was obstructing international relations. That opinion was shared by other nations, as was borne out by the fact that, according to his information, only 15 countries were members of PCIRO. Some countries that were very interested in the solution of the refugee problem did not recognize PCIRO at all. He also noted that only a few Members of WHO were also Members of PCIRO. Poland had no objection to helping refugees who wished to return to their homes, but it seemed to him that PCIRO gave more assistance to those refugees who were unwilling to return, and who were working politically against their own countries and against the cause of peace. For that reason Poland opposed collaboration between WHO and PCIRO. He therefore proposed the following resolution:

Whereas the activities of the International Refugee Organization are considered to be harmful and to be one of the factors which obstruct the amelioration of international co-operation

Therefore, the Committee on Relations RECOMMENDS to the Health Assembly that no relation be maintained and no collaboration established between WHO and PCIRO.

M. Pospíšil (Czechoslovakia) supported the resolution proposed by the delegate of Poland. He wished to draw attention to the fact that Members of WHO could not be obliged to maintain relations with an organization of whose operations they disapproved, and he appealed for general understanding on that question.

Dr. Plavšić (Yugoslavia) and Dr. Butrov (Ukrainian SSR) also supported the Polish proposal.

Dr. Miller proposed the adoption of the recommendation of the Interim Commission, with the addition of the words "without any formal agreement".

This was supported by the delegate of New Zealand.

M. Nathanail (Albania), supporting the Polish resolution, said that co-operation between WHO and PCIRO would not do any honour to WHO or add to its prestige. In the opinion of the Albanian delegation, all relations between WHO and PCIRO should cease.

Dr. Minculesco (Roumania) said his delegation shared the views expressed by the delegate of Poland. He therefore proposed that the relevant sub-section be deleted from the Report of the Interim Commission.

Dr. Kozusznik (Poland) seconded this proposal.

Dr. Miller suggested that the representative of PCIRO be asked to give a statement.

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Dr. Coigny (observer, PCIRO) said that, since its creation over a year ago, PCIRO had maintained excellent relations with the Interim Commission of WHO, especially in regard to epidemiology, venereal diseases and tuberculosis, and had been grateful for technical advice. PCIRO had a big problem of public health to deal with, in connexion with the refugees.

At one of its sessions, the Interim Commission of WHO had adopted a resolution asking Member Governments of PCIRO to assist in the emigration of medical personnel who were in the various camps and who did not wish to return to their own countries. PCIRO had created a section to deal with that subject, in co-operation with WHO, and had been able to resettle a large number of medical specialists and nurses.

PCIRO was not seeking an explicit agreement with WHO, but merely asking for the continuation of the excellent relations maintained in the past. PCIRO had no agreements with any of the specialized agencies.

Dr. Coigny expressed his astonishment at the remarks made by the delegate of Poland. PCIRO had maintained good relations with the Polish Government and had a representative in Poland. During the last nine months, about 40,000 Poles had been repatriated through the efforts of PCIRO.

The Chairman drew attention to the three suggestions before the committee: (1) the original recommendation of the Interim Commission, which was supported by the delegates of the United States of America and New Zealand; (2) the resolution proposed by the delegate of Poland; and (3) the proposal by the delegate of Roumania, seconded by the delegate of Poland, that the sub-section on PCIRO be omitted from the Interim Commission's Report.

With regard to the Polish resolution, he doubted whether it was in order for the committee to consider it. Article 70 of the WHO Constitution stated: "The Organization shall establish effective relations and co-operate closely with other international organizations as may be desirable." Presumably, in the case of a technical organization, that meant on technical, apart from political, grounds. He felt that the question was really a legal one and therefore proposed that, before considering it, the resolution should be referred to the General Committee for a decision.

It was agreed that the resolution proposed by the delegate of Poland be referred to the General Committee for a ruling as to whether it was in order for the Committee on Relations to consider it.


The report was adopted without discussion (text of resolutions recommended reproduced in fourth report, p. 324).
6. League of Nations

MEDICAL LIBRARY

The Chairman reminded the committee that there was another important question dealt with in the Report of the Interim Commission, the decision to be taken by the United Nations as to the disposition of the medical section of the library of the League of Nations. He assumed that most, if not all, delegates would wish the medical section of that library to become available for the work of WHO.

It was agreed that the Rapporteur should prepare a resolution expressing the interest of the committee in the question of the medical library and its eventual transfer to WHO.

DARLING FOUNDATION

The Chairman referred to the first report of the Committee on Programme, in which that committee recommended that the Health Assembly should approve a resolution on this subject (for text of resolution, see p. 300).

The text of the resolution proposed by the Committee on Programme was approved.

LEON BERNARD FOUNDATION

Dr. Aujaleu thought that for the Léon Bernard Foundation the same procedure for awarding the prize could be adopted as in the case of the Darling Foundation, but there was one difficulty. Professor Léon Bernard was a physiologist and the prize related chiefly to social medicine; therefore, the same committee might not be competent in the matter. He suggested the setting-up of a special committee of experts on tuberculosis, venereal diseases, maternal and child health, and possibly mental health.

It was agreed that the Rapporteur should prepare a resolution, suggesting that the Health Assembly establish a special committee at each of its sessions, in order to award the prize.

7. Third Report of the Committee on Relations

(for final text, see p. 323)

At the request of the Chairman, the Secretary began to read the sections of the report on which no amendments had been received.

CO-ORDINATION OF INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES

The text of this resolution was adopted.

FOOD AND AGRICULTURE ORGANIZATION: STATEMENT BY FAO OBSERVER

Dr. Latsky (observer, FAO) conveyed to the committee the good wishes of the Director-General of FAO and also of Sir John Boyd Orr, the former Director-General.

He referred to the statement by FAO to the Health Assembly, setting out the views of FAO regarding future collaboration in the fields of nutrition and rural welfare, and the statement on the course and scope of FAO/WHO relations, with which FAO agreed.

In accordance with requests from the Secretariat of WHO and from members of delegations, he gave a detailed explanation of the matters dealt with in the statement by FAO, laying particular stress on the importance of work in nutrition.

He said that FAO wished WHO to have no qualms about future co-operation. FAO would not require the abnormal machine of co-operation which had been alluded to in the case of other organizations. He thought FAO understood which health projects were clearly within the field of competence of WHO, and that the disposition of such projects should rest with WHO. In regard to international nutrition problems, joint action by the two organizations was absolutely essential. FAO would do everything possible to help to establish the nutrition section of WHO.

The Chairman said the committee was very grateful to Dr. Latsky for his very interesting and lucid address, and that his remarks would be conveyed to the relevant committees.

The meeting rose at 12.10 p.m.

14 Off. Rec. WHO, 12, 45
The Chairman drew attention to an amendment to the draft Agreement with UNESCO, submitted by the delegation of the United States. That delegation had proposed the substitution of paragraphs 1 and 2 of Article III of the ILO draft Agreement for paragraphs 1 and 3 of Article III of the FAO draft Agreement and paragraphs 1, 2 and 3 of Article IV of the UNESCO draft Agreement.

The first two paragraphs of Article III of the FAO Agreement and of Article IV of the UNESCO Agreement would then read as follows:

1. The FAO (UNESCO) and the World Health Organization may refer to a joint committee any question of common interest which it may appear desirable to refer to such a committee.

2. Any such joint committee shall consist of representatives appointed by each organization, the number to be appointed by each being decided by agreement between the two organizations.

Mr. Calderwood (United States of America) said it was with some reluctance that the United States delegation submitted another proposal relating to the Agreements between WHO and FAO and WHO and UNESCO, but the new proposal had been submitted with a view to meeting the difficulties encountered during the discussion of those agreements the previous Tuesday.

He pointed out that Articles III and IV in the FAO and UNESCO Agreements respectively, like Article III in the ILO agreement, provided for the establishment of joint committees; unlike the ILO Agreement, however, the FAO and UNESCO Agreements also specified how such committees should be established. The proposal submitted by the United States delegation was designed to bring the text of Article III of the FAO Agreement and Article IV of the UNESCO Agreement into line with Article III of the ILO Agreement, which had already been adopted by the Health Assembly.

In order to meet the views expressed by delegates concerning the manner in which joint committees might be established, it was also suggested that the committee should make a recommendation to the Health Assembly that the Director-General be empowered by the Executive Board, in such circumstances as the Executive Board might determine, to enter into agreements with the Directors-General of other international organizations to provide for the establishment of or participation in joint committees. It was, of course, understood that, under the Constitution, the Executive Board itself might provide for the creation of or participation by WHO in joint committees with other organizations.

Mr. Calderwood added that the United States delegation fully agreed with the views expressed by the observer of FAO as to the desirability of close co-operation between WHO and FAO in matters of common interest, and of allowing that co-operation to develop without the handicap of too rigid provisions in formal agreements.

In the case of ICAO, for instance, it had been agreed that no formal agreement was necessary. The proposal of the United States delegation was adopted.

The Secretary stated that the draft third report of the Committee on Relations would be altered in accordance with the United States proposal just adopted. He then read the amendments recommended to the following articles: Article VIII, Financing of Special Services; Article X, Implementation of the Agreement.

The draft Agreement with UNESCO was adopted, as amended, with the additional amendment contained in the United States proposal.

The Secretary said he had been asked by the observer of the United Nations to draw attention to one phrase in these agreements. In the Agreements between WHO and ILO and between WHO and UNESCO, there was a statement to the effect that the United Nations should be permitted to take part in the deliberations, whereas the Agreement with FAO stated that representatives of the United Nations and of other specialized agencies would be invited to attend joint committees only as might be found desirable. That question should be taken into consideration when the Agreement with FAO was discussed.

The introduction and the section containing the Interim Commission’s recommendation on co-operation with UNESCO were adopted without discussion.

Food and Agriculture Organization

The Secretary pointed out that the committee had agreed to delete amendments to the draft Agreement with FAO, prepared by the Secretariat and the Rapporteur, and substitute the wording contained in the United States proposal (see p. 239).

Article III, paragraph 3

The Secretary said that, as the United States proposal suppressed this paragraph, the question raised by the observer of the United Nations appeared to be covered; i.e., no specific mention was made as to the United Nations and other specialized agencies being invited to attend joint committees.

He pointed out that the relevant paragraph in the Agreement with FAO was paragraph 4 of Article III.

The Chairman said they had to consider whether the words “as may be found desirable” in paragraph 4 of Article III should be omitted, in order to bring the Agreement with FAO into line with the other agreements.

The recommendations in this Section (up to and including Article III) were adopted, with the amendments contained in the resolution proposed by the United States delegation.

It was decided to amend the following articles, to make them read the same as in the Agree-

44 Off. Rec. WHO, 10, 76
45 Ibid, 10, 69
of opinion in the general attitude towards that organization, it was not necessary to place the question upon the agenda of the Health Assembly.

The CHAIRMAN suggested that the Rapporteur should prepare a resolution asking the Director-General to study the whole question and report to the Executive Board. He thought that that would meet the points raised by the delegates of the United States and Albania, without taking further action.

Dr. MILLER expressed his approval of this procedure, but Mr. NATHANAIL said he still considered it was neither necessary nor expedient to place the matter on the agenda of the Health Assembly.

The CHAIRMAN thought that the resolution, if accepted by the committee, should simply be a recommendation for the Director-General to study the matter; there was no question of putting it on the agenda of the Health Assembly.

It was agreed that the Rapporteur should prepare a resolution for consideration by the committee at its next meeting.

5. United Nations Relief and Rehabilitation Administration

Dr. GOODMAN (Secretariat) summarized the relations with UNRRA leading up to the draft resolution recommended by the Interim Commission in its report on the UNRRA-Interim Commission Agreement and Transfer of Funds. Certain of the field activities of UNRRA had been continued by the Interim Commission with funds available by UNRRA under the Agreement of 9 November 1946 between that Administration and the Interim Commission. The activities continued in this way included a large programme of fellowships, the continuation and establishment of missions of experts to certain countries, arrangements for experts to visit countries, and the provision of literature and teaching material. Such aid had been limited to countries previously aided by UNRRA. In 1948, UNRRA had made available a second sum of $1,500,000 for the continuation of those activities.

Since the 1948 programme would not be completed at the time of transfer of functions from the Interim Commission to WHO, it was desirable for the Health Assembly to pass a resolution authorizing the Organization to continue this policy, within the limitations of the funds available. UNRRA had proposed to make a further transfer of $1,000,000 to the general funds of WHO for 1949, subject to certain conditions, and that proposal was being considered by the Committee on Administration and Finance. The proposed transfer of UNRRA's activity in regard to penicillin had been referred to the Committee on Programme.

The resolution submitted by the Interim Commission was adopted without discussion.

87 Off. Rec. WHO, 10, 78
Miss Green (United Kingdom) paid a tribute to the co-operative spirit shown by UNRRA in the provision of funds. It was agreed to transmit a message of appreciation to the appropriate officials of UNRRA, and the Rapporteur was asked to prepare a text for submission to the committee.

6. Non-Governmental Organizations

Amendment to Criteria of Eligibility, Proposed by the Delegation of the Union of South Africa

The substitute text proposed for paragraph (v) of the criteria of eligibility was adopted without discussion (for text, see sixth report, p. 326).

Amendments to Machinery for Applying the Principles, Proposed by the Delegation of India

The delegation of India had proposed the following amendments to the suggested machinery: 64

Whereas it has been recognized by the Interim Commission that co-operation with professional and technical non-governmental organizations would be of value to WHO in many fields, and would assist WHO in many of the objectives envisaged by the Constitution (vide 12.3.5.1)

And whereas definite criteria have been laid down for the selection of such non-governmental organizations, in the best interest of WHO itself,

IT IS PROPOSED that the various clauses of 12.3.8.2.2 be suitably altered to give effect to the principles that

(i) WHO on its own initiative shall invite the co-operation of such desirable organizations and place them on the list and not expect them to make formal applications, and that

(ii) regional organizations shall invite in a similar way national organizations in their respective areas and place them on their respective lists.

These amendments were supported by Dr. Höjér (Sweden) and Dr. Miller (United States of America), who thought that WHO should welcome non-governmental organizations capable of contributing to its work.

In answer to a request from the Chairman for a definition of the phrase "WHO on its own initiative" in paragraph (i), Dr. Sen (India) said that the proposal was intended to establish the principle of co-operation between WHO and non-governmental organizations in the interests of WHO; the procedure was a detail, and the Organization could decide whether the invitations should be issued by the Director-General or by the Executive Board. He favoured the Executive Board.

The Chairman stressed the importance of relationships with non-governmental organizations. He asked whether the committee thought it desirable to leave with the Executive Board the initiative for inviting co-operation or whether provision should be made for the Director-General, in an emergency, to take this initiative, after consultation with the Chairman of the Board.

Dr. Höjér (Sweden) drew a distinction between two types of co-operation. General co-operation, such as the exchange of documents and information, could be exercised by the Secretariat without the need for a specified procedure. On the other hand, formal contact with representatives must be bound by rules. He supported the procedure suggested by the Chairman.

Mr. Halstead (Canada) asked whether the procedure proposed by the delegation of India was intended to supersede that of the Committee on Relationships with non-Governmental Organizations.

Dr. Sen repeated that the proposals were not concerned with procedure, but with a change in the principle governing the admittance of non-governmental organizations into relationship with WHO. The Interim Commission, in its report, had set out the criteria and privileges to be applied to those organizations. The privileges included neither the right to vote nor access to confidential documents. If, in addition, insistence were to be placed upon a formal application from the non-governmental organizations, it was doubtful whether any of those organizations would enter into relationship with WHO.

His delegation proposed a simplified process. While the existing procedure might be retained for non-governmental organizations of doubtful standing, non-governmental organizations of known standing should be invited to enter into relationship with WHO by the Executive Board, the Director-General or a small sub-committee. The need for relationship between WHO and the International Leprosy Association, for instance, had already become evident during the discussions of the Committee on Programme, and similarly, necessity would be felt in connexion with other international associations. He defined the word "desirable" in paragraph (i) as meaning organizations which satisfied the criteria in the report of the Interim Commission.

The Chairman stressed the impossibility of leaving to one individual the responsibility for the selection of non-governmental organizations, which varied so considerably in size and importance. He proposed the following alternative: The Executive Board, or in emergency, the Director-General in consultation with the Chairman of the Executive Board, when satisfied that a particular organization with which it is considered desirable that WHO should enter into relations fulfills the criteria laid down, may enter provisionally into such relations, pending the decision of the Committee on Relationships with Non-Governmental Organizations.

Dr. Höjér thought the intention of the Indian proposal could be met by substituting, in the first paragraph suggested by the Interim Commission the words "on its own initiative invite . . . will consider applications for . . .".

43 Off. Rec. WHO, 7, 209; 9, 67; 10, 82
44 Ibid. 10, 82
45 Ibid. 10, 82
46 Off. Rec. WHO, 10, 82, § 12.3.8.2.2.
Dr. Vasyliev (USSR) considered that the proposals of the Chairman and Dr. Höjer had clarified the position sufficiently.

Dr. Miller then suggested referring the proposed amendments of the delegations of India and the United Kingdom to a working party, but there was general agreement in favour of a preliminary discussion of the United Kingdom proposals.

Amendments proposed by the United Kingdom Delegation

The Chairman, introducing the amendments, said that some points, such as the first two proposals, were drafting points only.

The aim of the proposed amendment of paragraph 12.3.8.2.2 was that the standing committee should be established by the Health Assembly and not by the Executive Board, as relationships of non-governmental organizations would be with the Assembly. The proposal in the following paragraph established the principle that once a non-governmental organization fulfilled the criteria in the view of the standing committee it entered by right into relationship with WHO.

Dr. Aujaleu approved the proposed alteration to the headings of 12.3.8.2.1 and 12.3.8.2.2 of the report of the Interim Commission. He wondered whether it was necessary to stipulate that the standing committee should be established by the Health Assembly. The matter might well

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46 This proposal read: "12.3.8.2.2 (i) [in the report of the Interim Commission, Off. Rec. WHO, 10, 82] Delete and substitute:

'The Health Assembly shall establish a standing committee to be known as the Committee on Relationship with non-governmental organizations. This committee shall be composed of five members, will consider applications for relationship submitted by non-Governmental organizations and will make recommendations to the Assembly; it may invite any such organizations to speak before it in connexion with their applications.'"

48 This proposal read: "12.3.8.2.2 (iii) Delete and substitute:

'The Director-General shall notify every organization which the World Health Assembly, acting on the advice of its Committee on Relationship with Non-Governmental Organizations, decides has fulfilled the criteria laid down in 12.3.8.2.1 above. Immediately thereafter, the organization shall come into relationship with WHO under Article 71 of the Constitution. The Director-General shall maintain a list of the organizations admitted into relationship, and this list and any amendments thereto shall be circulated to the members of the World Health Organization.'"

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Dr. Naizif Bey (Egypt) supported the United Kingdom proposals, as amended by Dr. MacCormack.

Dr. Vasyliev thought the procedure for relationships with non-governmental organizations should be as simple as possible; he favoured the establishment of a small committee to consider the matter from time to time.

It was agreed to form a working party consisting of the delegates of Brazil, Canada, France, Greece, India, Ireland, the Netherlands, Pakistan, Poland, Sweden, the USSR, the Union of South Africa, the United Kingdom, and the United States of America to consider the amendments submitted by the delegations of the United Kingdom, India and the Union of South Africa, and to report to the following meeting of the committee.

The meeting rose at 12.15 p.m.

The resolutions are not printed in full, as they were later submitted to a working party.
1. Non-Governmental Organizations (continuation) 69

The CHAIRMAN recalled that this item had been referred to a working party of 14 members, whose report was before the committee.

Speaking as chairman of the working party, he said that, after a long discussion on this very important question, agreement had been reached on the procedure for admitting organizations into relationship with WHO.

PROCEDURE FOR ADMITTING ORGANIZATIONS INTO RELATIONSHIP

Dr. DE LAET (Belgium), Rapporteur, read the report paragraph by paragraph (for final text, see sixth report, p. 327).

Paragraph (i) was adopted without discussion.

Paragraph (ii)

Dr. EVANG (Norway) referred to the statement that the committee of five would make recommendations to the Executive Board. That wording usually meant that the Board would have to accept or refuse such recommendations, but paragraph (ii) stated that, when the committee of five decided the criteria had been fulfilled, an organization would come into relationship with WHO, under Article 71 of the Constitution.

Paragraph (ii) did not indicate that any action by the Board was required.

The CHAIRMAN said there had been a universal feeling in the working party that an organization had the right to enter into relationship with WHO when the committee of five had decided that the criteria had been fulfilled.

The RAPPORTEUR thought that the remarks made by the delegate of Norway were quite proper; there was a slight inconsistency, due to a drafting error.

It was true that the Executive Board would receive the recommendations made by the committee of five, which only had to decide whether the criteria had been fulfilled.

The RAPPORTEUR thought that the remarks made by the delegate of Norway were quite proper; there was a slight inconsistency, due to a drafting error. It was true that the Executive Board would receive the recommendations made by the committee of five, which only had to decide whether the criteria had been fulfilled.

He suggested that the first sentence of paragraph (ii) should be amended to read: "The Director-General shall notify every organization which the Executive Board decides has fulfilled the criteria laid down in section i above."

Dr. EVANG agreed to the amendment suggested by the Rapporteur.

Paragraph (ii) was adopted as amended.

Paragraph (iii)

Dr. AUJALEU (France) said it seemed to him that, having decided that non-governmental organizations should be invited, there was no question of an application. He felt that in the French text the words "demande présentée", in the last line of paragraph (iii), should be replaced by the words "agrément éventuel".

Dr. TIMMERMAN (Netherlands) asked whether it would be the Executive Board or the committee of five which would consult the government concerned.

The CHAIRMAN replied that formally it would be the Executive Board, but actually it would be done by the committee of five acting on behalf of the Executive Board, to avoid delay.

The RAPPORTEUR suggested that the last line of the English text of paragraph (iii) should be amended to read: "with regard to possible approval from any national organization".

The CHAIRMAN thought that if a national organization were invited to enter into relationship, the government concerned must be consulted first.

It was agreed that the Rapporteur and the Secretary should amend paragraph (iii), in accordance with the suggestion of the delegate of France. Paragraph (iv) was adopted without discussion.

Paragraph (v)

Dr. TIMMERMAN asked whether the word "revised" in the first line meant "changed" or "reviewed".

The CHAIRMAN said the working party had considered that question, but it was not easy to find the exact word in English. The word "reviewed" did not have the same meaning in the United States, and its use might lead to misunderstanding. The word "revised" carried the implication of making an alteration.

Dr. TIMMERMAN suggested "examined"; Miss GREEN (United Kingdom) "reconsidered"; and Dr. SEN (India) "scrutinized".

The CHAIRMAN suggested it should be left to the Rapporteur and the Secretary to decide which of the three words suggested would convey the desired meaning in the English text and make the necessary amendment to the French text.

This was agreed and paragraph (v) was adopted as amended.

Paragraph (vi)

Dr. TIMMERMAN suggested that the last line should read: "pending the decision of the Executive Board".

The CHAIRMAN thought that logically it should, but that the other wording was used in order to save time, in case the committee of five met when the Executive Board did not.
It was agreed that the wording should stand. The working party's report was adopted as amended.

**Privileges conferred by Relationship with WHO**

The Chairman said the working party had agreed to the wording of this item as printed in the Interim Commission's Report. The recommendations to the Health Assembly contained in the Interim Commission's report on non-governmental organizations, as amended by the working party's report, were adopted (final text in sixth report, p. 327).

**2. Pan American Sanitary Organization**

Dr. Zozaya (Mexico), speaking as Chairman of the Committee on Headquarters and Regional Organization, said that that committee had decided not to make specific recommendations regarding the Pan American Sanitary Bureau in its report to the Assembly, as it was felt to be a question of relations rather than regional organization, to be dealt with by the Committee on Relations.

The Chairman drew the attention of the committee to the draft resolution on that subject proposed by the delegation of Brazil.

Dr. de Paula Souza (Brazil) thought that the document was self-explanatory. His delegation felt that power should be given to the Executive Board and the Director-General of WHO to continue the existing relations between the Pan American Sanitary Bureau and WHO, and therefore proposed the adoption by the committee of the following recommendation to the Health Assembly: "The Assembly instructs the Director-General of WHO to continue negotiations with the Director of the Pan American Sanitary Bureau along the lines already laid down in Annex 32 B, of number seven of the Official Records."

The proposal was supported by Dr. Aujaleu (France), Dr. Frappier (Canada), Dr. Zozaya (Mexico), Dr. Castillo-Rey (Venezuela), and Dr. Briskas (Greece).

Dr. Vasilev (USSR) asked how there could be in existence an independent organization such as the Pan American Sanitary Bureau, as well as WHO.

Dr. de Paula Souza said that the Pan American Sanitary Bureau had existed since 1902 as an inter-American organization; it included all the nations of the American Continent. He hoped that within a short time most of the Pan American countries would have ratified the WHO Constitution. The Pan American Sanitary Bureau was continuing to work as before and was doing, on behalf of WHO, much of the interesting work which should be done by a regional organization.

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Dr. Forrest, Secretary, thought that, from the Secretariat's point of view, it might be advisable to make a slight change in the draft. Reference to the Official Records, No. 7, page 208, would show that the lines already laid down in the note on integration were very broad: some decisions could only be taken by the Committee on Headquarters and Regional Organization and that committee had not yet been able to take those decisions. He suggested that the Director-General of WHO might be instructed to continue negotiations and maintain the inter-secretariat relationship, pending the establishment of the Pan American Sanitary Bureau as the regional office.

Dr. Vasilev said the argument for the retention of the Pan American Sanitary Bureau did not satisfy him. The regional organizations would have as Members many countries which had not accepted the Constitution of WHO, but they would still work as regional organizations. WHO would be a unified organization, and he thought there was not sufficient reason for the retention of PASB as an independent organization, simply because some countries had not yet ratified the Constitution of WHO. The delegation of the USSR reserved its right to express an opinion on the matter at a plenary session of the Assembly.

Dr. Soper (observer, Pan American Sanitary Bureau) thought that, as a question had been raised as to why the Pan American Sanitary Bureau still existed as an organization, apart from WHO, he should put before the committee certain facts which had not been properly appreciated by many delegates living in parts of the world other than the Americas.

The Pan American Sanitary Bureau existed on the basis of a treaty signed in Havana in 1924, which had been ratified by all 21 American Republics and was the only one of the Pan American treaties so ratified. The treaty contained certain articles which, referring to the organization, functions and duties of the PASB, permitted that organization to do in the Americas many things which the Constitution of WHO did not permit WHO to do throughout the world. It contained a clause providing that the Convention should become effective in each of the signatory States on the date of ratification thereof by the said State, and should remain in force without limitation of time, each one of the signatory States reserving the right to withdraw from the Convention by giving a year's notice in advance to the Government of the Republic of Cuba. None of the 21 Republics had given such notice.

The functions which that treaty permitted in the Western Hemisphere were contained in Articles 54 to 59 of the Pan American Sanitary Code, and Dr. Soper said he would like those articles to be put on record.

Article 54 read:

The organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American
Dr. Soper pointed out that under this article the Pan American Sanitary Conference, which met every four years, had the full authority of the 21 countries to give additional administrative functions and duties to the Bureau. It was under this article that the Twelfth Pan American Sanitary Conference had met in Caracas in January 1947, six months after the meeting in New York of the International Health Conference, which had created the World Health Organization. At the Caracas conference, action had been taken to broaden the programme of the PASB to coincide with that of WHO, taking in matters of medical care and the medical and sanitary aspects of social welfare. At that time also, the organization of the Bureau had been changed, to conform to the type of regional organization laid out in the WHO Constitution, so that it would be possible to conform in every way to the administrative organization of WHO. At the same time, action had been taken to remove any political bars which had been thought to exist, and to make it possible for Canada and the non-self-governing political units in the Western Hemisphere to join the Pan American organization.

Article 55 read:

The Pan American Sanitary Bureau shall be the central co-ordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution centre of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public-health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.

Dr. Soper said that was a broad power in the Western Hemisphere, which was not provided for in the Constitution of WHO.

Article 56:

In addition, the Pan American Sanitary Bureau shall perform the following specific functions:

To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public-health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

In order more efficiently to discharge its functions it may undertake co-operative epidemiological and other studies; may employ at headquarters and elsewhere experts for this purpose; may stimulate and facilitate scientific researches and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.

Under that article, the Bureau was actually administering an anti-mosquito service in 1948 and 1949 in one of its member republics. PASB was working directly in that country; the service was under the direct administrative control of a representative of PASB, who was a health officer of another of the Pan American members.

Articles 57 and 58:

The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various signatory Governments relative to public health problems and the manner of interpreting and applying the provisions of this code.

Officials of the national health services may be designated as representatives, ex officio, of the Pan American Sanitary Bureau, in addition to their regular duties, and when so designated they may be empowered to act as sanitary representatives of one or more of the signatory Governments when properly designated and accredited so to serve.

Dr. Soper emphasized the importance of Article 55, under which it was possible for the Director of PASB to designate a health officer from any one of the 21 American Republics to act as representative of the Bureau or of any one or all of the 21 governments without that individual having to resign or abandon his position with his own government, and in that capacity he was able to act for the Bureau anywhere in the 21 American Republics.

Finally, Article 59:

Upon request of the sanitary authorities of any of the signatory Governments, the Pan American Sanitary Bureau is authorized to take the necessary preparatory steps to bring about an exchange of professors, medical and health officers, experts or advisers in public health of any of the sanitary sciences, for the purpose of mutual aid and advancement in the protection of the public health of the signatory Governments.
Dr. Soper thought the committee would readily understand the reluctance with which the American Republics would give up the possibility of close collaboration on the technical level which at present existed in the Western Hemisphere. The question had been raised as to the continued existence of PASB as an independent regional organization. When he had attended the third session of the Interim Commission at Geneva in April 1947, as the newly-elected Director of PASB, he had found that WHO had no plans for financing or organizing regional work, and he was very much disturbed to find that in the report of the Interim Commission, no provision had been made for regionalization.

At the third session of the Interim Commission, he had called attention to the fact that the discussion between the American Republics and WHO was not a political one, but essentially a question of whether WHO would have a large central organization or whether it would establish regional health organizations, which would make the influence of WHO felt by the people in the various countries. The PASB was not a political organization; it was not subject in any way to any international political organization. The treaty was entirely independent of any other treaty.

With reference to financing, he called attention to the fact that the United States had contributed only 11% of the budget for 1948. At the meeting in Buenos Aires during the previous year, other countries had made voluntary supplementary contributions and had approved a budget of $1,300,000 for 1948, knowing that only $145,000 of that amount would be paid by the United States.

The PASB and the Pan American countries were much more interested in the development of a real world health organization than in maintaining independence for themselves. They realized that they could not protect the Western Hemisphere against the introduction of disease, unless regional organizations were functioning elsewhere.

Dr. Soper said he expressed the sentiments of the majority of the American Republics in stating that they were very much interested in WHO, but, until such time as WHO was in a position to take over and finance the responsibilities of the Bureau, he did not believe the Pan American countries would be willing to abandon the organization which at present existed. He wished to call attention to the fact that, up to the present time, the Health Assembly had not discussed regional programmes. The Bureau was continuing its work and could only indicate the broad field of activities in which it was working and ask WHO what it wished to take over as regional work.

He concluded by saying that the Bureau was not asking for any special favours; it was asking for a regional organization and for adequate funds to be assigned to regional programmes.

The Chairman thanked Dr. Soper for his description and offer of collaboration. The possibility of two forms of relationship between WHO and the Pan American Sanitary Bureau had been raised: the inter-secretariat relationship mentioned by the Secretary, and the proposal of the delegate of Brazil. He drew attention to the annex in number seven of the Official Records, to which the delegate of Brazil had referred—a note on integration presented at the fifth session of the Interim Commission, which had been the result of considerable work and long negotiations. Action with regard to the first paragraph of that note and to the first paragraph of the draft resolution proposed by the delegation of Brazil was being considered by the General Committee that morning.

Dr. Vasiliev explained the reason behind the question raised by the delegation of the USSR about the Pan American Sanitary Bureau.

The activities of the Bureau constituted a great achievement in regional medical organization. He had advocated its inclusion in WHO because its experience in organization and methods of financing regional health work would be invaluable to WHO, which itself was inexperienced in that field. It had never been intended that the Bureau’s activity should be limited or curtailed as the result of its incorporation in WHO or that its programme and budget should be modified. The aim of his delegation was to increase the importance and strength of WHO and of international health work by making the Bureau’s experience available to the regional organizations, without, however, placing any restrictions on the existing functions of the Pan American Sanitary Bureau. He could not see why that should not be done.

Dr. de Paula Souza sought to allay fears on the sub-division and dispersal of the work of WHO, by recalling that Brazil had been one of the countries at San Francisco to propose the establishment of a single health organization. All delegations were surely in favour of a single organization, which, by using all existing experience, would develop regional organizations to the maximum.

The Chairman proposed a working party to consider the draft resolution proposed by the delegation of Brazil and the note on integration to which he had referred. It would consist of the delegates of Brazil, China, Egypt, France, India, the Union of South Africa, the USSR, and the United States of America.

Dr. de Paula Souza proposed the addition of the Chairman of the Committee on Headquarters
and Regional Organization, Dr. Zozaya of Mexico, whose country was also a member of the Pan American Sanitary Bureau.

The CHAIRMAN agreed to the suggestion, but in order to preserve the balance in the working party between members and non-members of the Bureau he proposed to include also the delegate of Sweden.

This was agreed.

The meeting rose at 11.55 a.m.

TENTH MEETING

Thursday, 15 July 1948, at 10 a.m.

Chairman: Dr. Melville Mackenzie (United Kingdom)

1. Pan American Sanitary Organization

In connexion with the draft resolution proposed by the working party on the Pan American Sanitary Organization, the CHAIRMAN announced that certain information of a legal nature, which had not been previously available, had been received. The draft resolution should therefore be referred back to the working party.

This was agreed.

2. United Nations International Children's Emergency Fund (continuation)

The Committee then considered the resolution submitted by the working party on UNICEF (final text in seventh report, p. 327).

Dr. Evang (Norway) thought that the phrase "important emergency needs of children" in the seventh paragraph was too strong, and proposed the deletion of the word "important". He also proposed, in the footnote, the insertion of the words "signing on behalf of their Norwegian and Swedish colleagues", after "Danish Red Cross".

This was agreed.

Dr. Aujaleu (France) proposed alteration of the French text, to make it conform with the English. He also proposed that the word "Director-General", which appeared in recommendation 3, should be changed to "Directors-General".

Dr. Forrest, Secretary, observed that WHO could not delegate powers which it did not possess. There was only one Director-General. In order to meet the objection which had been raised by the delegate of France, however, he proposed the introduction of wording to show that that responsibility would be assumed.

Dr. Aujaleu could not agree with the observations made by the Secretary. The committee was a joint committee, and therefore WHO was in a position to delegate power to both Directors-General. He did not think there could be any legal objection to the amendment he had proposed.

This amendment was accepted, and it was also agreed that the French text would be amended to conform with the English text.

Dr. Martha Eliot (United States of America) proposed to add at the beginning of recommendation 3 the words: "In order that there shall not be undue limitation on prompt action under these programmes, the committee . . ."

Dr. Höjjer (Sweden) proposed inserting in point 2 of the recommendation the words "of UNICEF" after "projects".

These proposals were accepted.

The resolution was adopted as amended (for text, see seventh report, p. 327).

3. Fourth and Fifth Reports of the Committee on Relations

FOURTH REPORT

OF THE COMMITTEE ON RELATIONS (p. 324)

Dr. de Laët (Belgium), Rapporteur, read the report item by item. Attention was called to a typographical error.

The report was adopted.

FIFTH REPORT

OF THE COMMITTEE ON RELATIONS (p. 325)

The Rapporteur read the report item by item. In the third resolution, under "League of Nations Library", it was agreed to delete the words "former" and "Health Organization", leaving "League of Nations", and to substitute "Health Assembly" for "WHO" in the third resolution concerning the Fonds Léon Bernard.

The report was then adopted.

4. Preparatory Commission of the International Refugee Organization (continuation)

The CHAIRMAN stated that on the subject of the International Refugee Organization there were two suggestions before the committee, one submitted by the delegation of Poland (see p. 245), and the proposal of the United States delegation that the wording in the report of the Interim Commission 19 be maintained.

Dr. Kozusznik (Poland) stated that his delegation strongly maintained its point of view that the activities of PCIRO were harmful and obstructive to international relations. It had transpired during the discussions of the com-

19 Off. Rec. WHO, 10, 75
committee that this was the opinion of many other States Members. However, in a spirit of goodwill and in order not to prolong discussion on the point, the Polish delegation would not press the resolution, and asked only that its opinion as stated should go on record. The Polish delegation accepted the suggestion of the delegate of the United States, which had been supported by the delegate of New Zealand. He proposed only that the words "without any formal agreement" be added at the end of the recommendation of the Interim Commission, a suggestion which had already been made by the United States delegate.

It was agreed that the recommendation of the Interim Commission be maintained, with the addition to the second paragraph, after "on this basis", of the words "without any formal agreement".

5. Requests from Non-Governmental Organizations

REQUEST FROM THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE FOR A REPRESENTATIVE OF WHO ON THE COURT OF GOVERNORS OF THAT SCHOOL

It was decided that the item be referred to the Executive Board for study.

REQUEST FROM THE COMMITTEE ON THE HYGIENE OF HOUSING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

It was agreed that this item should be referred to the Committee on Non-Governmental Organizations of the Executive Board.

DRAFT RESOLUTION PROPOSED BY THE DELEGATION OF FRANCE REGARDING LIAISON BETWEEN WHO AND THE LEAGUE OF RED CROSS SOCIETIES

It was decided that this item be referred to the Committee on Non-Governmental Organizations of the Executive Board.

6. Other Business

GENERAL RESOLUTION ON CO-ORDINATION

The Secretary drew attention to the fact that one of the main preoccupations of the Economic and Social Council was the question of co-ordination. It was important that all delegates of one government should co-ordinate their policy before leaving home, so that they did not speak with different voices in different committees. Specific reference was made in paragraph (3) of the resolution to co-operation with the Economic and Social Council. There had been a tendency on the part of the United Nations to ask for reports of every meeting of its specialized agencies, and he thought it might be wise for the Assembly to say that one report would be supplied annually, the report of the Director-General, which would be submitted to the Economic and Social Council after approval by the Health Assembly. It had sometimes happened that draft reports of specialized agencies had been examined by the United Nations before being agreed upon by the annual conferences concerned. He thought it important to give the matter consideration.

Dr. Evang moved the adoption of the resolution. He proposed, however, a modification of paragraph (3) in line 4 to read: "the annual report of such activities of the Organization as are also within the scope of the Economic and Social Council and other specialized agencies, as well as a programme of such activities".

The Secretary, while appreciating Dr. Evang's point of view, said that the reason paragraph (3) had been framed in those terms was that WHO would only have to produce one report a year. If Dr. Evang's proposal were followed, then there would have to be several people in the Secretariat engaged exclusively on picking out parts of the report to be submitted to the Economic and Social Council, and the result would be that eight or ten reports would have to be submitted each year. It would be a considerable saving in time and also in publishing, if one annual published report, made by the Director-General and approved by the Health Assembly, should be submitted annually, except in special circumstances.

Dr. Evang accepted the explanations, and did not press his proposal.

Dr. Frappier (Canada) supported the resolution on co-ordination. He proposed a modification of paragraph (1) by inserting at the beginning of the paragraph the words "draws the attention of members to the fact that it is desirable to ensure . . . ."

The Canadian proposal was accepted.

Dr. Aujaleu agreed with paragraphs (1) and (2) of the resolution. With regard to paragraph (3), while he agreed that only one annual report should be furnished to the United Nations, if it were to be submitted before adoption by the Health Assembly, the Health Assembly and the Executive Board would be deprived of one of their essential prerogatives. He asked what the situation would be if it were found that the General Assembly was not in agreement with the preliminary programme of the Director-General.

The Secretary thought the delegate of France was confusing the General Assembly with the Health Assembly. To obviate the confusion, he proposed to insert the words "of the United Nations" after "General Assembly" in line 3 of paragraph (3). The documents to be submitted to the General Assembly were: (a) the report for the previous year approved by the Health Assembly and (b) the programme for the following year, also approved by the Health Assembly.

Dr. Aujaleu agreed.
The CHAIRMAN considered that the drafting might be improved. He proposed that the document be referred to the Rapporteur and Secretariat for redrafting, in order to make it perfectly clear. The United Kingdom delegation had thought the first paragraph particularly important and had included a recommendation to that effect in the opening speech of its chief delegate to the Health Assembly.

The general resolution on co-ordination was adopted (final text, p. 329).

7. Sixth Report of the Committee on Relations (p. 326)

At the request of the Chairman, the Rapporteur read the report on relations with non-governmental organizations, section by section.

The report was adopted, with certain minor drafting modifications in the French text.

8. Pan American Sanitary Organization (continued)

The CHAIRMAN said the committee had concluded its work except in regard to the draft resolution on the Pan American Sanitary Organization, which it had been decided to refer back to the working party for consideration (for final text of resolution, see seventh report, p. 329).

Dr. VASILIEV (USSR) proposed that discussion on the resolution should be continued in the full committee, in order to avoid a further meeting of the working party.

Dr. SOPER (observer, Pan American Sanitary Bureau) feared that the resolution suggested by the working party had been agreed upon without full cognizance of the contents of a telegram which had been read out, but not circulated, at the meeting. That telegram contained the legal opinion of the United Nations that the interpretation of Article 9 of the proposed Agreement between PASO and WHO should be settled by the Health Assembly under Article 75 of its Constitution. Article 9 was the only article under discussion, and provided for the revision or annulment of the Agreement (by either of the parties) on a year's notice.

He pointed out that the Agreement had been approved by the Directing Council of PASO, and approval by the Health Assembly would make possible a final working agreement between the two organizations without further delay. Authorization had been given by the Directing Council (this action had been taken before any of the American States had become Members of WHO) enabling him, as Director of PASO, to make the final arrangements with WHO on the basis of that Agreement. It was important that careful consideration should be given to the question before any changes were made, which might delay such agreement and might make it necessary to establish a temporary working agreement between the two organizations. He felt strongly that action should not be taken merely on the basis of the rapid consideration of the point by the working party.

Dr. VASILIEV thought that the working party had given ample consideration to the question; the resolution submitted was the result of the consensus on all proposals. It was felt by the majority of members that Article 9 should be deleted, because it was inconsistent with the Constitution of WHO and in order that no obstacles should arise in the integration of PASO in the World Health Organization.

Mr. STEWART (Union of South Africa) felt it was for the Legal Committee to decide this question.

Dr. MACLEAN (New Zealand) suggested that the last paragraph of the resolution should be amended to read: "Decides further that the appendix to Annex 32B of Official Records of the World Health Organization, No. 7, should serve as a basis for these negotiations, subject to appropriate modifications to Article 9 of the draft Agreement."

Dr. MACCORMACK (Ireland) said that the matter should be approached in a realistic manner, in accordance with the wish of PASO that Article 9 should be retained in the Agreement. PASO was an independent organization which it was desired to incorporate, so that WHO would have a regional organization with vast experience and adequate machinery.

He was not convinced that Article 9 was contrary to the Constitution or that legal opinion should be sought. The reservation for a year's notice had been inserted and gave both parties the option of exercising their own discretion.

Dr. AUJALRU supported the proposal of the delegate of New Zealand, which was a compromise solution leaving the incorporation of PASO subject to further modifications.

Dr. HÖJER proposed, in order to avoid the delay which might occur in obtaining the consent of all members of PASO, that Article 9 should be temporarily agreed to, but should not form part of the final Agreement.

Dr. SEN (India), speaking as chairman of the working party, was in entire agreement with the views expressed by Dr. Vasiliev and Dr. Maclean: that no difficulties should be placed in the way of the integration of PASO in the World Health Organization.

Speaking as delegate of India, he supported the proposal of Ireland. If that was not carried, he would consider the proposal of New Zealand.

As chairman of the working party, he had the feeling that because of the non-circulation of the telegram it was possible that members had not realized its full significance.

The CHAIRMAN believed it would be appropriate to put the New Zealand amendment to the vote as being furthest from the original resolution. In reply to a point raised by Dr. Vasiliev, he said that the Swedish proposal had not been seconded.

Dr. VASILIEV then seconded the Swedish proposal.
M. AMY (El Salvador) could not agree that Article 9 was contradictory to the Constitution. Neither in Chapters III or XI of the Constitution was there any mention that a Member of the Organization became a prisoner, by virtue of association with that Organization. That would certainly be contrary to Article 54 of the Constitution, which spoke of common action based on mutual consent. For those reasons, he supported the statements of the delegates of Ireland and India.

The CHAIRMAN read the resolution as amended by the delegate of New Zealand (final text, p. 329).

A vote was taken by show of hands and the resolution was adopted by 17 votes to 7.

The meeting rose at 12.30 p.m.

ELEVENTH MEETING

Thursday, 15 July 1948, at 4.15 p.m.

Chairman: Dr. Melville MACKENZIE (United Kingdom)

Seventh Report of the Committee on Relations (final text, p. 327)

The CHAIRMAN called on the Rapporteur to present the draft seventh report of the Committee on Relations.

Dr. DE LAET (Belgium) read the draft report, section by section, with various drafting amendments.

   This section was approved.

2. Preparatory Commission for the International Refugee Organization (PCIRO)
   This section was approved.

3. Requests from Non-Governmental Organizations
   This section was approved.

4. General Resolution on Co-ordination
   This section was approved.

5. Pan American Sanitary Organization
   Dr. MacCORMACK (Ireland) said that, as he interpreted the proposed resolution, it seemed there could be no integration of the Pan American Sanitary Bureau with WHO until after the next session of the Health Assembly. With a view to expediting matters, he submitted an amendment, as follows:

   The Health Assembly
   DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Bureau with WHO until after the next session of the Health Assembly. With a view to the integration as soon as possible of PASO with WHO, and if possible to conclude an agreement, in accordance with Article 54 of the Constitution, etc.

   He said the question of agreement for both sides was already laid down in the Constitution; it was not necessary to repeat it. In the Indian delegation’s opinion, the retention of the reference to Article 54 was fundamental.

   Dr. SOPER (observer, Pan American Sanitary Bureau) said he was glad the question had been raised, because he wished to emphasize again the fact that the Agreement which had come under discussion, had been approved by the Directing Council of the Pan American Sanitary Bureau. But it had made a proviso, that the Agreement should enter into force upon its approval by the Health Assembly. He thought it was essential to have some action by the Health Assembly confirming the final Agreement. The Directing Council was meeting in October, and, if the entire document were accepted as it stood, the final Agreement could be very rapidly concluded. Since there had been a question regarding Article 9, there should be a definite authorization on that particular item, so that it could be laid before the Directing Council. If a suitable wording agreeable to both parties was found, it would be possible to complete the arrangements between WHO and the Pan American Sanitary Bureau, so that the Bureau could begin to function as a full regional organization in 1949, without going through the preliminary stage of a working arrangement before the agreement had been reached.

   The CHAIRMAN thought the committee should first decide whether it wished to reconsider the resolution which had been passed that morning; he asked if there was general agreement on that point.

   This was agreed.

   He then asked the delegate of Ireland for further explanation on details of his proposed amendment.

75. REC. WHO, 7, 208
Dr. MacCormack said that he now desired to second the amendment proposed by the delegate of India.

The Chairman then put to the vote the amendment proposed by the delegate of India and seconded by the delegate of Ireland.

The amendment proposed by the delegate of India was approved, as was section 5 of the draft report, as amended.

The seventh report of the Committee on Relations was then adopted.

The meeting rose at 4.50 p.m.
5. COMMITTEE ON HEADQUARTERS AND REGIONAL ORGANIZATION

FIRST MEETING

Wednesday, 30 June 1948, at 10 a.m.

Chairman: Dr. J. Zozaya (Mexico)

1. Election of Chairman and Vice-Chairman

On the proposal of Dr. Mani (India), seconded by Dr. Timmerman (Netherlands), the committee confirmed the nominations made by the Nominations Committee and elected as Chairman Dr. Zozaya (Mexico) and as Vice-Chairman Dr. Ungár (Czechoslovakia).

2. Election of Rapporteur

On the proposal of Dr. Mani, seconded by Dr. Yung (China), the committee elected as Rapporteur Mr. Hewitson (Union of South Africa).

3. Location of Headquarters

On the proposal of the Chairman, the committee agreed to confine its discussion at this meeting to the question of headquarters. The Chairman, after surveying the position up to date, invited the committee to take a long view of the problem and not to be unduly influenced by existing conditions, which were liable to vary considerably. He reminded the committee of the invitations of India and the United Kingdom, which had now been withdrawn.

Dr. Mani stated that, having reconsidered the question, the Indian Government was no longer desirous that India should be considered in the selection of the headquarters of the permanent Organization. The question of regional organizations was a separate question and would be dealt with later.

Dr. Rae (United Kingdom) stated that while his government had originally hoped that the United Kingdom might be chosen as headquarters, it had now decided that its offer should be withdrawn. It would prefer Geneva as the headquarters of the Organization.

Dr. Doull (United States of America) said that his government had felt that the headquarters of the Organization should be placed preferably where there was an active medical centre, in order to keep in touch with the progress of medical science. Geneva could hardly be said to qualify.

Regarding procedure, he inquired whether an assurance had been given that the question of headquarters would be dealt with by the Economic and Social Council at its forthcoming session.

Dr. Timmerman (Netherlands), supported by Dr. Mani (India), said he saw no reason why Geneva should not be taken into consideration; situated geographically in the centre of Europe, it had access to active medical centres, institutions, libraries and so forth.

Dr. de Paula Souza (Brazil) agreed with the delegates of India and the Netherlands. He urged that while the regional offices should be situated near active medical centres, this consideration was of less importance in the case of headquarters.

Dr. Vinogradov (USSR), supported by Dr. Evstafiev (Byelorussian SSR), supported the view that Geneva, by reason of its situation, would be the most suitable place for headquarters. He pointed out that no one place could offer all the resources of first-class medical and scientific institutions.

Dr. Vaucel (France) said the French Government was still of opinion that the headquarters of the Organization should be in Geneva. He agreed with previous speakers that the regional organizations should be situated near important medical centres.

Dr. Togba (Liberia) thought that a vote should be taken in the Assembly on whether headquarters should be located in Europe or some other continent.

It must be remembered also that the United Nations had still to be consulted, and it had originally been suggested that the Organization should be near the seat of the United Nations.

The Chairman, replying to the second point raised by the delegate of the United States, read a reply from the Assistant Secretary-General of the United Nations regarding consultation between WHO and the United Nations concerning the location of the headquarters of the Organization. He pointed out that the committee would have to reach a final decision, for submission to the Assembly, before further consultation could take place with the Economic and Social Council.

The consensus of opinion in the committee appeared to be that Geneva should be selected as the permanent headquarters of WHO. He suggested, therefore, that the Rapporteur be requested to prepare a report in this sense for submission to the Assembly.

Rajkumari Amrit Kaur (India) thought the report should mention that the decision had been reached unanimously.
M. BOISSIER (Switzerland) said he had refrained from taking part in the discussion because it had seemed unfitting to plead the cause of Geneva. He now desired to thank the committee, and expressed his gratification that a unanimous decision had been reached. He assured the committee that if Geneva was chosen as the head-quarters of the Organization, his Government would extend every facility for its work.

On the proposal of the CHAIRMAN, the Rapporteur was asked to prepare a report for consideration at the following meeting.

The meeting rose at 11.15 a.m.

SECOND MEETING

Wednesday, 30 June 1948, at 2.30 p.m.

Chairman: Dr. J. Zozaya (Mexico)

1. First Report of Committee: Location of Headquarters

The CHAIRMAN asked the Rapporteur to read the resolution adopted at the morning meeting of the committee.

Mr. Hewitson (Union of South Africa) read his report of the morning meeting (see p. 330) at which the following draft resolution had been unanimously agreed upon:

"The Health Assembly hereby resolves that Geneva be selected as the permanent headquarters of the World Health Organization."

Dr. Timmerman (Netherlands) referred to the statement in the report that correspondence had already taken place between the Secretary-General of the United Nations and the Executive Secretary of the World Health Organization. He suggested that the text should be changed to read: "... and the Executive Secretary of the Interim Commission of the World Health Organization."

At the request of the Chairman, the RAPPORTEUR explained that correspondence was at present taking place with the United Nations on the matter.

Dr. Mani (India) suggested that, instead of "... that Geneva be selected as ... ", the draft resolution should read: "... that Geneva be made the permanent headquarters ... ".

It was agreed that the report and the resolution thus amended should be presented to the Health Assembly.

2. Delimitation of Geographical Areas

GENERAL DISCUSSION

The CHAIRMAN read a statement on the delimitation of geographical areas and the establishment of regional organizations. The replies received from governments to the two circular letters sent out by the Executive Secretary showed that, although the plans submitted differed in some details, there seemed to be general agreement on the delimitation of geographical regions on a continental basis.

The following regional organizations had been suggested: one organization for the Americas, with or without the inclusion of certain areas, such as Greenland, Iceland, etc.; one or more organizations for Europe; one or more organizations for Africa, Alexandria being the centre of one of them; and one or more organizations for Asia, with or without a sub-area for Australasia. The terms Middle East, Near East, Far East and Mediterranean countries had frequently been mentioned in some replies.

Reference should also be made to two cables received by the Secretariat: one from Burma, supporting India's proposal for the establishment of a regional organization in India, the other from Afghanistan, declaring itself in favour of joining a regional health organization in India following the proposal to be made in the Health Assembly by India.

Sir Arcot Lakshmanaswami Mudaliar (India) said the immediate setting-up of regional organizations was the first step in the successful working of the World Health Organization. He gave several illustrations in support of this statement. As a medical man, he felt that mere sanitary cordons between countries would never be a protection for the whole world.

The CHAIRMAN suggested that, in order to move ahead, he would now open a discussion on definite proposals for a limited number of regional areas. He asked for suggestions on the formations of these areas.

Mr. Shar (Pakistan) thought delegates should first be given an opportunity to discuss the principle of whether or not it would be desirable to establish regional organizations; they could then consider the geographical delimitation of those regions.

The CHAIRMAN reminded delegates that, according to Chapter XI, Article 44, of the Constitution, the Health Assembly should from time to time define the geographical areas in which it was desirable to establish regional organizations. He felt that the idea of regional organizations was clear in the minds of delegates, but, if they wished to discuss it further, he would like to hear their suggestions.

Dr. Evang (Norway) supported the Chairman's point of view. He said they had to be guided by the Constitution in that respect, reading both
The CHAIRMAN suggested the setting-up of small working parties to discuss the different points of view and then report to the main committee.

Dr. RAE (United Kingdom) called attention to the words "from time to time" in Article 44, and said he was not clear whether it was intended to set up a regional organization in every region. The delegate of India had made an eloquent plea on the urgency of the situation in his country, but he was not certain that the same urgency necessarily existed in other parts of the world. He therefore thought they should take cognizance of Article 44.

Dr. LEÓN (Mexico) suggested that time would be saved if a sub-committee were appointed to study and discuss the advisability of creating regional organizations. The sub-committee should report as soon as possible to the main committee, where the question could be further discussed and voted upon.

Dr. TOGRA (Liberia) supported the proposal of the delegate of Mexico. He pointed out that areas in which the same diseases were prevalent would not necessarily be on the same continent. That fact should be borne in mind by any sub-committees set up.

Dr. ARGUELLES (Philippines) supported the proposal of the delegate of Mexico. He thought that a regional organization should be established in the Philippines.

Dr. RODHAIN (Belgium) pointed out that the Interim Commission's report contained a series of proposals. He thought that those proposals should be studied by the committee itself because time would be lost if they were referred to a sub-committee.

Dr. ORFANIDIS (Greece) supported the proposal of the delegate of Mexico and suggested that the establishment of a regional organization at Athens.

Dr. EVANG said that regional organizations were not so necessary in some areas as in others. If the headquarters of the Organization was established in Europe, there would be no need for a regional organization there, and, in the Western Hemisphere, there already existed a sanitary bureau, which would become one of the regional organizations of WHO. He suggested the establishment of two working parties, one to consider the area or areas in Asia and Australasia, the other to consider the area in which the same diseases were prevalent and, until a decision was made, to define geographical areas according to Article 44 a of the Constitution, one for Asia and Australasia, one for Africa and the Mediterranean area.

The proposal was rejected by 21 votes to 12.

After further discussion the CHAIRMAN put to the vote the proposal submitted by the delegate of Norway: "The Chairman is authorized to appoint two working parties for the definition of geographical areas according to Article 44 a of the Constitution, one for Asia and Australasia and one for Africa and the Mediterranean area."

The proposal was rejected by 21 votes to 12.

Dr. Gear (Union of South Africa), seconded by Dr. TIMMERMAN (Netherlands), moved the adjournment of the debate, under Rule 45.
Establishment of Working Party

The CHAIRMAN then put to the vote the proposal of Dr. León that "the Chairman be authorized to appoint a sub-committee to study and report to this committee whether it is advisable actually to establish regional organizations".

The proposal was adopted by 26 votes, with none against.

The CHAIRMAN thought a committee of nine or ten members would be sufficient. He suggested that it be composed of delegates of the following countries: Brazil, China, Egypt, France, India, South Africa, the USSR, the United Kingdom and United States of America, along with the delegate of Mexico, the originator of the proposal.

Dr. León insisted that it be called a sub-committee and not a working party, because the latter was less formal and its discussions were not necessarily recorded in detail. Experience in New York had shown that it was very important to have complete records.

The CHAIRMAN pointed out that a sub-committee would have to include almost every country represented on the main committee.

Dr. GEAR again moved the adjournment of the debate and asked for his motion to be put to the vote immediately.

The motion for adjournment was rejected by 18 votes to 14.

The CHAIRMAN requested a statement from Dr. Calderone on the question of whether a sub-committee or a working party should be set up.

Dr. DELEDE (Secretariat) said a sub-committee would be in effect a meeting of the whole committee. A small working party would be able to present the problem of the main committee with less delay.

The CHAIRMAN asked the working party to meet on the following day at 10 a.m. and report to the main committee at 2.30 p.m.

In reply to the delegate of Egypt, who proposed the inclusion of Saudi Arabia in the working party, the Chairman said it was not possible for all regions to be represented.

Dr. HAFEZI (Iran) asked that his country should be included.

Dr. DOUL (United States of America) pointed out that these proposals were not seconded, but suggested that the working party should consist of eleven members.

The CHAIRMAN agreed that Iran should be included in the working party.

The meeting rose at 5.20 p.m.

THIRD MEETING

Thursday, 1 July 1948, at 2.30 p.m.

Chairman: Dr. J. ZOZAYA (Mexico)

1. Report of the Working Party on Regional Organization

The CHAIRMAN called on the chairman of the working party to present his report.

Dr. GEAR (Union of South Africa) read the report of the working party on regional organization. The report concluded with the following recommendations:

The working party recommends for the consideration of the Committee on Headquarters and Regional Organization, as a working basis for the programme of 1949 and in view of the present immediate limited resources of WHO, the establishment of at least three working parties as follows:

1. A working party to examine the definition of a geographical area in the Middle East, Near East, and certain parts of North-East Africa, to consist of the following Member States: Egypt (including Sudan), Ethiopia, Greece, Iran, Iraq, Saudi Arabia, Syria, Turkey, and such other countries as are interested in the area.

2. A working party to examine the definition of a geographical area in the Far East, to consist of the following Member States: China, Philippines, Siam and such other countries as are interested in the area.

3. A working party to examine the definition of a geographical area in South-East Asia and that the following Member States be invited to be represented in the working party: Afghanistan, Australia, Burma, Ceylon, India, Iran, New Zealand, Pakistan, and such other countries as are interested in the area.

The working party took note of the desire of the USSR delegate to name Europe as the basis of a regional organization, but refers this for discussion to the Committee on Headquarters and Regional Organization; and simi-
larly took note of the Iranian proposal to be the centre of a region.

The working party also noted that the Americas constitute a geographical area which might be served by a regional organization.

Dr. Vinogradov (USSR) said that he had not proposed a permanent regional organization for Europe but a temporary one, which would operate as long as was necessary to eliminate the effects of the war in the field of health.

Dr. Nazif Bey (Egypt) pointed out that Iraq was one of the countries mentioned in the proposal by Iran, but he felt that Iraq would belong more appropriately to a regional organization situated at Alexandria.

He proposed that Pakistan be included among the countries to discuss a regional organization for the Middle East.

Dr. Arguelles (Philippines) urged that a regional organization should be set up comprising the area inhabited by Malays, such as Borneo, Java, the Malay States, the Philippines, Sumatra, and nearby islands in the Pacific. The Philippines were among the countries devastated by the war and the need for a regional organization was therefore urgent. He quoted statistics showing the incidence of malaria and tuberculosis in his country, which diseases had been greatly aggravated by the war and the Japanese occupation. He pointed out that people of different races reacted differently to diseases and to treatment, and that a regional organization was necessary to take these factors into account and to achieve the full co-operation of the people.

The CHAIRMAN asked the delegate of the Philippines to join the working party for the Far East which would discuss his proposal.

Dr. Chellappa (Ceylon) emphasized that the requirements for the control of disease should be given primary consideration in the grouping of countries into regional organizations.

On the proposal of the CHAIRMAN, it was agreed that the chairman of the three working parties should be: (1) a delegate from India for the working party on South-East Asia; (2) a delegate from Egypt for the working party on the Middle East; and (3) a delegate from China for the working party on the Far East.

Dr. Simonovits (Hungary) and Dr. Babek (Poland) supported the proposal of the delegate of the USSR that a regional organization should be set up for the war-devastated countries of Europe.

The CHAIRMAN suggested that a fourth working party be established to consider the question.

Dr. Rae (United Kingdom) said that he was in sympathy with the proposal of the delegate of the USSR but he wished the committee to bear in mind the problem of financing the regional organizations. He proposed that the committee should establish a joint sub-committee with members from the Committee on Administration and Finance.

The CHAIRMAN reminded the delegate of the United Kingdom that these were only working parties and it would be time to suggest such a liaison when the results of their discussions were reported to the main committee.

Dr. Timmerman (Netherlands) supported the proposal made by the delegate of the United Kingdom, but thought the Chairman's suggestion was not quite the same thing. Regarding the European zone under discussion, he understood it would in respect of a large number of regional organizations in Europe, but thought the delegate of Poland meant only Eastern and Central Europe.

The CHAIRMAN replied that any war-devastated country of Europe could join the working party.

Dr. Timmerman asked whether the proposed European zone would include Western Europe, to which the CHAIRMAN replied that it would.

Mr. Brady (Ireland) put forward the view of small countries such as his own. Ireland was prepared to play her part in international health matters, but it was essential that the financial contributions of small countries should be kept to a low level. The creation of a large number of regional organizations was bound to inflate the expenditure of WHO, and it might be desirable to confine such organizations to one or two for the first two years. He thought his country would be reluctant to involve itself in heavy commitments in ten or more of these organizations, which, though they might facilitate the carrying-out of the health programme, were bound to lead to a certain amount of duplication of services. He suggested that some system of financing should be arranged by which the countries mainly interested would make a special contribution towards the expenses of the regional organizations.

The CHAIRMAN thought they should not speak of the financial aspect of the problem before they had discussed the regions which were to be accepted and the priorities of those regions. There being no objection, he accepted the formation of a fourth working party for Europe, with Dr. Ungar (Czechoslovakia) as its chairman.

Dr. Togba (Liberia), referring to the report of the working party, said that, although Africa seemed to be the one country most in need of help from WHO, it had not been considered. He felt that Liberia, the only country in that part of Africa which was a Member of the United Nations and WHO, should be used as a regional headquarters of the Organization.

Dr. Gear, speaking first as chairman of the working party, said that the members of the working party had discussed the problems before them in a global sense and had not urged their own particular needs. Speaking as the delegate of the
Union of South Africa, he thought that in each of the three main committees they should bear in mind the importance of hastening slowly. They must be realistic and not favour too heavy and complicated an organization too early in its existence. He therefore felt that they should give attention to the areas discussed by the working party and not go into details at the present stage.

The CHAIRMAN saw no objection to forming a working party for Africa and asked which countries would be interested in forming such a group.

Dr. VAUCEL (France) entirely agreed with the delegate of the Union of South Africa. When the moment came for a regional group to be created in Africa, France would certainly cooperate to the fullest extent.

Mr. SHAH (Pakistan) did not object to the formation of a working party for Africa but thought that no further proposals should be made. He thought the working parties should take into account the financial implications of the setting-up of regional organizations and that their operation must depend on the countries which would join them.

Dr. da Silva Travassos (Portugal) agreed with the delegate of the Union of South Africa. If it were decided to set up a working party for Africa, Portugal would be happy to participate.

Dr. Togba again urged that there should be a working party for Africa. He felt that he was the only one to speak for Africa.

Dr. VAUCEL regretted that the delegate of Liberia had not quite understood his remarks. He wished to repeat that France was prepared to do everything in her power, when the right moment came, towards ameliorating the health situation in Africa.

Dr. Rae associated himself with the remarks of the delegate of France. There had never been any thought that there would be no organization for Africa. He suggested that a working party be set up, so that the interested parties could get together and discuss the question.

Dr. BARAN (Ukrainian SSR) observed that what had been said by the delegate of Liberia deserved to receive the attention of the committee.

The CHAIRMAN said there was no objection to the formation of a fifth working party, for Africa. Following the suggestion made by the delegate of Liberia, he named Dr. Rae (United Kingdom) as the chairman.

He agreed to the request by Dr. Rae that the working parties should not meet at the same time, because some delegations had not sufficient members.

In reply to a question by Mr. Davin (New Zealand), the Chairman said the recommendations of the working parties would have to be referred to the Committee on Administration and Finance for consideration and then brought back to the main committee for a decision on priority.

Dr. van den Berg (Netherlands) strongly supported the proposal of the delegate of the United Kingdom to have a joint sub-committee with members of the Committee on Administration and Finance.

The CHAIRMAN agreed with Dr. van den Berg and other speakers on the need for consideration of the financial aspect, but felt it premature to do so before they had the results of the working parties' discussions.

Dr. de Paula Souza (Brazil) suggested that the question of a working party for the Americas had been overlooked.

The CHAIRMAN explained that the point would arise later in the discussions on the Pan American Sanitary Bureau.

Dr. de Paula Souza thought it desirable that a representative of the Americas should take part in the discussions of the working parties and suggested the delegate of Venezuela, to which the CHAIRMAN replied that any member of the American Continent could join any group.

The meeting rose at 4.40 p.m.

FOURTH MEETING
Monday, 5 July 1948, at 2.30 p.m.
Chairman: Dr. J. Zozaya (Mexico)

1. Reports of the Five Working Parties on Regional Organization

The CHAIRMAN asked the chairmen of the five working parties to read their reports.

EUROPEAN AREA

Dr. Ungár (Czecho-slovakia) reported that the working party on the European Area had met on 2 and 3 July 1948. Delegates from the following countries, and an observer from the United States of America, were present: Albania, Austria, Belgium, Bulgaria, Byelorussian SSR, France, Hungary, Monaco, Netherlands, Roumania, Switzerland, Ukrainian SSR, the USSR, the United Kingdom and Yugoslavia.

The terms of reference of the working party were (1) definition of the region, (2) geographical delineation, and (3) establishment of priorities for the regional organization.
After considerable discussion as to whether a regional organization or a regional bureau should be established, it had been agreed that the needs of the European area as a whole would best be served by the immediate creation of an administrative office with the primary objective of dealing with the health problems that had arisen as a direct result of the recent war.

The working party had agreed unanimously that the following resolution should be submitted to the Committee on Headquarter and Regional Organization for transmission to the Assembly: “The committee agrees that a special administrative office for Europe, with the primary objective of health rehabilitation of war-devastated countries, be established immediately.”

AREA FOR MIDDLE EAST, NEAR EAST, AND PARTS OF NORTH-EAST AFRICA

Dr. Nazif Bey (Egypt) reported that the working party for the Middle East, Near East and certain neighbouring parts of North-East Africa had met on 2 July 1948. Representatives of the following countries were present: Egypt, Ethiopia, France, Iran, Iraq, Pakistan, Saudi Arabia, Syria, Turkey and the United Kingdom.

The three main points which delegates had been asked to take into consideration were: (1) the definition of the geographical area, (2) the question of priority and whether the area required immediate establishment of a regional organization, and (3) the selection of a site for the regional headquarters.

The delegates of Iraq and Iran had proposed the establishment of a sub-region to include Iran, Pakistan and other neighbouring countries, with Teheran as centre for headquarters.

Attention had been drawn to the fact that that was beyond the limits of the terms of reference of the working party, which had to consider only the delimitation of the geographical area as a whole. It had been further pointed out that the question of sub-regions would naturally come up in the future when circumstances were favourable.

The delegate of Iran had accepted the statement and had withdrawn his proposal, adding that he would contact his government in that connexion.

After considerable discussion on the three main points, it had been unanimously agreed that the following recommendations should be made:

1. The working party recommends for the consideration of the Committee on Headquarters and Regional Organization that a regional organization be established immediately, to include Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, the Dodocanese Islands, British Somaliland, French Somaliland, Aden, Cyprus and Palestine, with headquarters at Alexandria.

2. In view of the fact that the first seven countries are members of the pre-existing Arab Sanitary Bureau which has been in operation since 1946;

In view of the fact that the preliminary steps have already been taken for the final integration of this bureau with the World Health Organization;

In view of the fact that the sanitary and social conditions in this area need immediate consideration; and in view of the fact that most of the countries included in this area agree to the proposal;

The working party recommends that the establishment of this regional organization be given the highest priority.

SOUTH-EAST ASIA AREA

Sir Arcot Lakshmanaswami Mudaliar (India) reported that the working party for the South-East Asia area had met on 2 July 1948. Delegates from the following countries were present: Australia, Burma, Ceylon, France, India, Netherlands, New Zealand, Pakistan, Portugal, Siam and the United Kingdom.

Referring to discussions which had already taken place in the main committee, delegates had been asked to take into consideration: (1) the definition of the geographical area, and (2) the question of priority with regard to the establishment of a regional organization.

After a general discussion, it had been unanimously agreed that a regional organization should be set up, with India as its headquarters. The following countries had agreed to join the organization forthwith: Afghanistan, Burma, Ceylon, India and Siam. It had been understood that other countries, such as Malaya, would in due course be in a position to express their opinions about joining the organization. It had been also tentatively agreed that, in view of the special facilities available in Mysore, which would meet the requirements of the regional organization, the offer of the Indian Government to locate the centre in that city might be accepted.

The question of priority had then been considered, and it had been unanimously agreed that, in view of the urgent needs of that part of the world, the setting-up of a regional organization for the South-East Asia area should be considered as priority 1.

FAR EAST AREA

Dr. Yung (China) reported that the working party for the Far East area had met on 2 and 3 July 1948. Delegates of the following countries were present: Australia, China, (representing French Indo-China), India, the Netherlands (representing Indonesia), the Philippines, Portugal, the United Kingdom and the United States of America, with observers for Japan and Korea.

In accordance with its terms of reference, and recognizing the need for taking a global view of the situation, the working party had discussed the problem of a Far East region on the following basis: (1) definition of the area to be included; (2) urgency; and (3) practical problems of establishing a regional organization.

The recommendations of the working party were summarized as follows:

1. The Far East regional area should be defined to include Australia, China, Indo-China, Indonesia, Japan, Korea, the Philippines, New Zealand, and, provisionally, the Malay Peninsula. After an organization has been
established to serve the area defined herein, consideration should be given, in accordance with experience gained, to a re-definition which might eventually lead to the formation of smaller or sub-areas.

2. Special attention should be given by the World Health Organization to the urgency of the health problems in China, Indonesia and the Philippines, particularly the severe adverse effect of war devastation upon the level of health. Malaria should also be treated as an urgent problem in the area.

3. A regional organization to serve the Far East should be established as soon as possible.

4. The principle should be laid down, as applicable to this region and to all other regions, that in establishing a regional organization the organizational and administrative expenses should be restricted to a minimum and emphasis placed on developing and executing the programme and services of the World Health Organization.

5. Concerning a site for regional headquarters, the delegate of China offered Shanghai as a central location with excellent facilities. The delegate of the Philippines reported official instructions from his government to offer Manila as a site centrally located and having adequate facilities. The delegate of the Netherlands expressed a preference for Manila and the observer for Korea a preference for Shanghai.

The selection of a site for the Far East regional headquarters was left for later discussion by the full committee.

AFRICAN AREA

Dr. RAI (United Kingdom) reported that the working party for Africa, comprising representatives of Belgium, France, Portugal, Union of South Africa and the United Kingdom, had met on 2 July 1948 and considered the following matters:

(a) the present or future need for establishing one or more regional organizations in that part of Africa not already covered by other proposed regional organizations;
(b) the precise delimitation of such area; and
(c) the centre most suitable for regional headquarters.

After considerable discussion, the following resolution had been taken:

The working party on Africa agreed that ultimately one or more regional organizations should be established in Africa.

A primary region is suggested for all Africa south of the 20° N. parallel of latitude to the western border of the Anglo-Egyptian Sudan (but excluding any part of Tripolitania), thence southwards along the western border of the Anglo-Egyptian Sudan to its junction with the northern border of the Belgian Congo, thence eastwards along the northern borders of Uganda and Kenya and thence southwards along the eastern border of Kenya to the Indian Ocean.

In such a region Leopoldville is acceptable as a site for the headquarters.

The working party recognizes, however, that only limited resources are at present available to the World Health Organization and that consequently it may not be possible immediately to establish any African region. It urges that, when circumstances are favourable, the World Health Organization give consideration to the creation of one or more African regions.

The delegate of Liberia alone was of opinion that a regional organization should immediately be set up in Africa, and that the site for headquarters should be in Liberia.

GENERAL DISCUSSION

The Chairman called upon the Executive Secretary of the Interim Commission to make a statement.

Dr. CHISHOLM, Executive Secretary of the Interim Commission, said it was the obligation of the Secretariat to inform each committee of what other committees were doing and of other considerations relevant to their discussions. The matter under consideration was also of importance to the Committee on Relations, particularly in regard to the relations of the Organization with the United Nations. He called attention to a report from the Co-ordination Committee of the United Nations, which would go to the Economic and Social Council when it met in Geneva on 29 July. One of the statements in that report was to the following effect:

The committee recommends that none of the United Nations agencies should undertake to establish new regional or branch offices without full consultation in advance. The machinery of the Co-ordination Committee and its Preparatory Committee is available for this purpose.

Having stated the situation, the Executive Secretary wished to suggest another and quite different point, which came, not from the United Nations, but from the foundation document of WHO, the Constitution itself—not perhaps specifically, but in its full spirit. He regretted very much to see the committee continuing with an old confusion in regard to the human race. He did not see the rationale of calling the Western Pacific area the Far East—East of what? Near East—near what, or East of what? It seemed to him that the whole spirit of the Constitution of WHO implied a reorientation toward the human race. He suggested calling the areas such names as Western Pacific area, Southern Asia area, Eastern Mediterranean or Red Sea area, or something relevant to the real situation, which did not spring from an ancient orientation that should now be forgotten.

Mr. BAGHDAI (Egypt), referring to the first part of the Executive Secretary's statement, said a decision taken by the Co-ordination Committee.
of the United Nations could not in any way tie the hands of WHO, which must enjoy full freedom to set up whatever regions it thought fit.

Sir Arcot Lakshmanaswami Mudaliar supported the delegate of Egypt, on the ground that the Constitution gave the Organization absolute power to establish regional organizations. The Co-ordination Committee of the United Nations could step in only after a decision had been taken by the present committee and the Health Assembly.

The Chairman thought it clear that WHO had authority to establish regional offices. He would summarize the reports of the five working parties.

It was not necessary to delineate any geographical limitations in regard to the Americas, because these were evident and also because the Pan American Sanitary Bureau was at present operating very successfully in the area. It was hoped that negotiations would soon be concluded with the Bureau and that, as a regional organization of WHO, it would continue its operations.

In the report of the working party on Africa, Leopoldville and Liberia had been suggested as sites for headquarters. The delegate of Belgium had submitted a letter giving an assurance of full agreement by the Belgian Government in respect of Leopoldville.

The working party on Europe has asked only for a special administrative office for Europe at the moment and not for a regional organization in general.

The Eastern Mediterranean area had been clearly delineated, and it must be kept in mind that the majority of the countries mentioned were already members of an organization with a central office in Alexandria. Seven other countries had been added to the list. The needs of this area were great and its priority would have to be considered later.

The working party on South-East Asia had recommended that an operating agency be developed in the near future at Mysore, India. It should be noted that the working party considered it essential that an operating bureau be established immediately for this area.

The report on the Western Pacific area had stressed the urgency of the problems of the countries concerned. The delegate of China had suggested that Shanghai should be selected for headquarters. A letter had been received from the delegate of the Philippines suggesting that a regional office should be established at Manila.

The Chairman reminded delegates that it was the committee's function to suggest to the Assembly the delineation of geographical areas and the organizations they wished to establish.

Dr. Yung felt that, while the urgency of the problems to be dealt with in all the five areas defined by the working groups was not disputed, practical considerations had to be taken into account. For that reason, the Chinese delegation emphasized the necessity of studying the problem from a global point of view, and in that connexion the financial aspect formed one of the main issues.

Dr. Togba (Liberia) thought the urgency of the problems to be dealt with should take precedence over financial considerations. He contended that Africa had been left out of many international projects in the past, and begged WHO not to act in a similar manner. He stressed the urgent needs of Africa, which was the source of many public-health menaces, and urged that if any regional organizations were to be established, Africa's claims should be recognized. In his opinion, it was essential to set up a regional organization in Africa as quickly as possible.

Dr. Gear (Union of South Africa) paid tribute to the wise, statesmanlike point of view expounded by the delegate of China. The practical aspect of the problem had already been stressed by several delegates. His delegation felt that the first essential was for WHO to be soundly established, after which the setting-up of regional organizations could be considered. He agreed with the delegate of Liberia as to the urgent needs of Africa, but could not agree that Africa had been consistently neglected in the past. In any case, Africa's needs would have to be considered in relation to those of the rest of the world. He felt it was necessary to have some guidance from the Committee on Administration and Finance as to the funds available for regional organizations, and suggested the adjournment of the meeting until that information had been obtained.

The Chairman stated that the Committee on Administration and Finance, together with the General Committee, was considering the formation of a sub-committee consisting of three members of the Committee on Programme, three members of the Committee on Administration and Finance, and three members of the Committee on Headquarters and Regional Organization, to discuss questions of joint interest.

Dr. Rae agreed with the views expressed by the delegate of the Union of South Africa. While there was no question as to the urgency of Africa's problems, he felt that the working party for Africa had taken the most practical view of the whole situation. There was a large programme of work before WHO; the question to be decided was whether to establish regional headquarters from which to carry out that work. He favoured the defining of areas, but questioned the wisdom of spending money in the setting-up of a series of regional headquarters, rather than in tackling urgent health problems.

Dr. Redshaw (Australia) said the Australian delegation had originally thought that Asia and Australasia should form one area. The problems existing in that area appeared to be so urgent, however, that it was considered too large to form one region. The Australian delegation agreed with the recommendations of the working groups, for the establishment of one organization in South-East Asia and another in the Western Pacific area. The problems on those two areas would possibly suffer if local attention was not
given to them. Australia had problems in common with both areas, but was at the moment unable to assess them relative magnitude. Apart from epidemiology, he felt that Australia had no regional problems and thus required no regional activity of WHO within its territory; in the meantime, therefore, Australia did not intend to join either of the two regions.

Sir Arcot Lakshmanaswami Mudaliar felt the meeting was discussing a question that had already been settled—whether or not to establish regional organizations. There was an urgent need for regional organizations, particularly in the Western Pacific, South Asia and Eastern Mediterranean regions, and their establishment would be, in his opinion, a most effective method of solving regional problems and thus required no regional organization. There was an urgent need to assess their relative magnitude. Apart from epidemiology, he felt that Australia had problems in common with both areas, but was at the moment unable to assess them relative magnitude. Apart from epidemiology, he felt that Australia had no regional problems and thus required no regional activity of WHO within its territory; in the meantime, therefore, Australia did not intend to join either of the two regions.

Mr. Davin (New Zealand) said that New Zealand's position was similar to that of Australia, and he wished to make it clear that it was for his government to decide whether or not New Zealand would participate in the work of any regional organization established.

Mr. Shaw (Pakistan) stated that, after the definition of areas, the question to be decided was whether or not to establish regional organizations. In that connexion the question of finance was a fundamental factor, a point that had also been stressed by the delegate of the United Kingdom. He considered that the task of working out financial estimates for regional organizations should be entrusted either to the Committee on Administration and Finance—a committee of experts—or to a joint committee of the Committee on Administration and Finance and the Committee on Headquarters and Regional Organization. Priorities could not be decided until the financial estimates had been settled.

The Chairman said the general opinion appeared to be that regionalization was both desirable and essential for the operation of worldwide programmes. It therefore seemed to him that the committee should recommend the creation of at least two regional organizations, one for the Eastern Mediterranean and the other for South-East Asia. The termination of the negotiations between WHO and the Pan American Sanitary Bureau would result in the automatic establishment of a regional organization in the Americas. The establishment of regional organizations for Africa and the Western Pacific areas should be postponed in the meantime, and the European office had, of course, a purely temporary character.

Dr. Redshaw disagreed with the Chairman's summary. In his opinion the establishment of three regional organizations had been envisaged, one for the Eastern Mediterranean area, one for South-East Asia, and the third for the Western Pacific area.

Dr. Doull (United States of America) felt that the establishment of priorities in the setting-up of regional organizations was a difficult problem. The budget of WHO was very small in relation to world needs. The question therefore arose as to what extent countries that had sent in requests for the formation of regional organizations would be prepared to give additional financial support, and he wondered whether that point had been given careful consideration. He felt it was a question that could not be decided immediately, and queried whether the Assembly could go much beyond the delineation of areas. After the close of the Assembly, it might be possible for the Secretariat to organize regional meetings; the governments invited might study the extent to which they were prepared to co-operate financially, with a view to establishing the regional organizations on a stable basis, say for a period of ten years.
Dr. Mani (India), in reply to the points raised by the United States delegate, drew attention to Article 44 b of the Constitution, which provided for the establishment of regional organizations by the Assembly. Regarding the financial obligations of participating countries, he quoted Article 50 f, which stated that the functions of the regional committee should be to recommend additional regional appropriations by the governments of their respective regions, if the appropriation of the central budget of the Organization allotted to that region were insufficient for the carrying-out of the regional functions. It was thus absolutely clear that additional contributions could be requested only if and when the budget allocation of the Organization to the region was insufficient. It was the duty of WHO to establish regional organizations. The Assembly should be informed that the committee considered there were five areas, excluding the Americas, requiring regional organizations; the areas should be defined and an order of priority for the establishment of the organizations decided upon.

Mr. Halstead (Canada) stressed the real interest of Canada in health problems all over the world. The question under consideration was an exclusively organizational one: the resources of WHO were limited, and activities should be ordered accordingly. It was not a question of where, but of how and when, regional organizations could be established with the maximum effectiveness. Financial considerations were not foremost, but had to be kept in mind. He agreed with the views expressed by the delegate of China regarding the necessity for WHO to be soundly established before the setting-up of regional organizations was considered.

Dr. Petrov said the question was one of extreme importance since it raised the matter of priority and urgency. It seemed to him that special emphasis had been laid on the urgent need for a regional organization in the Americas to succeed the Pan American Sanitary Bureau. He could not agree with that point of view. The American continent had not suffered from the effects of the war to the same extent as other parts of the world, and as the Pan American Sanitary Bureau had been operating for the last twenty years, the need to set up a regional organization in the Americas was not so great as in Europe. The need to establish a regional organization in Europe must not be overlooked. Regarding the financial problem, he felt that the activities of WHO could not be subordinated to financial considerations. Article 50 f of the Constitution laid down definite regulations in regard to the financing of regional organizations, and it was clear that countries concerned could be called upon for additional appropriations only if the central funds allocated were not sufficient.

Dr. Doull wished to correct a misunderstanding that appeared to have arisen. In referring to post-Assembly activities he had assumed that, under Article 29 of the Constitution, the Executive Board would have authority to complete any work started by the Assembly and left unfinished.

The Chairman, in reply to the point raised by the delegate of the USSR stated that the question of a regional organization for the Americas was at present in abeyance, until the Committee on Relations had studied the question of the agreement between WHO and the Pan American Sanitary Bureau. It was hoped that the Pan American Sanitary Bureau would become the regional organization for the Americas.

Dr. Togra felt that if the committee intended to suggest the setting-up of three regional organizations, it might as well consider setting-up four and include Africa, where the worst conditions existed and the need was great.

The Chairman thanked the delegate of Liberia for his remarks and explained why he had himself proposed the setting-up of two regional organizations.

Dr. Yung was surprised that two regional organizations had been mentioned so many times and did not know on what basis priority could be given. He had previously pointed out that the question of urgency was common to all the five areas which had been considered. He thought they should try to see the situation from a global point of view. He agreed with the delegate of Liberia, but felt they could not prove that one part of the world was more in need than any other part. The establishment of regional organizations would be a good way in which to implement the programme of WHO, if it could be afforded.

The Chairman asked for expressions of opinion: should they propose the formation of the five areas they had studied, and let the Assembly decide, or should they make a more concrete proposal?

Dr. Doull thought the Chairman was asking delegates to solve an arithmetical problem without giving the numerator. He suggested that they should be given an idea of how much money would be needed for each regional organization before deciding on the number of such organizations to be set up.

Dr. Gear asked whether the Rules of Procedure would allow for the committee to have a secret list presented by each delegate, stating the order of priority for the five regions.

The Chairman said that could be done if the committee wished, but he would like to have other opinions.

Dr. Soper, (observer, Pan American Sanitary Bureau), said he had been somewhat surprised at the discussion, because he thought the question was basically an administrative rather than a financial one. He outlined the development of the Pan American Sanitary Bureau from its beginning in 1902, with a budget of $5,000 a year, to the present year, for which there was an approved budget of $1,300,000.

If WHO did not have regions, it would have to set up in Geneva special organizations for each type of work and attempt to deal with 60 different countries all over the world.
Dr. Stampar, President of the Assembly, observed that he had been impressed by many of the speeches he had heard, and thanked Dr. Soper for his explanation of the activities of the Pan American Sanitary Bureau.

He said the Constitution of WHO definitely prescribed the establishment of regional organizations. At the International Health Conference in New York, it had been decided that the Organization should not be overcentralized. He was quite sure that the countries that had proposed the establishment of regional bureaux did not expect large amounts of money from WHO; they asked for moral and financial help at the beginning, and he thought the committee could not refuse them. He urged the committee to accept the proposals submitted with regard to the establishment of regional offices; that was the philosophy of the Organization.

The Chairman asked whether the committee accepted the proposal made by the President of the Assembly and would submit four areas to the Assembly, asking for immediate action on two areas.

Dr. Shu (China) thought it important to consider three points concerning regionalization. First, was WHO ready to discuss regionalization?

1. Discussion on the Working Parties Reports

The Chairman, summarizing the discussion at the previous meeting, said that the consensus appeared to be in favour of the setting-up of five geographical areas delineated, in addition to the temporary office for the war-devastated countries of Europe. It was not clear from the discussion whether an order of priority for the establishment of the organizations was desired. It seemed to him that agreement had been reached on recommending the following measures to the Health Assembly:

(1) the immediate establishment of an administrative office for the rehabilitation of the war-devastated countries of Europe; and
(2) the establishment of the following geographical areas with the ultimate objective of setting-up regional organizations in each: South-East Asia, Eastern Mediterranean, Western Pacific, African and American.

There being no objections, the recommendations were accepted.

Mr. Brady (Ireland) approved the opinion, expressed in a previous meeting by the delegate of China, that it was necessary to take a global view of the situation and that it was premature at the present stage for WHO to establish regional organizations. Every effort should be made, however, to provide services in all areas where required. Unfortunately, the question of finance could not be left out of consideration. Services should be provided on the most economical basis possible and financial contributions from Member States kept to a minimum, particularly in view of the national needs of countries at the present time.

As a first step towards regional organization, and in order to allow the programme of WHO to be carried out in the most effective manner, he suggested a provisional subdivision of the work. In Geneva, he thought it would be possible on a short-term basis to deal with the needs of both Europe and Africa, while the Pan American Sanitary Bureau would provide for the Americas. To cover the needs of Asia, he recommended the establishment of a temporary technical office, possibly in India.

Dr. de Paula Souza (Brazil) stressed the necessity for technical centralization on the one hand, and administrative decentralization on the other. In his opinion, the latter was absolutely essential for the effective implementation of WHO’s programme, and in support of that view he cited the
example of the recent cholera outbreak in Egypt. He proposed that the establishment of the five geographical areas mentioned should be adopted and that the countries in each region should meet and mutually agree upon the establishment of offices and on their situation.

Dr. Arguelles (Philippines) submitted the following resolution:

1. The five regional areas recommended by the corresponding working parties or groups appointed by the Chairman of the Committee on Headquarters and Regional Organization should be recommended for adoption by the Health Assembly.

These areas are at present known as (a) Far Eastern, (b) African, (c) Middle Eastern and (d) South-East Asia regional areas; (e) Europe being considered as a transitory regional area with a temporary administrative office.

2. According to Chapter XI, Article 44 of the Constitution of WHO, a majority of the members situated within each of the above five areas so defined in paragraph 1 is required before the Health Assembly may establish a regional organization. It is therefore proposed that this committee recommend the immediate establishment of regional organizations in areas where a majority of the members therein consents to do so.

3. In areas where there is no majority of members desiring to establish a regional organization, it is hereby proposed that this committee recommend that the Health Assembly instruct the Director-General to follow the trend of opinion of the members therein. When a majority of them agrees to establish a regional organization in their respective area, one should be established immediately, utilizing procedures and means available at the time.

WHO was concerned with the global aspect of health problems, and therefore regional organizations should cover the whole world. He wished to see certain working areas established, so that countries within those areas would have the opportunity of joining a regional organization, if they so desired. Secondly, regarding the financial aspect, he maintained that a large amount of money was not needed to start a regional organization, citing the example of the Pan American Sanitary Bureau, which had been built up from small beginnings. Thirdly, he stressed that regional organizations were required in order to carry out many tasks, such as facilitating the exchange of views and of technical assistance. The Philippine Government was both ready and willing to take part in a regional organization.

The Chairman observed that the first item of the proposals of both the delegate of Brazil and the delegate of the Philippines had already been agreed upon.

Sir Aly Shousha, Pasha (Egypt), seconded the Philippine resolution and proposed the following additional paragraph:

4. In view of the fact that the majority of the Members in the Eastern Mediterranean area have signified their desire for the establishment of a regional organization in that part of the world, the regional organization which already exists in that area, namely, the Alexandria Regional Bureau, shall be integrated with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the Constitution.

Dr. Arguelles accepted the amendment proposed by the delegate of Egypt.

Dr. Orfanidis (Greece), while agreeing that the establishment of regional organizations would be useful, considered that the budget of WHO would be overtaxed by doing so.

Dr. Vinogradov (USSR) fully approved the Philippine proposal, and thought it would be acceptable to all. He proposed that it should be accepted in full and the debate closed.

This was agreed. (See second report, p. 330.)

2. Appointment of Drafting Committee

On the Chairman's proposal, the delegates of India, the Netherlands and Egypt were appointed as drafting committee, with the task of preparing the text of the recommendations to the Health Assembly.

The meeting adjourned at 11 a.m. and resumed at II.55 a.m.

3. Second Report of the Committee: Regional Organizations

The Chairman asked the Chairman of the Drafting Committee to read the text of the proposed resolution.

Dr. Mani (India) read the proposed second report of the Committee on Headquarters and Regional Organization to the Health Assembly. (See p. 330.)

The Chairman asked if the resolutions as read embodied the principles expressed by the committee.

Dr. Baran (Ukrainian SSR) asked for a repetition, in English, of the part of the proposal which dealt with the establishment of a temporary organization for Europe.

Dr. Mani explained that Europe was dealt with under two headings: first, under the delimitation of geographical areas, in which it was shown that the European area comprised the whole of Europe, and, secondly, with regard to the desirability of establishing regional organizations. Under the latter heading, it was stated that as regards Europe, the committee recommended that a temporary special administrative office be established as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.
Dr. DOULL (United States of America) said he was very happy about the agreement reached by the committee. He suggested that the Rapporteur be instructed to cast in the form of a resolution that part of the report which dealt with the establishment of regional organizations.

The report of the Drafting Committee was adopted.

4. Closing of Session

Dr. SOPER (observer, Pan American Sanitary Bureau) said he wished to correct the impression that might be conveyed by a remark of the delegate of China, appearing in the minutes of the fourth meeting: "As Dr. Soper had pointed out, regionalization should be all or nothing".

He stated that, although it would require a double system of administration to carry on activities in one part of the world through regional organization and in other parts through direct action by the central Secretariat and individual governments, he had not at any time considered the possibility of getting along without some regional organizations.

The CHAIRMAN thanked the delegates for their co-operation in the successful conclusion of the committee's work.

A proposal by RAJKUMARI AMRIT KAUR (India) for a vote of thanks to the Chairman was carried unanimously.

The meeting rose at 12.15 p.m.
1. Election of Chairman and Vice-Chairman

The Chairman drew the attention of the committee to Rule 29 of the provisional Rules of Procedure, which provided that each main committee should, after consideration of the report of the Nominations Committee, elect a chairman and a vice-chairman. Although the nomination of the chief delegates of the Netherlands and New Zealand delegations, as Chairman and Vice-Chairman respectively of the Legal Committee, had been approved by the Health Assembly, he proposed that these nominations should also be submitted to the committee for confirmation.

On the proposal of Mr. Lindsay (United Kingdom), seconded by Sir Dhiren Mitra (India) and supported by Mr. Chen (China), the appointments of Dr. van den Berg (Netherlands) as Chairman and Dr. Maclean (New Zealand) as Vice-Chairman were confirmed.

Mr. Baghdadi (Egypt), while approving the appointments in question, reserved the right to query, when discussing the Rules of Procedure, the logicality of giving certain powers to the Nominations Committee and then subjecting its choice to revision by another committee.

2. Election of Rapporteur

The Chairman proposed as Rapporteur Mr. Sandifer of the United States delegation, explaining that Mr. Sandifer was not present but would be joining the committee at its next meeting. He was anxious to secure his appointment, as he was an extremely able lawyer, who would also be well remembered for his part in the International Health Conference held in New York.

Mr. Baghdadi (Egypt), while approving the appointments in question, reserved the right to query, when discussing the Rules of Procedure, the logicality of giving certain powers to the Nominations Committee and then subjecting its choice to revision by another committee.

The Chairman explained that he had suggested Mr. Sandifer because of his great legal abilities. Not all the members of the committee were legal experts and it was important to have an experienced lawyer as rapporteur of a legal committee. On the second question raised by the delegate of the USSR, he pointed out that the United States delegation had been accepted provisionally by the Health Assembly and accorded full membership rights.

Mr. Tomlinson (United States of America) suggested that, in view of Mr. Sandifer's absence, the appointment of rapporteur might be postponed until the following meeting of the committee.

Dr. Evstafiev (Byelorussian SSR) supported the view of the delegate of the USSR and pressed that a rapporteur be appointed from among the members present.

Dr. Petrov suggested that both his proposal and that of the Chairman might be adopted, as, under Rule 35 of the provisional Rules of Procedure, one or more rapporteurs might be appointed. The committee could therefore appoint both Mr. Sandifer and another rapporteur from amongst the members present.

The proposal was supported by Mr. Baghdadi.

Dr. Stoyanoff (Bulgaria) proposed that Professor de Laët of Belgium be appointed Rapporteur, but Professor de Laët regretted that he was unable to accept, as he considered the position required someone with legal experience.

Dr. Petrov, in a desire to facilitate the proceedings, withdrew his proposal.

The Chairman proposed that discussion of item 2 of the agenda should be postponed until the following meeting of the committee.

Discussion of item 2 of the agenda was postponed.

3. Consideration of Applications for Membership

In accordance with the instruction of the Health Assembly that certain applications for membership be urgently considered, the committee proceeded to item 7 of the agenda.
The CHAIRMAN read the provisional Rules of Procedure 88, 89, 90 and 91, governing this question. He stated that applications for membership from Monaco and San Marino were to be considered and proposed that a small working party be appointed to deal with the matter and to report to the next meeting of the committee.

A working party to consider the applications for membership in WHO of Monaco and San Marino was appointed, consisting of the following seven members: the delegates of Brazil, Canada, Egypt, France, India, Switzerland and the USSR.

The meeting rose at 5.40 p.m.

SECOND MEETING

Wednesday, 30 June 1948, at 2.30 p.m.

Chairman: Dr. Van den Berg (Netherlands)

1. Election of Rapporteur

The CHAIRMAN repeated the proposal he had made at the previous meeting that Mr. Sandifer (United States of America) be appointed Rapporteur; and M. Muller (Switzerland) renewed the Swiss delegation’s support of the proposal. There being no objections, Mr. Sandifer was appointed Rapporteur.

2. Announcement by the Chairman

The CHAIRMAN said that the next item of the agenda for consideration was the draft provisional Rules of Procedure. Several amendments to the Rules had already been received and he understood that further amendments were pending. It would greatly facilitate discussion if all amendments were before the committee. He therefore suggested that delegations should send to the Secretariat by 6 p.m. on the following Friday all proposed amendments, not only to the draft provisional Rules of Procedure but to any other document to be discussed by the committee, and the Secretariat should prepare notes on the amendments and circulate them with the texts. The Chairman’s proposal was adopted.

3. Consideration of Applications for Membership

As the report of the working party appointed to consider the applications for membership of Monaco and San Marino had only just been circulated, the Chairman proposed the adjournment of the meeting for 15 minutes to give time for its consideration.

The meeting adjourned at 2.55 p.m. and reassembled at 3.10 p.m.

M. Boissier (Switzerland), chairman of the working party, presented the report. The working party had recommended that the Legal Committee propose acceptance to the Health Assembly of Monaco’s application for membership. The question had been considered in all its aspects, but the report did not mention that the application had been treated as an individual case.

The working party had found that San Marino’s application for membership had been received too late to comply with the 30 days’ notice required by Rule 89 of the provisional Rules of Procedure. It was therefore of opinion that the application was not admissible. He added that the working party had not examined the substance of the problem and had therefore not prejudged that issue. It considered that there was no case for suspending the Rules of Procedure, as provided for in Rule 97, and it felt that Rule 89 had to be complied with, as otherwise a dangerous precedent might be created. He pointed out that the last sentence of the report did not constitute an invitation to the Government of San Marino to make a further application for membership, but was merely meant as a reminder that it was possible to do so.

Mr. Baghdadi (Egypt) emphasized the necessity of regarding Monaco’s application as an individual case—a point he had already stressed in the discussions of the working party. Because of the small size of the country it would be unable materially to contribute to the finances and activities of the Organization, and by opening the door to the admission of such small States there was a danger of overloading the Organization and weakening its effectiveness. He mentioned the existence of a treaty between Monaco and France, conferring protecting powers on France, and he wondered what the nature of the protection was. The fact that Monaco was a member of the Office International d’Hygiène Publique had been the determining factor in influencing the working party’s decision.

M. Bertrand (France) and Professor De Laët (Belgium) agreed with the views of the delegate of Egypt and felt it might be wiser to mention in the report that the case had been considered as an individual one.

M. Boissier suggested that the point might be met by altering conclusion I of the working party’s report (after “24 June 1948”) to read:

1 This sentence read: “That government can, of course, submit its application to the next Health Assembly.”
THIRD MEETING

Wednesday, 7 July 1948, at 2.30 p.m.

Chairman: Dr. van den Berg (Netherlands)

1. Draft Provisional Rules of Procedure

The Chairman said that amendments to the draft provisional Rules of Procedure had been received from Belgium, Egypt, the Union of South Africa, the United Kingdom and the United States of America. He proposed that a working party, consisting of the delegates of those countries and the Chairman, Vice-Chairman and Rapporteur, should consider the amendments and report to the committee at the following meeting.

This was agreed.

2. Privileges and Immunities

M. Zarb, Secretary, said that no delegation had submitted any amendment to the proposed Convention on the Privileges and Immunities of Specialized Agencies, which was in two parts: the first contained the standard clauses applicable to all specialized agencies without exception, and the second, the several annexes relating to specific specialized agencies. Two amendments were recommended to Annex VII. Under the present drafting, experts working for WHO enjoyed certain privileges, but were not eligible for the privileges and immunities regarding the inviolability of papers and documents and the right to use secret codes conferred on experts working for the United Nations. The Interim Commission considered both these privileges indispensable to the work of experts for the Organization as, in certain cases, protection of secrecy might be essential. It therefore had recommended amendment of this clause to allow WHO experts to enjoy the same privileges and immunities as were accorded to experts on mission for the United Nations.

GENERAL DISCUSSION ON CONVENTION

The Chairman invited a general discussion on the Convention and on Annex VII, to be followed by a discussion on privileges for experts.

Mr. Sandifer (United States of America) thought it important that the Health Assembly should approve the Convention and Annex. The Convention was the product of prolonged study by the Legal Committee of the United Nations and by the General Assembly, in which the specialized agencies had also participated.

The United States Government reserved its position in regard to Article VI, Section 19 b, on exemption from taxation, and on Section 20 of the same article, on exemption of officials of the specialized agencies from national service obligations. His Government had made similar reservations when the United Nations General Convention on Privileges and Immunities had been considered by the Assembly of the United Nations. If the Health Assembly approved the Convention, it would be referred to the United States Congress with a recommendation for approval, subject to reservation on these two clauses.

He was in favour of the amendment submitted by the Interim Commission on the granting to...
WHO experts of the privileges accorded to United Nations experts.

Mr. HALSTEAD (Canada) said that his Government reserved its position on Section 39A, since the Canadian Government would be obliged, in all probability, to append a reservation to its accession to the Convention because of subsection 3 of Section 3 of the Canadian Privileges and Immunities (United Nations) Act.

Dr. MACLEAN (New Zealand) said that the New Zealand Government, when signing the accession to the Convention of the United Nations on Privileges and Immunities, had added a reservation on the clause relating to the exemption from taxes and rates in respect of persons domiciled and employed in New Zealand. He made the same reservation in connexion with the present Convention.

Mr. LINDSAY (United Kingdom) stated, in connexion with Article IV, Section 11, of the Convention, that his Government reserved the right to oppose at the International Telecommunications Union Conference in September the proposals on rates and taxes on mail and telecommunications to be submitted at that conference.

It was agreed to recommend the approval of the Convention and of Annex VII, apart from the clause relating to privileges and immunities for experts.

PRIVILEGES OF EXPERTS

The committee then discussed the Interim Commission's recommendation to extend to the experts on mission for WHO, privileges similar to those accorded to United Nations experts.

Mr. HALSTEAD opposed the recommendation. The Canadian Parliament, in the legislation already passed on this matter, had not provided for such an extension.

Mr. BAGHDADI (Egypt) also opposed the extension. The Organization was young and should proceed cautiously in the matter of privileges, especially since the missions of experts of WHO would not be of a confidential character. Privileges entailed a breach in normal practice and an infringement of national sovereignty. It was therefore undesirable to oblige nations to accord privileges on a wide scale.

Dr. MACLEAN said he had instructions from his Government to oppose the amendment. The privileges accorded in the existing draft were sufficient. The additional privileges in force in the United Nations were intended for experts on missions in the cause of peace and security to disturbed areas. Special reasons might justify that extension to some other agencies: ILO experts carried out judicial functions when investigating complaints of non-compliance with international conventions. No such special considerations, however, applied to WHO experts. Moreover, an amendment to a clause in the Annex might lead to other revisions by other specialized agencies, thus destroying the desirable uniformity in the conventions.

Mr. LINDSAY supported the amendments proposed by the Interim Commission, since WHO experts might be sent on missions where secrecy was essential, and they would be called upon to give an objective opinion unbiased by political considerations.

The proposal of the Interim Commission to extend to experts on mission for WHO privileges and immunities similar to those granted to United Nations experts was adopted by 20 votes to 3.

Mr. PENBERTHY (Union of South Africa) suggested that the inviolability should refer only to official documents.

The SECRETARY emphasized the difficulty of distinguishing between official and private papers. Paragraph (c) in the corresponding article of the United Nations Convention provided for the inviolability of all papers and documents.

It was agreed to recommend that the Health Assembly propose to the United Nations the extension to WHO experts of all privileges and immunities, as recommended by the Interim Commission.

PRIVILEGES AND IMMUNITIES BY COUNTRIES NOT MEMBERS OF THE UNITED NATIONS

The CHAIRMAN proposed that the working party be asked to draft a resolution concerning the privileges and immunities to be given by countries not members of the United Nations. This was agreed.

3. Agreement with Swiss Federal Council

The SECRETARY explained that Article X, Section 39, of the Convention just approved provided for the conclusion of supplementary agreements with any country, and particularly with the country in which the Organization was located. Pending the coming-into-force of the WHO Constitution and the adoption of this Convention, a draft Agreement had been concluded between the Swiss Federal Council and the Interim Commission, which had governed the relations between the Commission and the authorities of that country. Now that the Organization was established, the Commission recommended that the Health Assembly should endorse the action taken and approve the draft Agreement, which would define the legal status of the Organization in Switzerland and govern the relationship between the Organization and the Swiss federal authorities.

M. BOISSIER (Switzerland) asked for the addition of a small amendment to Article 9e of the draft Arrangement for the Execution of the draft Agreement on the condition governing the
importation of motor-cars by officials of the Organization. After "to this exemption" he proposed adding "in agreement with the Swiss Federal Political Department . . ." He explained that the object of the additional words was to bring the agreement into conformity with other similar conventions.

It was agreed to adopt this amendment and the draft Agreement with the Swiss Federal Council.

It was further agreed that the working party should prepare a draft text of the amendment agreed upon and of the resulting modification of the draft resolution to the Health Assembly 7 for submission to the next meeting of the committee.


The CHAIRMAN invited the committee, in the absence of any general remarks, to discuss the proposed Regulations and Rules of Procedure for Expert Committees and their sub-committees,8 together with the amendments proposed.

Regulation 1. Appointment of Members

Mr. Baghdadi said the Egyptian amendment to substitute for the words "in agreement with the Chairman of the Executive Board" the following: "with the formal approval of the Executive Board and of the . . ." was based on the consideration that the expert committee would be a quasi-permanent organ, the appointment of which should have the approval of the Executive Board.

Dr. Petrov (USSR) inquired whether any document existed defining the duties and functions of expert committees.

The SECRETARY said the object of the Regulations was to determine how the expert committees provided for by the Constitution and Rules of Procedure of the Assembly were to function. Wherever such a committee was set up, its terms of reference were defined by the constituting body.

Mr. Lindsay said the expert committee might be purely temporary in character, in which case the Egyptian assumption was not correct. He supported the existing text.

Mr. Tomlinson (United States of America) said the United States delegation supported the text as it stood, with one slight amendment: the phrase "in agreement with the Chairman of the Executive Board and the Governments concerned" to read "after consultation with the Governments concerned".

Mr. Baghdadi cited Regulation 6, Members' Term of Office, to show that the experts' task might extend for two years or more.

Mr. Goudsmit (Netherlands) proposed an amendment: "the Governments concerned" to read "the Governments of the States to which the experts belong".

Dr. Petrov supported the text as a whole. He was in favour of legal experts defining the functions of expert committees, which should be restricted to specifically medical and scientific questions; otherwise, they might tend to go on to questions with which they were not competent to deal.

Mr. Baghdadi asked for information as to the scope of the phrase "the Governments concerned".

The SECRETARY said the phrase might be given a wide interpretation, embracing the country to which the expert belonged and when necessary the country or countries in which the expert's work was to be carried out. While the expert was given certain terms of reference, he was also allowed some liberty of action in carrying them out. Expert bodies might be of a quasi-permanent character, or again purely temporary, in which case their functions ended with the completion of their specific tasks. Article 39 of the Constitution afforded the necessary control, providing as it did that the Executive Board should review the necessity for continuing each committee.

Dr. Petrov opposed the Egyptian amendment. Expert committees should be guided by purely scientific criteria; their duty was to advise how certain measures could be carried out—in the case of cholera, for instance—but it was for some higher authority of WHO to decide whether those measures should be applied.

Mr. Baghdadi, supplementing his previous remarks, argued that the choice of experts was likely to be sounder if approved by the Executive Board rather than by the Chairman of that body alone.

Sir Dhiren Mitra (India) supported the Egyptian amendment. Citing the preamble to the Regulations and also Regulation 27, he said it was clear that the Chairman of the Executive Board had no executive functions. If the Board, as the executive organ of the Health Assembly, chose to delegate its functions, that was a different matter.

Mr. Lindsay said that, in the event of urgent problems calling for the immediate appointment of expert committees, serious delay might ensue from consulting the whole Board. The authors of the Constitution had probably assumed that the Board would delegate some powers to the Chairman. If that was not the case, it was for the Health Assembly to rectify the situation.

The CHAIRMAN felt it his duty to defend the Constitution. It had been suggested that there were constitutional objections to Regulation 1 and constitutional arguments in favour of the Egyptian amendment. There was a difference, however, between the establishment of expert committees and the appointment of their members. The Health Assembly, or the Executive Board on its behalf, might decide to appoint

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7 Off. Rec. WHO, 10, 121
8 Ibid. 16, 122
an expert committee; there followed the executive task of appointing the members, and there was no contradiction between the two. The objection had been raised that executive power was now being given to the Chairman, but the Chairman had always been an executive officer—it was inherent in his functions. It was for the Board to determine the executive duties of its Chairman, for it would obviously be necessary for it to delegate some functions. He thought it in accord with Regulations 27 and 28 that executive functions should be so delegated. Therefore, he could see no constitutional objection to Regulation 1 in its original form.

Sir Dhiren Mitra said the Egyptian amendment appeared appropriate in substance. The Constitution contemplated action by the Board in case of emergency. If, in such a situation, the Board delegated power to the Chairman, the latter would be exercising that power, not replacing the Board. He therefore saw no contradiction with the Constitution.

Dr. Petrov said he was satisfied by the explanations given and would support the amendment. He proposed an addition to Regulation 1, to the effect that committees of experts should study specifically technical questions in the medical field; they should not be charged with the study of questions regarding the policy of WHO or other general questions, which should be decided in accordance with Article 28 of the Constitution.

Mr. Lindsay urged the adoption of the Egyptian amendment, with the addition of a recommendation to the Assembly that the Executive Board be authorized to delegate its powers to the Chairman. He anticipated difficulty in cooperating with other organizations, if the functions of expert committees were confined to technical medical questions.

Mr. Baghdadi agreed with the formula whereby the power of appointment would rest with the Executive Board, which would be free to delegate to its Chairman.

The Chairman proposed that the three amendments before the committee be referred to the working party, to the membership of which would be added representatives of the delegations of India and the USSR.

Mr. Sandifer did not agree that the Executive Board could delegate its power of appointment to the Chairman. As regards the functions of expert committees, these varied, and it would be a mistake to attempt to draft a general definition. He asked the working party to take both these points into consideration.

Professor de Berredo Carneiro (Brazil) supported the Egyptian formula; it was for the Executive Board to exercise its power, and it could not delegate. Judging from the experience of other organizations, in practice the Chairman would consult the Executive Board, which would approve or reject the names proposed. It was impossible to define the functions of experts beforehand. He proposed the formula, "The members of the committee shall be appointed by the Director-General, after consultation with the Executive Board and the Governments concerned".

The Chairman said all amendments would be considered by the working party; the texts would be distributed.

The meeting rose at 5 p.m.

FOURTH MEETING
Friday, 9 July 1948, at 2.30 p.m.
Chairman: Dr. Van den Berg (Netherlands)

1. Announcements by the Chairman

The Chairman said that the General Committee had asked that committees should speed up their work in order to avoid night sittings. Although the working party appointed at the previous meeting to discuss amendments to Regulation 1 of the proposed Regulations and Rules of Procedure for Expert Committees had reached unanimity, the report would not be ready for consideration until the following meeting. He proposed, therefore, that the committee should examine the second report of the Legal Committee on Privileges and Immunities and the draft Agreement between the Swiss Federal Council and the World Health Organization.

On the proposal of the Chairman, the meeting adjourned for ten minutes to enable delegates to study the above report.

2. Second Report of the Legal Committee (see P. 339)

Privileges and Immunities

M. Zarb, Secretary, drew attention to two typographical errors in the English text.

Mr. Sandifer (United States of America), Rapporteur, then read the resolution relative to the Convention on the Privileges and Immunities of the Specialized Agencies proposed for adoption by the Assembly. He moved that the resolution be adopted.

In reply to a point raised by Mr. Madani (Pakistan), the Secretary said that sub-paragraph e had been textually reproduced from the Convention on Privileges and Immunities drawn up by the United Nations.

The resolution was adopted.
The Rapporteur read the resolution in the report concerning the draft Agreement between the Swiss Federal Council and WHO, which he moved should be adopted.

The Committee adopted this resolution.

The report as a whole was therefore adopted.


Regulation 1:
Discussion was postponed for report of the working party.

Regulation 2:
Mr. Goudsmit (Netherlands) proposed that, for the sake of uniformity, the word "expert" in line 1 should be deleted.

Regulation 2, as amended, was adopted.

Regulation 3:
In reply to a point raised by Mr. Goudsmit, the Secretary said it was clear from the title that the regulation applied only to expert committees, whereas Article 40 of the Constitution dealt with committees in general. Regulation 3 was definitely limited. In the original draft discussed by the Interim Commission, the regulation had consisted only of the first sentence. The second had been added at the request of a representative of one of the specialized agencies located in Geneva, who had pointed out that the relations between his organization and WHO should be in conformity with the agreements passed between the two organizations. It was not for the Executive Board alone to determine, for example, the number of experts to be appointed to a committee, except in accordance with the agreements concluded between the two organizations.

Mr. Goudsmit agreed.

Regulation 3 was adopted.

Regulations 4, 5, 6 and 7 were adopted without discussion.

Regulation 8:
Mr. Tomlinson (United States of America) suggested replacing "appoint" by "elect".

Regulation 8, as amended, was adopted.

Regulations 9 and 10 were adopted without discussion.

Regulation 11:
Mr. Tomlinson thought a specific time limit should be stipulated for the transmission of the draft agenda. He proposed substituting "30 days before the meeting" for "... in good time".

Mr. Lindsay (United Kingdom) preferred a general statement, since it was impossible to define a time limit suitable to all the widely differing conditions of the expert committees.

Sir Dhiren Mitra (India) proposed the adoption of the legal phrase "in reasonable time", and this was agreed.

It was agreed to adopt Regulation 11 as amended.

Regulation 12 was adopted without discussion.

Regulation 13 was adopted, subject to the insertion in the heading—proposed by Mr. Goudsmit—of the word "Corresponding", to read "Co-opting of Experts and Corresponding Members".

Regulation 14:
The Secretary drew attention to the modification of this regulation recommended by the Expert Committee on Malaria in its report. Effect could be given to the recommendation by adding the following after the second sentence in the regulation: "They will work on a regional basis within the regional organizations, when they will be established."

Dr. Aujaleu (France) opposed this limitation on the sphere of action of corresponding members. An expert might be a specialist in a matter of concern to more than one region, and it was wrong to restrict his activities.

Mr. Baghdadi (Egypt) gave reserved approval to the resolution of the Secretariat. It was important to maintain the distinction between experts and corresponding members, the latter not having the right to participate in the work of the committees. The recommendation, by giving corresponding members the right to share in the work of regional organizations, confused that distinction. He proposed a new clause: "Corresponding members may undertake active functions in regional organizations after consultation between the Director-General and the organizations concerned."

The Secretary defined a corresponding member as an expert whose domicile was at a distance from the meeting place. However, corresponding members might be in contact with the regional organization near their domicile or sphere of action, as contemplated by the expert committee.

Dr. Aujaleu seconded the proposal, which did not restrict the functions of an expert to one area. It was agreed to refer regulation 14 to the working party (to include the delegate of France) for preparation of a final text for submission to the committee.

Regulations 15 to 18 were adopted without discussion.

Regulation 19:
Mr. Baghdadi considered that the Executive Board should receive all reports of expert committees.

The Secretary explained that the members of the Executive Board, as delegates to the Health Assembly, would have cognizance of the reports. The exceptional provision here was intended to meet emergencies when a decision might be required before the Health Assembly could consider the report.

There was general agreement that all reports should be transmitted through the Director-
It was agreed to refer regulation 19 to the working party for preparation of a final text for submission to the committee.

**Regulations 20 to 26 were adopted without discussion.**

**Regulation 27:**
Mr. Goudsmit proposed altering the opening phrase of this regulation to read "Experts of WHO serving as members on joint committees . . . " , since the word "members" in the text denoted countries.

Dr. Aujaleu preferred the wording used in Regulation 30.

Regulation 27 was referred to the working party for co-ordination with Regulation 30.

**Regulations 28 and 29 were adopted without discussion.**

Regulation 30 was referred to the working party.

**Annex II Rules of Procedure for Expert Committees and their Sub-Committees:**

The annex was adopted without discussion.

### 4. Other Business

**OFFICIAL SEAL**

The Secretary drew attention to the recommendations of the Interim Commission [12] on the adoption of an emblem and name for the Organization and on legal measures for their protection, and explained that they were similar to those which had been proposed to the General Assembly of the United Nations and adopted on 7 December 1946.

The Rapporteur said he understood that the United Nations had not yet been consulted on the use of its seal as the basis for the proposed seal for WHO, but that such an inquiry was being made to the Secretary-General of the United Nations. To allow the committee and Health Assembly to take action, he proposed the following addition to paragraph 2 of the proposed resolution: "provided that the consent of the United Nations to the proposed use of its seal be obtained from the Secretary-General of the United Nations by the Director-General of WHO ."

It was agreed to adopt the resolution as amended.

**HEALTH STATISTICS**

The Secretary said that the Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death had adopted regulations on nomenclature (see p. 349), which were now submitted to the Health Assembly. The Assembly was requested to adopt the regulations for the purpose of ensuring uniform application of the Lists in 1950, when the new series would come into force. Consideration of the substance of the draft regulations was a matter for the Committee on Programme; the Legal Committee was asked to consider the legal aspects and to judge whether they were in conformity with the WHO Constitution. The technical and legal provisions were quite distinct, and it was suggested that the joint report contain two chapters, the first on the technical matters and the second on the legal aspects. Contact had already been made with the Committee on Programme, which had appointed a working party for the technical side. It was agreed to refer the legal aspects of the draft WHO Regulations No. 1 regarding nomenclature with respect to diseases and causes of death to a working party consisting of Mr. Sandifer (Rapporteur), Mr. Lindsay, (United Kingdom), Sir Dhiren Mitra (India), Dr. Petrov (USSR), and Mr. Tomlinson (United States of America).

The meeting rose at 4.20 p.m.

### FIFTH MEETING

**Wednesday, 14 July 1948, at 2.20 p.m.**

**Chairman:** Dr. Van den Berg (Netherlands)

**1. Draft Provisional Rules of Procedure of the World Health Assembly** [13]

**REPORT OF THE SECOND WORKING PARTY TO THE LEGAL COMMITTEE**

At the request of the Chairman, Mr. Sandifer (United States of America), Rapporteur, read the conclusions of the working party and the resolution submitted for approval by the Legal Committee. He called attention to three points:

- First, when the Rules of Procedure were adopted in final form, the word "Provisional" in the preamble should be deleted; secondly, the headings to the various rules, as printed in No. 10, the Official Records of WHO, should be reinstated; thirdly, it would appear that Rule 75c contradicted a resolution adopted that morning by the Committee on Administration and Finance concerning the assessment of contributions to the budget for 1948 and 1949.

The Rapporteur proposed the adoption of the resolution submitted by the working party,
subject to the above reservations. "The Health Assembly adopts as the permanent rules of procedure the Rules of Procedure of the World Health Assembly annexed to this resolution" (see p. 365).

The Chairman called upon Mr. Siegel, Secretary of the Committee on Administration and Finance, to comment on Rule 75.

Mr. Siegel, Secretary of the Committee on Administration and Finance, said that the Rapporteur had referred to a resolution adopted that morning by the Committee on Administration and Finance. The resolution provided that, notwithstanding the provisions of Rule 75(e), there should be established a scale of contributions for the two years 1948 and 1949. During the discussion of the problem in the Committee on Administration and Finance, it had been suggested that the Legal Committee consider the deletion of the last part of Rule 75(e), from "the scale" to "to pay".

He pointed out that the text of Rule 75(e), as submitted by the working party, contemplated two exceptions, which would not apply if WHO should adopt the unit system, because the admission of new Members would not entail any change in the scale of assessments. It would appear that the Legal Committee should consider one of three alternatives: first, to leave the rule as it stood; secondly, to delete the clause "except in the case of the admission of Members"; thirdly, to delete the last part of the paragraph, beginning with the words "the scale of assessments", down to "capacities to pay".

M. Geeraerts (Belgium), supported by Sir Dhiren Mitra (India), proposed the suppression of the restrictive clause in Rule 75(e), which would deprive the Health Assembly of the possibility of revising the scale of contributions if considered necessary. It would be dangerous to tie the Health Assembly in advance to the scale applicable in the case of the admission of Members.

The following amended text of Rule 75(e) was approved:

The Health Assembly shall, at each regular session,

(e) on the recommendation of the Board, or on the request of any Member transmitted to the Director-General not later than 90 days before the opening of the session, review the apportionment of the contributions among Members.

Mr. Ballard (Australia) drew attention to the omission from the report of the working party of Rule 24, to which an amendment had been suggested by the delegate of the Union of South Africa.

M. Zarb, Secretary, explained that the point had been the subject of prolonged discussion by the working party, during which the delegate of the Union of South Africa had withdrawn his amendment. It had been decided to maintain the original text, and the rule had therefore been omitted from the report, which contained only the clauses which had been amended.

Mr. Ballard said he was satisfied with the Secretary's explanation and did not wish to press the point.

The resolution proposed by the working party was adopted.

2. Convention on the Privileges and Immunities of the Specialized Agencies

REPORT OF THE THIRD WORKING PARTY TO THE LEGAL COMMITTEE

At the request of the Chairman, the Rapporteur read the resolution submitted for approval of the committee, which he proposed should be adopted.

The resolution was adopted without discussion (see p. 334).


REPORT OF THE THIRD WORKING PARTY TO THE LEGAL COMMITTEE

The Rapporteur read the resolution from the report and proposed its adoption.

He said that discussion had been limited to two points: first, the method of appointment of members of expert committees, regarding which the working party had reached unanimous agreement. Article 2 dealing with that matter had, however, been omitted from the annex, and he read the text agreed upon. The second point was the proposal of the Soviet Union that there should be some statement in the regulations defining the functions of the expert. The working party had agreed that the point was covered by Regulation 1.

The resolution was adopted without discussion (see p. 334).

4. Other Business

NOMENCLATURE AND HEALTH STATISTICS: REPORT OF THE FOURTH WORKING PARTY TO THE LEGAL COMMITTEE

The Rapporteur said that the proposal under consideration was that the Health Assembly should adopt as Draft WHO Regulations No. 1 the regulations on nomenclature with respect to diseases and causes of death, adopted by the Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death (for text of adopted Regulations see p. 349). The substantive content of those regulations had been approved by the Committee on Programme,

14 Off. Rec. WHO, 10, 111
15 Ibid. 10, 122-126
and the working party had examined them and concluded that they were in proper legal form and consistent with the relative articles of the Constitution. It was recommended that they be approved, with the modifications proposed in the working party's report.

The working party had made a proposal which concerned a technical detail but which was of some importance. Article 3 stated "Each Member shall publish statistics of causes of death in respect of: (a) its territory as a whole", and a footnote had been inserted referring to that clause. The working party proposed that the contents of that footnote should be added as an additional paragraph to the Article.

The Rapporteur also called attention to Article 23, which had been added on the proposal of the delegation of the United Kingdom; its effect would be to make these regulations applicable with respect to territories concerning which notifications had been sent by the States responsible for their international relations.

He proposed that the report of the working party be adopted and that the Chairman and Secretary of the committee be authorized to take the necessary steps to embody it in a joint report of the Committee on Programme and the Legal Committee, to be presented to the next plenary meeting of the Health Assembly.

The Chairman drew attention to the historic significance of the occasion and the importance of the decisions which were to be made. For the first time in world history, an international legislative body was taking action in the field of health. In accordance with Article 22 of the WHO Constitution, these regulations on nomenclature would come into force for all Members after due notice had been given of their adoption by the Health Assembly, except for such Members as might notify the Director-General of rejection or reservations within the period stated in the notice, and it was desirable that the committee should be fully conscious of the importance of its decisions.

Mr. Baghdadi (Egypt) said that Article 22 of the WHO Constitution allowed a Member to notify reservations and did not impose any limitation on the nature or extent of such reservations. Article 21 of the Regulations stated: "Reservations may only be made limiting the application of any part or parts of the present Regulations to any part or parts of the territory of a Member", which definitely restricted the extent of reservations. It was necessary to reconcile the two texts.

The Secretary said that Article 21 referred to regulations of a technical character within the scope of the Regulations only, while Article 22 of the Constitution provided for reservations of a more general character.

The Rapporteur expressed the opinion that the word "only" had been inserted in Article 21 by mistake, and if it were deleted, the regulation would be consistent with Article 22 of the Constitution. He suggested that the working party should examine the question before any action was taken in the committee.

Mr. Lindsay (United Kingdom) supported the suggestion to delete the word "only", and the Rapporteur asked whether that would meet the point raised by the delegate of Egypt.

Mr. Baghdadi replied that he would prefer the question to be referred to the working party so that a text could be prepared which would be consistent with the provisions of the Constitution.

The Chairman proposed that further discussion on the regulations on nomenclature be postponed until the following meeting, the working party in the meantime to reconsider the question now at issue.

Mr. Lindsay asked if the remainder of the regulations could be approved at the present meeting, but the Chairman considered the matter was of such importance that it was wiser to postpone it.

It was agreed to postpone consideration of the Nomenclature Regulations until the following meeting of the committee.

ASSOCIATE MEMBERS

On the proposal of the Chairman, it was agreed to establish a working party consisting of delegates of Belgium, Canada, Egypt, France, India, Liberia, the Netherlands, USSR, the United Kingdom, and the United States of America to consider the Interim Commission's Report and the paper submitted by the delegation of the United Kingdom on Article 8 of the Constitution of WHO, and to report to the committee at its following meeting.

STAFF REGULATIONS

(REGULATION 28: ADMINISTRATIVE TRIBUNAL)

The Chairman said that certain legal questions had arisen in connexion with Staff Regulation 28: Administrative Tribunal, and the Committee on Administration and Finance had referred the matter to the Legal Committee.

Two texts had been proposed for the regulation, one by the Interim Commission and another by the delegation of the United States of America, the latter being preferred by the Committee on Administration and Finance. A letter received from that committee stated that at its sixth meeting it had decided to refer the question to the Legal Committee for:

1. Determination from a legal point of view of the requirements of a tribunal with jurisdiction over disputes arising out of contracts between WHO and staff members governing the conditions of their employment;

2. Determination of the character of such tribunal required to fulfil its juridical duties;

3. Notification to the Committee on Administration and Finance of the opinion of the Legal Committee.

16 Off. Rec. WHO, 12, 74

17 Ibid. 10, 33
On the proposal of the Chairman, it was agreed to establish a working party consisting of the delegates of Australia, the Byelorussian SSR, Egypt, France, India, Switzerland and the United States of America, to examine the questions submitted by the Committee on Administration and Finance and to report to the Legal Committee at its following meeting.

The RAPPORTEUR said he was doubtful as to the second of the terms of reference. From his reading of the minutes of the sixth meeting of the Committee on Administration and Finance (see p. 192), it did not appear to him that it was the intention that the character of the proposed tribunal should be determined by the Legal Committee, and he would like the point to be clarified before the working party met.

It was agreed, on the further proposal of the CHAIRMAN, that, before the meeting of the working party, there would be discussion between the Chairmen and Rapporteurs of the Committee on Administration and Finance and the Legal Committee, respectively, on the terms of reference.

AMENDMENT OF THE CONSTITUTION
EXECUTIVE BOARD

The RAPPORTEUR, being invited by the Chairman to give the opinion of the working party on this item, said that the matter under discussion was a letter from the delegation of Italy to the President of the World Health Assembly, containing certain suggestions for modification of the Constitution in regard to the Executive Board.

At its thirteenth plenary meeting, the Health Assembly had recommended that the matter should be referred to the Legal Committee for study and report (see p. 93). The working party proposed that a resolution be adopted recommending the Health Assembly to transmit the question to the Executive Board for consideration when the question of annual nominations for election of members to the Executive Board was discussed.

The Secretary read the relevant extracts from the verbatim report of the thirteenth plenary meeting of the Health Assembly (see p. 93).

The CHAIRMAN said that no complicated legal matters were involved, and he agreed with the recommendation of the working party; it was a question which should be studied as a whole and not only from the point of view of the Constitution.

It was agreed that the Rapporteur should prepare a resolution on the lines indicated for consideration at the following meeting of the committee.

At the conclusion of the meeting, Mr. LINDSAY paid a tribute to the very valuable work which the French Government had done in the field of causes of death and health statistics in past years, a work which was now being taken over by the Organization.

Mr. Lindsay's remarks were heartily endorsed by the CHAIRMAN and the committee.

The meeting rose at 4.20 p.m.

SIXTH MEETING
Friday, 16 July 1948, at 10 a.m.
Chairman: Dr. VAN DEN BERG (Netherlands)

1. Third Report of the Legal Committee

The Third Report of the Legal Committee on the item "Official Seal", was adopted without discussion (text reproduced on p. 333).

The CHAIRMAN remarked that at a previous meeting the committee had adopted the recommendation of the Interim Commission, provided that the consent of the United Nations to the use of its seal was obtained (see page 282). That consent had now been received.

2. Other Business

DRAFT WHO REGULATIONS NO. I ON NOMENCLATURE OF DISEASES AND CAUSES OF DEATH: REPORT OF THE FOURTH WORKING PARTY TO THE LEGAL COMMITTEE

Mr. SANDIFER (United States of America), Rapporteur, presenting the report of the fourth working party, recalled that at the last meeting a question had been raised by the delegate of

Egypt concerning Article 21, and it had been found that there was a possible conflict between that article and the relevant article of the Constitution. The amendments suggested by the working party, after further consideration of the question, were explained fully in the report.

The CHAIRMAN expressed his gratitude to the working party. He had previously called attention to the importance, for the first time in history, of an international body enacting legislation in the field of health. He believed the working party had done very important work and felt sure the committee could now recommend the adoption of Regulations No. I by the Health Assembly.

Mr. PENBERTHY (Union of South Africa) associated himself with the Chairman's remarks and congratulated the working party on its recommendations. The regulations would go down in history as the first of the legislative enactments which the framers of the Constitution of WHO in New York in 1946 visualized when they
drafted Article 21. He thought it behoved the Assembly of WHO to take especial care to ensure that this first legislative enactment should be a sound one. The deletion of Article 21 and the consequent amendment to Article 23 would undoubtedly go far to ensure that no provision in the regulations could be regarded as in any way offensive to the dignity of any self-governing State. In their amended form, they did not infringe in any way on the sovereign rights of Member States, any one of which might, at its own discretion, within a reasonable period, notify the rejection of the regulations in toto or accept them with such modifications as might seem necessary for applying them to its own territory. This would not have been legally possible had the provisions of Article 21 been retained.

The delegation of the Union of South Africa supported the adoption of the regulations as recommended by the working party.

The report of the fourth working party was adopted (conclusions embodied in fifth report of the committee, see p. 335).

Proposal by the Delegation of Italy for Amendment of the Constitution (Executive Board): Report of the Rapporteur

The report, read by the Rapporteur, was adopted without discussion (see sixth report, p. 336).

Chairman of Executive Board; Term of Office. Proposal Submitted by the United Kingdom Delegation

Mr. Lindsay (United Kingdom), presented his delegation’s proposal:

The chairman of the Executive Board shall be elected each year at the first regular meeting of the Executive Board after its annual reconstitution by the Health Assembly.

The chairman shall hold office until his successor is elected and shall not become eligible for re-election until two years have elapsed since he ceased to hold office.

He said that one of its purposes was to ensure that the chairmanship of any committee should not become a permanent office, so that there would be a reasonable rotation and that a chairman who had held office should not feel he had acquired a personal title to it.

Mr. Tomlinson (United States of America) said that, without discussing the merits of the proposal, he wished to call attention to Article 27 of the Constitution, which provided that the Board should elect its chairman from amongst its members and adopt its own rules of procedure. He thought this was properly a rule of procedure, for decision by the Executive Board rather than determination by the Health Assembly.

M. Geeraerts (Belgium) agreed with the delegation of the United States regarding Article 27 of the Constitution, thought the Executive Board should have a free hand in its choice of a chairman, as well as in reference to its rules of procedure.

Mr. Goudsmith (Netherlands) wished to stress another point. According to the Constitution, the Executive Board would not meet in regular session; it was a body which would meet at irregular intervals, and in his opinion it would not be right to adopt the United Kingdom proposal. In any case, he thought the word “regular” should be omitted.

Mr. Baghadi (Egypt) said he could not quite accept the interpretation given by the delegate of the United States regarding the relevant provision of the Constitution; he was not sure that that provision definitely excluded the possibility of the Assembly’s determining the actual duration of the term of office of the chairman of the Executive Board. He thought the question should be considered from two angles: it might be regarded as a matter to be decided by rule of procedure, or as an integral part of the general regulation governing the work of the Executive Board.

He thought it would suffice if the recommendation stated that the chairman should hold office until his successor was elected and should not become eligible for re-election until one year had elapsed after he had ceased to hold office. By so doing, the Assembly would neither encroach upon the rights of the Executive Board nor offend the terms of the Constitution.

Mr. Ballard (Australia) said that, as the actual proposal was only for a recommendation from the Assembly to the Executive Board, he thought the Assembly would be within its rights in making the recommendation.

Regarding the merits of the proposal, the Australian delegation agreed with the principle set forth in the introductory part of the United Kingdom proposal, that the term of office of the chairman of the Executive Board should be limited to one year and that he should not immediately be eligible for re-election. The proposal, however, went a little further, and it was that part with which he could not agree. He thought it would suffice if the recommendation stated that the chairman should hold office until his successor was elected and should not become eligible for re-election until one year had elapsed after he had ceased to hold office.

Mr. Shah (Pakistan) supported the United Kingdom proposal. There was no provision in the Constitution which prevented the term of office being limited to one year. Under Article 27, the Executive Board could frame its own rules of procedure and provision could be made in those rules for the chairman to hold office only for one year. The delegate of Australia wanted to reduce the period of eligibility for re-election to one year, but he would suggest that the chairman should not be eligible for re-election.
until three years had elapsed, because the members of the Executive Board would hold office for three years.

Mr. Penberthy supported the United Kingdom proposal, which would do no more than convey the wishes of the Assembly to the Executive Board. It would be reasonable for the Executive Board to accept the proposal, since it would permit rotation and prevent the establishment of any sort of monopoly in regard to the chairmanship.

Regarding the alternative proposals that the period of eligibility for re-election should be one year or three years, he thought the United Kingdom proposal struck the happy medium. Referring to the point raised by the delegate of Liberia, he said that unless the term of office was limited to one year, it might be awkward in the first Executive Board if the person appointed as chairman belonged to a State elected to serve for one year only.

Dr. Vasiliev (USSR) said his delegation did not see any necessity for imposing conditions on the Executive Board. He thought the Board should be allowed to settle the matter and, if the chairman were chosen from the group of members elected for one year or for two years, he should be allowed to stay for that period if his work was satisfactory.

The delegation of the USSR supported the proposal made by the delegate of the United States.

Mr. Lindsay said the United Kingdom proposal was based on experience of the difficulties that arose when the chairmanship of a body became, as it were, the preserve of an individual. His delegation would be willing to agree to any drafting amendment which would make it clear that this was merely an expression of opinion on the part of the Assembly and not an attempt to interfere with the right of the Executive Board to elect its own chairman.

He added that he was not sufficiently a legal expert to appreciate the force of the remark of the delegate of the Netherlands in regard to the omission of the word "regular." As the delegate of the Union of South Africa had stated, two years was a good compromise between the various periods which might be suggested.

Dr. Vasiliev explained that his view was that the term of office of a chairman who had worked satisfactorily should not be limited, but he did not suggest that a chairman elected from the one-year group should be allowed to continue for three years; the position should be reviewed periodically and the chairman re-elected.

Dr. Maclean (New Zealand) said there seemed to be general agreement on the substance of the United Kingdom proposal, that a new chairman should be elected each year, but there was some difference of opinion as to the period which should elapse before the re-election of the same person as chairman. As this was only a recommendation to the Executive Board, he thought the question of the period which should elapse might be left to the Board to decide. He suggested altering the resolution so that the second paragraph would read: "The chairman shall hold office until his successor is elected and shall not become immediately eligible for re-election."

Dr. Togba still did not think the Assembly should make a recommendation to the Executive Board regarding the term of office of its chairman. He felt that that would show lack of confidence in the Executive Board and its work. Limiting the term of office of the chairman would mean more or less dictating to the Board rather than acting according to the Constitution. He thought one of the reasons why such good work had been done by the Interim Commission was that the term of office of the chairman had not been limited. As the delegate of the USSR had stated, if the chairman were chosen from the group elected for one year, he would naturally retire with his group when the year was up. That would apply similarly to a chairman appointed from the two-year or three-year groups.

M. Bertrand (France), speaking from the legal point of view, felt that Article 27 of the Constitution was definite in regard to the right of the Executive Board to decide the point.

He understood the concern of those delegates who advocated the limitation of the term of office of the chairman to one year, but felt that the committee should confine itself to a suggestion to that effect, leaving the Executive Board to determine the question of re-eligibility.

He proposed the suppression of the words in the second paragraph: "and shall not become eligible for re-election until two years have elapsed since he ceased to hold office."

Mr. Togba supported the French proposal.

Mr. Ballard supported the amendment of the delegate of New Zealand.

Dr. Lupasco (Roumania) thought there might be circumstances in which the chairman should be maintained for a maximum period of two years, but that he should not be re-elected for a further period.

M. Geeraerts stressed that the Health Assembly was competent under Article 25 of the Constitution to determine the policy of WHO. The question of the election of the chairman of the Executive Board fell within that general policy.

He favoured the Australian proposal, because it was desirable, if the chairman had shown special ability, for the Executive Board to have recourse to his experience. The term of office should be fixed for one year, and not too long a period should elapse before he could be re-elected.

On votes taken by show of hands, the French proposal was rejected by 13 votes to 3; the New Zealand proposal rejected by 8 votes to 4; and the United Kingdom resolution adopted by 14 votes to 3.

It was therefore decided to request the Health Assembly to transmit the United Kingdom recommendation to the Executive Board for consideration.
The CHAIRMAN welcomed Sir Raphael Cilento, Representative of the United Nations.

Sir Raphael Cilento said he had been requested by the Secretary-General of the United Nations to bring certain matters to the attention of the Legal Committee. It would be recalled that at the first session of the General Assembly of the United Nations a Convention on the Privileges and Immunities of the Specialized Agencies¹⁹ had been adopted. In pursuance of a resolution providing for further discussion of the Convention in its relation to specialized agencies, meetings had been held between the Secretariat of the United Nations and representatives of the four specialized agencies which, at that time, had agreements with the United Nations (ILO, FAO, UNESCO, and ICAO), and also with five international organizations, including WHO, which were in process of arranging agreements.

The Convention on Privileges and Immunities of Specialized Agencies consisted of two parts: one was a standard section, and the other a set of draft annexes, each relating to a particular organization. The purpose of the annexes was to take into account the particular functions of a specialized agency, requiring privileges of a special nature. The annex relating to WHO, when approved or modified by WHO itself, was to be transmitted to the Secretary-General of the United Nations, who, in turn, would communicate that text to all Members of the United Nations and other States Members of WHO. But WHO would communicate the text, together with the relevant annex, to such States as might be Members of WHO, but were not Members of the United Nations, inviting them to accede thereto by depositing an instrument of accession, either with the Secretary-General of the United Nations or with the executive body of WHO. In other words, while WHO, in common with other specialized agencies, was competent to modify its annex, it would be necessary subsequently to obtain the accession of individual Members in order that the relevant instruments of accession to the Convention might be lodged with the United Nations. It was particularly important that the nations concerned should agree to accept the modifications introduced by any specialized agency.

The Legal Committee would note the reaction observed in regard to the points submitted by WHO for modification in the annex concerning WHO.

The report of the Interim Commission on Section 21 of the standard clauses ²⁰ raised the question as to whether full diplomatic privilege should be extended to other officials. A decision had been taken by the Sixth Committee of the General Assembly of the United Nations against such extension, except in regard to the President of the Council of ICAO, who had a special status. It was, however, agreed that where a specialized agency had high officials whose rank "must be held to be superior or equal to that of the execu-

³⁹ Off. Rec. WHO, 10, 133
²⁰ Ibid., 10, 109
should be circulated in written form, to enable delegates to study it.

This was agreed.

The Chairman thanked the United Nations representative for his statement and assured him that with regard to Section 21 no resolution had been proposed by the Legal Committee for its modification.

The Rapporteur had serious doubts about the desirability of adding the suggested provision to the annex. There was nothing to prevent a State from taking appropriate security precautions if it thought fit to do so. Experience in regard to a similar provision concerning the United Nations had shown a tendency for the provision to be construed too broadly. The provision, if inserted, might lead to difficulties.

Mr. Penberthy, seconded by Mr. Shah (Pakistan), proposed adjournment of the discussion until delegates had had time to study the text of the provision.

Mr. Gouwsmit asked why certain privileges and immunities had been granted to members of ICAO and refused to experts of WHO.

The Chairman stated that, under Rule 45 of the Rules of Procedure, it would be necessary to vote on the proposal for adjournment of the discussion.

There being no objection, the discussion was adjourned.

4. Staff Regulations (Regulation 28: Administrative Tribunal)

The Rapporteur said that the final report of the working party had not been approved in time for the present meeting. The item would be discussed at the following meeting.

The meeting rose at 12.20 p.m.

Off. Rec. WHO, 10, 33

SEVENTH MEETING

Monday, 19 July 1948, at 2.30 p.m.

Chairman : Dr. Van den Berg (Netherlands)

1. Fifth, Sixth and Seventh Reports of the Committee

Mr. Sandifer (United States of America), Rapporteur, presented the fifth report of the committee (see p. 335) for submission to the Assembly. The report embodied the findings of the committee at its sixth meeting.

The report was adopted without discussion.

The Rapporteur then presented the sixth report of the Legal Committee (see p. 336) for submission to the Assembly. The report embodied the decision taken by the committee at its sixth meeting concerning the proposal of the delegation of Italy.

The report was adopted without discussion.

The Rapporteur presented the seventh report of the Legal Committee (see p. 336), which contained the text of the resolution to be recommended to the Health Assembly, concerning the proposal of the United Kingdom delegation on the term of office of the chairman of the Executive Board.

Mr. Gouwsmit (Netherlands) referred to his proposal made at the previous meeting, which he understood had been accepted by the delegation of the United Kingdom, to delete the word "regular".

Mr. Shah (Pakistan) said that, according to his recollection, the United Kingdom proposal had been carried without amendment. Under the WHO Constitution, the Executive Board was obliged to meet at least twice a year, but might meet more frequently; he therefore considered that the word "regular" should be maintained.

The Chairman agreed that all the meetings of the Executive Board would be "regular" meetings.

A vote was taken by show of hands and the Netherlands proposal to delete the word "regular" was adopted by 12 votes to 2.

Dr. MacCormack (Ireland) thought that the meaning of the last part of the resolution was not clearly expressed, but upon the explanation of the Chairman that it would require a two-thirds majority decision to reopen the debate, he withdrew his objection.

The report as amended was adopted.

2. Convention on the Privileges and Immunities of the Specialized Agencies

The Chairman invited Sir Raphael Cilento, representative of the United Nations, to assist in the continuation of the discussion on his suggestions.

Mr. Baghdadi (Egypt) said that the statement of the representative of the United Nations confirmed the position taken by the Egyptian delegation that it was necessary to proceed very prudently in this matter. The Egyptian delegation did not, however, agree with the suggestion to add the clause:

Nothing in this section shall be construed to preclude the adoption of appropriate security measures.
precautions to be determined by agreement between a State party to this Convention and a specialized agency.

States possessed such a right naturally and without any agreement, and if that right were not to be admitted, it would be better to reopen the discussion.

Mr. Goudsmith asked if the representative of the United Nations would explain why the experts of ICAO and those of WHO were to be treated differently.

Sir Raphael Cilenio, Representative of the United Nations, said he would like to emphasize once more that the Secretary-General was taking up no position in the matter. The suggestion had been made only with the desire to assist the World Health Organization to secure ratification of its annexes, and it was entirely within the discretion of the Organization to take whatever action it thought fit.

In reply to the point raised by the delegate of the Netherlands, he explained that, according to the Constitution of WHO, its functions were mainly to stimulate, to promote, and to inform; whereas those of ICAO, under its Constitution, included action such as ensuring that the rights of contracting States were fully respected and that every contracting State had a fair opportunity to operate international air lines. The ICAO experts would have to inquire into the application of international conventions on aviation matters, and there were provisions relating to direct intervention in disputes. It was those considerations that had prompted the Sixth Committee of the United Nations Assembly (the Legal Committee) to approve the granting of special facilities to the experts of ICAO, to which reference had been made.

M. Boissier (Switzerland) drew the attention of the committee to the Agreement between WHO and the Swiss Federal Council, under which wide immunities and privileges were granted to the Organization in Switzerland. Since it had been decided that the headquarters of WHO were to be situated in that country, the point raised by the delegation of the Netherlands had lost much of its importance.

Mr. Goudsmith said the work of the Organization would have to be carried out in many countries, not only in Switzerland: he urged the representative of the United Nations to explain to his Secretariat that, in view of the high aim of WHO—the promotion of world health—it should be granted full facilities, as given to any other specialized agency.

Dr. Lupasco (Roumania) wondered whether, if certain privileges and immunities such as inviolability of papers, right to use a code, etc., were accorded to experts of WHO, this might arouse distrust in countries asking for the assistance of those experts.

Mr. Ballard (Australia) pointed out that the matter under discussion had already been presented in the second report of the committee, which had been adopted by the fourteenth plenary meeting of the Health Assembly; the question could not therefore be reopened except by the Assembly.

The Chairman said he would like to make a few observations before concluding the debate. In the first place, the problem had been solved so far as Switzerland was concerned, for which Members should feel very grateful to the Swiss Government, but the Organization's activities in other parts of the world should be taken into consideration. The Representative of the United Nations had spoken of the functions of WHO being mainly to stimulate, promote and inform, but its Constitution provided also for some positive activities, such as assisting governments in strengthening their health services, furnishing technical assistance and, in emergencies, necessary aid, etc. It might be that WHO experts would have to deal with epidemics involving millions of people, and it was therefore important that they should have at least similar facilities to those given to the experts of ICAO.

He asked the Rapporteur to give his opinion as to the procedure to be followed regarding the proposals of the representative of the United Nations.

The Rapporteur said that the communication from the United Nations was merely in the nature of a suggestion and not a formal proposal. Any delegation present could move a resolution to adopt the suggestions included in that document, if it so wished.

The Chairman asked whether any delegation wished to move a resolution in pursuance of the suggestions contained in the letter of 8 July 1948 from Sir Raphael Cilenio.

No delegation wishing to move such a resolution, the Chairman thanked the Representative of the United Nations most warmly for the information he had given on the matter and closed the debate.

3. Staff Regulations

Report of the Fifth Working Party to the Committee Concerning the Administrative Tribunal, Regulation 25

The Rapporteur presented the report of the fifth working party on the proposed administrative tribunal, a report which had been requested by the Committee on Administration and Finance. The working party had considered the question carefully and had decided that the views expressed by the committee should be limited strictly to the legal aspects. The following statement had been agreed upon:

1. The World Health Organization has an obligation to provide adequate measures in particular for the settlement of questions arising out of contracts between members of the staff and the Organization. The Organization has full discretion as to the nature of the measures to be provided, but the working party was of the opinion that this obligation can best be met by the establishment of a tribunal.

The working party noted that the relevant articles in the General Convention on Privileges and Immunities for Specialized Agencies and the Agreement between WHO and the Swiss Government are wider in scope than the proposals in question, but it was agreed that since it was Staff Regulations that were under consideration, it was not necessary to cover all the questions which might arise under these provisions.

2. As to the nature and character of the tribunal, the working party was of the opinion that it should be a tribunal of an arbitral character and that its decisions should be final and binding upon the parties. It should not be described as an international tribunal.

It should be so composed as to ensure a fair and impartial settlement of the disputes coming before it. The working party considered that either proposal seemed satisfactory in this respect, except that a party in interest in a particular case should not serve on the tribunal.

It was pointed out that under the proposal of the United States any of the members could be appointed outside the staff.

As to the specific question of whether a staff member can serve on such a tribunal, there is no legal obstacle to a staff member so serving, but the working party did not consider the merits or demerits of this question.

Mr. Goudsmit asked whether the working party had considered the questions of: (1) whether the tribunal should be a tribunal of the Organization or of another specialized agency, and of (2) the way in which it should be composed.

The Rapporteur replied that the working party had considered both questions. As to the first, it thought this was not a legal question but a matter of policy, and had therefore expressed no opinion. As to the second, an indication of the composition of the tribunal was given in the second paragraph of clause 2 of the working party's conclusions.

There being no further discussion, the conclusions of the working party were approved.

On the proposal of the Chairman, it was agreed that the approval of the final text of the committee's report for submission to the Assembly should be entrusted to the officers of the committee.

4. Other Business: Associate Members

Report of the Sixth Working Party to the Legal Committee

The Chairman called on the Rapporteur to present the report of the sixth working party to the Legal Committee, including the attached resolution, on the rights and obligations of Associate Members.

The Rapporteur read the report and resolution, commenting more particularly on the structure of the resolution (final text on p. 337). Paragraphs 1 to 2 dealt with the rights and obligations of Associate Members in the Organization. Paragraph 4 provided for a report with recommendations by the Executive Board to the Health Assembly. The question of Associate Members was bound up with the establishment of regional organizations, with which the Board would be dealing in the course of the next few months.

The Chairman invited the committee to consider the report of the sixth working party and the proposed resolution.

Mr. Goudsmit asked that the phrase in the fourth paragraph, "territories which are not self-governing . . ." be amended to read " . . . territories which are not responsible for the conduct of their international relations . . .", a phrase borrowed from Article 8 of the Constitution.

This amendment was approved.

Dr. Vauzel (France) asked for the insertion, in the same paragraph, of the word "representatives", the phrase to read "Associate Members and representatives of territories or groups of territories ".

M. Geeraerts (Belgium) asked that in the last phrase of the same paragraph: " . . . there can be no doubt of the authority of the Assembly to adopt reasonable provisions . . ." the word "reasonable" be amended to read "appropriate", as being less derogatory to the Assembly.

This amendment was approved.

The report, with the foregoing amendments and minor drafting amendments, was approved.

Resolution

Mr. Creer (United Kingdom) asked that the second paragraph of the preamble be amended to read " . . . which are not responsible for the conduct of their international relations and which are not Associate Members ".

The preamble, thus amended, was approved.

Paragraph 1 was approved.

Paragraph 2 was approved.

In paragraph 3 Mr. Creer asked for the deletion of "the", the text to read "that Associate Members . . .".

This paragraph, as amended, was approved.

In paragraph 4, Mr. Goudsmit asked that the text be amended to read " . . . regional organizations of Associate Members and territories or groups of territories . . .", omitting all reference to representatives, who were on a different level.

The Rapporteur concurred.

Mr. Goudsmit asked that the phrase "that the Executive Board be requested to submit a report . . .", be amended in the interest of clarity.

The Rapporteur proposed that the text might read "that the Executive Board is requested . . .", although he preferred the text as it stood.

The resolution was approved as amended.
The report of the sixth working party to the Legal Committee, including the attached resolution, was approved as amended (text embodied in eighth report of the committee, see p. 336).

The CHAIRMAN invited the committee to entrust to its officers the duty of approving the final text of the report for submission to the Assembly.

This was agreed.

5. Fourth Report of the Legal Committee

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

CONVENTION ON THE PRIVILEGES AND IMMUNITIES OF THE SPECIALIZED AGENCIES

REGULATIONS AND RULES OF PROCEDURE FOR EXPERT COMMITTEES

The CHAIRMAN asked for formal approval to the fourth report of the Legal Committee.

M. ZARB, Secretary, said that in the final text of the report there would be a note referring


The fourth report of the Legal Committee was approved (see p. 334).

6. Adjournment of the Committee

The CHAIRMAN said that, the committee having completed its agenda, it only remained for him to thank the Vice-Chairman, Rapporteur, members, and the Secretariat, for their ready cooperation.

7. Vote of Thanks to the Chairman

Mr. PENBERTHY (Union of South Africa) proposed a vote of thanks to the Chairman for his conduct of the proceedings.

This was carried by acclamation.

\textit{The meeting rose at 4.35 p.m.}
IV. COMMITTEE REPORTS
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1. COMMITTEE ON CREDENTIALS

FIRST REPORT 1

The Committee on Credentials met on 24 June 1948 at 12 noon and 2.30 p.m. H. E. Sir Aly Shousha, Pasha, chief delegate of Egypt, was elected Chairman, Dr. E. Ungár (Czechoslovakia) Vice-Chairman, and Dr. M. H. Hafezi (Iran) Rapporteur.

Representatives of the following countries were present:

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Portugal and Siam.

The representative of Sweden was absent.

The committee examined the credentials deposited by the delegations taking part in the Assembly.

The credentials presented by the delegations listed below were found to be in order, thus entitling these delegations to take part in the work of the Assembly as defined by the Constitution of the World Health Organization. The committee therefore proposes that the Assembly should recognize the validity of the credentials presented by the following delegations:

- Albania
- Australia
- Austria
- Belgium
- Byelorussian
- Soviet Socialist Republic
- Republic
- Brazil
- Ethiopia
- Finland
- France
- Greece
- Haiti
- Iceland
- India
- Iran
- Iraq
- Ireland
- Italy
- Liberia
- Mexico
- Netherlands
- New Zealand
- Norway
- Poland
- Portugal
- Roumania
- Siam
- Sweden
- Switzerland
- Syria
- Turkey
- Ukrainian
- Soviet Socialist Republic
- Republic
- Union of South Africa
- Union of Soviet Socialist Republics
- United Kingdom
- Venezuela
- Yugoslavia

Certain credentials transmitted by telegraph were considered by the committee to be valid, provided they were confirmed by transmission of the documents to which the telegrams referred.

The Committee on Credentials has been informed that the United States Government has deposited its ratification instrument with a reservation. The Committee on Credentials recommends to the Assembly that the delegation of the United States be provisionally seated and that the Assembly urgently consider the validity of the ratification with reservation by the United States.

The committee has also taken due note of the documents accrediting to the Assembly observers sent by governments which have not yet fully completed the formalities of ratification of the Constitution of the World Health Organization.

SECOND REPORT 2

The Committee on Credentials held its third meeting on 25 June 1948 at 9.30 a.m. H. E. Sir Aly Shousha, Pasha, chief delegate of Egypt, was in the chair.

Representatives of the following countries were present:

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Iran, New Zealand, Portugal, Siam and Sweden.

The Committee on Credentials took note of the decision taken by the Assembly at its second plenary meeting on 24 June 1948 that the representatives of Pakistan and of the Republic of the Philippines should be temporarily admitted as delegates. Those countries had deposited credentials which were in order, but their governments had not yet deposited their instruments of ratification. According to official notification received from New York on 25 June, Pakistan completed this formality on 23 June by depositing the ratification with the Secretary-General.
of the United Nations. The committee therefore proposes that Pakistan be admitted without reservation.

The committee accepted the credentials of the delegation of Saudi Arabia, entitling the members to take part in the work of the Assembly as delegates, and proposes to the Assembly that the validity of these credentials should be recognized.

The Government of Afghanistan has informed the Secretariat that it is unable to send a delegation to the Assembly.

The Committee on Credentials will meet again when necessary.

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THIRD REPORT *

The Committee on Credentials held its fourth meeting on 26 June 1948 at 9.30 a.m. Dr. E. Ungár (Czechoslovakia), Vice-Chairman, took the chair.

Representatives of the following countries were present:

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Portugal, Siam and Sweden.

The committee accepted the credentials of the delegation of Hungary, entitling the members to take part in the work of the Assembly as delegates, and proposes to the Assembly that the validity of these credentials should be recognized.

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FOURTH REPORT *

The Committee on Credentials held its fifth meeting on 9 July 1948 at 2 p.m. H. E. Sir Aly Shousha, Pasha, chief delegate of Egypt, was in the chair.

Representatives of the following countries were present:

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Siam and Sweden.

The instruments of ratification of the Constitution of the World Health Organization having been deposited with the Secretary-General of the United Nations by Burma, Ceylon and Venezuela, and the credentials presented by the delegations of these countries having been found in order, the Committee on Credentials proposes to the Assembly that the validity of these credentials be recognized.

The Government of Transjordan has informed the Secretariat that it is unable to send a delegation to the Assembly.

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FIFTH REPORT *

The Committee on Credentials held its sixth meeting on 15 July 1948 at 2.15 p.m. H. E. Sir Aly Shousha, Pasha, chief delegate of Egypt, was in the chair.

Representatives of the following countries were present:

Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia,

Egypt, Iran, New Zealand, Portugal, Siam and Sweden.

Since the last meeting of the committee, the Secretary-General of the United Nations has stated that he has received the instrument of ratification of the Constitution of the World Health Organization by the Republic of the Philippines and the instrument of acceptance of the Constitution by the Principality of Monaco. The credentials presented by the delegates of these two States having been found in order, the Committee on Credentials proposes to the Health Assembly that their validity be recognized.

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The General Committee held three meetings on 28 June, 30 June and 1 July 1948. The programme for the main committees was laid down as announced in the *Journal* of the Health Assembly. The General Committee agreed to propose the allocation of the following documents to the main committees:

(a) Items already on the Agenda, proposed to the Assembly for allocation to the main committees (under Rule 26c of the provisional Rules of Procedure).

<table>
<thead>
<tr>
<th>Subject</th>
<th>Main Committee</th>
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<tbody>
<tr>
<td>Amendments and suggestions concerning the proposed Financial Regulations, submitted by the delegation of the United Kingdom</td>
<td>Committee on Administration and Finance</td>
</tr>
<tr>
<td>Maternal and child health. Proposal by the delegation of the United Kingdom</td>
<td>Committee on Programme</td>
</tr>
<tr>
<td>Health statistics. Draft WHO Regulations.</td>
<td>Legal Committee</td>
</tr>
<tr>
<td>Report of the International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death</td>
<td>Committee on Programme</td>
</tr>
<tr>
<td>Proposals regarding budget for 1949, submitted by the delegation of the United Kingdom</td>
<td>Committee on Administration and Finance</td>
</tr>
<tr>
<td>Proposed Financial Regulations. Note by the Secretariat</td>
<td>Committee on Administration and Finance</td>
</tr>
<tr>
<td>Statement by FAO to WHO</td>
<td>Committee on Relations</td>
</tr>
<tr>
<td>Non-governmental organizations. Amendments proposed by the delegation of the United Kingdom</td>
<td>Committee on Relations</td>
</tr>
<tr>
<td>Chairman of Executive Board, term of office, proposal submitted by the delegation of the United Kingdom</td>
<td>Legal Committee</td>
</tr>
<tr>
<td>Draft resolution submitted by the delegation of India (with regard to regional organization)</td>
<td>Committee on Headquarters and Regional Organization</td>
</tr>
</tbody>
</table>

(b) New items proposed for inclusion in the Agenda (under Rule 26d of the provisional Rules of Procedure).

<table>
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<tr>
<th>Subject</th>
<th>Main Committee</th>
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<tbody>
<tr>
<td>Proposal concerning physical training, submitted by the delegation of Bulgaria</td>
<td>Committee on Programme</td>
</tr>
<tr>
<td>Proposal concerning a bureau of medical supplies, submitted by the delegation of Bulgaria</td>
<td>Committee on Programme</td>
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The first reports of the Legal Committee (see p. 332) and of the Committee on Headquarters and Regional Organization (see p. 330) are submitted by the General Committee to the Assembly for consideration

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1 Adopted by the Health Assembly at its tenth meeting, see p. 77
SECOND REPORT

The General Committee held its fourth, fifth and sixth meetings on 3, 6 and 8 July respectively. The programme for the Health Assembly and the main committees was laid down as announced in the Journal of the Assembly. The General Committee agreed to propose the allocation of the following documents to the main committees:

<table>
<thead>
<tr>
<th>Subject</th>
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<tr>
<td>Production, standardization and distribution of drugs and materials for research and education. Paper submitted by the delegation of Roumania</td>
<td>Programme Committee on Programme</td>
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<tr>
<td>Exchange of medical literature between Members of WHO through the WHO Secretariat. Paper submitted by the delegation of Italy</td>
<td>Programme Committee on Programme</td>
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<tr>
<td>Relations between WHO and the International Trade Organization. Paper submitted by the delegation of the United States of America</td>
<td>Relations Committee on Programme</td>
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<tr>
<td>Paper submitted by the delegation of the United Kingdom on Article 8 of the Constitution of WHO</td>
<td>Legal Committee</td>
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* Adopted by the Health Assembly at its eleventh meeting, see p. 81

The following documents are submitted by the General Committee to the Health Assembly for consideration:

Draft resolution on the report of the Interim Commission to the first World Health Assembly, proposed by the delegation of Mexico (see p. 81)

First and second reports of the Committee on Relations (see pp. 321, 322)

Second report of the Committee on Headquarters and Regional Organization (see p. 330)

First Report of the Committee on Programme (see p. 300)

The General Committee agreed that the Health Assembly should aim at concluding its proceedings not later than 24 July and that to achieve this result, the main committees should report to the Assembly not later than 15 July, with the exception of the Committee on Administration and Finance, which should report by 20 July.

It was agreed that the work of some of the committees was proceeding too slowly, as speeches were too long and too numerous, and that unless work could be speeded up, it might be necessary to hold evening meetings.

The General Committee decided on the constitution of a small committee consisting of the five vice-chairmen of the main committees to consider problems of mutual concern.

Finally, the Committee discussed problems in connexion with the nomination and election of Members entitled to appoint persons to the Executive Board.

THIRD REPORT

The General Committee held its seventh and eighth meetings on 14 and 16 July respectively. The programme for the Health Assembly and the main committees was laid down as announced in the Journal of the Assembly. The General Committee agreed to propose the allocation of the following documents to the main committees and the Executive Board:

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<th>Subject</th>
<th>Main Committee</th>
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<tr>
<td>Programme : headquarters and regional organization. Paper submitted by the delegation of Mexico</td>
<td>Programme Committee on Programme</td>
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<tr>
<td>Resolution of Association of American Medical Colleges. Paper submitted by the delegation of the United States of America</td>
<td>Programme Committee on Programme</td>
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<tr>
<td>Headquarters and regional organization. Paper submitted by the delegation of Belgium</td>
<td>Executive Board</td>
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* Adopted by the Health Assembly at its fourteenth meeting, see p. 90

The following documents and items are submitted by the General Committee to the Health Assembly for consideration:

Third, fourth, fifth, sixth and seventh reports of the Committee on Relations (see pp. 323, 324, 325, 326, 327)

First report of the Committee on Administration and Finance (see p. 311)

Fourth report of the Committee on Credentials (see p. 296)

Second and third reports of the Legal Committee (see pp. 332, 333)

Statement by the President on an addendum to the second report of the Committee on Headquarters and Regional Organization (see p. 97)

Selection of country or region for the second session of the Health Assembly.

The General Committee recommends that the Assembly approve of Europe as the region in which the second World Health Assembly should be held, and instruct the Executive Board to select a suitable place.
FOURTH REPORT

The General Committee held its ninth meeting on 20 July 1948. The programme for the Health Assembly and the main committees was laid down as announced in the Journal of the Assembly. The following documents are submitted to the Health Assembly for consideration:

* Adopted by the Health Assembly at its fifteenth meeting, see p. 99

Third report of the Committee on Programme (see p. 306)
Fourth, fifth, sixth and seventh reports of the Legal Committee (see pp. 334, 335, 336)
A letter from Dr. A. Macchiavello to Dr. F. L. Soper was referred to the Executive Board for consideration.

FIFTH REPORT

The General Committee held its tenth meeting on 21 July 1948. The following documents are submitted to the Health Assembly for consideration:

* Adopted by the Health Assembly at its fifteenth meeting, see p. 100

Third, fourth, fifth and sixth reports of the Committee on Administration and Finance (see pp. 315, 316, 317)
Eighth report of the Legal Committee (see p. 336)
United Nations appeal for children. Resolution presented by the delegation of Ireland (see p. 100)

SIXTH REPORT

The seventh report of the Committee on Administration and Finance (see p. 319) was referred in anticipation by the General Committee to

* Adopted by the Health Assembly at its sixteenth meeting, see p. 102

the Health Assembly pending its approval by the Committee on Administration and Finance. The report has now been adopted by the Committee on Administration and Finance and is therefore submitted to the Assembly for consideration.
The Committee on Programme held seven meetings, on 29 and 30 June and 1, 2, 3 and 5 July.

Dr. K. Evang (Norway) was elected Chairman, Dr. F. Castillo Rey (Venezuela) Vice-Chairman, and Dr. G. F. Amyot (Canada) Rapporteur.

The provisional Agenda proposed by the Interim Commission 8 was adopted.

1. Malaria

The committee recommends to the Health Assembly that the programme and organization proposed by the Interim Commission 8 be accepted, with the exception of the section on “A panel of corresponding members”, which is recommended for reference to the Executive Board.

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES

(1) that the Executive Board be instructed to establish during its first session an expert committee to be called “The Expert Committee on Malaria of the World Health Organization”, with the following terms of reference:

- to act as an advisory body to the World Health Organization;

(2) that the World Health Organization set up within its Secretariat a section on malaria.

The committee recommends that the Health Assembly adopt the following resolution:

Whereas the Darling Foundation was created by private funds with a view to honouring the memory of Dr. S. T. Darling, killed by accident during a study mission of the Malaria Commission of the League of Nations;

Whereas the Darling Foundation had the purpose of granting periodically a medal and a prize to a malariologist who particularly distinguished himself with his work;

Whereas, with the liquidation of the League of Nations, the statutes of the Darling Foundation are no longer applicable;

The Health Assembly RESOLVES

(1) that the Expert Committee on Malaria of the World Health Organization, in consultation with the Director-General, draft the new statutes of the Foundation and submit these for approval to the Executive Board;

(2) that such statutes should delegate to the Expert Committee on Malaria the responsibility for recommending to the World Health Organization the name of the candidate to whom the medal and the prize should be awarded;

(3) that the medal should be awarded by the World Health Organization;

(4) that the Director-General should be the administrator of the Fund of the Darling Foundation.

The committee recommends that the conclusions and recommendations contained in the report on the second session of the Expert Committee on Malaria 4 should be referred to the Executive Board for its consideration, with the exception of subsections 9.3.2, 9.3.3 and 9.3.4 (Expert Subcommittee on Insecticides), and subsections 9.6.1, 9.6.2, 9.6.3 and 9.6.4. (Quarantine against re-importation of anophelines.)

2. Maternal and Child Health

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission 8 be accepted, with the exception of the section on “A panel of corresponding members”, which is recommended for reference to the Executive Board.

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES

(1) that the Executive Board be instructed to establish an expert committee to be called “The Expert Committee on Maternal and Child Health of the World Health Organization”, with the following terms of reference:

- to act as an advisory body to the World Health Organization;

(2) that the World Health Organization set up within its Secretariat a section on maternal and child health.

The committee noted that an expert in maternal and child health had been appointed to the Secretariat of the Interim Commission.

3. Tuberculosis

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission 8 be in general accepted, with the exception of the section on “A panel of corresponding members”, which is recommended for reference to the Executive Board. The committee at the same time wants to emphasize BCG as an integral part of

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1 Adopted by the Health Assembly at its eleventh meeting, see p. 82
2 Off. Rec. WHO, 10, 3
3 Ibid., 10, 5
4 Ibid., 10, 3
5 Ibid., 10, 5
6 Ibid., 10, 8
the programme, which might also include a pilot BCG vaccination programme in some properly selected areas. The committee realizes that BCG, although an integral part of the programme, is only one phase of tuberculosis control.

The committee recommends that the Health Assembly adopt the following resolution:

**The Health Assembly RESOLVES**

(1) that the Executive Board be instructed to establish during its first session an expert committee, to be called "The Expert Committee on Tuberculosis of the World Health Organization"*, with the following terms of reference:

- to act as an advisory body to the World Health Organization;

(2) that the World Health Organization set up within its Secretariat a section on tuberculosis;

(3) that the Executive Board be instructed to establish a special expert panel on BCG.

The committee recommends that a proposal of the delegation of Greece be referred to the Executive Board for consideration.

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**SECOND REPORT**

**1. Malaria**

The committee recommends that the Health Assembly adopt the following resolution:

Whereas the eradication of an entire genus of a disease-carrying insect from a given area represents a great achievement in the field of science and public health;

Whereas the Government of Italy is carrying out successfully a programme for the eradication of anopheles from the island of Sardinia;

Whereas, pending the study of the general applicability of measures for the prevention of the introduction of all species or certain species of anopheles into areas which are free, or have been freed from them, it is urgent that the Italian Government take measures to prevent the reintroduction of anopheles into Sardinia;

The Health Assembly

(1) recognizes the right of the Italian Government to apply, at its own expense, measures of disinsectization, apart from those required by existing international sanitary conventions, of the character specified in the appendix to this resolution (p. 304).

* Adopted by the Health Assembly at its fourteenth meeting, see p. 97

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**REPORT ON THE SECOND SESSION OF THE EXPERT COMMITTEE ON TUBERCULOSIS**

The committee discussed the report of the second session of the Expert Committee on Tuberculosis item by item.

(3.2) Recruitment and Training Professional Personnel

(3.7) Research

(3.7 (1) and (2)) PPD and BCG

It is recommended that these items be referred to the Executive Board for consideration.

(3.8) Co-operation with Other Organizations

It is recommended that this item be referred to the Committee on Relations.

(3.10) Tuberculosis among Immigrants

It is recommended that this item be referred to the Executive Board, noting at the same time that the policy laid down in the latter part of the last sentence of the item should be carefully considered.

(4.1) BCG Vaccination

(6) Dissemination of Information

It is recommended that these items be referred to the Executive Board for consideration.

8 Off. Rec. WHO, 11, 5

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2. Maternal and Child Health

The first Health Assembly has approved the programme submitted by the Interim Commission on maternal and child health and has instructed the Executive Board to establish an Expert Committee on Maternal and Child Health and to set up within the Secretariat a section to deal with these matters (see p. 300).

Whereas the Health Assembly considers that the children of today represent the whole future of humanity and that maternal and child health is a problem of primary importance,

The Health Assembly recommends that governments take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for the protection of the health of mothers before, during, and after confinement, as well as for the welfare and upbringing of children, drawing special attention to:

(i) the protection of the health of adolescents—particularly girls—and expectant and nursing mothers who are employed in gainful occupations, and the prohibition of the gainful employment of children;

(ii) introduction of leave of absence for expectant mothers and leave after the birth of the child, with the continuation for the duration of leave of adequate wages;

(iii) access to adequate attendance for mothers during the birth of the child, both at home and in hospital, especially for artificially-aided births;

(iv) the organization of non-governmental and governmental institutions where adequate medical consultation on pregnancy hygiene and on feeding, care, and upbringing of children can be made accessible to families.

The World Health Organization should, through the maternal and child health and other sections:

(i) help to give effect to recommendations made by the expert committee and approved by the Executive Board on matters of maternal and child health;

(ii) give appropriate assistance to States with the agreement and on the request of the governments concerned, on matters concerning investigation and lowering of maternal and infant mortality and maternal- and child-health services; and

(iii) collect and disseminate information on maternal and child health, acting as an international co-ordinating centre for activities for the benefit of mother and child.

3. Tuberculosis

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly recommends that governments take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for tuberculosis control, particular attention being paid to the following:

(i) registration of every case of confirmed and suspected tuberculosis and of death from tuberculosis;

(ii) the importance of making institutional treatment available to all who require it, regardless of ability to pay. If such institutional treatment is not possible, treatment at home with adequate isolation;

(iii) contact tracing and control;

(iv) establishment of clinics for diagnostic examination and follow-up, with such service available free of charge;

(v) establishment of procedures to ensure the examination of all tuberculosis suspects;

(vi) the securing of a sufficient number of beds in tuberculosis hospitals;

(vii) routine tuberculin-testing free of charge when necessary;

(viii) BCG vaccination free of charge when necessary;

(ix) mass X-ray examination free of charge when necessary;

(x) compensation when necessary;

(xi) rehabilitation of patients;

(xii) extermination of tuberculous cattle.

It is recommended that proposals on tuberculosis submitted by the delegation of Czechoslovakia be submitted to the Executive Board for reference to the Expert Committee on Tuberculosis of the World Health Organization.

4. Venereal Diseases

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly resolves that the programme and organization as proposed by the Interim Commission be accepted, with the exception of the section on "A panel of corresponding members", which is recommended for reference to the Executive Board.

The committee noted that in the fourth sentence of item 12.1.6.3.2.2 (Action on the international plane) the word "individuals" should be omitted from the text.

The Health Assembly approves the programme submitted by the Interim Commission for the international com-

9 Off. Rec. WHO, 10, 9
The committee recommends that the second section of the aforementioned resolution should be referred to the Committee on Relations.

5. International Epidemiology

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission 12 be accepted.

It is recommended that the Expert Committee on Quarantine and the Expert Committee on International Epidemic Control should be merged into one expert committee to be called "The Expert Committee on International Epidemiology and Quarantine of the World Health Organization 13".

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly

RESOLVES

(1) that the Executive Board be instructed to establish during its first session:
   (i) an expert committee to be called 'The Expert Committee on International Epidemiology and Quarantine of the World Health Organization 13';
   (ii) a panel of experts on yellow fever;
   (iii) joint study-groups on cholera, smallpox and vaccination, and other epidemiological problems;
(2) that the Expert Committee on International Epidemiology and Quarantine should include a subsection on quarantine and have available:
   (i) the services of a legal sub-committee;
   (ii) a panel of experts on yellow fever;
   (iii) joint study-groups on cholera, smallpox and vaccination, and other epidemiological problems;
(3) that the World Health Organization set up within its Secretariat a division for the administration and revision of international sanitary legislation, and for epidemiological studies, publications of epidemiological reports and codes, and quarantine directories.

The committee stressed the desirability of entrusting to the staff of the Epidemiological Division the epidemiological studies required on special endemic diseases and virus diseases not otherwise provided for.

The report of a group of experts on plague to the Executive Secretary of the Organizing Committee of the Fourth International Congresses on Tropical Medicine and Malaria,14 summary report on the first session of the OIHP/WHO joint study-group on plague, typhus and some diseases in respect of which measures on an international level may be required,15 summary report on the first session of the OIHP/WHO joint study-

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10 Off. Rec. WHO, 10, 19
11 Ibid. II, 39
12 Ibid. II, 12
13 Ibid. II, 19
14 Ibid. II, 39
15 Ibid. II, 12
group on cholera;\textsuperscript{12} Report of the Chairman of the Expert Committee on International Epidemiologic Control to the Chairman of the Interim Commission;\textsuperscript{14} and a document on international epidemic control\textsuperscript{14} were noted.

Summary report on the first session of the OIHP/WHO joint study-group on smallpox:\textsuperscript{14} it was noted that the discussion on this report, as recorded in the minutes, will be referred to the Joint Study-Group on Smallpox and to the Expert Committee on International Epidemiology and Quarantine.

The committee agreed on the principles laid down in the suggestions regarding the functions and composition of the proposed group on insecticides,\textsuperscript{17} and recommends that the Health Assembly adopt the following resolution:

\textbf{The Health Assembly RESOLVES} that the Executive Board be instructed

(i) to establish a small committee of three experts with broad knowledge of insecticides and their uses, preferably representatives of the more important existing national insecticides committees;

(ii) to set up a panel of experts possessing specialized knowledge of the following subjects—two or three experts for each subject:

(i) chemistry of insecticides,

(ii) disinsectization of aircraft,

(iii) mechanical devices for such disinsectization,

(iv) other dusting and vaporization devices,

(v) dusting by aeroplanes,

(vi) insecticide application in houses.

\section*{6. Health Statistics}

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission\textsuperscript{18} be accepted, with the exception of the section on

\begin{itemize}
\item \textsuperscript{12} Off. Rec. WHO, 11, 15
\item \textsuperscript{14} Ibid. 11, 21
\item \textsuperscript{15} Ibid. 12, 16
\item \textsuperscript{16} Ibid. 11, 18
\end{itemize}

\begin{itemize}
\item It is suggested that a single body might be set up to meet all the needs of WHO with regard to special knowledge concerning insecticides; i.e., to furnish advice on insecticides to all committees of WHO requiring such advice, rather than to form a sub-committee which would properly serve one committee only.

\textquoteright{}It is further suggested that the main object of the committee should be to make existing knowledge available, rather than to undertake research...\textquoteright{}

\textquoteright{}The members of the panel would be nominated in the same way as those of the nucleus committee by the Director-General in agreement with the Chairman of the Executive Board.

\textquoteright{}The same authority would decide which members of the panel would be convened together with the nucleus committee for the consideration of one particular subject.

\textquoteright{}(I) is proposed that, as a general rule, the insecticides committee should be convened at the same time as a committee requiring its advice, i.e., Quarantine, Malaria, etc.\textquoteright{}

\begin{itemize}
\item \textsuperscript{18} Off. Rec. WHO, 10, 22
\end{itemize}

\textbf{A panel of corresponding members}, which is recommended for reference to the Executive Board.

The committee recommends that the Health Assembly adopt the following resolution:

\textbf{The Health Assembly RESOLVES}

(i) that the Executive Board be instructed to establish during its first session an expert committee to be called \textquotedblleft The Expert Committee on Health Statistics of the World Health Organization\textquotedblright{}, with the following terms of reference:

\begin{itemize}
\item to act as an advisory body to the World Health Organization;
\end{itemize}

(ii) that temporary sub-committees should be set up as required;

(iii) that the World Health Organization set up within its Secretariat a section on health statistics.

The committee approved the report of the Working Party on Health Statistics, noted that legal aspects of the draft WHO regulations had been referred to the Legal Committee, and recommends that the Health Assembly adopt the following resolutions contained therein:

\textbf{The Health Assembly}

(i) ADOPTS the draft WHO Regulations No. 1 regarding nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death, together with its annexes (see annex 1, p. 349).

(ii) RECOMMENDS that, as an interim measure, Members include for statistical purposes among liveborn infants all infants who after complete separation from the mother showed any sign of life.

(iii) RECOMMENDS that, as an interim measure, Members, in publishing statistics, indicate whether the tabulated vital data refer to the \textit{place of occurrence} or to the \textit{place of residence}, whatever the definition of \textit{\textquoteright{}residence\textquoteright{}} may be.

(iv) RESOLVES to endorse the principle contained in the recommendation and resolution of the Paris Revision Conference regarding the establishment of national committees on vital and health statistics; and to instruct the Executive Board to take the steps necessary to co-ordinate the work of such committees with that of the World Health Organization.

\section*{APPENDIX\textsuperscript{10} Measures proposed by the Italian Government}

1. Any ship or aircraft, irrespective of type or tonnage, bound for Sardinia or the dependent islands, shall be liable to disinsectization unless the relevant harbour or airport health-authorities (hereinafter called \textquoteleft{}the authorities\textquoteright{}) decide on the basis of its papers and of inspections carried out on its arrival that adequate measures of

\begin{itemize}
\item \textsuperscript{10} Appendix to resolution on Malaria, see p. 301
disinsectization have already been effectively applied on board at last ports or aerodromes of call.

2. To this end, all ships and aircraft bound for Sardinia, even if only to call or for any other urgent reason, shall, prior to being permitted to proceed on pratique, be inspected by the competent authorities. Such inspection may or may not lead to immediate disinsectization operations.

3. If the authorities judge that disinsectization is required, this shall be immediately undertaken by ERLAAS,* at that body's expense.

The above-mentioned authorities shall be solely competent to judge what measures should be taken upon arrival of any ship or aircraft for its adequate disinsectization, prior to permitting it to proceed on pratique.

5. The Italian Government will ensure that, through the good offices of ERLAAS, a speedy and well-organized service is set up, with sufficient and appropriate staff and equipment. Such equipment will include craft which can quickly come alongside ships on their arrival, irrespective of the state of the sea; the operations both of inspection and of disinsectization to be carried out in the shortest possible time, which in no case shall exceed five hours.

6. To await inspection, ships arriving at Sardinian ports shall be kept at a reasonable distance from land (about 400 metres if possible) unless forced to do otherwise by force majeure.

7. To show the distance from the coast, beyond which ships on arrival must remain, the Italian Administration, through the good offices and at the expense of ERLAAS, will place buoys indicating anchorages and, if possible, also mooring-buoys. At night these signals will light up in yellow with blue vertical stripes. Their position will be notified in due time to all navigators.

8. All ships shall, on reaching this zone, drop anchor or make fast to the buoys, heave-to, and hoist their quarantine flag together with another signal—yet to be decided upon—indicating that the ship is awaiting inspection.

9. Ships carrying a radio transmitter may in due time announce their presumed time of arrival.

10. Foreign ships, on request by radio, may be exempted from the obligation mentioned in paragraph 7, if they have been recently inspected with favourable results, or if they have been disinfected in other Sardinian ports. Only the authorities of the port of destination shall be empowered to grant such facilities. In any case, such ships shall be inspected before they receive pratique.

11. Similar facilities may be granted on a large scale: to ships which regularly put into Sardinian harbours.

12. If, on the basis of official certificates, an aircraft can prove that it was effectively disinfected and if, in any case, it is free of anopheles, it shall be permitted to proceed on pratique.

13. If, on the other hand, inspection shows that disinsectization operations are required, such operations shall be performed at once, immediately after the passengers have landed. Such operations shall be carried out through the good offices and at the expense of ERLAAS, and they shall be done in the shortest possible time, and begun not later than fifteen minutes after the aircraft's landing.

14. Aircraft either Italian or foreign which regularly land at Sardinian aerodromes shall be subjected to periodical disinsectization under the supervision of ERLAAS and they shall, as a result, be exempted from the obligation mentioned in paragraph 14.

15. Similar facilities may be granted to aircraft on request by radio, if they have been previously and recently inspected, with good results, or if they have been disinfected at Sardinian aerodromes.

16. Any ship or aircraft which refuses to submit to the regulations laid down by the authorities, shall be at liberty to return to sea or to continue its flight, as the case may be, without intervention.

17. Ships may, however, be permitted to disembark their passengers and cargo in compliance with paragraph 7, but aircraft exercising this option shall continue flight without opening any aperture save those which are strictly necessary for the safe operation of the aircraft.

18. Commanders of ships and aircraft shall be exempted from all dues in respect of inspection and mosquito clearance at Sardinian ports and aerodromes. Certificates concerning this will also be delivered free of charge.

19. Commanders of ships shall merely pay, in accordance with the tariff, through the Port Authorities (Capitanerie) and the Sardinian port offices, the fees due to the members of the Quarantine Commission for their ordinary services in connexion with their duties and, as the case may be, for such services as may be provided outside normal hours.

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* "Ente Regionale per la Lotta Antianofelica in Sardegna" - the organization which is carrying out the eradication of anopheles in the island.
The Committee on Programme held 12 meetings on 6, 7, 8, 9, 12, 13, 14, 15 and 16 July.

1. Malaria (see also p. 301)

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES to refer to the Executive Board, for its consideration, the following:

That governments, where malaria is a problem, take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for malaria control, particular attention being paid to the following:

(i) systematic registration where practicable of malaria cases;
(ii) an appropriate organization for detecting new cases;
(iii) the importance of adequate treatment;
(iv) measures, so far as practicable, for tracing the movements of carriers to prevent spreading of the disease;
(v) the importance of extensive use of insecticides;
(vi) the importance of making therapeutic and prophylactic treatment available to all who require it, regardless of ability to pay for such treatment;
(vii) the improvement of methods of irrigation, cultivation and animal husbandry (including zoo-prophylaxis wherever this is advantageous) so that they will tend to reduce rather than intensify malaria prevalence;
(viii) the careful planning of housing programmes, taking into consideration the relevant data of malaria surveys;
(ix) the active support of scientific research with a view to improving therapy and malaria prophylaxis.

2. International Epidemiology

In addition to the resolutions already adopted by the Health Assembly (see p. 303), the committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES that the Expert Committee on International Epidemiology and Quarantine be instructed, in the light of new scientific knowledge available, to revise the existing International Sanitary Conventions—that of 1926/1933/1944 on Maritime Navigation, those of 1933/1944 on Air Navigation and others of less importance—and combine them into a single body of regulations covering the needs of all travellers. No special regulations would then be required for pilgrimages. These regulations would form a chapter of the International Public Health Code.

Consultation Service on Quarantine

It is recommended that one or more experts nominated by WHO, or an expert on the staff of the Epidemiological Division, be available—acting in a consultative capacity and on request of any country—to advise on matters connected with the administration of sanitary conventions and regulations and, when necessary, to proceed to the country concerned to deal with such matters.

3. Fellowships, Medical Literature and Emergency Services

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission be adopted.

Fellowships

It is recommended that consideration should be given to the following points in the granting of fellowships:

(i) the possibility of granting fellowships of short duration to candidates in key positions;
(ii) the desirability of contributions being made by countries, in a position to do so, towards the cost of the fellowships granted to their candidates;
(iii) the possibility of additional fellowships being available for candidates fully paid for by their governments;
(iv) the extension of the fellowships programme to undergraduates, and foreign graduates employed by the governments of countries not possessing their own graduate health-personnel suitable for fellowships, provided that these Fellows agree to return at the termination of the period of study to the country through which they received their fellowship.

The report on Field Services and the appeal of the International Committee of the Red Cross in favour of the victims of the Palestine conflict were noted.

Medical Literature and Special Teaching Material

It is recommended that a proposal of the delegation of Italy, concerning the exchange of

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Adopted by the Health Assembly at its fifteenth meeting, see p. 99.
medical literature between Members of WHO, be referred to the Executive Board for study; the first recommendation contained in this document being amended to read as follows:

(1) That all Members of the Organization be invited to send to the Secretariat, at their own expense, the most important periodicals and works on medicine and public health that are published in their countries in sufficient number to provide one copy for each Member if possible.

Emergency Medical Services

It is recommended that in relation to serious epidemics, WHO be regarded as the first source of assistance to which countries could have recourse.

4. International Standards

Therapeutic, Prophylactic and Diagnostic Agents

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission be adopted.

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly resolves:

(1) that the Executive Board be instructed to establish during its first session an expert committee to be called "The Expert Committee on Biological Standardization of the World Health Organization", with the following terms of reference:

   to act as an advisory body to the World Health Organization as well as sub-committees on antibiotics, antigens, blood-groups, vitamins, hormones, and others, as circumstances shall dictate;

(2) that the World Health Organization set up within its Secretariat a section on biological standardization.

It is recommended that the attention of the Expert Committee on Biological Standardization be drawn to the desirability of standardizing the different types of penicillin, streptomycin and other antibiotics, and to the possibility of establishing dry standards of diphtheria and tetanus toxoids.

The committee recommends that the grants to the State Serum Institute, Copenhagen, and the National Institute for Medical Research, Hampstead, be continued.

The committee noted the report on the second session of the Expert Committee on Biological Standardization of the Interim Commission and recommends that the International Salmonella Centre, Copenhagen, be taken over by WHO.

International Pharmacopoeia

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission be adopted.

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly resolves:

(1) that the Executive Board be instructed to establish during its first session an expert committee to be called "The Expert Committee on the Unification of Pharmacopoeias of the World Health Organization", with the following terms of reference:

   to act as an advisory body to the World Health Organization;

(2) that the World Health Organization set up within its Secretariat a section on the unification of pharmacopoeias.

The committee noted the report on the second session of the Expert Committee on Unification of Pharmacopoeias of the Interim Commission and also noted that translation of monographs by experts will be necessary.

5. Editorial Services and Publications

The committee recommends to the Health Assembly that the programme and organization as proposed by the Interim Commission be adopted.

The committee recommends that the Health Assembly refer to the Executive Board for consideration:

(i) a suggestion for the publication, in addition to the list proposed by the Interim Commission of "a periodical intended as a source of reference and index of medical publications";

(ii) a suggestion for the printing, in as many languages as possible, of the publications of WHO.

The committee noted the general report on publications.

6. Reference Services and Library

The committee recommends to the Health Assembly that the programme and organization, as proposed by the Interim Commission be accepted.

The committee noted the resolution of the Committee on Relations on the transfer to WHO of the health and medical section of the League of Nations Library (see p. 325).

7. World Health Day

The committee recommends that the Health Assembly adopt the following resolution:

8 Off. Rec. WHO, 10, 17
9 Ibid. 11, 8
10 Ibid. 11, 62
11 Ibid. 10, 24
12 Ibid. 10, 27
13 Ibid. 12, 18
14 Ibid. 10, 25
The Health Assembly RESOLVES that the Executive Board be instructed to sponsor a "World Health Day". and it is suggested that 22 July be chosen, in commemoration of the signing on 22 July 1946 of the Constitution of the World Health Organization by 61 nations.

8. Other Activities

The committee considered, item by item, the list of other activities proposed by the Interim Commission. The programme and organization as suggested by the Interim Commission was generally endorsed, subject to the following resolution, which is recommended for adoption by the Health Assembly:

The Health Assembly RESOLVES that the Executive Board be instructed to give consideration to the following grouping and priorities of the list of other activities proposed by the Interim Commission,

and to the expert committees and staff proposed for dealing with these activities.

NUTRITION

It is recommended that nutrition be given the same top priority as that already granted to malaria, maternal and child health, tuberculosis, and venereal diseases.

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES (1) that the Executive Board or the Director-General of the World Health Organization be instructed to co-operate in establishing a joint committee of WHO and FAO on nutrition, when necessary, with the following terms of reference:

- to act as an advisory body to the World Health Organization and FAO
- (2) that this joint committee should consist of not more than ten members.
- (3) that the nomination of a panel of corresponding members be referred to the Executive Board.
- (4) that the World Health Organization set up within its Secretariat a section on nutrition.

The committee recommends referring to the joint committee, when formed, the subjects of endemic goitre and pellagra.

ENVIRONMENTAL SANITATION

The committee recommends that environmental sanitation be given top priority on the same level as malaria, maternal and child health, tuberculosis, venereal diseases, and nutrition.

The committee recommends that an expert committee and a section in the Secretariat be formed to deal with this subject, which shall include the following items:

(1) Urban and rural sanitation and hygiene

(2) Housing and town and country planning

(3) Natural resources

(4) Public-health administration

It is recommended that the programme of housing and town and country planning, as suggested by the Interim Commission, be developed and the proposed co-operation with other bodies active in the field be authorized.

It is recommended that the staff of this section include at least one well-qualified sanitary engineer with field experience.

PUBLIC-HEALTH ADMINISTRATION

It is recommended that the Executive Board be instructed to refer to the Secretary for study the last two paragraphs of a paper submitted by the delegation of Hungary taking into consideration the importance of adequate full-time local health-services.

The committee recommends referring to the joint committee, when formed, the subjects of endemic goitre and pellagra.

(1) Hospitals and clinics; Medical care; Medical rehabilitation

(2) Medical social work

(3) Nursing

(4) Public-health administration, Health education, Industrial hygiene

It is recommended that this subject include the following items:

(1) Hospitals and clinics; Medical care; Medical rehabilitation

(2) Medical social work

(3) Nursing

(4) Public-health administration, Health education, Industrial hygiene
(5) Hygiene of seafarers

(It is recommended that small joint committees with ILO be formed to deal with the two last subjects).

With regard to nursing, the committee felt that no expert committee could be recommended for 1949, but the setting-up of one should be reconsidered by the second Health Assembly. In the meantime, nursing representation should be considered where appropriate in the appointment of expert committees.

The staff for the above group of subjects should include at least one expert in public-health administration and one well-qualified public-health nurse in a position of responsibility.

The committee recommends that public-health administration should be given number two priority in the list of other activities.

Parasitic Diseases

It is recommended that the group of parasitic diseases should include the following items: ankylostomiasis, filariasis, leishmaniasis, schistosomiasis, trypanosomiasis.

The committee recommends the establishment of a nuclear committee of experts and a panel of experts possessing specialized knowledge of the subjects included in the group.

It is recommended that the staff for this group should include at least one well-qualified parasitologist with broad field-experience.

It is recommended that this group be given number three priority.

It is recommended that this group be given number three priority.

Virus Diseases

It is recommended that the group of virus diseases should include the following items:

(1) Poliomyelitis

(Attention is drawn to the difference between the functions of this group of experts on mental health and the Expert Committee on Habit-forming Drugs, composed of pharmacologists, which is required—under the arrangements with the United Nations—to advise them on the habit-forming character of drugs with a view to their control under the 1925 and 1931 Conventions).

(2) Influenza

The committee recommends that the grant proposed by the Interim Commission to the World Influenza Centre established in London be continued.

(3) Rabies

It is recommended that the nuclear committee consider the possibility of an international conference on rabies and the practicability of extending vaccination of dogs, as suggested in a paper submitted by the delegation of Hungary.

(4) Trachoma

(Attention is drawn to the difference between the functions of this group of experts on mental health and the Expert Committee on Habit-forming Drugs, composed of pharmacologists, which is required—under the arrangements with the United Nations—to advise them on the habit-forming character of drugs with a view to their control under the 1925 and 1931 Conventions).

(Attention is drawn to the difference between the functions of this group of experts on mental health and the Expert Committee on Habit-forming Drugs, composed of pharmacologists, which is required—under the arrangements with the United Nations—to advise them on the habit-forming character of drugs with a view to their control under the 1925 and 1931 Conventions).

(2) that this expert committee should consist of not more than ten members.

Mental Health

It is recommended that, in addition to mental health proper, this item should include the following subjects:

Alcoholism and drug addiction

Habit-forming Drugs

The committee recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES

(1) that the Executive Board be instructed to establish during its first session, an expert committee to be called "The Expert Committee on Habit-forming Drugs of the World Health Organization", with the following terms of reference:

(a) that this expert committee should consist of not more than ten members,
OTHER SUBJECTS

It is recommended that the following items be given number six priority:

Cancer

It is recommended that the study of cancer be entrusted to the section on health statistics.

Rheumatoid Diseases

It is recommended that the study of these diseases be entrusted to the section on health statistics.

Leprosy

It is recommended that this item be entrusted to the Epidemiological Division.

Technical Education

It is recommended that this item be entrusted to the section dealing with fellowships.

It is noted that adequate time should be devoted to the training in pediatrics of medical practitioners and pediatricians.

The committee recommends referring to the Executive Board for consideration and, if necessary, for action a resolution of the Association of American Medical Colleges on the importance of stimulating the production, use and exchange of films and other audiovisual media in medicine, health and their related sciences.

Brucellosis

It is recommended that a proposal submitted by the delegation of Mexico for the setting-up of a world centre for this disease be referred to the Executive Board for study and, if deemed necessary, action.

Proposed Bureau of Medical Supplies

The committee recommends the setting-up of a bureau as proposed by the delegations of Bulgaria and Czechoslovakia to give advice on the procurement of essential drugs, biological products and other medical supplies, special consideration being given in case of emergency.

The committee further recommends that this proposal be referred to the Executive Board for study and action.

It should be noted that the Pan American Sanitary Bureau has kindly offered its co-operation.

Penicillin

The committee recommends to the Health Assembly that the Executive Board should be authorized to come to an agreement with the UNRRA authorities with regard to the taking-over of the completion of penicillin plants, the funds for this to be provided by UNRRA.

Insulin

It is recommended that this item be grouped with procurement of medical supplies, for consideration by the Executive Board.

9. Miscellaneous

The committee recommends that a proposal for the study of stomatology and dental hygiene submitted by the delegation of Poland be referred to the Executive Board for its consideration and, if necessary, for action.

The committee recommends that a proposal for the study of hygiene and bacteriology laboratories submitted by the delegation of Poland be referred to the Executive Board for its consideration and, if necessary, for action.

The committee recommends that a proposal on physical training submitted by the delegation of Bulgaria be referred to the Executive Board for its consideration and report to the second Health Assembly.

The committee recommends that a proposal for the study of "bejel" submitted by the delegation of Iraq be submitted to the Executive Board for reference to the Expert Committee on Venereal Infections.
4. COMMITTEE ON ADMINISTRATION AND FINANCE

FIRST REPORT

The Committee on Administration and Finance held four meetings, on 5, 6, 7, and 8 July. Dr. M. Kacprzak (Poland) was elected Chairman, Dr. A. J. van der Spuy (Union of South Africa) Vice-Chairman, and Dr. C. K. Chu (China) Rapporteur.

The committee adopted a provisional agenda.

1. Provisional Financial Regulations

The committee recommends to the Health Assembly the adoption of the Financial Regulations (see annex 2, p. 353) for WHO; it therefore proposes to the Health Assembly that it adopt the following resolution:

The Health Assembly

RESOLVES that the provisional Financial Regulations, as reported by the Committee on Administration and Finance, are adopted; and that the Director-General review the provisional Financial Regulations in the light of the first full year’s work and after receipt of the report of the External Auditor(s) and report thereon to the Assembly.

SECOND REPORT

The committee on Administration and Finance held four meetings, on 9, 12, and 13 July. Among other things, the committee took the following actions:

1. Insurance

The committee recommends to the Health Assembly that it adopt the following resolution:

The Health Assembly

RESOLVES that the policy established concerning insurance coverage for the operations of WHO be as follows:

(1) Employee compensation

The Organization shall provide for its staff members a system of compensation in case of injury, illness or death incurred in the course of or connected with duty. This protection shall be by insurance or an equivalent means and of a standard at least equal to that required by law or normally provided by employers in the country in which the Organization has its headquarters; provided that, for assignments to areas considered (at the discretion of the Director-General) to expose the staff member to other than normal hazards, more complete insurance protection may be afforded;

(2) Public liability and property damage insurance

The Organization shall carry public liability and property damage insurance in connexion with any of its operations, especially in respect of buildings and motor vehicles;

(3) Fire and other comprehensive insurance

The Organization shall carry such types of fire and other comprehensive insurance as may be determined adequate for the protection of real property and, if deemed necessary, on any other of its properties.

(4) Fidelity bond

Bonding is not required for staff members handling money or documents pertaining to money. However, fidelity bonds may be obtained under any special circumstances where deemed advisable.

(5) Group life insurance

The Executive Board is authorized to make a final decision on a group life insurance plan in the light of the benefits provided in the Staff Pension Plan which may be adopted.

(6) Hospitalization and medical care insurance for staff members

The Organization shall provide a plan for payment of medical and hospital expenses for staff members. Such plan, in the form of insurance or equivalent means, shall provide for joint contribution by staff members and the Organization and, if practicable, may cover dependants.

(7) Personal effects insurance (baggage)

The Organization shall provide insurance on personal effects of staff members, whenever their transportation is authorized at the expense of the Organization when

(a) first reporting for duty,
(b) transferred to another official station, (c) terminated and repatriated, or (d) given an assignment, under circumstances which warrant such special protection.

(8) Other forms of insurance

Under special circumstances or conditions, the Director-General is further authorized to carry any other insurance not specifically provided for herein, provided that any such insurance is reported to the Executive Board at its next meeting.


INTERNATIONAL CIVIL SERVICE ADVISORY BOARD

The committee recommends to the Health Assembly that it adopt the following resolution:

Considering the agreed objective of reciprocal co-ordination among the specialized agencies and the United Nations,

The Health Assembly RESOLVES that WHO shall participate in the International Civil Service Advisory Board and agrees to assume its proportionate share of the cost.

RETIREMENT AND PENSION FUND

The committee recommends to the Health Assembly that it adopt the following resolution:

Considering the desirability for a retirement and pension plan to be established for WHO as soon as possible, and the fact that a retirement and pension plan has not been permanently established by the United Nations, or other specialized agencies, either jointly or separately,

The Health Assembly RESOLVES as follows:

1. Staff retirement and pension plans shall be adopted for staff members after consideration of the pension scheme of the United Nations.
2. The Executive Board is authorized to adopt a retirement and pension plan for WHO, in co-operation with the United Nations or with other specialized agencies or by adopting any other practical arrangements.
3. Pending adoption of a retirement and pension plan and in order to finance the establishment of a pension fund, the Director-General is authorized and directed, in accordance with Regulation 26 of the provisional Staff Regulations, to establish a provident fund which is composed of a 6% contribution by the staff member and a 6% contribution by the Organization. In addition, he shall establish a separate fund (to be known as the "Retirement and Pension Fund—Provisional"), by

(1) deducting an additional 1 per cent from the salary of each staff member; and (2) depositing from WHO funds 8% of the salary of each such staff member, thus making an overall total for each staff member, other than temporary, of 21%, 7% contributed by the staff member and 14% by the Organization.

4. (1) The credit of a participant in the Staff Provident Fund shall be transferred to the Retirement and Pension Fund on the date on which he becomes a participant in the Retirement and Pension Fund; (2) WHO shall pay into the Retirement and Pension Fund a sum equal to 75% of the amounts transferred under (1) above; and (3) the Provident Funds of all staff members of the Interim Commission transferred to WHO shall be transferred to the Provident Fund of that Organization, and simultaneously, an amount equal to 75% of the amounts transferred shall be deposited by the Organization to the Retirement and Pension Fund—Provisional.

TAX EQUALIZATION

The committee recommends to the Health Assembly that it adopt the following resolution:

In view of the fact that the problem of tax equalization is still under consideration by the United Nations and other specialized agencies,

The Health Assembly RESOLVES to authorize the Executive Board, after considering the plan or plans of the United Nations or specialized agencies, to adopt a plan for the reimbursement of staff members for national taxes paid by members on salaries and allowances received from WHO.

3. Appointment of External Auditor

The committee unanimously recommends that the Health Assembly appoint as its External Auditor Mr. Brunskog, the Swedish auditor acting for the United Nations, auditor of the International Labour Office, and formerly auditor of the League of Nations, to make an examination of the accounts of WHO for its financial periods ending 31 December 1948 and 1949.

It further unanimously recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES that Mr. Uno Brunskog be appointed as external auditor of the accounts of WHO for the financial periods ending 31 December 1948, and 31 December 1949. Should the necessity arise, Mr. Brunskog may designate a representative to act in his absence;

8 Off. Rec. WHO, 12, 25
4 Ibid. 12, 23
6 Ibid. 10, 42
2. that in the year of the last financial period to be audited by the Auditor appointed under 1 above, the Health Assembly shall appoint an auditor of the accounts of WHO;

3. that the Auditor shall adopt his own rules of procedure;

4. that the Auditor, subject to budgetary provision made by the Health Assembly for the cost of the audit, and after consultation with the appropriate committee of the Executive Board relative to the scope of the audit, may conduct the audit under the provisions of this resolution in such manner as he thinks fit and may engage commercial public auditors of international repute;

5. that the Auditor shall submit his report together with the certified accounts and such other statements as he thinks necessary to the Health Assembly, to be available to the Executive Board not later than 1 May following the end of the financial year to which the accounts relate.

   The Board shall forward its comments, if any, on the audit report to the Health Assembly.

6. that the audit should be carried out by the Auditor having full regard to the following requirements of the Health Assembly:

6.1 The Auditor should satisfy himself

   6.1.1 that the accounts, including the balance sheet, represent a correct record of duly authorized financial transactions of the financial year;

   6.1.2 that money has not been expended or obligated for other than the purpose or purposes for which the appropriations voted by the Assembly were intended to provide except in so far as the Director-General has authorized transfers within the budget acting upon his authority contained in the Appropriation Resolution, and that expenditures conform to the authority which governs it;

   6.1.3 that transfers from the working capital or other funds have received the necessary authority.

6.2 The Auditor, after satisfying himself that the vouchers have been examined and certified as correct by the accounting organization, may, in his discretion and having regard to the character of the examination within the department, in any particular case admit the sums so certified without further examination, provided, however, that if the Health Assembly or the appropriate committee of the Executive Board on behalf of the Health Assembly requests that any accounts be examined in greater detail, the Auditor shall take action accordingly.

6.3 The Auditor shall examine such stock or store accounts as are maintained by the Organization at least once a year.

6.4 The Auditor shall have free access at all convenient times to the books of account and all information relevant to the accounts of the Organization. Requests for official files which may deal with matters of policy should be made only through the official so designated by the Director-General.

6.5 The Auditor should not criticize purely administrative matters, but it is within his discretion to comment upon the financial consequence of administrative action. Audit examination should not be undertaken before accounting effect has been given to transactions, nor should accounts and vouchers be examined until they have been duly rendered available by the department concerned.

6.6 Objections to any items which may arise during audit should be communicated immediately to the accounting department concerned. As a general rule, criticism will not be made in the Auditor's report without first affording the accounting department an opportunity of explanation.

6.7 Documentary or other information obtained from a department should not be published by the Auditor without reference having been made to the duly authorized official of the Organization.

6.8 The Auditor certifying the accounts should prepare a report of each account certified, in which he should mention:

   6.8.1 the extent and character of his examination or any important changes therein;

   6.8.2 matters affecting the completeness or accuracy of the accounts, such as:

      1 information necessary to the correct interpretation of the account,

      2 any amounts which ought to have been received but which have not been brought to account,

      3 expenditures not properly vouched;

   6.8.3 other matters which should be brought to the notice of the Health Assembly such as:

      1 cases of fraud or presumptive fraud,

      2 wasteful or improper expenditure of the Organization's money or stores (notwithstanding that the accounting for the transactions may be correct).

      3 expenditure likely to commit the Organization to further outlay on a large scale.

      4 any defect in the general system or detailed regulation governing the control of receipts and expenditure, or of stores.

      5 expenditure not in accordance with the intention of the Health Assembly, after
making allowance for duly authorized transfers within the budget.

6 expenditure in excess of appropriations, as amended by duly authorized transfers within the budget.

7 expenditure not in conformity with the authority which governs it;

6.8.4 the accuracy or otherwise of the stores records as determined by stock-taking and examination of the records. In addition, the reports may contain reference to:

6.8.5 transactions accounted for in a previous year concerning which further information has been obtained, or transactions in a later year concerning which it seems desirable that the Health Assembly should have early knowledge.

6.9 The Auditor, or such of his officers as he may delegate, should certify each account in the following terms: “The above accounts have been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, as the result of the audit, that, in my opinion, the above account is correct,”—adding, should it be necessary, “subject to the observations in my report.”

6.10 The Auditor shall have no power to disallow items in the accounts, but shall recommend to the Director-General for appropriate action such disallowances as he is prepared to recommend to the Health Assembly based on his audit of the accounts and records. The Auditor shall bring to the attention of the Health Assembly any cases where his recommendations for disallowances have not been acted upon by the Director-General.

It further unanimously recommends that the letter of appointment appended to this report be sent to Mr. Brunskog by the President of the first Health Assembly.

The committee directs the attention of the Health Assembly to its understanding that the cost of the audit is estimated at 4,000 US dollars annually provided that (1) there exists an adequate internal audit department in the Organization on which the auditor can place a reasonable degree of reliance, and (2) the accounts and other financial records are available in Geneva.

The committee further unanimously recommends that the Health Assembly adopt the following resolution:

The Health Assembly

RESOLVES that the Director-General be instructed by the Executive Board to continue to study the feasibility of using the United Nations Board of Auditors and to report to the Executive Board before the second Health Assembly.

4. UNRRA Special Fund

The committee unanimously recommends that the Health Assembly adopt the following resolution:

The Health Assembly

AUTHORIZES the Director-General to accept the UNRRA grant of 1,000,000 US dollars with the following provisions:

1. That the disposition or this fund shall be subject to consultation with UNRRA as to whether

1.1 this fund should be repaid in full, or

1.2 the fund may be used temporarily and repaid later, or

1.3 part or all of the fund may become the permanent property of WHO according to the specifications to be made by UNRRA.

2. Contingent upon the decision reached by UNRRA as to the disposition of the fund, the Director-General is authorized to

2.1 repay the fund in full, or

2.2 use the fund temporarily and make repayment at such time as specified by UNRRA or

2.3 in the event the grant is made under item 1.3 above, the Director-General is instructed to submit a proposal to the Executive Board for decision as to final arrangements to be made regarding this special fund.

5. Transportation and/or per diem Allowances for Delegates to the Second Health Assembly

The committee unanimously recommends that the Health Assembly adopt the following resolution:

The Health Assembly

RESOLVES there is authorized the reimbursement to each Member of WHO of the actual travelling expenses of one delegate only to the second Health Assembly, the maximum reimbursement to be restricted to the equivalent of first-class return accommodation by recognized public transport via an approved route from the capital city of the Member to the place of the meeting, and not to include the payment of subsistence, except where this is included as an integral part of the regular posted schedule for first-class accommodation for recognized public transport.”

6. Other Business: Proposal regarding the Recruitment of Staff, presented by the Delegation of Venezuela

The committee unanimously recommends that the proposal be referred to the Executive Board for consideration, study, and, if necessary, negotiation with the appropriate governments.
7. Budget and Financing for 1948: Financing of WHO pending Receipt of Contributions or Advances from Members

The committee unanimously recommends that the Health Assembly adopt the following resolution:

The Health Assembly
RESOLVES that, in order to provide necessary financing for the Organization:

1. all Member Governments be urged to pay their contributions to the Organization in respect of the 1948 budget before 31 December 1948. Further, in the event that instalment payments are to be made in subsequent years, that such instalments be transmitted as soon as possible after the beginning of the instalment period;

2. any Member Government which can do so be urged to make some advance payment as soon as possible; and that

3. in the event that further financing is necessary, the Director-General be instructed to utilize any other possible source of financing, including the United Nations and UNRRA.

Appendix

LETTER OF APPOINTMENT TO THE EXTERNAL AUDITOR

Dear Sir,

In accordance with the resolution of the World Health Assembly I have the honour to inform you that the World Health Assembly desires that you should become External Auditor of the accounts of the World Health Organization for the financial periods ending 31 December 1948 and 1949 and to invite you to accept an appointment in this capacity.

1. I attach for your information a copy of the resolution passed by the World Health Assembly relating to the appointment and giving directive as to the requirements of the World Health Assembly in connexion with the audit and any report which may be prepared as a result thereof.

2. The audit may be carried out either by yourself or by staff selected by you or by employment of commercial auditors of international repute, or by any of these means and at such times and places as may be considered necessary.

3. The cost of the audit will be 'paid by the World Health Organization, subject to the budgetary provision made by the World Health Assembly for that purpose, details of which will be furnished to you. The expenses of any staffs provided by Member Nations will be reimbursed to their governments on certification by you that the payment is a proper charge against the cost of the World Health Organization audit, and any contractual expense incurred by you will be paid by the World Health Organization upon similar certification.

4. In accordance with the provisions of the Constitution as applied to members of the staff of the World Health Organization, the World Health Assembly requires that the Auditor shall not in the performance of his duties seek or accept instructions from any government or from any authority external to the Organization and that he shall not disclose information available to him other than through the medium of his report to the World Health Assembly.

5. It would be greatly appreciated if you would advise me as early as practicable as to your acceptance of this appointment.

I have the honour to be, Sir,
Your obedient servant,

[Signature] A. Stampar, M.D.
President of the World Health Assembly

THIRD REPORT

The Committee on Administration and Finance held five meetings on 7, 8, 9, 12, and 20 July, and considered, among other things, the provisional Staff Regulations.

1. Provisional Staff Regulations

The committee recommends to the Health Assembly the adoption of the Staff Regulations

Adopted by the Health Assembly at its fifteenth meeting, see p. 100

(see annex 3, p. 358) for WHO; it therefore proposes to the Health Assembly that it adopt the following resolution:

The Health Assembly
RESOLVES that the provisional Staff Regulations, as reported by the Committee on Administration and Finance, are adopted; and that the Director-General review the provisional Staff Regulations in the light of the first full year's work and report thereon to the Assembly.
FOURTH REPORT

1. Scale of Contributions

The committee recommends that the Health Assembly adopt the following resolution:

Notwithstanding Rule 75 e of the provisional Rules of Procedure,

The Health Assembly RESOLVES that contributions to WHO from all its Members to the budgets for the financial years 1948 and 1949 shall be assessed according to the criteria used by the United Nations in assessing its Members for the year 1948, and that the Executive Board be instructed to consider the question of scale of contributions for 1950 and future years in the light of any revisions which are made in the United Nations scale by the United Nations General Assembly.

1 Adopted by the Health Assembly at its fifteenth meeting (p. 101), the USA delegation dissenting (p. 100)

FIFTH REPORT

1. Administrative and Financial Relations between the United Nations and Specialized Agencies

APPOINTMENT OF AN ADVISORY GROUP OF EXPERTS ON BUDGETARY QUESTIONS

1. The committee recommends to the Health Assembly that it resolve as follows:

The Executive Board is instructed to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Executive Board.

2. The committee further recommends that the Health Assembly adopt the following resolution:

The Health Assembly RESOLVES that

(i) the Director-General shall transmit the summaries of budgets of WHO for 1949 and for each year thereafter to the Secretary-General of the United Nations at the earliest possible date, previous to the next session of the General Assembly of the United Nations, in order that the Secretary-General may incorporate these budget summaries as information annexes in his annual budget estimates for transmittal to the General Assembly;

(ii) the Director-General shall participate in meetings of the Co-ordination Committee of the United Nations and the specialized agencies with a view to promoting the development of similar budgetary, administrative and financial practices in the United Nations and the specialized agencies, providing that due recognition be given in all instances, to the problems inherent in the individual requirements of each of the agencies concerned.

3. The committee further recommends that the Health Assembly approve Article XV of the draft Agreement between the United Nations and the World Health Organization.

2. Publications Revolving Fund

The committee recommends that the Health Assembly resolve as follows:

The Director-General is authorized to establish a special Revolving Fund for Publications, under Financial Regulation 33. This fund shall consist of: (i) any balance remaining in the similar fund maintained by the Interim Commission; (ii) proceeds of subscriptions and sales of WHO publications. This fund shall be used exclusively
for the purpose of financing the cost of printing additional copies of WHO publications for sale. This fund will be subject to periodic reviews to determine whether any sums accumulated therein should be withdrawn and added to miscellaneous income for the current year.

3. Transportation and/or Per Diem Allowances for Members of the Executive Board

The committee recommends that the Health Assembly resolve as follows:

Considering the fact that the Executive Board, in accordance with Article 29 of the Constitution, represents the Health Assembly,

The Health Assembly resolves that

(1) Members of the Executive Board shall be reimbursed for their actual transportation expenses between their normal residence and the place of meeting of the Executive Board, the maximum allowance being restricted to the equivalent of first-class accommodation by recognized public transport via an approved route from the capital city of the Member to the place of the meeting.

(2) Members of the Executive Board shall be paid a per diem allowance of $20.00 per day during such travel and during necessary attendance at the place of the meeting, except that the allowance of $20.00 shall be reduced to $10.00 for each full day (midnight to midnight) when travelling by sea. Such per diem allowance shall be in lieu of all other expenses incidental to the journey.

(3) When the Executive Board meets in the same location as the Assembly, and at approximately the same time, then only such per diem allowances shall be paid as are made necessary by the additional duties caused by membership on the Board.

4. Joint Effective Date of Termination of Interim Commission and assumption by World Health Organization of Functions, Assets and Liabilities of the Interim Commission

The committee recommends that the Health Assembly resolve as follows:

By virtue of Article IX of the Arrangement signed at New York on 22 July 1946,

The Health Assembly resolves as follows:

Effective as of the date on which the Executive Board of the World Health Organization is constituted, the Governing Body of the Interim Commission, composed of persons designated by the eighteen States specified in Article I of the Arrangement, shall cease to exist.

Thereupon, the Executive Board of the World Health Organization shall act as Governing Body of the Interim Commission, which shall continue to exist and function as a legal entity until 31 August 1948 at midnight, at which date and time it shall cease to exist.

Whereupon the property, records, assets, liabilities, responsibilities, and obligations of, and all rights and interests pertaining to, the Interim Commission, by whomever held or wherever situated, shall be transferred to the Organization.

Such of the staff of the Interim Commission as may be required shall be transferred to the Organization. Immediately upon transfer, such staff members shall be subject to the Staff Regulations and Staff Rules of the Organization, in the application of which, periods of service with the Interim Commission shall count as periods of service with the Organization. Subject to policies to be approved by the Executive Board, staff members transferred to the Organization shall receive such allowances as may be approved for staff members of the Organization, subject to policies to be approved by the Executive Board, staff members transferred to the Organization shall be eligible to receive such allowances as may be approved for staff members of the Organization, to the extent that they have not yet received such allowances from the Interim Commission. Every member of the staff not transferred to the Organization shall be given reasonable notice of not less than one month or a suitable indemnity in lieu thereof.

SIXTH REPORT

1. Budget and financing for 1948

The committee considered the budget of the Organization for the period from 1 September to 31 December 1948 at a number of meetings. It decided to recommend that the Health Assembly adopt the following resolution:

Whereas the United Nations have loaned to the Interim Commission of WHO sums totalling approximately $2,130,000 and

Whereas the Interim Commission will cease to exist by resolution of the Health Assembly,

The Health Assembly resolves that there shall be included in the budget of the World Health Organization for the year 1948 provision for the repayment of the sums loaned to the Interim Commission by the United Nations, with the understanding that signatories to the Arrangement of 22 July 1946 establishing the Interim Commission who have not yet joined the World Health Organiza-

18 Adopted by the Health Assembly at its fourteenth meeting, see p. 100
19 Off. Rec. WHO, 10, 36
appropriation shall be expected to bear their appropriate share of such repayment.

The committee, following on the recommendation thus put forward, included a provision in the 1948 recommended budget for repayment of the loans referred to; it further decided to recommend the adoption of the following resolution on the understanding that transfers thereby authorized (in paragraph III) would be exercised with due regard to the programmes authorized in the 1949 budget:

The Health Assembly RESOLVES that:

I. For the period 1 September 1948 to 31 December 1948 the budget of the World Health Organization (with such additions as are required by paragraph II below) is as follows:

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Organizational meetings</td>
<td>35,000</td>
</tr>
<tr>
<td>PART II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Secretariat</td>
<td>798,000</td>
</tr>
<tr>
<td>3</td>
<td>Other offices and regional activities</td>
<td>15,500</td>
</tr>
<tr>
<td>4</td>
<td>Advisory and demonstration services to governments</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Technical services</td>
<td>87,500</td>
</tr>
<tr>
<td>6</td>
<td>Technical meetings</td>
<td>64,000</td>
</tr>
<tr>
<td>Total, Part II</td>
<td></td>
<td>965,000</td>
</tr>
<tr>
<td>PART III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Working capital fund</td>
<td>1,650,000</td>
</tr>
<tr>
<td>Total, Parts I, II, III</td>
<td></td>
<td>2,650,000</td>
</tr>
<tr>
<td>PART IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Repayment of Interim Commission Debt to the United Nations</td>
<td>2,150,000</td>
</tr>
<tr>
<td>Total, all Parts</td>
<td></td>
<td>4,800,000</td>
</tr>
</tbody>
</table>

IV. The Director-General shall report to the next subsequent regular session of the Executive Board all transfers made under the authority of paragraph III hereof, together with the circumstances relating thereto.

V. The Director-General is further authorized, with respect to any amounts allocated to States under the provisions of paragraph II hereof, to transfer unobligated balances at the end of the year 1948 as an addition to any allocation to the respective State for the ensuing year.

VI. Notwithstanding the provisions of Regulations 13 and 16 (e) of the provisional Financial Regulations, the Director-General is further authorized to transfer as an addition to the working capital fund any balances remaining in the appropriations made for the financial year 1948.

The committee further decided to recommend to the Health Assembly the adoption of the following resolution, to govern the establishment and utilization of the working capital fund included in the 1948 budget:

The Health Assembly RESOLVES that:

(1) The working capital fund shall be established for the financial year 1948 at the amount of 1,650,000 US dollars.

(2) Members shall make advances to the working capital fund in accordance with the scale adopted by the Health Assembly for contributions of members to the budgets of the World Health Organization for the financial years 1948-1949.

(3) The Director-General is authorized:

(a) to advance from the working capital fund such sums as may be necessary to finance the appropriations for the years 1948-1949, pending receipt of contributions from members; sums so advanced shall be reimbursed to the working capital fund as soon as contributions are available;

(b) to advance such sums in 1948-1949 as may be necessary to meet unforeseen or extraordinary expenses, providing that not more than 250,000 US dollars may be used for such purposes, except that with the prior concurrence of the Executive Board a total of 300,000 US dollars may be used. The Director-General shall report to the next convening Health Assembly all advances made under this clause and the circumstances relating thereto, and shall make provision in the estimates for reimbursement of the working capital fund except when such advances are recoverable from some other source.

(4) The Executive Board is authorized:

- to use, not to exceed, 100,000 US dollars of the working capital fund as the special fund to be used at the discretion of the Board to meet emergencies and unforeseen contin-
gencies, this authorization being made to comply with Article 58 of the Constitution. Any amounts used under this authorization are to be replaced by making specific provision therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

SEVENTH REPORT 14

1. Proposals regarding budget for 1949 15

The committee considered the budget of the Organization for 1949 at a number of meetings, and at its fifteenth meeting, held on 20 July 1948, decided to recommend to the Health Assembly the adoption of the following resolution:

The Health Assembly RESOLVES that
I. For the financial year 1949, the budget is as follows:

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Organizational meetings</td>
<td>264,000</td>
</tr>
<tr>
<td><strong>PART II</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Secretariat</td>
<td>2,411,105</td>
</tr>
<tr>
<td>3</td>
<td>Regional offices</td>
<td>300,000</td>
</tr>
<tr>
<td>4</td>
<td>Epidemiological Intelligence Station, Singapore</td>
<td>59,365</td>
</tr>
<tr>
<td>5</td>
<td>Advisory and demonstration services to governments</td>
<td>903,350</td>
</tr>
<tr>
<td>6</td>
<td>Technical services</td>
<td>862,500</td>
</tr>
<tr>
<td>7</td>
<td>Technical meetings</td>
<td>199,680</td>
</tr>
<tr>
<td><strong>Total Part II</strong></td>
<td></td>
<td>4,735,000</td>
</tr>
<tr>
<td><strong>PART III</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Working capital fund</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL all Parts</strong></td>
<td></td>
<td>5,000,000</td>
</tr>
</tbody>
</table>

Amounts not exceeding the above shall be available for the payment of obligations incurred during the period 1 January 1949 to 31 December 1949.

II. The Director-General is authorized, with respect to all Parts of the budget, to transfer credits between Chapters in Sections, and, with the concurrence of the Executive Board, or of any committee to which it may delegate authority, to transfer credits between Sections in Parts, and between Parts.

III. The Director-General shall report to the next subsequent regular session of the Executive Board all transfers made under the authority of paragraph II hereof, together with the circumstances relating thereto.

IV. 14 Notwithstanding the provisions of Financial Regulation 13, the Director-General is authorized to transfer to the ensuing year the unobligated balances of allotments (made under the provisions of Financial Regulation 10) from Chapters (iv) and (v) of Section 6 of Part II.

V. 17 The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5 and 6 of Part II shall, taking into account the recommendations of regional organizations and of governments, make the necessary allocations of funds.

VI. With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover such cost of materials, supplies and equipment furnished by the Organization out of the sums appropriated under this Section as these governments are able to repay, and shall report to the next Health Assembly the sums thus recovered.

Particulars of the above budget are as follows:

**APPROPRIATION SECTION I**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>World Health Assembly (1 session)</td>
<td>190,000</td>
</tr>
<tr>
<td>(ii)</td>
<td>Executive Board and its committees</td>
<td>74,000</td>
</tr>
<tr>
<td><strong>Total, Section I</strong></td>
<td></td>
<td>264,000</td>
</tr>
</tbody>
</table>

14 Adopted by the Health Assembly at its sixteenth meeting, see p. 102
15 Off. Rec. WHO, 16, 43
COMMITTEE REPORTS

APPROPRIATION Section 2

Secretariat

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal services . . . .</td>
<td>1,405,500</td>
</tr>
<tr>
<td>(i)</td>
<td>Deduct : for lapses and delays in filling positions . . .</td>
<td>280,050</td>
</tr>
<tr>
<td></td>
<td>Personal allowances . . .</td>
<td>563,280</td>
</tr>
<tr>
<td></td>
<td>Deduct : for lapses and delays in filling positions . . .</td>
<td>97,172</td>
</tr>
<tr>
<td></td>
<td>Total, Chapter (i) . . .</td>
<td>1,591,558</td>
</tr>
<tr>
<td></td>
<td>Travel and transportation services . . .</td>
<td>273,547</td>
</tr>
<tr>
<td>(ii)</td>
<td>Space and equipment services . . .</td>
<td>134,000</td>
</tr>
<tr>
<td></td>
<td>Other services . . . . .</td>
<td>176,000</td>
</tr>
<tr>
<td></td>
<td>Supplies and materials . . .</td>
<td>64,000</td>
</tr>
<tr>
<td></td>
<td>Fixed charges, claims and grants . . .</td>
<td>6,000</td>
</tr>
<tr>
<td></td>
<td>Acquisition of capital assets . . .</td>
<td>118,000</td>
</tr>
<tr>
<td></td>
<td>Total, Chapter (ii) . . .</td>
<td>479,547</td>
</tr>
<tr>
<td></td>
<td>Total, Section 2 . . . .</td>
<td>2,411,105</td>
</tr>
</tbody>
</table>

Regional offices

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>to be allotted . . . . .</td>
<td>300,000</td>
</tr>
<tr>
<td>(ii)</td>
<td>Total, Section 3 . . . .</td>
<td>300,000</td>
</tr>
</tbody>
</table>

APPROPRIATION Section 3

Epidemiological Intelligence Station, Singapore

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Personal services . . . .</td>
<td>33,000</td>
</tr>
<tr>
<td></td>
<td>Personal allowances . . .</td>
<td>7,365</td>
</tr>
<tr>
<td></td>
<td>Total, Chapter (i) . . .</td>
<td>40,365</td>
</tr>
<tr>
<td>(ii)</td>
<td>Travel and transportation services . . .</td>
<td>9,000</td>
</tr>
<tr>
<td></td>
<td>Space and equipment services . . .</td>
<td>3,200</td>
</tr>
<tr>
<td></td>
<td>Other services . . . . .</td>
<td>3,200</td>
</tr>
<tr>
<td></td>
<td>Supplies and materials . . .</td>
<td>1,200</td>
</tr>
<tr>
<td></td>
<td>Fixed charges, claims and grants . . .</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td>Acquisition of capital assets . . .</td>
<td>1,600</td>
</tr>
<tr>
<td></td>
<td>Total, Chapter (ii) . . .</td>
<td>19,000</td>
</tr>
<tr>
<td></td>
<td>Total, Section 4 . . . .</td>
<td>59,365</td>
</tr>
</tbody>
</table>

APPROPRIATION Section 4

Advisory and demonstration services to Governments

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Personal services . . . .</td>
<td>574,100</td>
</tr>
<tr>
<td></td>
<td>Deduct : for lapses and delays in filling positions . . .</td>
<td>152,550</td>
</tr>
<tr>
<td>(ii)</td>
<td>Personal allowances . . .</td>
<td>171,695</td>
</tr>
<tr>
<td></td>
<td>Deduct : for lapses and delays in filling positions . . .</td>
<td>38,685</td>
</tr>
<tr>
<td></td>
<td>Total, Chapter (i) . . .</td>
<td>554,500</td>
</tr>
</tbody>
</table>

Travel and transportation services . . . | 155,950 |
Other services . . . . | 13,200 |
Supplies and materials . . . | 145,040 |
Fixed charges, claims and grants . . . | 1,000 |
Acquisition of capital assets . . . | 10,500 |
Total, Chapter (ii) . . . | 348,790 |
Total, Section 5 . . . | 993,350 |

APPROPRIATION Section 6

Technical services

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Publications . . . . . .</td>
<td>148,000</td>
</tr>
<tr>
<td>(ii)</td>
<td>Special literature . . .</td>
<td>2,500</td>
</tr>
<tr>
<td></td>
<td>Malaria . . . . . . . .</td>
<td>4,000</td>
</tr>
<tr>
<td></td>
<td>Tuberculosis . . . . . .</td>
<td>6,000</td>
</tr>
<tr>
<td></td>
<td>Venereal diseases . . . .</td>
<td>12,500</td>
</tr>
<tr>
<td>(iii)</td>
<td>Grants . . . . . . . .</td>
<td>36,500</td>
</tr>
<tr>
<td></td>
<td>International standards . . .</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>Other (Influenza) . . . .</td>
<td>39,500</td>
</tr>
<tr>
<td>(iv)</td>
<td>Fellowships . . . . . .</td>
<td>500,000</td>
</tr>
<tr>
<td>(v)</td>
<td>Medical literature and teaching equipment . . .</td>
<td>150,000</td>
</tr>
<tr>
<td>(vi)</td>
<td>Epidemiological telegraphic expenses . . .</td>
<td>12,500</td>
</tr>
<tr>
<td></td>
<td>Total, Section 6 . . . .</td>
<td>862,500</td>
</tr>
</tbody>
</table>

APPROPRIATION Section 7

Technical meetings

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Purpose of appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Expert advisory committees, etc. . . .</td>
<td>9,000</td>
</tr>
<tr>
<td>(ii)</td>
<td>Malaria . . . . . . .</td>
<td>11,000</td>
</tr>
<tr>
<td>(iii)</td>
<td>Tuberculosis . . . . .</td>
<td>8,000</td>
</tr>
<tr>
<td>(iv)</td>
<td>Maternal and child health . . .</td>
<td>11,000</td>
</tr>
<tr>
<td>(v)</td>
<td>Venereal diseases . . . .</td>
<td>4,500</td>
</tr>
<tr>
<td>(vi)</td>
<td>Nutrition . . . . . . .</td>
<td>4,500</td>
</tr>
<tr>
<td>(vii)</td>
<td>Environmental sanitation . . .</td>
<td>17,200</td>
</tr>
<tr>
<td>(viii)</td>
<td>Public-health administration . . .</td>
<td>17,200</td>
</tr>
<tr>
<td>(ix)</td>
<td>Co-ordination of medical abstracting services . . .</td>
<td>6,000</td>
</tr>
<tr>
<td>(x)</td>
<td>Co-ordination of international congresses of medical sciences . . .</td>
<td>20,000</td>
</tr>
<tr>
<td>(xi)</td>
<td>Expert Committee on Habit-forming Drugs . . .</td>
<td>9,000</td>
</tr>
<tr>
<td>(xii)</td>
<td>International standards . . .</td>
<td>26,000</td>
</tr>
<tr>
<td>(xiii)</td>
<td>International pharmacopoeia . . .</td>
<td>18,000</td>
</tr>
<tr>
<td>(xiv)</td>
<td>Quarantine and epidemic control (2 meetings) . . .</td>
<td>22,000</td>
</tr>
<tr>
<td></td>
<td>Yellow-fever panel . . . .</td>
<td>6,000</td>
</tr>
<tr>
<td></td>
<td>Insecticides . . . . . .</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>Plague . . . . . . . .</td>
<td>7,000</td>
</tr>
<tr>
<td></td>
<td>Health statistics . . . .</td>
<td>17,000</td>
</tr>
<tr>
<td></td>
<td>Total, Section 7 . . . .</td>
<td>199,680</td>
</tr>
</tbody>
</table>
5. COMMITTEE ON RELATIONS

FIRST REPORT

1. United Nations

DRAFT AGREEMENT

The Committee on Relations recommends to the Health Assembly the adoption of the draft Agreement 2 between the United Nations and the World Health Organization, subject to any remarks on Article XV which may be made by the Committee on Administration and Finance.

THE GENERAL ASSEMBLY

The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

The Health Assembly, having taken note of the Resolution 125 (II) of the General Assembly of the United Nations, with special reference to sub-paragraph (a),

authorizes the Director-General, subject to the approval of the Chairman of the Executive Board to take, in cases of emergency, such interim action, within the limits of the present constitutional powers of these officers, as seems appropriate with regard to any recommendation which the General Assembly may make to the World Health Organization, if that recommendation cannot be dealt with by the Health Assembly itself without considerable delay. Whether an emergency exists shall be decided by the Director-General and the Chairman of the Executive Board.

2. Economic and Social Council and its Commissions

PROGRAMME

The Committee on Relations recommends to the Health Assembly the adoption of a programme of liaison and co-operation between WHO and the Economic and Social Council and its commissions and subsidiary bodies.

COORDINATION COMMITTEE

It is recommended that the Director-General be instructed to work in full co-operation with the Co-ordination Committee of the Secretary-General of the United Nations.

COMMISSION ON NARCOTIC DRUGS

The Committee on Relations recommends to the Health Assembly the adoption of the following resolutions concerning habit-forming drugs:

1. The Health Assembly calls to the attention of the Economic and Social Council the interest of the World Health Organization in appointing a technical member (or members) to any narcotics-control body which might be set up, under the proposed new single convention for the control of narcotic drugs, to replace the Supervisory Body and the Permanent Central Opium Board;

2. The Health Assembly, in connexion with research on methods of determining the origin of opium, calls to the attention of the Council the interest of the World Health Organization in international research projects in fields relating to health.

STATISTICAL COMMISSION

The Committee on Relations recommends to the Health Assembly that collaboration with the United Nations in vital statistics should be continued and developed.

SOCIAL COMMISSION

The Committee on Relations recommends to the Health Assembly that the extensive collaboration and co-operation with the Social Commission should be continued and developed.

PREVENTION OF CRIME AND TREATMENT OF OFFENDERS

The Committee on Relations recommends to the Health Assembly that this form of co-operation be continued.

MIGRATION AND ASSISTANCE TO INDIGENT FOREIGNERS

The Committee on Relations recommends to the Health Assembly that it declare its concern with and assumption of responsibility of the work on the health problems of migration and that the Health Assembly authorize the Director-General to develop joint operations with the other international bodies which are active in this field.

STANDARDS OF LIVING

Co-operation on these projects was approved.

HOUSING AND TOWN AND COUNTRY PLANNING

The Committee on Relations recommends to the Health Assembly continuation and development of collaboration with the Social Commission, the Economic Commission for Europe and other regional commissions of the United Nations.

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1 Adopted by the Health Assembly at its eleventh meeting, see p. 81
2 Off. Rec. WHO, 10, 59
3 Ibid. 10, 63
4 For programme recommended by the Interim Commission, see Off. Rec. WHO, 10, 64; 12, 30
Nations with special reference to the hygiene of housing, in an endeavour to obtain adequate representation in any international scheme for town and country planning or for the improvement of housing.

**CHILD WELFARE**

The Committee on Relations recommends to the Health Assembly co-operation in the preparation of documentation on the Declaration of the Rights of the Child.

**POPULATION COMMISSION**

The Committee on Relations recommends to the Health Assembly that collaboration with the United Nations in population questions should be continued and developed.

**ECONOMIC AND EMPLOYMENT COMMISSION**

The Committee on Relations recommends to the Health Assembly that co-operation in this field should be continued.

**PROPOSED UNITED NATIONS SCIENTIFIC CONFERENCE ON THE CONSERVATION AND UTILIZATION OF RESOURCES**

The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

Recognizing that the United Nations Scientific Conference on the Conservation and Utilization of Resources provides an exceptional opportunity for emphasizing the interdependence of health and the exploitation of natural resources,

The Health Assembly instructs the Director-General to participate in the Conference, by means of:

(a) the appointment of members of the Secretariat to prepare suitable material for the conference; and

(b) the nomination of competent persons to represent the World Health Organization at the Conference, it being understood that the expense of such representation will be borne by the United Nations.

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**SECOND REPORT**

1. **International Civil Aviation Organization (ICAO)**

**DRAFT AGREEMENT**

The Committee on Relations recommends to the Health Assembly the continuation of collaboration with ICAO, and the adoption of the following resolution:

Whereas the relations between the Interim Commission of WHO and ICAO have been marked by a close and productive collaboration and

Whereas it appears desirable to continue the present satisfactory informal arrangements in the interest of administrative flexibility and efficiency

Therefore the Health Assembly

decides that the formal Agreement with ICAO before the Health Assembly is not essential at this time; and that the informal arrangements under which the Interim Commission and ICAO have conducted their relations shall continue to form the basis of future collaboration between the two organizations unless experience dictates otherwise.

2. **International Labour Organization (ILO) Programme**

The Committee on Relations recommends to the Health Assembly that the co-operation initiated with ILO be continued and expanded.

The Committee on Relations draws the attention of the Health Assembly to industrial hygiene and medical care, and the proposed work on the health of migrants, since these are specific examples of the forms of co-operation recommended.

**DRAFT AGREEMENT**

The committee recommends to the Health Assembly the adoption of the draft Agreement with ILO.

The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

The Health Assembly

directs the Executive Board to make the necessary arrangements with ILO in order that Article VII of the ILO/WHO Agreement may eventually be amended to read as follows:

If compliance with a request for assistance made by either organization to the other involves or would involve substantial expenditure for the organization complying with the request, consultation shall take place with a view to determining the most equitable manner of meeting such expenditure.

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*Adopted by the Health Assembly at its eleventh meeting, see p. 81
Off. Rec. WHO, 10, 71
Adopted by the Health Assembly at its eleventh meeting, see p. 81
Ibid. 10, 11
Ibid. 10, 65
Ibid. 10, 73
1. United Nations Educational, Scientific and Cultural Organization (UNESCO)

The Committee on Relations recommends that the Health Assembly adopt the following resolutions:

**DRAFT AGREEMENT**

The Health Assembly

adopts the draft Agreement 11 with the United Nations Educational, Scientific and Cultural Organization, subject to the following amendments:

**Article IV. UNESCO/WHO Joint Committees.**

Delete paragraphs 1 and 2 and insert:

1. UNESCO and WHO may refer to a joint committee any question of common interest which it may appear desirable to refer to such a committee.

2. Any such joint committee shall consist of representatives appointed by each organization, the number to be appointed by each being decided by agreement between the two organizations.

**Article VIII. Financing of Special Services**

This article should be amended to read as follows:

If compliance with a request for assistance made by either organization to the other involves or would involve substantial expenditure for the organization complying with the request, consultation shall take place with a view to determining the most equitable manner of meeting such expenditure.

**Article X. Implementation of the Agreement**

This article should be amended to read as follows:

The Director-General of WHO and the Director-General of UNESCO shall enter into such supplementary arrangements for the implementation of this agreement as may be found desirable in the light of operating experience.

**CO-ORDINATION OF INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES**

The Health Assembly

resolves to instruct the Director-General to open negotiations with UNESCO for the transfer to the World Health Organization of responsibility for the co-ordination of international congresses of medical sciences.13

**PROGRAMME**

The Health Assembly

decides that the forms of co-operation initiated by the Interim Commission shall be continued by the World Health Organization.

11 Adopted by the Health Assembly at its fourteenth meeting, see p. 96
12 Off. Rec. WHO, 10, 76
13 Ibid. 12, 54

2. Food and Agriculture Organization (FAO)

**DRAFT AGREEMENT**

The Committee on Relations recommends that the Health Assembly adopt the Agreement 17 with FAO with the following amendments.

**Article III. FAO/WHO Joint Committees**

Delete paragraphs 1, 2 and 3 and substitute the following:

1. FAO and WHO may refer to a joint committee any question of common interest which it may appear desirable to refer to such a committee.

2. Any such joint committee shall consist of representatives appointed by each organization, the number to be appointed by each being decided by agreement between the two organizations.

Paragraph 4, which now becomes paragraph 3. Delete the words "as may be found desirable".

Paragraph 5 becomes paragraph 4; 6 becomes 5; and 7 becomes 6.

**Article IX. Financing of Special Services**

This article should be amended to read as follows:

If compliance with a request for assistance made by either organization to the other involves or would involve substantial expenditure for the organization complying with the request, consultation shall take place with a view to determining the most equitable manner of meeting such expenditure.

14 Off. Rec. WHO, 12, 53
15 Ibid. 12, 54
16 Ibid. 12, 56
17 Ibid. 10, 69

Note: The Committee on Relations requests the Health Assembly to direct the attention of the Committee on Programme and the Committee on Administration and Finance to the above recommendations.

The Health Assembly

decides to refer the following to the Executive Board for consideration and necessary action:

Relations with UNESCO 14

Request from UNESCO with regard to high altitude stations 18

Proposal for a committee to co-ordinate medical and biological abstracting services 16

Pilot project on fundamental education in Haiti

Proposal made by the delegation of Yugoslavia for collaboration with UNESCO in the publication of papers presented at international congresses.
Article XI. Implementation of the Agreement

This article should be amended to read as follows:

The Director-General of FAO and the Director-General of WHO shall enter into such supplementary arrangements for the implementation of this Agreement as may be found desirable in the light of the operating experience of the two organizations.

Programme

The Health Assembly

RESOLVES that the forms of co-operation initiated by the Interim Commission shall be continued by the World Health Organization.

The Health Assembly

RESOLVES to refer the following to the Executive Board for consideration and necessary action:

Statement by FAO to the Health Assembly

Statement on the course and scope of FAO/WHO relations with recommendations for future action

Statement by the United Kingdom Delegation on relations with FAO.

Note: The Committee on Relations requests the Health Assembly to direct the attention of the Committee on Programme and the Committee on Administration and Finance to the above recommendations.

FOURTH REPORT

As a result of the decisions taken at its sixth and seventh meetings, held on Thursday 8 July 1948 at 2.30 p.m. and Friday 9 July 1948 at 10 a.m., the Committee on Relations recommends that the Health Assembly adopt the following resolutions:

1. Draft Protocol to bring under international control drugs outside the scope of the 1931 Convention

The Health Assembly has examined the text of the draft Protocol to bring under international control drugs outside the scope of the 1931 Convention, and approves it. This approval is therefore conveyed to the Secretary-General of the United Nations for consideration by the Economic and Social Council.

2. Trusteeship Council

The Health Assembly

AUTHORIZES the Director-General to carry out liaison with, and to supply assistance and advice to, the Trusteeship Council and its Secretariat, in accordance with the provisions of Article 91 of the Charter and Article 2 of the Constitution of the World Health Organization;

3. Special Committee of the General Assembly on the transmission of information under Article 73e of the Charter of the United Nations

The Health Assembly

AUTHORIZES the Director-General to carry out liaison with and to supply assistance and advice to, the Special Committee of the General Assembly on the transmission of information under Article 73e of the Charter of the United Nations and to its Secretariat, in accordance with the provisions of resolutions of the General Assembly, 66 (I), 143 (II), 145 (II) and 146 (II);
AGREES that it is right and expedient that the duties to be performed in the field of health by the United Nations Secretariat should include the regular collection and classification of information under the terms of Assembly resolution 66 (I), it being understood that WHO shall be entitled to obtain such information from the United Nations as may be required; and

AUTHORIZES the Director-General to obtain the assistance of acknowledged specialists in order that WHO may be able to advise the General Assembly (through its Special Committee on the transmission of information under Article 73 of the Charter of the United Nations) on the most satisfactory methods of guidance for members in the preparation of information to be transmitted under Article 73 of the Charter, with special reference to the public health aspects of the Standard Form.

4. Office International d'Hygiène Publique (OIHP)
The Health Assembly, taking note of
(a) the Protocol concerning the Office International d'Hygiène Publique, signed on 22 July 1946, and
(b) the decisions taken by the Interim Commission with respect to
(i) the transfer to it of the duties and functions of OIHP and
(ii) the administration of its pension fund; and

FIFTH REPORT

As a result of decisions taken at its eighth meeting, held on Monday, 12 July 1946, at 10 a.m., the Committee on Relations submits the following report:

1. League of Nations

The Committee on Relations recommends that the Health Assembly adopt the report of the Interim Commission on the League of Nations and the following resolutions:

LEAGUE OF NATIONS LIBRARY

Whereas the General Assembly of the United Nations has instructed the Secretary-General to consider the different aspects of the problem of the transfer of the medical and health material of the League of Nations Library and to submit to the Economic and Social Council a draft plan within the framework of a general policy relating to the use of the Central Library by the United Nations and by the specialized agencies;

Whereas the Health Assembly considers that the medical and health material of the League of Nations Library is part of the essential equipment of the World Health Organization,

and should be made available to that Organization without delay;

Whereas the Health Assembly has recommended that the headquarters of the World Health Organization be located in Geneva, subject to the remarks of the Economic and Social Council;

The Health Assembly

1. EXPRESS its gratitude to the Secretary-General of the United Nations for the excellent co-operation given by the staff of the United Nations Library in Geneva to that of the Interim Commission of WHO;

2. CALLS TO THE ATTENTION of the Economic and Social Council the interest of WHO in having immediate access to and utilization of the medical and health material of the former League of Nations Health Organization, and the inevitable difficulties and delays arising from the present arrangement;

3. REQUESTS the Economic and Social Council to arrange without delay for the transfer to the World Health Organization of title to the materials in the library of the League of Nations which are classified under the headings "health documents", "medical periodicals" and "medical and health books" and of such other materials

taking note of the co-operative spirit of OIHP in giving effect to the measures which have been taken in anticipation of the dissolution of OIHP, including the transfer of funds for the purpose of financing certain of the duties which the Interim Commission has been performing on behalf of OIHP.

AGREES to the continuation by the World Health Organization of the responsibilities which were assumed by the Interim Commission, including the administration of the pension fund, and requests the Director-General to continue such arrangements with OIHP as may be necessary to ensure co-operation in matters of common interest pending the termination of the Rome Agreement of 1907 and the dissolution of OIHP as provided for in the Protocol of 22 July 1946;

The Health Assembly further

INSTRUCTS the Executive Board to maintain the present liaison with OIHP with a view eventually to the transfer of assets and liabilities of OIHP to the World Health Organization on the termination of the Rome Agreement of 1907. In this connexion, the Executive Board should be guided by the decisions which were taken by the Interim Commission in regard to OIHP and by the resolution which was adopted by the Comité permanent de OIHP on 31 October 1946.

Adopted by the Health Assembly at its fourteenth meeting, see p. 96

Off. Rec. WHO, 2, 113

Off. Rec. WHO, 10, 88

22 Adopted by the Health Assembly at its fourteenth meeting, see p. 96

23 Off. Rec. WHO, 10, 88
SIXTH REPORT 25

As a result of decisions taken at its ninth meeting, held on Wednesday, 14 July, at 10 a.m., the Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

1. Non-Governmental Organizations

The Health Assembly ADOPTS, as working principles in relations with non-governmental organizations, the following statement of principles:

(i) CRITERIA TO BE FULFILLED BEFORE A NON-GOVERNMENTAL ORGANIZATION BECOMES ELIGIBLE TO BE BROUGHT INTO RELATIONSHIP WITH WHO UNDER ARTICLE 71 OF THE CONSTITUTION

The WHO should, in relation to non-governmental organizations, act in conformity with any relevant resolutions of the General Assembly of the United Nations, and the following criteria should be met before an organization can be regarded as eligible to be brought into relationship:

(i) The organization shall be concerned with matters falling within the competence of WHO.

(ii) The aims and purposes of the organization shall be in conformity with the spirit, purposes and principles of the WHO Constitution.

(iii) The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates. To meet this requirement, a group of organizations may form a joint committee or other body authorized to act for the group as a whole.

(iv) The organization shall have authority to speak for its members through its authorized representatives; evidence of this authority shall be presented if requested.

(v) The organization shall normally be international in its structure, with members who exercise voting rights in relation to its policies or action.

25 Adopted by the Health Assembly at its fourteenth meeting, see p. 96
(vi) Save in exceptional cases, a national organization which is affiliated to an international non-governmental organization covering the same subject on an international basis shall present its views through its government or through the international non-governmental organization to which it is affiliated. A national organization, however, may be admitted to relationship with WHO after consultation with, and with the consent of, the Member State concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which WHO wishes to draw.

(b) PROCEDURE FOR ADMITTING ORGANIZATIONS INTO RELATIONSHIP

(i) The Health Assembly shall instruct the Executive Board to establish a standing committee to be known as the Committee on Non-Governmental Organizations. This committee shall be composed of five members; it shall consider information submitted by non-governmental organizations, voluntarily or by invitation, and shall make recommendations to the Board. The Committee may invite any such organizations to speak before it in connexion with their applications.

(ii) The Director-General shall notify every organization which the Executive Board decides has fulfilled the criteria laid down in section 1 above. Immediately thereafter, the organization shall come into relationship with WHO under Article 71 of the Constitution. The Director-General shall maintain a list of the organizations admitted into relationship, and this list and any amendments thereto shall be circulated to the Members of WHO.

(iii) In accordance with the provisions of Article 71 of the Constitution, the government concerned shall be consulted with regard to possible approval of any national organization.

(iv) This list shall also be circulated to the chairmen of expert committees, who may make recommendations or suggestions for using the services of any organization where this seems desirable.

(v) This list shall be scrutinized biennially by the Executive Board through the Committee on Non-Governmental Organizations in order to make certain that the organizations have continued to fulfil the criteria.

(vi) The Director-General, in consultation with the Chairman of the Executive Board, when he is satisfied that a particular organization with which he considers it desirable that WHO should enter into relation, fulfils the criteria laid down, may provisionally enter into such relations pending the decision of the Executive Board.

(3) PRIVILEGES CONFERRED BY RELATIONSHIP WITH THE WORLD HEALTH ORGANIZATION

It is recommended that the following privileges shall be conferred upon organizations brought into relationship with WHO:

(i) The right to appoint a representative to participate, without right of vote, in the meetings of the Health Assembly or in those of the committees and conferences convened under its authority on the following conditions:

Whenever the Health Assembly, a committee or conference convened under its authority, discusses an item in which a related non-governmental organization is particularly interested, such organization, on the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for the purposes of clarification.

(ii) Access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish.

(iii) The right to submit memoranda to the Director-General, who would determine the nature and scope of the circulation.

In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum will be placed before the Executive Board for possible inclusion in the agenda of the Health Assembly.

SEVENTH REPORT

As a result of decisions taken at its tenth meeting, held on 25 July 1948 at 10 a.m., the Committee on Relations submits the following report:


The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

Adopted by the Health Assembly at its fourteenth meeting, see p. 96
of co-ordinating technical and administrative resources in this field as between UNICEF and WHO.

Whereas Resolution 57 (1) of the General Assembly establishing UNICEF reads, "to the maximum extent feasible, the utilization of the staff and technical assistance of specialized agencies, in particular the World Health Organization or its Interim Commission, shall be requested, with a view to reducing to a minimum the separate personnel requirements of the Fund."

Whereas the Social Commission has recommended that these projects should be planned and administered in co-operation with permanent organizations to the end that such projects of a continuing nature may become part of the programmes of such organizations at the earliest possible date, and

Whereas the Social Commission has requested that the first Health Assembly, in order to facilitate discussion by the Economic and Social Council, should examine and report on these questions,

The World Health Assembly

BELIEVES that the existing health programmes of the Fund, which associate health and social activities, are designed to meet emergency needs of children;

FINDS that the health projects of UNICEF fall within the competence of the World Health Organization;

DECLARES that the World Health Organization is ready and willing to handle these projects as soon as suitable arrangements can be made;

RECOMMENDS that, pending the assumption of responsibility by the World Health Organization, the health projects financed by UNICEF be established by mutual agreement between UNICEF and the World Health Organization, and that the implementation of these projects be regulated by a Committee on Health Policy composed of representatives of the two organizations acting with the advice of the expert committees of the World Health Organization;

RECOMMENDS that

(1) the joint Committee on Health Policy be a temporary body to operate only until all health activities of UNICEF have been taken over by the World Health Organization or are terminated;

(2) the same committee should regulate all health programmes and projects of UNICEF already initiated or to be initiated in the future;

(3) in order that there shall not be undue limitation on prompt action under these programmes, the committee should delegate to the Directors-General, in case of emergency, the responsibility for the functions described;

DECLARES that nothing in this resolution or proposal to establish a joint committee on health policy shall necessarily be interpreted to mean that the action taken herein will establish a precedent for the development of the working relations of the World Health Organization with other international agencies that are concerned with any aspect of health;

DIRECTS that these decisions be brought to the attention of the Economic and Social Council at its next meeting.

Note: In regard to the programme of BCG vaccination as already established, the Health Assembly recognizes the existence of special circumstances, notably the agreements which have been concluded between the Danish Red Cross signing also on behalf of its Norwegian and Swedish associates, certain governments and UNICEF, and directs the attention of the proposed joint Committee on Health Policy to these circumstances.

2. Preparatory Commission for the International Refugee Organization (PCIRO)

The Committee on Relations recommends to the Health Assembly that relations with the Preparatory Commission for the International Refugee Organization be continued, as conducted by the Interim Commission, without any formal agreement.

3. Requests from Non-Governmental Organizations

The Committee on Relations recommends that the Health Assembly adopt the following resolutions:

(1) REQUEST FROM THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The Health Assembly

DIRECTS the Executive Board to consider at the earliest opportunity the request received by the Interim Commission from the London School of Hygiene and Tropical Medicine.

(2) REQUEST FROM THE COMMITTEE ON THE HYGIENE OF HOUSING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The Health Assembly

DIRECTS the Executive Board to request the Committee on Non-Governmental Organizations to consider at the earliest opportunity the request received by the Interim Commission from the Committee on the Hygiene of Housing of the American Public Health Association.

Note: The Committee on Relations requests the Health Assembly to direct the attention of the Committee on Programme and the Committee on Administration and Finance to the above recommendation.

(3) LIAISON WITH THE LEAGUE OF RED CROSS SOCIETIES

The Health Assembly

DIRECTS the Executive Board to request the Committee on Non-Governmental Organizations to consider at the earliest opportunity the

Off. Rec. WHO, 7, 210; 10, 83
Ibid. 7, 214; 10, 83
relationship between WHO and the League of Red Cross Societies and, in this connexion, to take into account a suggestion submitted by the delegation of France.

4. General Resolution on Co-ordination

The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

The Health Assembly CALLS TO THE ATTENTION of Members the fact that it is desirable to take measures to ensure on the national level a co-ordinated policy of their delegations to the World Health Organization, the United Nations and the different specialized agencies in order that full co-operation may be achieved between the Organization and the specialized agencies, and, in particular, to instruct their representatives in the Economic and Social Council and other organs of the United Nations, as well as in the governing bodies of the other specialized agencies, to use every effort to ensure the common study of reports and programmes of operation;

REQUESTS the Director-General to give constant attention to the factor of the relative priority of programme projects, in consultation with the United Nations and the specialized agencies, and to consider as a matter of urgency the further steps which should be taken to develop effective co-ordination of the programmes of the World Health Organization, the United Nations and its organs and the specialized agencies;

INSTRUCTS the Director-General to present each year to the session of the Economic and Social Council preceding the opening of the regular session of the General Assembly of the United Nations the annual report on the activities of the World Health Organization as approved by the Health Assembly and the programme of operations for the following fiscal year as approved by the Health Assembly, in order to enable WHO, in consultation with the Economic and Social Council and other specialized agencies, to promote the most efficient and practical use of the resources of the United Nations and the specialized agencies, by recommendations concerning definition of responsibility for a specific project and concerning priorities for action.

5. Pan American Sanitary Organization (PASO)

The Committee on Relations recommends to the Health Assembly the adoption of the following resolution:

The Health Assembly DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with the World Health Organization, and if possible to conclude an agreement in accordance with Article 54 of the Constitution; pending which integration the Executive Board shall seek to conclude a working arrangement;

DECIDES further that the appendix to Annex 31 B of the Official Records of the World Health Organization, No. 7, should serve as a basis for these negotiations, subject to appropriate modification of Article 9 of the draft Agreement.
6. COMMITTEE ON HEADQUARTERS AND REGIONAL ORGANIZATION

FIRST REPORT

The Committee on Headquarters and Regional Organization met on 30 June 1948 at 10 a.m. The following officers were elected: Chairman: D. J. Zozaya (Mexico), Vice-Chairman: Dr. E. Ungár (Czechoslovakia), Rapporteur: Mr. T. Hewitson (Union of South Africa).

On the chairman's proposal, discussion was limited to the question of headquarters for the World Health Organization. The chairman gave a short summary of the question from the time it was first discussed at the International Health Conference and later considered by a special committee of the Interim Commission, and made special reference to the opinions expressed so far by various countries in respect of different possible locations. During the general discussion, two points were raised, viz., the absence of a large medical centre in Geneva, and the necessity of consultation with the United Nations as required by the WHO Constitution.

There was general agreement that, although Geneva was not itself a very large medical centre, it was so centrally situated in Europe as to be easily accessible to the various medical centres. With regard to consultation with the United Nations, it was decided that as soon as the committee's decision with regard to the actual site for headquarters was arrived at, it should be presented to the Health Assembly so that an appropriate communication might be made to the Economic and Social Council, as visualized in the correspondence which had already taken place between the Secretary-General of the United Nations and the Executive Secretary of the Interim Commission of WHO. The committee finally came to the unanimous agreement that Geneva be selected as the permanent headquarters of the World Health Organization, and accordingly presents the following resolution to the Health Assembly for approval, in accordance with Article 43 of the Constitution:

The Health Assembly RESOLVES that Geneva be made the permanent headquarters of the World Health Organization.

This resolution was finally adopted by the committee at its second meeting, held on 30 June 1948, at 2.30 p.m.

SECOND REPORT

The Committee on Headquarters and Regional Organization met on 30 June 1948, at 10 a.m. and 2.30 p.m.; on 1 July, at 2.30 p.m.; on 5 July, at 2.30 p.m.; and on 7 July, at 10 a.m.

The recommendations of the committee on the site of headquarters for the World Health Organization have already been submitted to the Assembly.

As regards regional organization, the committee, as a first step, established five working parties to consider (1) the delimitation of geographical areas, and (2) the desirability of establishing regional organizations in these areas.

The proposals of these working parties which were fully discussed and approved by the committee, are described below:

1. Delimitation of geographical areas

1. Eastern Mediterranean Area, comprising the following countries: Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Palestine, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus.

2. Western Pacific Area, comprising the following countries: Australia, China, Indochina, Indonesia, Japan, Korea, the Philippines, New Zealand, and provisionally the Malay Peninsula.

3. South-East Asia Area, comprising the following countries: Burma, Siam, Ceylon, Afghanistan, India; the inclusion of the Malay Peninsula to await the definite decision of this area as to which regional organization it desires to join.

4. European Area, comprising the whole of Europe.

5. African Area, comprising the following countries and territories: A primary region is suggested for all Africa south of the 20 degree N. parallel of latitude to the western border of the Anglo-Egyptian Sudan, to its junction with the northern border of Belgian Congo, thence eastwards along the northern borders of Belgian Congo, thence eastwards along the northern borders of Uganda and

1 Adopted by the Health Assembly at its tenth meeting, see p. 77

2 Adopted by the Health Assembly at its eleventh meeting, subject to a reservation by the delegate of Greece, see p. 80
Kenya; and thence southwards along the eastern border of Kenya to the Indian Ocean.

6. American Area. comprising the Americas.

2. Desirability of establishing regional organizations

The committee discussed at considerable length the necessity for establishing regional organizations in some or all of these areas during the year 1949. As a result of this discussion, the committee agreed that:

1. As soon as the consent of a majority of Members of a regional area is obtained, a regional organization should be established in that area; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available.

2. As regards the Eastern Mediterranean Area, the committee recommends that the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, be integrated with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the Constitution.

3. As regards Europe, the committee recommends that a temporary special administrative office be established as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

The committee further brings to the attention of the Assembly the fact that negotiations have not yet been completed for the integration of the Pan American Sanitary Organization with the World Health Organization. The committee recommends that these negotiations be brought to a successful close as soon as possible.

Accordingly, the following resolutions are placed before the Assembly for approval:

1. In accordance with Article 44 of the WHO Constitution, the Health Assembly RESOLVES to define the geographical areas as indicated in the second report of the Committee on Headquarters and Regional Organization.

2. The Health Assembly RESOLVES that the Executive Board be instructed (1) to establish regional organizations in the areas indicated in the second report of the Committee on Headquarters and Regional Organization as soon as the consent of a majority of Members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available; (2) as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; (3) as regards Europe, to establish a temporary special administrative office as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.
7. LEGAL COMMITTEE

FIRST REPORT

1. Applications for membership of the World Health Organization submitted by the Principality of Monaco and the Republic of San Marino

In pursuance of the instructions of the Health Assembly, in accordance with which applications for membership of the Organization submitted by governments must be examined urgently, the Legal Committee considered item 7 of its Agenda at its first meeting and examined the application of the Principality of Monaco and of the Republic of San Marino.

The committee considered that, owing to the technical character of the legal questions which might be raised in connexion with these two applications, it was desirable to proceed to a preliminary examination by a working group, consisting of delegates of the following countries: Brazil, Canada, Egypt, France, India, Switzerland and the USSR. The working group chose M. A. Boissier (Switzerland) as chairman.

The Legal Committee unanimously adopted the conclusions which the working group had reached.

With regard to the application submitted by the Principality of Monaco, the committee noted that it had been presented in the form prescribed by the provisional Rules of Procedure of the World Health Assembly, adopted by the Assembly on 24 June 1948, and that this application satisfied the conditions required for being declared admissible. The committee emphasized that the decision taken in regard to the Principality of Monaco should constitute a decision only for this particular case and should not serve as a precedent for the future.

With regard to the application submitted by the Republic of San Marino, the committee noted that this application was presented on 26 June 1948, and was therefore not receivable under the provisions of Rule 89 of the Rules of Procedure, which requires that any application for membership in order to be receivable must reach the Director-General (Executive Secretary) at least 30 days before the opening of the Assembly session during which the application is to be examined.

The Legal Committee therefore proposes that the Health Assembly adopt the following resolutions:

1. The Health Assembly, having received an application for membership of the World Health Organization from the Principality of Monaco, and noting that in this case the application complies with the required conditions; in conformity with the provisions of Article 6 of the Constitution ADMITS the Principality of Monaco as a Member of the Organization.

2. The Health Assembly, having received an application for membership from the Republic of San Marino, on 26 June 1948 DECLARES that it is not receivable as it was not submitted within the term required by the provisions of Rule 89 of the Rules of Procedure.

SECOND REPORT

At its third meeting, the Legal Committee considered as a whole the question of the privileges and immunities as it arises for the specialized agencies in general and for the World Health Organization in particular, in the Convention and the Annexes thereto which the Assembly of the United Nations adopted on 21 November 1947. The committee also examined the draft Agreement of 19 September 1946 and the proposed Arrangement for its execution accompanying it, concerning the legal status of the World Health Organization in Switzerland.

1. Convention on the Privileges and Immunities of the Specialized Agencies

After an exchange of views, the Legal Committee unanimously decided to propose that the

Assembly should adopt the general clauses of the Convention on the Privileges and Immunities of the Specialized Agencies as already approved by the General Assembly of the United Nations at its autumn session in 1947.

Annex VII to this Convention on the Privileges and Immunities of the Specialized Agencies, which refers particularly to the World Health Organization, was also accepted as proposed by the United Nations, but with two additions concerning Article 2 (i) of the said Annex.

Having regard to the importance of safeguarding the secrecy of certain information which the experts appointed by the Organization might possess or have to transmit in carrying out certain missions, the Legal Committee, by twenty votes to three, deemed it desirable to confer upon

1 Adopted by the Health Assembly at its tenth meeting, see p. 76
2 Adopted by the Health Assembly at its fourteenth meeting, see p. 97
3 Off. Rec. WHO, 10, 111
4 Ibid. 4, 81 ; 10, 121
5 011. Rec. WHO, 10, 120
6 For revised version of Annex VII, see p. 364
these officers of the Organization a status similar to that already granted to the experts of the United Nations and to those of certain specialized agencies.

The Legal Committee therefore considers it desirable to propose to the Health Assembly the adoption of the following resolution:

The Health Assembly

(1) ADOPTS the Convention on the Privileges and Immunities of the Specialized Agencies as already adopted by the Assembly of the United Nations on 21 November 1947;

(2) ADOPTS Annex VII to the said Convention as already adopted by the Assembly of the United Nations on 21 November 1947, and supplements Article 2 (i) of the said Annex VII with the following additions:

"(d) inviolability for all papers and documents;

"(e) the right to use codes and to receive documents and correspondence by courier or in sealed dispatch bags for their communications with the World Health Organization."


The committee unanimously decided to propose that the Health Assembly should accept the draft Agreement between the Swiss Federal Council and the World Health Organization and the proposed Arrangement for its Execution accompanying it. This latter instrument alone has been slightly modified; at the request of the delegation of Switzerland, the Committee agreed to insert in Article 9 e of the proposed Arrangement for the Execution of the aforesaid Agreement, an addition enabling a similar status to be conferred on international organizations established in Switzerland.

It is therefore proposed that the Health Assembly should adopt the following resolution:

The Health Assembly

APPROVES the draft Agreement of 19 September 1946, between the Swiss Federal Council and the World Health Organization, together with the proposed Arrangement for its Execution accompanying it, with the following addition to be inserted in Article 9 e of the said Draft:

After the words 'on application by the Director-General of the World Health Organization', add the words 'and in agreement with the Federal Political Department'.

THIRD REPORT*

1. Official Seal

The Legal Committee agreed with the proposals of the Interim Commission* regarding the adoption of an official seal and emblem for the World Health Organization. It was of the opinion that adoption of the seal should be subject to the consent of the United Nations, since the proposed seal and emblem is based on the emblem of the United Nations. It accordingly included the following clause in paragraph 2 of the resolution:

"provided that the consent of the United Nations to the proposed use of its seal be obtained by the Director-General from the Secretary-General of the United Nations."

The Legal Committee, therefore, recommends to the Health Assembly that it adopt the following resolution:

The Health Assembly RESOLVES

(1) to adopt a distinctive design as the emblem of WHO to be used as the official seal of the Organization;

(2) to adopt for this emblem the symbol of the United Nations, surmounted by an Aesculapian staff and serpent in gold, provided that the consent of the United Nations to the proposed use of its seal be obtained by the Director-General from the Secretary-General of the United Nations;

(3) that, in view of the necessity for obtaining legal protection for the name of the Organization and any emblem which it might adopt:

(a) appropriate measures should be taken to prevent the use, without authorization by the Director-General, and in particular for commercial purposes by means of trade-marks or commercial labels, of the emblem, the official seal and the name of the World Health Organization, and of abbreviations of that name through the use of its initial letters;

(b) the prohibition should take effect as soon as practicable but in any event not later than the expiration of two years after the adoption of this recommendation by the Health Assembly; and

(c) each Member of the World Health Organization, pending the coming-into-effect within its territory of any such prohibition, should endeavour to prevent any use, without authorization by the Director-General, of the emblem, name, or initials of the World Health Organization, in particular for commercial purposes by means of trade-marks or commercial labels.

*Adopted by the Health Assembly at its fourteenth meeting, see p. 97

*Off. Rec. WHO, 12, 74
1. Rules of Procedure of the World Health Assembly

After examining the proposals submitted by the second working party on the draft provisional Rules of Procedure of the World Health Assembly, the Legal Committee agreed unanimously on the amendment of certain of the draft Rules of Procedure. These Rules, as amended, are submitted to the Health Assembly for consideration and eventual adoption. The Legal Committee also wishes to draw the attention of the Health Assembly to the following points:

1. In Rule 19, which deals with nominations of officers for the Health Assembly and for the committees of the Assembly, the proposal of the delegation of the Union of South Africa was approved and the word “delegates” substituted for the words “chief delegates”. The Legal Committee is of the opinion that it is self-evident that the nomination of any particular delegate for such office is, of course, subject to the approval of the chief delegate of the delegation concerned.

2. Since it was considered that Rule 37, which deals with participation of representatives of the United Nations and other inter-governmental organizations, was to some extent in conflict with the provisions of paragraph 1 of Article II of the Agreement between the United Nations and the World Health Organization, it is suggested that the words “unless otherwise provided by agreement” be added at the beginning of this rule, in order to bring the rule into conformity with the relevant provisions of Article II of that Agreement.

3. In considering the amendments to Rules 89 and 91, which deal with the admission of Members and Associate Members, the Legal Committee took note of remarks made by the delegation of the United Kingdom pointing out that amendments may become necessary when the status of Associate Members comes to be determined.

The Legal Committee therefore recommends to the Health Assembly the adoption of the draft provisional Rules of Procedure of the World Health Assembly with the suggested amendments and proposes that the Health Assembly adopt the following resolution:

The Health Assembly
ADOPTS as the permanent Rules of Procedure of the Assembly the Rules of Procedure of the World Health Assembly annexed to this resolution (see annex 6, p. 365).

2. Convention on the Privileges and Immunities of the Specialized Agencies

The committee examined the report of the third working party on the Privileges and Immunities of the Specialized Agencies, and the resolution adopted by the General Assembly of the United Nations on 21 November 1947 which recommends that Members of the United Nations, pending their formal accession to the General Convention concerning the Privileges and Immunities of the Specialized Agencies, should immediately accord, as far as possible, the benefit of the privileges and immunities provided in this Convention and its annexes to such specialized agencies, and that the specialized agencies take necessary parallel action in regard to those of their Members not Members of the United Nations. The Legal Committee unanimously agreed that the extension of this action to non-members would be desirable and accordingly recommends that the Health Assembly adopt the following resolution:

The Health Assembly
RECOMMENDS that the States Members of the World Health Organization, whether or not Members of the United Nations, pending their formal accession to the General Convention concerning the privileges and immunities of specialized agencies, including Annex VII with the accepted additions, should immediately accord as far as possible to the Organization the benefit of the privileges and immunities provided in the said General Convention and Annex.


After examining the report of the third working party on the proposed Regulations and Rules of Procedure for Expert Committees and their Sub-Committees, the committee agreed unanimously on certain amendments to the regulations, and proposes to the Health Assembly the adoption of the said Regulations and Rules as amended. The Legal Committee therefore recommends that the Health Assembly adopt the following resolution:

The Health Assembly
ADOPTS as the permanent Regulations and Rules of Procedure for Expert Committees and their Sub-Committees the Regulations and Rules of Procedure appended to this resolution [see annex 7, p. 376].
1. Draft WHO Regulations No. 1 on Nomenclature of Diseases and Causes of Death

At its sixth meeting, the Legal Committee examined the formal and procedural clauses (Preamble, Articles 1-3, 17-24 and the final clause) as amended of the Draft WHO Regulations No. 1 on Nomenclature with respect to diseases and causes of death.

The Legal Committee noted that changes proposed by the delegation of the United Kingdom had been approved by the Committee on Programme and had been incorporated in the Regulations.

With regard to Article 3, the Legal Committee proposes a minor drafting change incorporating the footnote in the early draft within Article 3. This article would thus read as follows, the words in italics indicating the modifications proposed:

**ARTICLE 3**

Each Member shall publish statistics of causes of death in respect of:

(a) its territory as a whole;
(b) principal towns;
(c) national aggregates of urban areas (districts);
(d) national aggregate of rural areas (districts).

Each Member shall append to the statistics referred to under (c) and (d) the definition of "urban" and "rural" areas applied therein.

> For the purpose of this Article and of Articles 6 and 16 "territory" designates the metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other outlying possessions or territories under trusteeship.

**ARTICLES 21 AND 23**

After an examination of Article 21, the Legal Committee concluded that this article might be interpreted as limiting the right of a Member to make a reservation to the regulations and that it might not therefore be entirely consistent with Article 22 of the Constitution. The Legal Committee recommends that this article be deleted. In view, however, of the suggestion concerning procedure contained therein, the Legal Committee recommends that the Director-General, when transmitting the regulations to Members, may make reservations limiting the application of any part or parts of these regulations to any part or parts of their territories. The Director-General might also suggest in this letter of transmission the desirability of prior consultation with him concerning the content and form of any reservations which might be made.

With regard to Article 23, the Legal Committee proposes the deletion of the second sentence of this article: "Before notifying any reservation, a Member shall consult with the Director-General with respect to the content and form of and reasons for the proposed reservation."

This proposal is based on the recommended deletion of Article 21.

The attention of the Legal Committee was directed to the interpretation to be given to Article 22 of the Constitution of the World Health Organization, which reads as follows:

"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 reservations within the period stated in the notice."

The Legal Committee noted that a narrow interpretation of the Article might result in a reservation being construed as tending towards a rejection, and concluded that this was not the interpretation intended. It was unanimously agreed that the Regulations would come into force for all Members including those making reservations and that only those parts on which reservations had been made would not apply.

The Legal Committee therefore recommends to the Health Assembly the adoption of the following resolution:

> Whereas under Article 21 b of the Constitution the Health Assembly shall have authority to adopt regulations concerning nomenclature with respect to diseases and causes of death;

The Health Assembly

adopts the Regulations on Nomenclature as set forth with the proposed modifications.12

11 Adopted by the Health Assembly at its fifteenth meeting, see p. 99

12 The final text of the Regulations embodying the proposed modifications is printed as Annex 1, p. 349
SIXTH REPORT 13

1. Amendment of the Constitution

The Legal Committee at its sixth meeting examined at the request of the Health Assembly a proposal contained in the letter of 12 July 1948 from the delegation of Italy, concerning the Executive Board and amendment of the Constitution.

The Legal Committee agreed unanimously that this request should be transmitted to the Executive Board for consideration in connexion with its study of the question of the annual nomination and election of members of the Executive Board, pursuant to the Assembly’s resolution of 12 July 1948.

The Legal Committee therefore recommends to the Health Assembly the adoption of the following resolution:

Whereas the Italian delegation, in a letter of 12 July 1948 to the President of the Health Assembly, proposed:

that the Executive Board be instructed to study the possibility of amending the Constitution of WHO so that the Executive Board shall consist of more than 18 members, the exact number to be dependent upon the ratifications which will be deposited in the future, in such a way that the members represented on the Board shall be one third of all the Members of the Organization,

The Health Assembly

transmits this letter to the Executive Board for consideration in connexion with its study of the question of the annual nomination and election of members of the Executive Board pursuant to the resolution of this Assembly of 12 July 1948.

SEVENTH REPORT 14

1. Chairman of Executive Board: Term of Office

The Legal Committee, at its sixth meeting, examined at the request of the Health Assembly a paper submitted by the delegation of the United Kingdom, containing suggestions as to the term of office of the Chairman of the Executive Board.

After a discussion of the legal aspects of the suggestions contained in this paper, the various proposals put forward in committee were put to successive votes. As a result the majority of the committee was in favour of transmitting the suggestions put forward by the delegation of the United Kingdom to the Executive Board for consideration.

The Legal Committee therefore recommends to the Health Assembly the adoption of the following resolution:

Whereas the delegation of the United Kingdom in the paper submitted on 25 June 1948 has suggested that any recommendations from the Health Assembly to the Executive Board might include the following:

"The Chairman of the Executive Board shall be elected each year at the first meeting of the Executive Board after its annual reconstitution by the Health Assembly."

"The Chairman shall hold office until his successor is elected and shall not become eligible for re-election until two years have elapsed since he ceased to hold office."

The Health Assembly

transmits this recommendation to the Executive Board for consideration.

EIGHTH REPORT 16

1. Associate Members

The Legal Committee, at its final meeting on Monday, 19 July 1948, in view of the recommendation of the Interim Commission 18 and a paper submitted by the delegation of the United Kingdom on Article 8 of the Constitution of the World Health Organization, examined the draft resolution on the rights and obligations of Associate Members submitted by the delegation of the United States of America.

After a thorough discussion of the problems involved in this important question, the Legal Committee reached unanimous agreement on the resolution set forth below.

The Legal Committee is further of the opinion that attention should be paid to the following points:
1. The general consensus was that the Health Assembly might from time to time review the statement of the extent and nature of the rights and obligations of Associate Members.

2. Attention was also called to the question of the privileges and immunities of the representatives of Associate Members under the general Convention on Privileges and Immunities of Specialized Agencies and the Annex thereto, and to the necessity for amendments in the Rules of Procedure. It was agreed that the Executive Board should consider these two questions.

3. Attention was drawn to a possible constitutional question arising from the definition of the rights and duties of Associate Members: there was general agreement in the Legal Committee that, in view of the authority conferred upon the Health Assembly by Articles 8 and 47 of the Constitution, to define the rights and obligations of Associate Members and of territories or groups of territories which were not responsible for the conduct of their international relations, and which were not Associate Members, there could be no doubt of the authority of the Assembly to adopt appropriate provisions on this subject.

The Legal Committee therefore recommends to the Health Assembly the adoption of the following resolution:

Whereas Article 8 of the Constitution of the World Health Organization provides that the nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly, and

Whereas there is need for further study in connexion with Articles 8 and 47 of the Constitution, to define the rights and obligations of Associate Members and of territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members,

The Health Assembly

RESOLVES

1. that Associate Members shall have the right:
   (i) to participate without vote in the deliberations of the Health Assembly and its main committees;

(ii) to participate with vote and to hold office in other committees or sub-committees of the Assembly, except the General Committee, the Committee on Credentials, and the Nominations Committee;

(iii) to participate equally with Members, subject to the limitation on voting in paragraph (i) above, in matters pertaining to the conduct of business of meetings of the Assembly and its committees, in accordance with Rules 39 to 53, and 62 to 63, of the Rules of Procedure of the Assembly;

(iv) to propose items for inclusion in the provisional agenda of the Assembly;

(v) to receive equally with Members all notices, documents, reports and records;

(vi) to participate equally with Members in the procedure for convening special sessions;

2. that Associate Members shall have the right, equally with Members, to submit proposals to the Executive Board, and to participate, in accordance with regulations established by the Board, in committees established by it, but they shall not be eligible for membership on the Board;

3. that Associate Members shall be subject to the same obligations as Members, except that the difference in their status shall be taken into account in determining the amount of their contribution to the budget of the Organization;

4. that the Executive Board be requested to submit a report with recommendations to the next Health Assembly, taking into account Article 47 of the Constitution and any comments or recommendations from Members and from regional organizations concerning the rights and obligations in regional organizations of Associate Members and of territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members, the report to be transmitted to the Members at least two months in advance of the convening of the Assembly.
V. SUMMARY OF RESOLUTIONS AND DECISIONS
V. SUMMARY OF RESOLUTIONS AND DECISIONS

The following summary of its resolutions and decisions was adopted by the Health Assembly on 24 July 1948, at the sixteenth plenary meeting. Resolutions contained in the reports of the main committees, which were adopted as a whole, are not reproduced, but the page numbers of the reports are given in parenthesis.

Convening of the Assembly
The Assembly convened at 11 a.m. on Thursday, 24 June 1948, in the Palais des Nations, Geneva, under the temporary chairmanship of Dr. A. Stampar, Chairman of the Interim Commission of the World Health Organization.

Adoption of Provisional Rules of Procedure
The Assembly adopted as its provisional rules of procedure the draft provisional Rules of Procedure proposed by the Interim Commission, as amended. (First plenary meeting, p. 25)

Arrangements pending the appointment of the Director-General
The Assembly resolved that, pending the appointment of the Director-General, all references to the Director-General in the provisional Rules of Procedure of the Assembly should be taken as applying to the Executive Secretary of the Interim Commission. (Second plenary meeting, p. 28)

Publication of an Assembly Journal
The Assembly resolved that an Assembly Journal should be published. (First plenary meeting, p. 26)

Admission of new Members
The Assembly admitted to membership Ceylon and Monaco. (Sixth and tenth plenary meetings, pp. 46 and 76)

Noted that the representative of San Marino had withdrawn his request for the admission of San Marino, but that an application for the admission of that country to membership would be made to the second Health Assembly. (Tenth plenary meeting, p. 76)

Ratification of the Constitution by the United States of America
The Assembly recognized the validity of the ratification of the Constitution by the United States of America; and resolved that the Secretary-General of the United Nations be advised of this decision. (Tenth plenary meeting, p. 77)

Ratification of the Constitution by Argentina
The Assembly resolved that, pending the depositing of the instrument of ratification of the Constitution, the delegation of Argentina should be invited to participate in the Assembly with full rights as a Member. (Fourteenth plenary meeting, p. 97)

1 Off. Rec. WHO, 10, 97
2 Ibid. 12, 72
Report of the Interim Commission

The Assembly

ADOPTED a resolution proposed by the delegation of Mexico approving the report of the Interim Commission.3

CONGRATULATED the Interim Commission on its work.

(Eleventh plenary meeting, p. 81)

Credentials

The Assembly

APPOINTED a Committee on Credentials which was constituted as follows:
Belgium, Brazil, Bulgaria, Byelorussian Soviet Socialist Republic, Canada, Czechoslovakia, Egypt, Iran, New Zealand, Portugal, Siam, Sweden.

(First plenary meeting, p. 26)

APPROVED the first report of the Committee on Credentials. (See p. 295)

RECOGNIZED the validity of the credentials of the following delegations:
Albania, Australia, Austria, Belgium, Byelorussian Soviet Socialist Republic, Brazil, Bulgaria, Canada, China, Czechoslovakia, Denmark, Dominican Republic, Egypt, El Salvador, Ethiopia, Finland, France, Greece, Haiti, Iceland, India, Iran, Iraq, Ireland, Italy, Liberia, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Roumania, Siam, Sweden, Switzerland, Syria, Turkey, Ukrainian Soviet Socialist Republic, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom, Venezuela, Yugoslavia.

RESOLVED that, pending a final decision on their credentials, the delegations of Pakistan and the Philippine Republic should be entitled to participate in the Assembly with full rights as Members.

RECOGNIZED the validity of the credentials of the delegation of the United States of America, and accorded the delegation full rights as a Member, subject to a decision by the Assembly on the validity of the ratification of the Constitution by the United States of America.4

(Second plenary meeting, p. 27)

APPROVED the second report of the Committee on Credentials. (See p. 295)

RECOGNIZED the validity of the credentials of the delegations of Pakistan and Saudi Arabia.

NOTED that the Government of Afghanistan was unable to send a delegation to the Assembly.

(Third plenary meeting, p. 31)

APPROVED the third report of the Committee on Credentials. (See p. 296)

RECOGNIZED the validity of the credentials of the delegation of Hungary.

(Fifth plenary meeting, p. 39)

APPROVED the fourth report of the Committee on Credentials. (See p. 296)

RECOGNIZED the validity of the credentials of the delegations of Burma and Ceylon.

CONFIRMED the validity of the credentials of the delegation of Venezuela.6

NOTED that the Government of Transjordan was unable to send a delegation to the Assembly.

(Eleventh plenary meeting, p. 80)

APPROVED the fifth report of the Committee on Credentials. (See p. 296)

RECOGNIZED the validity of the credentials of the delegations of Monaco6 and the Philippine Republic.

(Fourteenth plenary meeting, p. 97)

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3 Off. Rec, WHO, 9, 10 and 12
4 The Assembly recognized the validity of the ratification of the Constitution at its tenth plenary meeting.
5 The credentials of the delegation of Venezuela, originally presented by telegram, had been provisionally recognized at the second plenary meeting.
6 Provisionally recognized at the eleventh plenary meeting.
Nominations

The Assembly

appointed a Nominations Committee which was constituted as follows:
Australia, India, Iraq, Italy, Mexico, Netherlands, Norway, Poland, Roumania,
Ukrainian Soviet Socialist Republic, Union of South Africa, Venezuela.

(First plenary meeting, p. 26)

approved the first report of the Nominations Committee.

unanimously elected Dr. A. Stampar as President of the first World Health
Assembly.

(Second plenary meeting, p. 28)

approved the second report of the Nominations Committee.

unanimously elected as vice-presidents of the Assembly the chief delegates of
Brazil, Egypt and India.

established the following five main committees, and

nominated their chairmen and vice-chairmen:

Committee on Programme
Chairman: Dr. K. Evang (Norway)
Vice-Chairman: Dr. F. Castillo-Rey (Venezuela)

Committee on Administration and Finance
Chairman: Dr. M. Kacprzak (Poland)
Vice-Chairman: Dr. A. J. van der Spuy (Union of South Africa)

Committee on Relations
Chairman: Dr. Melville Mackerlzie (United Kingdom)
Vice-Chairman: Lt.-Col. M. Jafar (Pakistan)

Committee on Headquarters and Regional Organization
Chairman: Dr. J. Zozaya (Mexico)
Vice-Chairman: Dr. E. Ungár (Czechoslovakia)

Legal Committee
Chairman: Dr. C. van den Berg (Netherlands)
Vice-Chairman: Dr. F. S. Maclean (New Zealand)

appointed the General Committee of the Assembly, including, in addition to the
President and vice-presidents of the Assembly and the chairmen of the five main
committees, delegates of the following six Members:
China, France, Siam, Syria, Union of Soviet Socialist Republics, United States of
America.

(Fourth plenary meeting, p. 38)

General Committee

The Assembly

approved the first, second, third, fourth, fifth and sixth reports of the General
Committee (see pp. 297, 298, 299), allocating to the five main committees the items
of the agenda.

(Tenth, eleventh, fourteenth, fifteenth and sixteenth plenary meetings, pp. 77, 81, 96, 99,
100 and 102)

Central Drafting Committee

The Assembly

appointed a Central Drafting Committee, which was constituted as follows:
Belgium, China, France, New Zealand, Union of Soviet Socialist Republics, United
States of America.

(Eleventh and twelfth plenary meetings, pp. 82 and 87)

Committee on Programme

The Assembly

approved the first, second and third reports of the Committee on Programme (see
pp. 300, 301, 306), and directed the attention of the Executive Board and the Director-
General to the relevant passages thereof.

(Eleventh, fourteenth and fifteenth plenary meetings, pp. 82, 97 and 99)
Committee on Administration and Finance

The Assembly

APPROVED the first, second, third, fourth, fifth, sixth and seventh reports of the Committee on Administration and Finance (see pp. 311, 315, 316, 317, 319), and directed the attention of the Executive Board and the Director-General to the relevant passages thereof.

(Fourteenth, fifteenth and sixteenth plenary meetings, pp. 96, 100 and 102)

Committee on Relations

The Assembly

APPROVED the first, second, third, fourth, fifth, sixth and seventh reports of the Committee on Relations (see pp. 321, 322, 323, 324, 325, 326, 327), and directed the attention of the Executive Board and the Director-General to the relevant passages thereof.

(Eleventh and fourteenth plenary meetings, pp. 81 and 96)

Committee on Headquarters and Regional Organization

The Assembly

APPROVED the first report of the Committee on Headquarters and Regional Organization. (See p. 330)

RESOLVED that Geneva should be the permanent headquarters of the World Health Organization, subject to consultation with the United Nations.

(Tenth plenary meeting, p. 77)

CONFIRMED the selection of Geneva as the permanent headquarters, after consultation with the United Nations.

(Sixteenth plenary meeting, p. 103)

APPROVED the second report of the Committee on Headquarters and Regional Organization (see p. 330), with a reservation made by the delegation of Greece.

RESOLVED on the delineation of the following as geographical areas: (1) Eastern Mediterranean Area, (2) Western Pacific Area, (3) South-East Asia Area, (4) European Area, (5) African Area, (6) American Area.

RESOLVED that the Executive Board should be instructed (1) to establish regional organizations in accordance with the delineation of geographical areas decided upon and as soon as the consent of a majority of Members situated in such areas had been obtained; (2) as regards the Eastern Mediterranean Area, to integrate the Alexandria Regional Bureau with WHO as soon as possible; and (3) as regards Europe, to establish, as soon as possible, a temporary special administrative office to deal with the health rehabilitation of war-devastated countries in that area.

(Eleventh plenary meeting, p. 80)

Legal Committee

The Assembly

APPROVED the first, second, third, fourth, fifth, sixth, seventh and eighth reports of the Legal Committee (see pp. 332, 333, 334, 335, 336), and directed the attention of the Executive Board and the Director-General to the relevant passages thereof.

(Tenth, fourteenth and fifteenth plenary meetings, pp. 76, 97, 99 and 100)

Election of Members entitled to designate a person to serve on the Executive Board

After a discussion, which took place at the eleventh and twelfth plenary meetings, the Assembly

ELECTED by 39 votes to 10 the following Members, nominated in a list submitted by the President on behalf of the General Committee, as Members entitled to designate a person to serve on the Executive Board:

Australia, Brazil, Byelorussian Soviet Socialist Republic, Ceylon, China, Egypt, France, India, Iran, Mexico, Netherlands, Norway, Poland, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom, United States of America, Yugoslavia.

DECIDED by lot that they should serve for the following terms:

One year: Australia, Ceylon, Iran, Norway, United Kingdom, United States of America.

This was a discussion (see pp. 82, 87) on the procedure proposed by the General Committee for the election of Members entitled to designate a person to serve on the Executive Board.
SUMMARY OF RESOLUTIONS — 345 — AND DECISIONS

Two years: Brazil, China, Egypt, France, Mexico, Union of Soviet Socialist Republics

Three years: Byelorussian Soviet Socialist Republic, India, Netherlands, Poland, Union of South Africa, Yugoslavia.

(Thirteenth plenary meeting, p. 94)

Procedure for election of Members entitled to designate a person to serve on the Executive Board

The Assembly

ADOPTED a resolution proposed by the delegations of Brazil, China, Egypt, France, Switzerland, the United Kingdom and the United States of America (see p. 92), requesting that the Executive Board submit to the second Health Assembly a report with recommendations concerning rules of procedure for the annual nomination and election of six Members under Articles 24 and 25 of the Constitution.

REFERRED to the Executive Board a proposal by the delegation of El Salvador (see p. 93) that the election of Members should be made by a two-thirds majority of the Members present and voting.

REFERRED to the Executive Board a proposal by the delegation of Pakistan that an additional seat on the Executive Board be allotted to the Eastern Mediterranean area.

(Thirteenth plenary meeting, p. 94)

REFERRED to the Executive Board a proposal by the delegation of Italy (see pp. 93 and 336) that the Constitution be amended so that the number of Members represented on the Executive Board should be one-third of all the Members of the Organization.

(Fifteenth plenary meeting, p. 99)

Election and appointment of Director-General

The Assembly

ELECTED and appointed Dr. Brock Chisholm as Director-General of the World Health Organization, on the nomination of the Executive Board.

(Fifteenth plenary meeting, p. 98)

Terms of employment of the Director-General

The Assembly

APPROVED the draft Agreement of the Terms of Employment of the Director-General submitted by the Executive Board, with an amendment proposed by the President.

AUTHORIZED the President to sign the Agreement on behalf of the Organization.

(Fifteenth plenary meeting, p. 98)

Selection of country or region for the second Health Assembly

The Assembly

RESOLVED that Europe should be the region in which the second Health Assembly would meet, and

INSTRUCTED the Executive Board to select a suitable place.

NOTED the invitations from the governments of Italy, Monaco and the United Kingdom.

(Fourteenth plenary meeting, p. 97)

World Health Organization Regulations No. 1

The Assembly

ADOPTED as World Health Organization Regulations No. 1 the regulations regarding nomenclature (including the compiling of statistics) of diseases and causes of death.

(Sixteenth plenary meeting, p. 102)

United Nations Appeal for Children

The Assembly

ADOPTED in principle and referred to the Executive Board a resolution presented by the delegation of Ireland, as amended by the General Committee, endorsing the aims of the United Nations Appeal for Children and expressing the hope that UNAC would be continued and that funds from this appeal might be allotted to specialized agencies for those parts of their programmes directed to the health and welfare of children.

(Sixteenth plenary meeting, p. 103)
VI. ANNEXES
The World Health Assembly,

Recognizing the importance of ensuring as far as possible the uniformity and comparability of statistics of diseases and causes of death,

having regard to Articles 2(s), 21(b), 22 and 64 of the Constitution of the World Health Organization,

ADOPTS this twenty-fourth day of July one thousand nine hundred and forty-eight the following Regulations, which may be cited as the Nomenclature Regulations 1948.

**Article 1**

Members of the World Health Organization for whom these Regulations shall come into force under Article 20 of the present Regulations (hereinafter referred to as Members) shall compile and publish annually for each calendar year statistics of causes of death, in accordance with Articles 2-8, 12, 17-19 of the Regulations and in accordance with the classification, nomenclature and numbering as set out in the Lists given in the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, annexed to the present Regulations. The Lists hereinafter mentioned are the Lists set forth in the Annex.

**Article 2**

Each Member shall code mortality statistics in accordance with the International Statistical Classification of Diseases, Injuries, and Causes of Death with or without four-digit subcategories, and using for the purpose the Tabular List of Inclusions and Alphabetical Index.

**Article 3**

Each Member shall publish statistics of causes of death in respect of:

(a) its territory as a whole
(b) principal towns
(c) national aggregates of urban areas (districts)
(d) national aggregate of rural areas (districts).

Each Member shall append to the statistics referred to under (c) and (d) the definition of “urban” and “rural” areas applied therein.

For the purpose of this Article and of Articles 6 and 16, “territory” designates the metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other outlying possessions or territories under trusteeship.

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[1] The Committee on Programme and the Legal Committee, in view of the adoption by the Health Assembly of the reports of these committees regarding WHO Regulations No. 1 on Nomenclature with Respect to Diseases and Causes of Death, jointly recommended to the Assembly the adoption of the following resolution:

Whereas the report of the Committee on Programme and the report of the Legal Committee recommending the adoption by the Health Assembly of draft WHO Regulations No. 1 on Nomenclature (including the compilation and publication of statistics) with Respect to Diseases and Causes of Death have been unanimously approved by this Assembly, and whereas by virtue of Article 21(b) of the Constitution of the World Health Organization the Health Assembly shall have authority to adopt such regulations;

The Health Assembly

ADOPTS, as World Health Organization Regulations No. 1, the following Regulations regarding Nomenclature (including the compilation and publication of statistics) with Respect to Diseases and Causes of Death.

This resolution was adopted by the Health Assembly at its sixteenth meeting (see p. 102).

Article 4

Statistics of causes of death in respect of the territory of a Member, taken as a whole, shall be published in accordance with:

(a) the List of three-digit categories of the Classification (Detailed List) with or without four-digit subcategories;
or, if this is not possible, in accordance with:

(b) the Intermediate List of 150 Causes.

Article 5

Statistics of causes of death in respect of principal towns, national aggregates of urban areas (districts), national aggregate of rural areas (districts) shall be published in accordance with:

(a) the Intermediate List of 150 Causes;
or, if this is not possible, in accordance with:

(b) the Abbreviated List of 50 Causes.

If they are given in greater detail, without reaching the extent of the Detailed List, they shall be so arranged that, by suitable grouping, they can be reduced to the Intermediate List of 150 Causes or to the Abbreviated List of 50 Causes.

Article 6

Statistics of causes of death shall be published according to the following sex and age groupings:

(a) for: the whole territory of the Member

(i) by sex and

(ii) for the ages:
  under one year
  single years to 4 years inclusive
  five-year groups from 5 to 84 years
  85 years and over;

(b) for: each town of 1,000,000 population and over, otherwise the largest town with population of at least 100,000;
  national aggregate of urban areas of 100,000 population and over;
  national aggregate of urban areas of less than 100,000 population;
  national aggregate of rural areas

(i) by sex and

(ii) for the ages:
  under one year
  1-4 years
  5-14 years
  15-24 years
  25-44 years
  45-64 years
  65-74 years
  75 years and over.

If the age grouping is given in greater detail it shall be so arranged as to allow condensation into the age groups under (b) (ii).

Article 7

If statistics for administrative subdivisions are published by age the age grouping given under (b) (ii) of Article 6 shall be used.

Article 8

If special statistics of infant mortality are published by age, the following age grouping shall be used:

by single days for the first week of life (under one day, 1, 2, 3, 4, 5, 6 days)
7-13 days
14-20 days
21-27 days
28 days to 2 months
by single month of life from 2 months to one year (2, 3, 4, .., 11 months).
Article 9

Each Member shall adopt a form of medical certificate of the cause of death that provides for the statement of:

I. the disease or condition directly leading to death, together with such antecedent morbid conditions as may exist, so that the underlying cause of death will be clearly indicated, and

II. such other significant conditions contributing to the death but not related to the disease or condition causing death.

The form of medical certificate of cause of death to be used shall conform as far as possible to the model given in the Annex.

Article 10

As far as possible, medical certification of the cause of death shall be the responsibility of the attending physician.

Article 11

As far as possible, the administrative procedure for the completion, transmission and statistical treatment of the medical certificate of cause of death shall ensure protection of the confidential nature of the medical information contained therein.

Article 12

Each Member shall adopt the underlying cause as the main cause for tabulation of mortality statistics. The selection of the underlying cause from the information stated on the medical certificate of cause of death shall follow the rules given in the Annex.

Article 13

Each Member, when preparing statistics of morbidity, shall code the causes of illness in accordance with the *International Statistical Classification of Diseases, Injuries, and Causes of Death* with or without four-digit subcategories, using for the purpose the Tabular List of Inclusions and Alphabetical Index.

Article 14

Each Member, when publishing statistics of morbidity, shall do so in accordance with:

(a) the Detailed List, or
(b) the Intermediate List of 150 Causes, or
(c) the Special List of 50 Causes adapted to the use of social security organizations, depending upon the purpose of such statistics.

If they are published in another form the categories selected shall be so arranged that by suitable grouping they can be reduced to (a) the Detailed List, or (b) the Intermediate List, or (c) the Special List.

Article 15

Statistics of morbidity shall, in so far as possible, be compiled and published in accordance with the sex and age groupings specified in Articles 6, 7 and 8 for mortality statistics.

Article 16

Each Member undertakes to recommend that morbidity statistics published or compiled by autonomous official or non-official institutions and agencies within its territory conform as far as possible with the provisions of Articles 13-17.

Article 17

Each Member, in compiling and publishing mortality and morbidity statistics, shall have regard to such technical recommendations as may be made on these subjects by the World Health Assembly under Article 23 of the Constitution.

Article 18

Each Member shall, under Article 64 of the Constitution, provide the Director-General of the Organization with a copy of the statistics published in accordance with the present Regulations.

Article 19

The present Regulations shall come into force on the 1st of January 1950.
Article 20

The present Regulations shall apply to each Member, except such Member as may, under Article 22 of the Constitution, notify the Director-General of the Organization, within a period of 12 months from the date of adoption of these Regulations by the Assembly, of rejection or of reservations.

Article 21

Each Member may withdraw its rejection or the whole or any part of its reservations at any time by notifying the Director-General of the Organization.

Article 22

Each Member to which the present Regulations apply shall bring them to the notice of the Governments of the territories for whose international relations it is responsible, and may at any time notify the Director-General of the Organization that the Regulations shall extend to any or all of such territories with or without reservations. Each Member may withdraw the whole or any part of such reservations at any time by notifying the Director-General.

Article 23

The Director-General of the Organization shall notify all Members of the Organization of any rejections, reservations or withdrawals made under Articles 20, 21 and 22 of the present Regulations.

Article 24

The present Regulations and the Annex thereto may be amended by the World Health Assembly by regulations adopted under Articles 21 and 22 of the Constitution.

IN FAITH WHEREOF we have appended our signatures this twenty-fourth day of July 1948.

The President of the World Health Assembly: (Signed) Dr. A. Stampar.

The Director-General of the World Health Organization: (Signed) Brock Chisholm, M.D.
ANNEX 2

PROVISIONAL FINANCIAL REGULATIONS FOR THE WORLD HEALTH ORGANIZATION [1]

SCOPE AND APPLICATION

Regulation 1
These regulations shall be cited as the Provisional Financial Regulations. They shall become effective as from the date of their approval by the World Health Assembly (hereinafter referred to as the Health Assembly).

Regulation 2
These regulations shall govern the financial administration of the World Health Organization.

THE FINANCIAL YEAR

Regulation 3
The financial year shall be the calendar year, from January to 31 December.

THE BUDGET

Regulation 4
The Director-General shall submit to the regular annual session of the Health Assembly estimates for the following financial year. He may also submit such supplementary estimates as may be deemed necessary for the current financial year.

Regulation 5
The estimates submitted to the Health Assembly shall be divided into parts, sections and chapters, and shall be accompanied by:

(a) a detailed statement of the estimated expenditure provided for under each chapter and each item of a chapter;
(b) a statement of the estimated miscellaneous or other income under appropriate headings;
(c) an explanatory statement with regard to the expenditures proposed in connexion with any new activity or any extension of an existing activity;
(d) a statement of the estimated expenditure of the current financial year, and the expenditure of the last completed financial year.

Regulation 6
The estimates shall be submitted to the Executive Board, or its duly authorized representatives (hereinafter referred to as the Board) at least ninety days prior to the opening of the annual session of the Health Assembly. They shall be examined by the Board, which shall prepare a report thereon. The estimates, together with the Board’s report, shall be transmitted to all Members at least six weeks prior to the opening of the regular annual session of the Health Assembly, and shall include sufficient detail to enable adequate consideration to be given to them.

Regulation 7
Supplementary estimates shall be submitted to the Board for examination and report.

Regulation 8
The estimates and the reports of the Board thereon shall be submitted to the Health Assembly and referred to the appropriate committee of the Health Assembly for consideration and report to the Health Assembly.

[1] These regulations were accepted by the Committee on Administration and Finance in its first report (see p. 311), which was adopted by the Health Assembly at its fourteenth meeting (see p. 96).
Regulation 9

All appropriations shall require a majority of the Health Assembly in accordance with the provisions of Article 60(b) of the Constitution of the World Health Organization.

Regulation 10

The adoption of the budget shall constitute an authorization to the Director-General to incur obligations and make expenditures for the purposes for which appropriations have been voted and up to the amounts so voted.

The appropriations shall be available for obligations in respect of goods supplied and services rendered in the financial year to which the appropriations relate.

The Director-General shall make allotments in writing from the appropriations as voted by the Health Assembly and under such further sub-headings as may appear appropriate and necessary, before obligations are incurred thereunder.

Transfers within Appropriations

Regulation 11

Transfers by the Director-General within the total amount appropriated under the estimates may be made to the extent permitted by the terms of the budget resolution adopted by the Health Assembly.

Availability of Appropriations at the Close of the Financial Year

Regulation 12

Appropriations shall remain available to the extent that they are required to meet the outstanding obligations as at 31 December represented by goods supplied and services rendered up to and including that date.

Regulation 13

The balance of appropriations shall be surrendered in accordance with the provisions of Regulation 16. Outstanding obligations not represented by goods supplied or services rendered up to and including 31 December shall be a charge to the appropriations of the succeeding year.

Provision of Funds

Regulation 14

The appropriations, subject to the adjustments to be affected in accordance with the provisions of Regulation 16, shall be financed by contributions from Members according to the scale of assessments determined by the Health Assembly. Pending the receipt of such contributions, the appropriations may be financed from the working capital fund.

Regulation 15

The Health Assembly shall determine the amount of the working capital fund and any subdivisions thereof.

Regulation 16

In the assessment of the contributions of Members, there shall be adjustments to the amount of the appropriations approved by the Health Assembly for the following financial year in respect of:

(a) supplementary appropriations for which contributions have not previously been assessed on the Members;
(b) estimated miscellaneous income for the financial year to which the appropriations relate;
(c) miscellaneous income of former years for which credit has not previously been taken into account and deficiencies in estimated income which was previously taken into account;
(d) contributions resulting from the admission of new Members under the provisions of Regulation 18;
(e) any balance of the appropriations of the last completed financial year surrendered under Regulation 13.

Regulation 17

After the Health Assembly has adopted the budget and determined the amount of the working capital fund and its subdivisions, the Director-General shall:

(a) transmit all relevant documents to Members;
(b) inform Members of their commitments in respect of annual contributions and of advances to the working capital fund;
(c) request them to remit their contributions and any advances to the working capital fund.

Regulation 18

Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly.

Regulation 19

Annual contributions and advances to the working capital fund shall be assessed in United States dollars, and shall be paid in either United States dollars or Swiss francs; provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined.

Regulation 20

Payments made by a Member shall be applied first as a credit to the working capital fund and then to the contributions due in the order in which the Member was assessed.

Custody of Funds

Regulation 21

The Director-General shall designate the bank or banks in which the funds of the Organization shall be kept.

Internal Control

Regulation 22

The Director-General shall:

(a) establish detailed financial rules and procedures in order to ensure effective financial administration and the exercise of economy;
(b) cause an accurate record to be kept of all capital acquisitions and all supplies purchased and used;
(c) render to the External Auditor(s) with the accounts a statement as at 31 December of the financial year concerned, showing the supplies in hand and the assets and liabilities of the Organization, together with a statement of losses of cash, stores and other assets written off under Regulation 25;
(d) cause all payments to be made on the basis of supporting vouchers and other documents which ensure that the services or commodities have been received and that payment has not previously been made;
(e) designate the officials who may receive monies, incur obligations and make payments on behalf of the Organization;
(f) maintain an internal financial control which shall provide for an effective current examination or review of financial transactions in order:
   (i) to ensure the regularity of the receipt, disposal and custody of all funds and other financial resources of the Organization;
   (ii) to ensure the conformity of all expenditures with the appropriations or other financial provision voted by the Assembly;
   (iii) to obviate any uneconomic use of the resources of the Organization.

Regulation 23

No contract, agreement or undertaking of any nature involving a charge against the Organization exceeding 100 U.S. dollars shall be entered into, or have any force or effect, unless:

(a) credits are reserved in the accounts to discharge any obligation which may come in course of payment in the financial year under such contract, agreement or undertaking;
(b) the charge is a proper one against the Organization; and
(c) proof has been provided that the service is for the benefit of the Organization and the cost thereof is fair and reasonable.

The External Auditor(s) shall draw the attention of the Health Assembly to any case where, in his opinion, any charge has been improperly made or is in any way irregular.
Regulation 24
The Director-General may make such ex gratia payments as he deems to be necessary in the interests of the Organization, provided that a statement of such payments shall be submitted to the Health Assembly with the annual accounts.

Regulation 25
The Director-General shall institute or provide for full investigation in all cases of loss, whether of funds or property, and shall take such action, including write-off action, as may be necessary after such investigation, subject to the requirements of Regulation 22 (c).

Regulation 26
Tenders for equipment, supplies and other requirements shall be invited by advertisement, except where the Director-General deems that, in the interest of the Organization, a departure from the rule is desirable.

The Accounts
Regulation 27
The accounts of the Organization shall be kept in such currency or currencies as the Director-General may determine, subject to confirmation by the Board.

Regulation 28
There shall be established one cash control record in which shall be recorded all cash receipts accruing to the benefit of the Organization. The cash control record shall be divided into such subsidiary receipts classification as may be deemed necessary.

Regulation 29
Cash shall be deposited in one or more accounts as required; branch accounts, or special funds which involve a separation of cash assets, shall be established as charges to the cash control record under appropriate regulations as to objects, purpose and limitation of such accounts and funds.

Regulation 30
The accounts shall consist of:
(a) budget accounts showing:
   (i) original appropriations;
   (ii) appropriations after modification by any transfers, carried out in accordance with the provisions of Regulation 11;
   (iii) credits, if any, other than appropriations made available by the Health Assembly;
   (iv) allotments made;
   (v) obligations incurred;
   (vi) expenditure;
(b) a cash account showing all cash receipts and actual disbursements made;
(c) separate accounts for the working capital fund, its sub-funds, and any other fund which may be established;
(d) property records showing:
   (i) capital acquisitions and disposals;
   (ii) equipment and supplies purchased, used and on hand;
(e) such records as will provide for a statement of assets and liabilities for each fund at 31 December of each financial year.

Regulation 31
The accounts shall be submitted by the Director-General to the External Auditor(s) by 28 February following the end of the financial year.

External Auditor(s)
Regulation 32
The Health Assembly at its regular session in each year shall appoint an External Auditor(s) (who may be the Board of Auditors of the United Nations) to make an examination of the accounts of the Organization for the ensuing financial year. The appointment shall be made subject to the following provisions:
(a) the External Auditor(s), subject to the budgetary provision made by the Health Assembly for the cost of audit, and after consultation with the Board relative to the scope of the audit,
may conduct the audit, subject to the provisions of this regulation, in such manner as he
thinks fit and may engage commercial public auditors of international repute;

(b) the audit shall be carried out by the External Auditor(s) subject to the requirements of the
Health Assembly as established by resolution thereof;

c) the External Auditor(s) shall submit a report, together with the certified accounts and such
other statements as necessary, to the Health Assembly to be available to the Board not later
than 1 May following the end of the financial year to which the accounts relate. Immediately
upon receipt thereof by the Director-General, the report, together with the certified accounts,
shall be circulated to all Members. The Board shall forward to the Health Assembly its com-
ments, if any, on the audit report.

Regulation 33

The Health Assembly, after examination of the financial report of the Director-General, the report
of the External Auditor(s), and any observations of the Board thereon, may disallow any item in the
accounts which it considers improper and direct the corresponding amendment of the accounts. If the
Health Assembly disallows any item, it shall decide what steps shall be taken to deal with the matter.

Trust and Other Special Funds

Regulation 34

Appropriate separate accounts shall be maintained for trust funds and other special funds for the
purpose of accounting for unclaimed monies, monies received and held in suspense, and for projects
where the transactions involve a cycle of operations. The purpose and limits of each trust or other
special fund established shall be clearly defined by the appropriate authority.

Investments

Regulation 35

The Director-General may make short-term investments of monies which are not needed for
immediate requirements and shall inform the Board periodically of the investments which he has made.

Regulation 36

Income from investments of the working capital fund shall be accounted for as miscellaneous
income.

Income from investments of the Staff Provident Fund shall be held in the fund for ultimate credit
to the Pension Fund.

Delegation of Authority

Regulation 37

The Director-General, by virtue of the authority vested in him as the chief technical and adminis-
trative officer of the Organization, may delegate to other officers of the Organization such of his
powers as he considers necessary for the effective implementation of these regulations.

Regulation 38

In case of doubt as to the meaning of any of the foregoing regulations, the Director-General is
authorized to rule thereon, subject to confirmation of the ruling by the Board at the next meeting.

General Provisions

Regulation 39

The Director-General shall report annually to the Health Assembly such financial rules and amend-
ments thereto as he may make to implement these regulations, after confirmation by the Board.
ANNEX 3

PROVISIONAL STAFF REGULATIONS FOR THE WORLD HEALTH ORGANIZATION [1]

DUTIES AND OBLIGATIONS OF THE SECRETARIAT

Regulation 1

The Director-General and all members of the staff of the Organization are international civil servants and their responsibilities are not national but exclusively international. By accepting appointment, they pledge themselves to discharge their functions and to regulate their conduct with the interests of the World Health Organization only in view. In the performance of their duties they shall not seek or receive instructions from any government or from any other authority external to the Organization. All members of the staff are subject to the authority of the Director-General, and are responsible to him in the exercise of their functions.

Regulation 2

Upon accepting their appointment, all members of the staff shall subscribe to the following oath or declaration:

"I solemnly swear (undertake, affirm, promise) to exercise in all loyalty, discretion and conscience the functions entrusted to me as a member of the international service of the World Health Organization, to discharge those functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization."

Regulation 3

The oath or declaration shall be made orally by the Director-General at a public meeting of the Health Assembly, and by the other higher officers in public before the Director-General or his authorized deputy.

Regulation 4

The immunities and privileges attaching to the World Health Organization by virtue of Chapter XV of the Constitution are conferred in the interests of the Organization. These privileges and immunities furnish no excuse to the staff members who enjoy them for non-performance of their private obligations or failure to observe laws and police regulations. In any case where these privileges and immunities arise, the staff member concerned shall immediately report to the Director-General, with whom alone it rests to decide whether they shall be waived.

Regulation 5

Members of the staff shall exercise the utmost discretion in regard to all matters of official business. They shall not communicate to any person any unpublished information known to them by reason of their official position except in the course of their duties or by authorization of the Director-General.

Regulation 6

Members of the staff shall avoid any action, and in particular any kind of public pronouncement or activity, which may adversely reflect on their position as international civil servants. They are not expected to give up their national sentiments or their political and religious convictions; but they shall at all times bear in mind the reserve and tact incumbent upon them by reason of their international status.

Regulation 7

No member of the staff shall accept, hold or engage in any office or occupation which in the opinion of the Director-General is incompatible with the proper discharge of his duties with the World Health Organization.

Regulation 8

Any member of the staff who becomes a candidate for a public office of a political character shall resign from the Secretariat.

[1] These regulations were accepted by the Committee on Administration and Finance in its third report (see p. 315), which was adopted by the Health Assembly at its fifteenth meeting (see p. 100).
Regulation 9

No member of the staff shall accept any honour, decoration, favour, gift or fee from any government or from any other source external to the Organization during the period of his appointment, except for services rendered before appointment. Notwithstanding the provisions of this regulation, the Director-General may authorize exceptions as in, for instance, the acceptance by staff members of scientific honours and/or when otherwise he deems it not contrary to the interests of the World Health Organization.

APPOINTMENT, PROBATION AND PROMOTION

Regulation 10

Eligibility for posts in the Secretariat shall be determined on the basis of individual competence, character, and integrity, without discrimination on the grounds of sex, race, religion or creed.

Regulation 11

So far as practicable, appointments to posts in the Secretariat shall be made on a competitive basis.

Regulation 12

Persons appointed to permanent posts in the Secretariat shall serve such probationary period as may be prescribed by the Director-General.

The appointment of any member of the staff for a probationary period or on a short-term contract, which shall include any temporary contract, may be subject to such conditions as the Director-General may deem desirable.

Regulation 13

The Director-General may provide facilities to train members of the staff in subjects relating directly or indirectly to their duties. This training shall apply particularly to members on probation whose earlier educational opportunities have been inadequate or whose language qualifications are deficient.

Regulation 14

Without prejudice to the inflow of fresh talent at the various levels, vacancies shall be filled by promotion of persons already in the service of the World Health Organization in preference to appointments from outside. This consideration shall also be applied, on a reciprocal basis, to staff of the United Nations and the specialized agencies brought into relationship with the Organization.

Regulation 15

The Director-General shall provide machinery through which members of the staff may participate in the discussion of questions relating to appointment, promotion and conditions of service.

SALARIES AND ALLOWANCES

Regulation 16

Salaries of staff shall be determined on the basis of their duties and responsibilities. The salaries and allowances of the members of the staff, other than the Deputy and Assistant Directors-General, shall be determined by the Director-General, following basically the scales of salaries and allowances of the United Nations in the same or comparable locality. Any deviations from the United Nations scales of salaries and allowances which may be necessary for the requirements of the World Health Organization shall be subject to the approval of, or may be authorized by, the Executive Board.

HOURS OF WORK

Regulation 17

The whole time of members of the staff shall be at the disposal of the Director-General, except as provided in staff rules established pursuant to Regulation 30. The Director-General shall establish a normal working week.

LEAVE

Regulation 18

Members of the staff shall be allowed sick leave, maternity leave, annual leave and such other leave as may be prescribed by the Director-General.
DISCIPLINARY MEASURES

Regulation 19

The Director-General may impose disciplinary measures on members of the staff whose conduct or work is unsatisfactory. He may discharge a member of the staff who persistently fails to give satisfactory service. He may summarily suspend a member of the staff for serious misconduct, and dismiss such member after review in accordance with the procedure established under Regulation 23.

TERMINATION OF APPOINTMENTS

Regulation 20

The normal age of retirement for members of the staff shall be 60 years. In exceptional circumstances, if it would be in the interest of the Organization to do so, the Director-General may retain the services of a member of the staff after he has attained the age of 60 years, provided that not more than one year's extension is given at a time. The period for which a member of the staff can be retained in service after reaching the normal age of retirement shall in no case exceed five years.

Regulation 21

The Director-General may terminate the appointment of a member of the staff in accordance with the terms of his appointment if made under the provisions of Regulation 12, paragraph 2, or if the necessities of the service require the abolition of the post or a reduction of the staff, or if the service of the individual concerned prove unsatisfactory.

If the Director-General terminates an appointment under this regulation, he shall give at least three months' notice and pay an indemnity equivalent to at least three months' salary. These provisions of notice and indemnity shall not apply to probationers, to persons holding temporary contracts, or to persons dismissed after suspension for serious misconduct as provided in Regulation 19.

Regulation 22

In case a staff member wishes to resign, he shall give at least three months' notice; this notice period may be shortened or waived by the Director-General. The Director-General shall establish appropriate notice periods for persons appointed under Regulation 12, paragraph 2, who wish to resign.

Regulation 23

The Director-General shall establish administrative machinery for inquiry and appeal in disciplinary and termination cases. This machinery shall provide for staff participation, and shall permit an appellant to be heard in person and/or through a representative of his own choice.

TRAVELLING EXPENSES AND ALLOWANCES

Regulation 24

The travel expenses and travel allowances of members of the staff in respect of authorized journeys on the business of the World Health Organization shall be paid by the Organization subject to such conditions as may be prescribed by the Director-General.

Regulation 25

Subject to such conditions as may be prescribed by the Director-General, the World Health Organization shall pay the removal costs and the travel expenses and travel allowances of members of the staff, and, in appropriate cases, their wives and dependent children:

(a) upon appointment to the Secretariat and on subsequent change of official station;
(b) at appropriate intervals for a journey to and from the place recognized as the staff member's home at the time of the initial appointment;
(c) upon termination of appointment.

STAFF PROVIDENT FUND AND RETIREMENT AND PENSION FUND

Regulation 26

A deduction shall be made from the salaries of members of the staff and paid into a staff provident fund and into a retirement and pension fund, to which funds the World Health Organization shall make additional contributions.
SPECIAL INDEMNITIES

Regulation 27

A member of the staff who is injured as the result of an accident incurred in the course of his duty or who is compelled to discontinue his employment as a result of sickness directly attributed to his work in the service of the World Health Organization shall receive reasonable compensation. Should the staff member die in such circumstances, reasonable compensation shall be paid to his widow or such dependants as the Director-General may determine.

ADMINISTRATIVE TRIBUNAL

Regulation 28

Any dispute which cannot be resolved internally arising between the Organization and a member of the staff regarding the fulfilment of the contract of the said member, or arising out of disciplinary action, shall be referred for final decision to a tribunal of an arbitral character which may be designated or if necessary, established by the Executive Board until definitive arrangements have been made with the United Nations.

GENERAL PROVISIONS

Regulation 29

These regulations may be supplemented or amended by the Health Assembly without prejudice to the acquired rights of members of the staff.

Regulation 30

The Director-General shall report annually to the Health Assembly such staff rules and amendments thereto as he may make to implement these regulations, after confirmation by the Executive Board.
ANNEX 4

SCALE OF CONTRIBUTIONS

The resolution on the scale of contributions approved by the Health Assembly at its fifteenth meeting (p. 100) will be found in the fourth report of the Committee on Administration and Finance (p. 316).

The following tables show the unit scale adopted by the World Health Organization for 1948-49, together with the United Nations percentage scale. The assessments for States Members of the United Nations total 12,002 units, and those for States not members of the United Nations amount to 610 units, giving an aggregate of 12,612 units if all the governments that signed the Constitution become Members of WHO. It should be noted that the total number of units is not fixed; it does not include Associate Members, since their contribution can be added when they are admitted to the Organization.

MEMBERS OF UNITED NATIONS

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Carried forward          34.85   4,183

* Not members of WHO

- On the basis of the scale of contributions adopted by the General Assembly of the United Nations on 18 November 1948 the contribution of India is 3.25% (390 units) and that of Pakistan 0.70% (84 units).
### Members of United Nations (continued)

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Grand total (both tables)       | 105.03              | 12,612                                 |

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6 Although a Member of the United Nations, Burma has been included in this category as its portion of contribution does not appear in the United Nations scale for 1948.

4 Percentages of less than .01 per cent are not listed.

4 The assessments for Monaco and San Marino were shown originally as one unit each (see second last paragraph of resolution contained in the fourth report of the Committee on Administration and Finance (p. 836)).
ANNEX V

TEXT OF ANNEX VII OF THE CONVENTION ON THE PRIVILEGES AND IMMUNITIES
OF THE SPECIALIZED AGENCIES [1]

Annex VII. — The World Health Organization

In their application to the World Health Organization (hereinafter called "the Organization") the standard clauses shall operate subject to the following modifications:

1. Article V and Section 25, paragraphs 1 and 2 (I) of Article VII shall extend to persons designated to serve on the Executive Board of the Organization, their alternates and advisers, except that any waiver of the immunity of any such persons under Section 16 shall be by the Board.

2. (i) Experts (other than officials coming within the scope of Article VI) serving on committees of, or performing missions for, the Organization shall be accorded the following privileges and immunities so far as is necessary for the effective exercise of their functions, including the time spent on journeys in connexion with service on such committees or missions:

(a) Immunity from personal arrest or seizure of their personal baggage;

(b) In respect of words spoken or written or acts done by them in the performance of their official functions, immunity of legal process of every kind, such immunity to continue notwithstanding that the persons concerned are no longer serving on committees of, or employed on missions for, the Organization;

(c) The same facilities in respect of currency and exchange restrictions and in respect of their personal baggage as are accorded to officials of foreign governments on temporary official missions;

(d) Inviolability for all papers and documents;

(e) For the purpose of their communications with the World Health Organization, the right to use codes and to receive papers or correspondence by courier or in sealed bags.

(ii) Privileges and immunities are granted to the experts of the Organization in the interest of the Organization and not for the personal benefit of the individuals themselves. The Organization shall have the right and the duty to waive the immunity of any expert in any case where in its opinion the immunity would impede the course of justice, and it can be waived without prejudice to the interests of the Organization.

[1] This text was accepted by the Legal Committee in its second report (see p. 332), which was adopted by the Health Assembly at its fourteenth meeting (see p. 97). As the amendments to the Convention concern only Annex VII of the Convention, the revised text of this annex only is reproduced. The text of the general clauses of the Convention will be found in Off. Rec. WHO, 10, 111.
ANNEX 6

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY [1]

Note: Whenever any of the following terms appear in these Rules, reference shall be as indicated below:

"Constitution" - to the Constitution of the World Health Organization
"Organization" - to the World Health Organization
"Health Assembly" - to the World Health Assembly
"Board" - to the Executive Board
"Members" - to Members of the World Health Organization
"Associate Members" - to Associate Members of the World Health Organization.

Preamble

These Rules of Procedure are adopted under the authority of, and are subject to, the Constitution of the World Health Organization. In the event of any conflict between any provision of the Rules and any provision of the Constitution, the Constitution shall prevail.

SESSIONS OF THE HEALTH ASSEMBLY

Rule 1

The Director-General shall convene the Health Assembly to meet annually in regular session at such time and place as the Board shall determine in conformity with the provisions of Articles 14 and 15 of the Constitution.

Rule 2

The Director-General shall convene the Health Assembly to meet in special session, within ninety days of the receipt of any request therefor, made by a majority of the Members of the Organization or by the Board, at such time and place as the Board shall determine.

Rule 3

Notices convening a regular session of the Health Assembly shall be sent by the Director-General to Members and Associate Members, and to all participating inter-governmental and related non-governmental organizations invited to be represented at the session, not less than sixty days in advance of the opening day of the session. Without prejudice to Rule 2, such notices for a special session shall be sent not less than thirty days in advance of the opening day of the session.

The Director-General with the consent of the Executive Board may invite States which have signed but not accepted the Constitution or countries which were represented in any way at the New York Conference to send observers to meetings of the Health Assembly.

Such observers may attend any open meeting of the Health Assembly or any of its main committees. They may, upon the invitation of the President, and with the consent of the Health Assembly or committee, make a statement on the subject under discussion.

Such observers shall have access to non-confidential documents and to such other documents as the Director-General may see fit to make available. They may submit memoranda to the Director-General, who shall determine the nature and scope of the circulation.

AGENDA OF HEALTH ASSEMBLY SESSIONS

Rule 4

The provisional agenda of each session of the Health Assembly shall be prepared by the Board after consideration of proposals submitted by the Director-General.

[1] These rules were accepted by the Legal Committee in its fourth report (see p. 334), which was adopted by the Health Assembly at its fifteenth meeting (see p. 99).
Rule 5

The Board, in preparing the provisional agenda of each regular session of the Health Assembly, shall include, inter alia:

(a) the annual report of the Director-General on the work of the Organization, including a summary analysis of annual reports from Members under Articles 61 and 62 of the Constitution;
(b) all items the inclusion of which has been ordered by the Health Assembly at a previous session;
(c) all items pertaining to the budget for the next financial year and to the report on the accounts for the preceding year;
(d) any item proposed by a Member;
(e) subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations, any item proposed by the United Nations;
(f) any item proposed by any specialized agency with which the Organization has entered into a formal agreement, subject to the relevant provisions thereof.

Rule 6

Supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommend and such recommendation reaches the Health Assembly not later than ten days after the opening of the session.

Rule 7

The Director-General shall report to the Health Assembly on the technical, administrative and financial implications, if any, of all agenda items submitted to the Health Assembly before they are considered by the Health Assembly in plenary meeting. No proposal shall be considered in the absence of such a report unless the Health Assembly decides otherwise in case of urgency.

Rule 8

The provisional agenda of each regular session of the Health Assembly, determined in accordance with Rule 4, shall be sent to Members and Associate Members and to participating inter-governmental and related non-governmental organizations at least sixty days in advance of the opening day of the session.

Rule 9

Copies of all reports and other documents relating to the agenda of any session shall be sent by the Director-General to Members and Associate Members and to participating inter-governmental organizations at the same time as the agenda or as soon thereafter as possible; appropriate reports and documents shall also be sent to related non-governmental organizations in the same manner.

Rule 10

The Health Assembly shall not proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least forty-eight hours have elapsed after the documents referred to in Rules 7 and 9 have been made available to delegations.

SECRETARIAT OF THE HEALTH ASSEMBLY

Rule 11

The Director-General shall act as Secretary of the Health Assembly and of any subdivision thereof. He may delegate these functions.

Rule 12

The Director-General shall provide and supervise such secretarial and other staff and facilities as may be required by the Health Assembly.

Rule 13

It shall be the duty of the Secretariat to receive, translate into the working languages of the Health Assembly, and circulate documents, reports and resolutions of the Health Assembly and its committees; to prepare the records of their proceedings; and to perform such other work as the Health Assembly or any of its committees may require.
PLENARY MEETINGS OF THE HEALTH ASSEMBLY

Rule 14

Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10-12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, by observers of invited non-Member States and also by invited representatives of participating inter-governmental and related non-governmental organizations.

In plenary session the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him, the President may allow an adviser to speak on any particular point.

Rule 15

Plenary meetings of the Health Assembly shall be held in public, unless the Health Assembly decides otherwise in exceptional circumstances. Subject to any decision of the Health Assembly, the Director-General shall make appropriate arrangements for the admission of the public, and of representatives of the Press and other information agencies, to the plenary meetings of the Health Assembly. At the close of each private meeting, the President may issue a communiqué through the Director-General.

CREDENTIALS

Rule 16

The credentials of delegates of Members and of the representatives of Associate Members, and the names of representatives of participating inter-governmental and related non-governmental organizations and of all alternates, advisers, and delegation secretaries, shall be submitted to the Director-General if possible not less than two days before the opening of the session of the Health Assembly.

Rule 17

A Committee on Credentials consisting of twelve members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

COMMITTEE ON NOMINATIONS

Rule 18

At the beginning of each regular session, the Health Assembly shall elect a Committee on Nominations consisting of twelve delegates of as many Members.

Rule 19

The Committee on Nominations, having regard to an equitable geographic distribution and to experience and personal competence, shall propose (a) to the Health Assembly from among the delegates nominations for the offices of the President and three Vice-Presidents of the Health Assembly and for the members of the General Committee to be elected under Rule 25, and (b) to the main committees, set up under Rule 27, nominations from among the delegates for the chairman and the vice-chairman of each such committee.

OFFICERS OF THE HEALTH ASSEMBLY

Rule 20

At each regular session, the Health Assembly, after consideration of the report of the Committee on Nominations, shall elect a President and three Vice-Presidents, who shall hold office until their successors are elected.

Rule 21

In addition to exercising such powers as are conferred upon him elsewhere by these Rules, the President shall declare the opening and closing of each plenary meeting of the session, shall direct the discussions in plenary meeting, accord the right to speak, put questions, announce decisions and assure the application of these Rules. During the course of the discussion of any question, any delegate
may raise a point of order, and the President shall immediately make a decision in conformity with these Rules. The President shall accord to speakers the right to speak in the order of their requests. He may call to order any speaker whose remarks are irrelevant to the subject under discussion.

Rule 22
If the President is absent during a meeting or any part thereof, he shall appoint one of the Vice-Presidents to take his place. A Vice-President acting as President shall have the same powers and duties as the President.

Rule 23
The President, or a Vice-President acting as President, shall not vote, but he may appoint another member of his delegation to act as the delegate of his Government in plenary meetings.

Rule 24
In the event that neither the President nor any Vice-President is present at the opening of a session, the Director-General shall preside.

GENERAL COMMITTEE

Rule 25
The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 27, and six delegates to be elected by the Health Assembly after consideration of the report of the Committee on Nominations, provided that no delegation may have more than one representative on the committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

If the President or a Vice-President is absent during a meeting or any part thereof, he may designate a member of his delegation as his substitute in his capacity as member. The chairman of a main committee shall, in case of absence, designate the vice-chairman of the committee as his substitute, provided that the vice-chairman shall not have the right to vote if he is of the same delegation as another member of the committee. Each of the six elected delegates shall be entitled to designate another member of his delegation to act as his substitute in the event of his absence from any meeting of the General Committee.

Rule 26
In addition to performing such duties as are specified elsewhere in these Rules, the General Committee, in consultation with the Director-General and subject to any decision of the Health Assembly, shall:
(a) decide the time and place of all plenary meetings and of all meetings of committees established at plenary meetings during the session;
(b) determine the order of business at each plenary meeting of the session;
(c) propose to the Health Assembly the allocation to committees of items on the agenda;
(d) report on any additions to the agenda under Rule 6;
(e) co-ordinate the work of all committees established at plenary meetings during the session;
(f) fix the date of adjournment of the session; and
(g) otherwise facilitate the orderly dispatch of the business of the session.

MAIN COMMITTEES OF THE HEALTH ASSEMBLY

Rule 27
The Health Assembly shall establish at each session such main committees as it may consider necessary and, after consideration of the recommendations of the General Committee, shall allocate to such committees appropriate items on the agenda.

Rule 28
Each delegation shall be entitled to be represented on each main committee by one of its members. He may be accompanied at meetings of the committee by one or more other members, who may be accorded permission to speak but shall not vote.

Rule 29
Each main committee shall, after consideration of the report of the Committee on Nominations, elect a chairman and a vice-chairman.
Rule 30
The chairman of each main committee shall have in relation to the meetings of the committee concerned the same powers and duties as the President of the Health Assembly in relation to plenary meetings.

Rule 31
Meetings of the main committees and their sub-committees shall be held in public unless the committee or sub-committee concerned decides otherwise.

Rule 32
Any main committee may set up such sub-committees or other subdivisions as it considers necessary.

Rule 33
The chairman and members of each such sub-committee shall be appointed by the main committee concerned upon the proposal of its chairman. A member of a sub-committee who is unable to be present at any meeting may be represented by another member of his delegation.

Other Committees of the Health Assembly

Rule 34
The Health Assembly may appoint, or authorize the appointment of, any temporary or special committee which it deems necessary.

Rapporteurs

Rule 35
Any committee or sub-committee established under Rules 27, 32, and 34, may, on the proposal of its chairman, appoint from among its members one or more rapporteurs as required.

Participation of Representatives of Associate Members and of Intergovernmental and Non-Governmental Organizations

Rule 36
Representatives of Associate Members may participate in the meetings of the Health Assembly and its committees in conformity with such rights as may be accorded to them by the Health Assembly in pursuance of Article 8 of the Constitution.

Rule 37
Unless otherwise provided by agreement, representatives of the United Nations, and of other intergovernmental organizations with which the Organization has entered into a formal agreement under Article 70 of the Constitution, may participate without vote in plenary meetings and in the meetings of the main committees of the Health Assembly. Such representatives may also attend, and participate without vote in, the meetings of sub-committees and temporary or special committees if invited to do so by the sub-committee or committee concerned.

Rule 38
Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and may participate without vote in their deliberations when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively.

Conduct of Business at Plenary Meetings

Rule 39
Formal proposals relating to items on the agenda may be introduced at plenary meetings up to the date on which all items on the agenda have been allocated or until fourteen days after the opening of the session, whichever date is the earlier.
Rule 40

All such proposals shall be referred to the committee to which the item on the agenda has been allocated. Thereafter all proposals relating to items on the agenda must be introduced in the first instance in the committee concerned or in an appropriate sub-committee thereof.

Rule 41

All resolutions, amendments, and substantive motions for consideration at plenary meetings must be introduced in writing and handed to the President of the Health Assembly. Copies shall be distributed to delegates as soon as possible.

Resolutions, amendments and substantive motions shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. As a general rule, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations not later than the day preceding the meeting. The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day.

Rule 42

The reports of all committees established to consider items of the agenda shall, before being submitted to a plenary meeting for final disposition, be referred to the General Committee, or to a drafting committee appointed by it, for co-ordinating and editing. Such reports, including draft resolutions, shall, after being examined by the General Committee, be circulated, in so far as practicable, at least twenty-four hours in advance of the plenary meeting at which they are to be considered, unless the General Committee decides to refer the report or the draft for re-examination to the competent committee.

Rule 43

A majority of the Members participating in the session shall constitute a quorum for the conduct of business at plenary meetings of the Health Assembly.

Rule 44

The Director-General or a member of the Secretariat designated by him as his representative may at any time make either oral or written statements to the Health Assembly or to any subdivision thereof concerning any question under consideration.

Rule 45

During the discussion of any matter, a delegate may move the suspension or the adjournment of the debate. Such motions shall not be debated, but shall immediately be put to a vote.

Rule 46

The Health Assembly may limit the time allowed to each speaker.

Rule 47

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 request is made for permission to speak against closure, it may be accorded to not more than two speakers.

Rule 48

The President shall take the sense of the Health Assembly on a motion for closure. If the Health Assembly decides in favour of closure, the President shall declare the debate closed.

Rule 49

Parts of a proposal shall be voted on separately if any delegate so requests.

Rule 50

If two or more amendments are moved to a proposal, the Health Assembly shall first vote on the amendment furthest removed in substance from the original proposal and then on the amendment next furthest removed until all the amendments have been put to a vote. The President shall have the power to determine the order of voting on amendments under this rule.

Rule 51

When an amendment revises, adds to or deletes from a proposal, the amendment shall be voted on first, and if it is adopted, the amended proposal shall then be voted on.
Rule 52

A motion may be withdrawn by its proposer at any time before voting on it has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any delegate.

Rule 53

When a proposal has been adopted or rejected, it may not be reconsidered at the same session unless the Health Assembly, by a two-thirds majority of the Members present and voting, so decides. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall immediately be put to a vote.

VOTING IN PLENARY MEETINGS

Rule 54

Each Member shall have one vote in the Health Assembly. For the purposes of these Rules, the phrase "Members present and voting" means Members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

Rule 55

Decisions by 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 with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; and amendments to the Constitution.

Rule 56

Except as stipulated otherwise in these Rules, 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.

Rule 57

The Health Assembly shall normally vote by show of hands or by standing, except that any delegate may request a roll-call, which shall then be taken in the English alphabetical order of the names of the Members.

Rule 58

The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.

Rule 59

All elections shall be held by secret ballot; in other cases a secret ballot may be taken if the Health Assembly so decides; in both events two tellers selected from among the members of the delegations present shall assist in the counting of votes.

Rule 60

When only one person or Member is to be elected and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes. If in the second ballot the votes are equally divided, and a majority is required, the President shall decide between the candidates by drawing lots.

Rule 61

When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of persons or members to be elected, there shall be additional ballots to fill the remaining places, the voting being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Members. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.
PROCEDURE IN COMMITTEES AND SUB-COMMITTEES OF THE HEALTH ASSEMBLY

Rule 62
Subject to any decision of the Health Assembly and to the provisions of Rules 28-33 inclusive, the procedure governing the conduct of business by committees of the Health Assembly shall conform as far as practicable to the provisions of Rules 43-61 inclusive relative to plenary meetings, except that all decisions shall be made by a majority of the members of any committee present and voting.

Rule 63
The chairman of each sub-committee established under Rule 32 shall apply the relevant provisions of Rules 43-61 inclusive to the work of such sub-committee only in so far as he considers it advisable with a view to expediting the dispatch of business.

LANGUAGES

Rule 64
Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages, of the Health Assembly.

Rule 65
Speeches made in either of the working languages shall be interpreted into the other working language.

Rule 66
Speeches made in any of the other three official languages shall be interpreted into both working languages.

Rule 67
Any delegate may speak 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.

Rule 68
Verbatim and summary records and the Journal of the Health Assembly, if authorized under Rule 74, shall be drawn up in the working languages.

Rule 69
All resolutions, recommendations, and other formal decisions of the Health Assembly shall be made available in the official languages.

RECORDS OF THE HEALTH ASSEMBLY

Rule 70
Verbatim records of all plenary meetings shall be kept by the Secretariat. The verbatim records of public meetings shall be available to the public. The verbatim records of private meetings shall be available to delegations only, unless the Health Assembly expressly decides otherwise.

Rule 71
Summary records of the meetings of the General Committee and of committees and sub-committees established under Rules 27, 32 and 34 shall be made by the Secretariat and shall be sent as soon as possible to all delegations participating in the meeting, who shall inform the Secretariat in writing not later than forty-eight hours thereafter of any corrections they wish to have made. Unless expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Nominations or the Committee on Credentials other than the report presented by the committee to the Health Assembly.

Rule 72
As soon as possible after the close of each session, copies of all verbatim and summary records, resolutions, recommendations, and other formal decisions adopted by the Health Assembly shall be transmitted by the Director-General to Members and Associate Members, to the United Nations, and to all specialized agencies with which the Organization has entered into a formal agreement.
Rule 73
The verbatim records of all plenary meetings, summary records required under Rule 72, and the reports of all committees set up under Rules 27 and 34, shall be published in the Official Records of the Organization.

Rule 74
The Director-General shall, if the Health Assembly so decides, issue for the convenience of participating delegations and organizations, in the form of a daily Journal of the session, such summary account of the proceedings of plenary meetings and committees as he may consider practicable.

Budget and Finance

Rule 75
The Health Assembly shall, at each regular session,

(a) adopt the budget authorizing expenditure for the next financial year after consideration of the Director-General's budget estimates and the Board's recommendations thereon;
(b) consider and approve supplementary estimates for the current financial year if and as necessary;
(c) examine the report of the auditor on the annual accounts of receipts and expenditures for the preceding financial year and take such action thereon as may be appropriate;
(d) consider the report of the Director-General on the payment of Members' contributions;
(e) on the recommendation of the Board, or on the request of any Member transmitted to the Director-General not later than ninety days before the opening of the session, review the apportionment of the contributions among Members.

Rule 76
The Financial Regulations of the Organization are set forth in Annex I of these Rules. [2] Except in so far as there is an express provision to the contrary in the Financial Regulations, the procedure for the consideration of financial matters shall be governed by the present Rules.

Executive Board

Rule 77
At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected for three-year terms, in accordance with Articles 18(b), 24 and 25 of the Constitution, provided that, when the Board is first constituted, one-third of the Members shall be selected for a period of one year, one-third for a period of two years, and one-third for a period of three years. The Members whose terms expire at the end of the above-mentioned initial periods of one and two years shall be chosen by lot to be drawn by the President of the Health Assembly immediately after the first election has been completed.

For the purpose of this rule, the word "year" shall be taken to mean the period of time between one election at a regular annual session of the Health Assembly and the next election by the Health Assembly.

Rule 78
The term of office of each Member entitled to designate a person to serve on the Board shall begin on the opening day of the first meeting of the Board held after the election of the Member concerned and shall end at the expiration of the period for which such Member has been elected.

Rule 79
When a person designated to serve on the Board is unavoidably prevented from attending a meeting of the Board, the Member concerned may designate an alternate to serve in his place for such meeting, with the same status as the person in whose place he is serving.

Rule 80
Should any Member fail to be represented, in accordance with the provisions of Rules 77 and 79, at two consecutive meetings of the Board, that fact shall be reported by the Director-General to the next session of the Health Assembly.

The Director-General

Rule 81
In pursuance of Article 31 of the Constitution, the Director-General shall be appointed by the Health Assembly on the nomination of the Board and on such terms as the Health Assembly may determine, subject to the provisions of Rules 82-85 inclusive.

Rule 82

Whenever the office of Director-General is vacant or notice is received of a pending vacancy, the Board shall, at its next meeting, make a nomination for submission to the next session of the Health Assembly. It shall submit at the same time a draft contract establishing the terms and conditions of appointment, salary and other emoluments attached to the office.

Rule 83

The Health Assembly shall consider the Board's nomination and the draft contract at a private meeting and shall come to a decision by secret ballot.

Rule 84

Should the Health Assembly reject the Board's nomination, the Board shall submit a fresh proposal as soon as circumstances permit, with due regard to the desirability of disposing of the matter before the conclusion of the relevant session of the Health Assembly.

Rule 85

The contract of appointment shall be signed jointly by the Director-General and the President of the Health Assembly acting in the name of the Organization.

Rule 86

In any case where the Director-General is unable to perform the functions of his office, or in the case of a vacancy in such office, the senior officer of the Secretariat shall serve as Acting Director-General, subject to any decision by the Board.

Rule 87

In addition to exercising the functions conferred upon him by the Constitution as chief technical and administrative officer of the Organization, the Director-General, subject to the authority of the Board, shall perform such duties as are specified elsewhere in these Rules and in the Financial Regulations (Annex I) [*] and Staff Regulations (Annex II) [†] and as may be assigned to him by the Health Assembly or by the Board.

Admission of Members and Associate Members

Rule 88

Applications for the admission of States to membership in the Organization shall, in pursuance of Article 6 of the Constitution, be addressed to the Director-General and shall be transmitted immediately by him to Members.

Rule 89

Any such application shall be placed on the agenda of the next session of the Health Assembly provided the application reaches the Director-General at least thirty days before the opening of such session.

Rule 90

The approval by the Health Assembly of any request, in pursuance of Article 6 of the Constitution, shall be immediately communicated to the Government of the Member which has submitted it. Such Government, in accordance with Article 79 of the Constitution, may then deposit with the Secretary-General of the United Nations a formal instrument of acceptance of the Constitution and shall become a Member from the date of such deposit.

Rule 91

Applications for associate membership in the Organization, made under Article 8 of the Constitution on behalf of territories or groups of territories which are not responsible for the conduct of their international relations by the Member or other authority having such responsibility, shall, mutatis mutandis, be subject to the provisions of Rules 88-90 inclusive.

[†] The Provisional Staff Regulations are published in this volume as Annex 3 (p. 358).
AMENDMENT OF THE CONSTITUTION

Rule 92
In pursuance of Article 73 of the Constitution, the texts of proposed amendments to the Constitution shall be communicated to the Director-General in such time as will permit of the transmission of copies thereof by the Director-General to Members not later than six months before the opening day of the session of the Health Assembly at which they are intended to be considered.

Rule 93
Members accepting proposals for amendment adopted by the Health Assembly in accordance with Article 73 of the Constitution shall effect their acceptance by depositing a formal instrument of acceptance with the Secretary-General of the United Nations.

SUSPENSION AND AMENDMENT OF RULES OF PROCEDURE

Rule 94
Subject to the provisions of the Constitution, any of the foregoing Rules may be suspended at any plenary meeting of the Health Assembly, provided that notice of the intention to propose suspension has been communicated to delegations not less than twenty-four hours before the meeting at which the proposal is to be made.

Rule 95
Amendments of, or additions to, these Rules may be adopted at any plenary meeting of the Health Assembly, provided that the Health Assembly has received and considered a report on the proposal by an appropriate committee.
ANNEX 7
REGULATIONS AND RULES OF PROCEDURE
FOR EXPERT COMMITTEES AND THEIR SUB-COMMITTEES [1]

Preamble

The present regulations shall apply to the expert committees established by the World Health Assembly [2] or on its behalf [3] by the Executive Board [4] and acting in a consultative capacity in their respective technical fields towards the Health Assembly and Board. The regulations shall also apply to the sub-committees of the expert committees.

They shall not apply to the internal committees of the Health Assembly and the Board, consisting of members of these bodies.

COMPETENCE OF COMMITTEES

Regulation 1

The expert committees shall be competent to advise the World Health Organization in their respective technical fields in accordance with their terms of reference. They shall not be competent to advise on questions of policy.

APPOINTMENT OF MEMBERS

Regulation 2

The members of the committee shall be appointed by the Director-General, in accordance with regulations established by the Executive Board.

SELECTION OF MEMBERS

Regulation 3

The choice of members of the committee shall be based primarily upon their abilities and technical experience; appropriate consultation shall be made with national health administrations. Due regard shall be paid to adequate geographical distribution.

NUMBER OF MEMBERS

Regulation 4

The number of members of the committee shall be fixed by the Executive Board in accordance with the technical aspect and the scope of the problems within the field of each committee. In the case of joint committees, this number will be fixed in accordance with the terms of the agreements concluded with the organizations concerned.

INTERNATIONAL STATUS OF MEMBERS

Regulation 5

In the exercise of their functions, the members of the committee shall rank as international experts serving the Organization exclusively; as such they may not request or receive instructions from any government or authority outside the Organization. They shall enjoy such privileges and immunities as are envisaged in the Constitution and set forth in the Convention on the Privileges and Immunities of the Specialized Agencies and in Annex VII thereof. [5]

[1] These regulations and rules of procedure were accepted by the Legal Committee in its fourth report (see p. 334), which was adopted by the Health Assembly at its fifteenth meeting (see p. 99).
[2] WHO Constitution, Article 18 (e)
[3] Ibid., Article 29
[4] Ibid., Article 38
[5] Ibid., Article 67 (b); Off. Rec. WHO, 10, 111; Annex 5 (p. 364)
Regulation 6

In accordance with the administrative regulations of the Organization, members shall be entitled to a refund of travelling expenses necessitated by their attendance at sessions of the committee, and also to a daily living allowance during such sessions. These allowances shall not be regarded as remuneration.

Members’ Term of Office

Regulation 7

The members’ term of office shall expire at the end of two years, unless the committee is dissolved in the interim. They shall be re-eligible if the committee’s existence is renewed.

Election of Chairman and Vice-Chairman

Regulation 8

The committee shall elect its chairman and its vice-chairman, who shall remain in office for two years or during the life of the committee if this is less than two years.

Regulation 9

If the chairman resigns, or if he is unable effectively to carry out his functions, the committee shall elect a successor.

Regulation 10

In the case of temporary absence of the chairman, he shall be replaced by the vice-chairman.

Time and Place of Meetings

Regulation 11

The secretary of the committee—namely, the Director-General or his deputy—shall, after consultation with the chairman of the committee, appoint the time and place of each session and convene it in due course.

Agenda

Regulation 12

The Director-General, in agreement with the chairman of the committee, shall prepare the draft agenda for each session and transmit it to the members in a reasonable time.

Regulation 13

The agenda shall include any subject within the competence of the committee proposed by the Health Assembly, the Board, a Member State of the World Health Organization (when submitted to the Secretariat at least twenty-one days before the opening of the session of the committee), the Director-General or the members of the committee itself.

Co-opting of Experts and Corresponding Members

Regulation 14

The committee may suggest to the Director-General the co-opting in a temporary capacity of one or more specialists. It may likewise suggest that other members be appointed whose collaboration would be particularly useful in the execution of its terms of reference.

Regulation 15

The committee and its secretariat may obtain the assistance of specialists from various countries as “corresponding members”. To this end, the specialists shall communicate information on scientific research and its practical application within their own special field. On the request of a regional organization, their services may be made available to such organization. They shall not be invited to attend the meetings of the committee, but if they wish to attend such meetings as observers and at their own expense, the chairman of the committee may authorize them to do so. The regulations governing the appointment of committee members, their term of office and its renewal (Regulations 2, 3 and 7) shall also apply to corresponding members.

[1] WHO Constitution, Article 39
[2] Ibid., Article 32
ANNEX 7

SUB-COMMITTEES

Regulation 16

For the study of special problems the committee may suggest the setting-up, temporarily or permanently, of specialized sub-committees, and make suggestions as to their composition.

Regulation 17

The committee may also suggest the formation of joint sub-committees, consisting of specialists in its own technical field and of specialists in another field, whose collaboration it considers necessary for the success of its work.

Regulation 18

The Health Assembly (or the Board on its behalf) shall decide upon the setting-up of such sub-committees either in the form of sub-committees or in the form of joint sub-committees within the World Health Organization itself or else, in agreement with other organizations, in the form of mixed sub-committees.

Regulation 19

The rules governing the functions of the committees, the appointment of their members, the election of their chairmen and vice-chairmen, and procedure shall also, mutatis mutandis, apply to the sub-committees.

REPORTS ON SESSIONS

Regulation 20

At the end of each session, the committee shall draw up a report and approve it. This report shall be submitted to the Health Assembly through the Director-General and transmitted to the Board. The report shall contain a summary of the committee's work and the recommendations adopted.

REPORTS OF SUB-COMMITTEES

Regulation 21

Each sub-committee shall likewise draw up a report after each session. This report shall be submitted, through the Director-General, to the committee to which the sub-committee is attached. The report of a joint or mixed sub-committee shall normally be transmitted to the committees from which it was drawn.

Nevertheless, the report of a sub-committee may, in certain cases, be communicated by the Director-General to the Health Assembly direct, or, if necessary, to the Board, for information or urgent action.

Regulation 22

If a committee or sub-committee does not obtain unanimity in its report, any of its members may ask to have a divergent view recorded in the report.

Regulation 23

The committee may ask the Director-General to permit its chairman or ad hoc rapporteur to submit in person its report to the Health Assembly (or to the Board). If he considers that a useful purpose will be served, the Director-General may agree to this request, in so far as the budget permits. A sub-committee may also ask the Director-General for permission for its chairperson or an ad hoc rapporteur to submit in person its report to the committee(s) to which it is attached.

PUBLICATION OF REPORTS

Regulation 24

The Health Assembly (or, as the case may be, the Board) shall decide whether any report of the committee or of a sub-committee is to be published, partly or in full, and shall be free to preface such report by a statement approving it in whole or in part, or setting forth its own views on the subject. The text of a report of a committee or sub-committee may not be modified without the consent of the committee or sub-committee by which it was drawn up.

Regulation 25

The Director-General may publish any relevant document falling within the committee's technical field and emanating from its members or from any other source, if he considers such publication desirable.
RULES OF PROCEDURE

Regulation 26
The committee and its sub-committees shall conduct their debates in accordance with the rules of procedure set forth in the appendix to these regulations.

JOINT COMMITTEES

Regulation 27
Persons representing the Organization serving as experts on joint committees set up by the Organization in conjunction with other organizations shall, in respect of method of appointment, grant of travel, and subsistence allowances, term of office and general status, be subject to the rules laid down in Regulations 2, 3, 4, 5, 6 and 7 of the present regulations.

Regulation 28
Experts are appointed by the Organization to joint committees by reason of their specialized knowledge and personal technical competence; they shall retain complete freedom of opinion and expression. Nevertheless, in any collective decision liable to entail administrative, financial and moral responsibility for the appointing organization, they cannot commit the Organization without the specific authority of the Director-General.

Regulation 29
The questions which the Organization wishes to place on the agenda of a joint committee shall be formulated by the Director-General on his own initiative, on the instructions of the Health Assembly (or of the Board), or upon the suggestion of any one of the experts members of such committee.

Regulation 30
Persons representing the Organization on any joint committee shall report to the appointing organization upon the nature of their participation—including divergent opinions—in all sessions they attend. This special report shall be supplementary to the collective report drawn up by the mixed committee itself, and Regulations 24 and 25 shall apply to it, as also to the above-mentioned collective report, but in the latter case with due regard to the provisions of the agreements with organizations concerned.

Regulation 31
The apportionment of the expenses that may be incurred by any mixed committee shall be determined before each session by the Director-General of the Organization and the competent high officials of the other organizations involved.

Appendix

RULES OF PROCEDURE FOR EXPERT COMMITTEES AND THEIR SUB-COMMITTEES

PRIVATE NATURE OF MEETINGS

Rule 1
The meetings of expert committees and sub-committees shall normally be of a private character. They cannot become public except by the express decision of the committee, with the full agreement of the Director-General.

QUORUM

Rule 2
The discussions of a committee or sub-committee shall be invalid unless at least two-thirds of its members are present.
VOTE

Rule 3

(a) Scientific Questions. Purely scientific questions shall not be submitted to a vote. If the members of a committee or sub-committee cannot agree, each shall be entitled to retain and express his personal opinion; this statement of opinion shall take the form of an individual or group report, which shall state the reasons why a divergent opinion is held.

(b) Other Questions (Administrative, etc.). Questions which are not purely scientific may be submitted to a vote, and the decision of the committee or sub-committee shall in such cases be taken by majority of the members present and voting.

If the votes are equally divided, the chairman shall have the casting vote.

METHOD OF VOTING

Rule 4

At the request of any member a vote by secret ballot or by roll-call may be taken.

DIVISION OF VOTE

Rule 5

Parts of a resolution or motion may be voted on separately if any member of the committee so requests.

AMENDMENTS

Rule 6

(a) Plurality of Amendments. If two or more amendments are moved to a proposal, the committee shall first vote on the one which is furthest removed in substance from the original proposal, then on the one which is the next furthest removed in substance, and so on until all the amendments have been put to the vote.

(b) Nature of Amendments. Where an amendment revises, supplements or reduces the scope of a resolution or motion, the amendment shall first be put to the vote. If it is adopted, the revised resolution or motion shall then be put to the vote.

POINT OF ORDER

Rule 7

During the discussion of any question, a member may raise a point of order, and the chairman shall give his ruling on the point of order immediately.

ADJOURNMENT OF DEBATE

Rule 8

During a discussion of any matter, a member may move the adjournment of the debate. Any such motion shall have priority in the debate. The proposer may speak in favour of it and one other member against it.

LIMITATION OF SPEECHES

Rule 9

The committee may limit the time allowed to each speaker.

CLOSURE OF DEBATE

Rule 10

At any time a member may move the closure of the debate, whether or not any other member has signified his wish to speak. Any such motion shall have priority in the debate. If permission to speak against the closure has been requested, it may be accorded to not more than one member. The chairman shall take the opinion of the committee on a motion for closure. If the committee is in favour of closure, the chairman shall declare the debate closed.

SECRETARIAT OF SESSIONS (RECORDS)

Rule XI

The administrative secretariat may be provided by officials placed at the disposal of the committee or sub-committee by the Director-General; these officials shall assist the chairman and members of the
committee, as well as the Director-General or his representative; if necessary they shall draw up minutes of the meetings, under the responsibility of the Director-General. The said minutes shall be approved as far as possible by the committee or sub-committee.

REPORTS

Rule 12

The report of a committee or sub-committee shall be drawn up and approved by it before the close of the session.

WORKING LANGUAGES

Rule 13

The working languages of the committee shall be English and French. If requested, arrangements shall be made, if possible, for the interpretation of any other language used by any expert during the session.

AMENDMENTS TO RULES OF PROCEDURE

Rule 14

These Rules may be amended or supplemented at any meeting by adoption of a resolution, in agreement with the Director-General of the Organization or his representative.
ANNEX 8

DEPOSIT OF RATIFICATION OF SIGNATURE TO THE CONSTITUTION
BY THE UNITED STATES OF AMERICA

Telegram from the UN Legal Department

The following communication was received from the Legal Department of the United Nations on 22 June 1948:

"1. Secretary-General received to day U.S. instrument acceptance which states it is subject Congressional resolution.

"2. In view Congressional provision reserving U.S. right withdraw, Secretary-General not in position to determine under Article 82 that U.S. has become party to Constitution, however, our opinion Health Assembly competent body interpret Constitution and consequently Secretary-General will be guided by action Health Assembly in this respect.

"3. Airmailing copy instrument and joint resolution with covering letter stating Secretary-General position as in paragraph 2.

"4. Suggest these documents be circulated Health Assembly delegations.

"Legal Department."

Letter from the UN Secretary-General

The following communication was received from Mr. Trygve Lie, Secretary-General of the United Nations, on 25 June 1948:

United Nations, Lake Success, New York, 22 June 1948

Sir,

I have the honour to transmit herewith a copy of the Instrument of Acceptance on the part of the United States of America of the Constitution of the World Health Organization, together with a copy of the joint resolution of the Congress of the United States of America to which this acceptance is subject.

I have the honour to draw your attention to Article 82 of the Constitution which provides that the Secretary-General of the United Nations will inform the States parties to this Constitution of the dates when other States have become parties to it. I regret that in view of the provision in Section 4 of the joint resolution to which the acceptance of the United States is subject, I am not in a position to determine whether the United States has become a party to the Constitution. However, I am prepared to be guided by the action of the Health Assembly in regard to this matter, since under Article 75 of the Constitution it is a competent body to settle any question concerning the interpretation or application of the Constitution.

I have the honour to be, Sir, Your obedient Servant, (Signed) Trygve Lie, Secretary-General

Dr. Brock Chisholm, Executive Secretary, Interim Commission, World Health Organization, Palais des Nations, Geneva, Switzerland.

Acceptance on the Part of the United States of America

I, Harry S. Truman, President of the United States of America, acting pursuant to the authority granted by the joint resolution of the Congress of the United States of America approved 14 June 1948 (Public Law 643, 80th Congress), and subject to the provisions of that joint resolution, hereby accept on behalf of the United States of America the Constitution of the World Health Organization, which was signed for the United States of America, subject to approval, on 22 July 1946. Done at Washington this fourteenth day of June 1948. (Signed) Harry Truman

No. 6486

United States of America Department of State

To all to whom these presents shall come, greeting:

I certify that hereto annexed is a true copy of a joint resolution, approved 14 June 1948, the original of which is on file in this Department, entitled "Joint Resolution providing for membership and participation by the United States in the World Health Organization and authorizing an appropriation therefor."

In testimony whereof, I, George C. Marshall, Secretary of State, have hereunto caused the seal of State to be affixed and my name subscribed by the Authentication Officer of the said Department, at the city of Washington, in the District of Columbia, this sixteenth day of June, 1948. (Signed) George C. Marshall, Secretary of State

By M. P. Chauvin, Authentication Officer, Department of State

1 See p. 77
Joint Resolution

providing for membership and participation by the United States in the World Health Organization and authorizing an appropriation therefor.

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled:

1. The President is hereby authorized to accept membership for the United States in the World Health Organization (hereinafter referred to as the Organization), the Constitution of which was adopted in New York on 22 July 1946 by the International Health Conference for the establishment of an international health organization, and deposited in the archives of the United Nations.

2. The President shall designate from time to time to attend a specified session or specified sessions of the World Health Assembly of the Organization not to exceed three delegates of the United States and such number of alternates as he may determine consistent with the rules of procedure of the World Health Assembly. One of the delegates shall be designated as the chief delegate. Whenever the United States becomes entitled to designate a person to serve on the Executive Board of the Organization, under article 24 of the Constitution of the Organization, the President shall designate a representative of the United States, by and with the advice and consent of the Senate, and may designate not to exceed one alternate to attend sessions of the Executive Board. Such representative must be a graduate of a recognized medical school and have spent not less than three years in active practice as a physician or surgeon. Such representative shall be entitled to receive compensation at a rate not to exceed $12,000 per annum and any such alternate shall be entitled to receive compensation at a rate not to exceed $10,000 per annum for such period or periods as the President may specify, except that no Member of the Senate or House of Representatives or officer of the United States who is thus designated shall be entitled to receive such compensation: Provided, that no person shall serve as such representative, delegate, or alternate until such person has been investigated as to loyalty and soundness by the Federal Bureau of Investigation.

3. There is hereby authorized to be appropriated annually to the Department of State:

(a) such sums, not to exceed $1,920,000 per annum, as may be necessary for the payment by the United States of its share of the Organization, including those incurred by the Interim Commission, as apportioned by the Health Assembly in accordance with Article 56 of the Constitution of the Organization; and

(b) such additional sums, not to exceed $83,000 for the fiscal year beginning 1 July 1947, as may be necessary to pay the expenses incident to participation by the United States in the activities of the Organization, including:

(i) salaries of the representative and alternate provided for in section 2 hereof, and appropriate staff, including personal services in the District of Columbia and elsewhere, without regard to the civil-service laws and the Classification Act of 1943, as amended; services as authorized by section 15 of Public Law 600, Seventy-ninth Congress: under such rules and regulations as the Secretary of State may prescribe, allowances for living quarters, including heat, fuel, and light, and cost-of-living allowances to persons temporarily stationed abroad; printing and binding without regard to section 11 of the Act of 1 March 1919 (44 U.S.C. 111), and section 3709 of the Revised Statutes, as amended; and

(ii) such other expenses as the Secretary of State deems necessary to participation by the United States in the activities of the Organization: Provided, that the provisions of section 6 of the Act of 30 July 1946, Public Law 595, Seventy-ninth Congress, and regulations thereunder, applicable to expenses incurred pursuant to that Act shall be applicable to any expenses incurred pursuant to this paragraph (b) (ii).

4. In adopting this joint resolution, the Congress does so with the understanding that, in the absence of any provision in the World Health Organization Constitution for withdrawal from the Organization, the United States reserves its right to withdraw from the Organization on a one-year notice: Provided, however, that the financial obligations of the United States to the Organization shall be met in full for the Organization's current fiscal year.

5. In adopting this joint resolution, the Congress does so with the understanding that nothing in the Constitution of the World Health Organization in any manner commits the United States to enact any specific legislative program regarding any matters referred to in said Constitution.

(Signed) Joseph W. Martin, Speaker of the House of Representatives
A. H. Vandenberg, President of the Senate

Approved 14 June 1948
Harry Truman
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