OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 14

REPORTS
OF THE
EXECUTIVE BOARD
FIRST AND SECOND SESSIONS
HELD IN GENEVA FROM 16 TO 28 JULY
AND FROM 25 OCTOBER TO 11 NOVEMBER 1948

WORLD HEALTH ORGANIZATION
Palais des Nations, Geneva
December 1948
NOTE

This volume contains the reports (and relevant annexes) of the first and second sessions of the Executive Board. The minutes of these sessions have been deposited in mimeographed form in the departments of health of Member Governments of the World Health Organization.
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REPORT OF THE FIRST SESSION

INTRODUCTION

The Executive Board held its first session in Geneva, from 16 to 28 July, towards the end of and immediately following the first World Health Assembly. Normally, the members of the Board — eighteen persons designated by as many Member States — will serve for three-year terms. However, for the Board elected by the first Health Assembly provision was made in the Constitution for six members to hold office for one year, six for two, and six for three years.

The Health Assembly accordingly elected eighteen Member States, and their respective terms of office were decided by the drawing of lots. The following were elected to the Executive Board:

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<thead>
<tr>
<th>Country</th>
<th>Term</th>
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<tr>
<td>Australia</td>
<td>one year</td>
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<tr>
<td>Brazil</td>
<td>two years</td>
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<tr>
<td>Byelorussian Soviet Socialist Republic</td>
<td>three years</td>
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<tr>
<td>Ceylon</td>
<td>one year</td>
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<tr>
<td>China</td>
<td>two years</td>
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<tr>
<td>Egypt</td>
<td>two years</td>
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<tr>
<td>France</td>
<td>two years</td>
</tr>
<tr>
<td>India</td>
<td>three years</td>
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<tr>
<td>Iran</td>
<td>one year</td>
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<tr>
<td>Mexico</td>
<td>two years</td>
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<tr>
<td>Netherlands</td>
<td>three years</td>
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<td>Norway</td>
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<tr>
<td>Poland</td>
<td>three years</td>
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<tr>
<td>Union of South Africa</td>
<td>three years</td>
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<tr>
<td>Union of Soviet Socialist Republic</td>
<td></td>
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<tr>
<td>United Kingdom</td>
<td>one year</td>
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<tr>
<td>United States of America</td>
<td>one year</td>
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<tr>
<td>Yugoslavia</td>
<td>three years</td>
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After the first two meetings of the Board, during which the President of the Health Assembly presided, Sir Aly Shousha, Pasha, was elected Chairman, and Dr. Karl Evang and Dr. W. W. Yung Vice-Chairmen, of the Executive Board.

The first duty of the Board was to nominate the Director-General of the World Health Organization, and it unanimously chose Dr. Brock Chisholm, former Deputy Minister of Health in the Department of National Health and Welfare of Canada, who had been Executive Secretary of the Interim Commission. Dr. Chisholm was later appointed Director-General by the Assembly.

In the course of nine meetings the Board took the decisions summarized in the following report.

1. NOMINATION OF THE DIRECTOR-GENERAL

The Board agreed to nominate Dr. Brock Chisholm for the post of Director-General of the World Health Organization and to propose his appointment by the Health Assembly, in accordance with Article 32 of the Constitution.

The Board approved the draft contract of the Director-General, as finally amended by the Assembly (Annex 3, see p. 36).

2. PLANNING AND OPERATIONS

2.1 Temporary Special Administrative Office for Health Rehabilitation in War-Devastated Countries in Europe

The Health Assembly had agreed to the establishment of a special administrative office for Europe for the purpose of eliminating the consequences of the war on the health of the populations in devastated countries. The delegation of Czecho-1

1. 24 June-24 July 1948
3. For persons designated by these States, see Annex 1, P. 33
4. Adopted at the Board's second session.
5. Off. Rec. World Hlth Org. 13, 331

slovakia to the first Health Assembly, along with the chief delegates of Albania, the Byelorussian Soviet Socialist Republic, Bulgaria, Hungary, Poland, Roumania, the Ukrainian Soviet Socialist Republic and the Union of Soviet Socialist Republics had proposed that, in view of the urgent nature of the task to be entrusted to this office, the Board (1) should agree to the establishment of the Temporary Special Administrative Office for Europe within three months from the day of the close of the first Health Assembly, and (2) should come to a decision as to its location.

Furthermore, the Czechoslovak Government had suggested that the seat of the office should be in Czechoslovakia, either in one of the university
cities or one of the spas Mariánské Lázně or Karlovy Vary (formerly Marienbad and Karlsbad). In an oral statement, presented at the invitation of the Board, the delegate of Czechoslovakia proposed that a first meeting of delegates be convened at Karlovy Vary on or about 15 September 1948.

The Board agreed to the following statement made by the Chairman:

The Director-General is prepared to implement the Health Assembly resolution by proper machinery, with the establishment, not later than 1 January 1949, of an administrative office for Europe, subsequent to a meeting of the representatives of the governments concerned. Certain countries such as France, the Netherlands, Belgium and Yugoslavia, not mentioned in the Czechoslovak proposal, will also be represented.

The Director-General was instructed to take the necessary measures and to report back to the second session on action taken for creation of such an office.

2.2 Malaria

The Board considered the report on the second session of the Expert Committee on Malaria established by the Interim Commission, and the comments of the Health Assembly on this report. The recommendations on the following topics were approved:

1. WHO malaria policy;
2. Agriculture and malaria: provision for cooperation with FAO on the selection of areas for malaria control;
3. Insecticides (with the suggestions of the Assembly);
4. Chemotherapeutics in malaria control;
5. Research;
6. Vote of thanks to the Pan American Sanitary Bureau.

2.3 Tuberculosis

The Board considered the report of the second session of the Expert Committee on Tuberculosis established by the Interim Commission, and approved the recommendations on the following topics:

1. Recruitment and training of professional personnel;
2. Provision of physical facilities, supplies and equipment;
3. PPC and BCG;
4. Research;
5. Co-operation with other organizations:
   - a) formation of Joint Committee on Health Policy of UNICEF/WHO to direct co-operation with UNICEF;
   - b) examination of migrants for tuberculosis, in collaboration with ILO and ECOSOC;

2.4 Venereal Diseases: Bejel

The Board noted the request of the delegation of Iraq that provision should be made for field studies on bejel. This item was referred to the Expert Committee on Venereal Infections.

2.5 Other Subjects

2.5.1 High Altitude Research Stations

The Board approved the recommendation that WHO accede to the request from the Director-General of UNESCO to be represented at the International Conference on High Altitude Research Stations, and that the necessary funds should be committed.

2.5.2 Pilot Project on Fundamental Education in Haiti

The Board approved the recommendation that WHO appoint an expert to carry out a preliminary survey, lasting approximately two months, of the situation in the Marbial valley (Haiti) from the point of view of health and sanitation. It requested the Director-General to make this appointment, with the understanding that the survey would lead to the preparation of a detailed working plan and budget for the development of health education within a fundamental education programme for that community.

3. EXPERT COMMITTEES

3.1 Provisional Appointment Regulations

The Board adopted draft provisional regulations for the appointment of expert committees (Annex 5, p. 38).

3.2 Establishment of Expert Committees

The Board approved, with modification in regard to membership, the suggestions of the Director-General on the establishment of expert committees.

The decisions of the Board concerning the several expert bodies are set forth below:

1. Establishment of Expert Committees. It was decided to limit the establishment of expert committees, initially, to nuclear committees, leaving eventual membership to be decided at a later stage. The Board recommended the establishment of nuclear committees as follows:

   Expert Committee on Malaria of the World Health Organization: initial nucleus, five members;

   Expert Committee on Venereal Infections of the World Health Organization; initial nucleus, five members.

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6 Off. Rec. World Hlth Org. 11, 43
7 Ibid. 13, 119
8 Off. Rec. World Hlth Org. 11, 5
Expert Committee on Tuberculosis of the World Health Organization: initial nucleus, five members, of whom one should be an expert on antibiotics;

Expert Committee on Venereal Infections of the World Health Organization: initial nucleus, five members;

Expert Committee on Maternal and Child Health of the World Health Organization: initial nucleus, four members;

Expert Committee on International Epidemiology and Quarantine of the World Health Organization (with sub-section on quarantine): ten members;

Expert Committee on Health Statistics of the World Health Organization: nucleus of three members and a panel of additional members;

Expert Committee on Biological Standardization of the World Health Organization: initial nucleus of five members plus temporary sub-committees on specialized subjects;

Expert Committee on the Unification of Pharmacopoeias of the World Health Organization: initial nucleus, seven members;

Expert Committee on Habit-forming Drugs of the World Health Organization: initial nucleus, six members;

Expert Committee on Insecticides of the World Health Organization: nucleus, three members plus a panel of specialized members;

Joint Committee on Nutrition, FAO/WHO: authorization was given for the appointment of three WHO experts.

(2) Continuation as ad hoc Committees of Expert Committees set up by the Interim Commission (see also items 2.2, 2.3 and 2.4). In order to meet current needs, the Board decided that the following committees of the Interim Commission should be considered as ad hoc committees until the nuclear committees had been established:

(a) To meet before the second session of the Executive Board:

Ad hoc Expert Committee on Tuberculosis: to advise UNICEF and to consider in detail the 1949 programme;

Ad hoc Committee on BCG: To be called possibly before 1 November at request of UNICEF at its expense; six members: to consider the Joint WHO/UNICEF-BCG programme;

Ad hoc Expert Committee on Venereal Disases: Four members, to meet as soon as possible: to advise UNICEF and to consider in detail the 1949 programme and the revision of the Brussels Agreement;

Ad hoc Expert Committee on the Unification of Pharmacopoeias: Seven members, to meet at the end of October: to prepare the publication of the international pharmacopoeia;

Ad hoc Expert Committee on Habit-forming Drugs: Five members, to meet as soon as possible: to consider the habit-forming character of amidone, metopon, valbine, etc., as requested by certain governments;

Joint OIHP/WHO Study Groups on: Cholera, Smallpox, Plague, Typhus and Trachoma: To meet in October, Paris, at the expense of OIHP: to advise the Expert Committee on International Epidemiology and Quarantine;

(b) For consultation, pending constitution of the new committees:

Expert Committee on Malaria: Six members, plus three co-opted members: to give advice on details of field programmes of WHO and on the emergency field malaria programme of UNICEF in the Far East:

Yellow Fever Panel: To advise the Expert Committee on International Epidemiology and Quarantine.

(3) Panels of Corresponding Members. The Board noted that Regulation 15 of the Regulations and Rules of Procedure for Expert Committees and their Sub-Committees provided for corresponding members, and that Regulation 5 of the Provisional Appointment Regulations for Expert Committees and their Sub-Committees specified how the appointment of corresponding members should be made. (See also item 3.1.)

4. JOINT COMMITTEES

As directed by the Health Assembly,13 the Board adopted the following policy on joint committees:

The Director-General is empowered, in such emergencies as the Executive Board may determine, to enter into agreements with the Directors-General of other international organizations for the establishment of, or participation in, joint committees.

10 It was agreed that the Interim Commission Expert Committee on Tuberculosis, including the Sub-committees on BCG and Streptomycin should be regarded as an ad hoc committee until the following session of the Board.

11 Adopted by the Health Assembly at its fifteenth plenary meeting.

12 Annex 5, p. 38

13 Off. Rec. World Hlth Org. 13, 324

14 Ibid. 13, 377
5. TECHNICAL SERVICES

5.1 Epidemiology (See also item 7.5)

The Board considered the note by the Director-General on the terms of reference of the Expert Committee on International Epidemiology and Quarantine as regards the administration of the International Sanitary Conventions. In this note, it was pointed out that (1) under the terms of the International Sanitary Conventions now in force, the Permanent Committee of OIHP was recognized as the technical consultative council on the interpretation and application of the Conventions, and the High Contracting Parties had agreed to consult this committee before having recourse to any other procedure, in the event of difficulties arising between them with regard to the interpretation and application of these Conventions; and that (2) as the result of the entry into force, on 20 October 1947, of the Protocol relating to OIHP, signed in New York on 22 July, 1946, and of the agreement between OIHP and WHO, it was now incumbent upon WHO to carry out the functions of the Office in this respect.

The Board accordingly adopted the following resolution:

The Executive Board

AUTHORIZES the Director-General, in cases of emergency, to bring officially to the notice of the Expert Committee on International Epidemiology and Quarantine any request, made by a government, party to one of the International Sanitary Conventions, concerning difficulties which may arise with one or several other governments, also parties to the same conventions, with regard to the interpretation and application of these Conventions, with a view to studying the case and to reporting on it to the Executive Board for consideration and appropriate action.

5.2 Editorial Matters — Publications and Reference Services

5.2.1 Medical and Biological Abstracting

The recommendation that WHO should cooperate with UNESCO in sponsoring the activities of the Interim Co-ordinating Committee on Medical and Biological Abstracting was approved by the Board, which also instructed the Director-General to collaborate, in so far as there was budgetary provision therefor, in the work of this committee.

5.2.2 Publication of Proceedings of International Congresses of Medical Sciences

The Board considered the proposal of the Yugoslav delegation to the Health Assembly that WHO take the initiative in recommending to UNESCO the creation of an International Library of Congresses which should publish papers presented at such congresses, and participate actively and adequately in providing the financial basis of this undertaking.

The Board instructed the Director-General to study the question of collaboration with UNESCO in the publication of papers presented at international congresses.

6. REGIONAL ORGANIZATION

6.1 Regional Organization for South-East Asia

The Board had been instructed by the Health Assembly to establish regional organizations in the areas delineated by the Assembly, as soon as the consent of the majority of the Member States in each area had been obtained.

The Board, accordingly, noted (1) the letter addressed to the President of the Assembly by the chief delegates of Burma, Ceylon, India and Siam stating that their countries had agreed to join the regional organization for South-East Asia, with headquarters in India; (2) the letter from the delegate of India proposing that this regional organization should be located in the city of Mysore; and (3) the statement by the Director-General that no further action was required of the Board in order to set up the Regional Organization for South-East Asia.

5.2 Editors — Publications and Reference Services

6.2 Pan American Sanitary Organization

The Board established a working party to consider the modification of Article 9 of the draft WHO/PASO Agreement (for membership of working party, see Annex 2, p. 34), and later instructed it to discuss the whole draft Agreement with PASO and to prepare a draft working arrangement.

The report of the working party setting forth amendments to the draft Agreement between WHO and PASO, was adopted (Annex 4, p. 37).

The Board noted the statement by the Chairman of the working party that the draft Agreement had been considered as a basis for negotiation and not as a final step in the integration of PASO with WHO.

The Board then reappointed the negotiating Committee with the Pan American Sanitary Organization which had served under the Interim Commission (for membership, see Annex 2, p. 34).

6.3 Requests for Regional Offices

The Board took note of a letter addressed by the Philippine delegation to the Chairman of the Assembly, which requested the establishment of
a regional office of the Western Pacific area in the Philippines, stated that particular health problems due to war devastation in that country required emergency measures, and asked what assistance could be given by WHO. The Board noted also that the Chinese delegation had requested the establishment of a regional office in China.

In view of the fact that no regional office could be established without the consent of a majority of the Members of the area concerned, the Board agreed to the proposal of the Director-General to send a sanitary engineer to the Philippines and to prepare a brief report on the situation for submission to the Board at a later session.

7. TECHNICAL LIAISON

7.1 Relations with FAO

The Director-General was instructed to implement the resolution adopted by the Health Assembly concerning the Agreement with FAO.17

The Board adopted the recommendation of the Interim Commission, which proposed the following technique for co-operation with FAO:

1. The meeting of the FAO Standing Advisory Committee on Nutrition to be held in 1948 should receive greater representation from WHO.18

2. The first meeting of the small FAO Standing Advisory Committee on Rural Welfare, to be held in 1948, should include a member nominated by WHO.19

3. Inter-secretariat arrangements should be made as soon as possible after the first Health Assembly with a view to the functioning of joint expert advisory committees with the minimum of delay.

4. The question of semi-permanent or permanent joint secretaries to implement these responsibilities should be left in abeyance until further experience had been gained.

It was agreed that the machinery recommended to the Health Assembly by the Interim Commission would function until the second session of the Board, when the question would be reviewed, together with the proposal submitted to the Assembly by the United Kingdom delegation.

7.2 Relations with ILO

The Board instructed the Director-General to implement the resolution adopted by the Health Assembly concerning the Agreement with ILO.20

7.3 Relations with UNESCO

The Board instructed the Director-General to implement the resolution adopted by the Health Assembly concerning the Agreement with UNESCO 21 (see also items 2.5 and 5.2).

7.4 Relations with Non-Governmental Organizations

The procedure adopted by the Health Assembly for admitting non-governmental organizations into relationship with WHO 22 included a provision that the Executive Board should:

... establish a standing committee to be known as the Committee on Non-Governmental Organizations. This committee shall be composed of five members, and shall consider information submitted by non-governmental organizations, voluntarily or by invitation, and it shall make recommendations to the Board. It may invite any such organizations to speak before it in connection with their applications.

Accordingly, the Board appointed a Standing Committee on Non-Governmental Organizations, which met during the session (for membership, see Annex 2, p. 34).

The Board approved the report of this committee (Annex 7, p. 40).

The Board asked that at the next meeting of the Committee on Non-Governmental Organizations, priority be given to consideration of relations with the International Union against Tuberculosis and the International Union against Venereal Diseases.

On the request of the member from the United Kingdom, it was decided to defer to the third session consideration of the proposal from the London School of Hygiene and Tropical Medicine that WHO, as successor to the Health Committee of the League of Nations, should appoint a representative to the Court of Governors of the School.23

7.5 Collaboration with the Pasteur Institute

The Board considered the generous offer of Dr. Dujarric de la Rivière, on behalf of the Administrative Board of the Pasteur Institute, to place at the service of WHO, in the study of epidemic diseases, the many laboratories of the Pasteur Institute, which were scattered in all parts of the world. The Board instructed the Director-General to study possible methods of collaboration with the Pasteur Institute.
8. CONSTITUTIONAL MATTERS

8.1 Rights and Privileges of Associate Members

The Board requested the Director-General to prepare a memorandum, for distribution to all members, on the privileges and immunities of Associate Members under the Joint Convention of Privileges and Immunities of Specialized Agencies, in order to permit full consideration of this question before the second session.

8.2 Rules of Procedure of the Executive Board

The Board provisionally adopted the draft Rules of Procedure, and later the revised Rules of Procedure, subject to further study at the second session.

The Board noted that the proposal regarding the term of office of the Chairman, submitted to the Assembly by the delegation of the United Kingdom, had been withdrawn, since this matter was covered by the revised Rules of Procedure of the Executive Board.

9. ADMINISTRATION AND FINANCE

9.1 Appointment of a Standing Committee on Administration and Finance

Having been instructed by the Health Assembly 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, the Board decided (1) to constitute itself a Standing Committee on Administration and Finance; (2) to set up, if necessary, working parties to consider the more complicated financial questions and to report back to the committee, and (3) acting as the Committee on Administration and Finance, to report back, as a matter of form, to the Board.

9.2 Budget and Management

9.2.1 Currency of Contributions

The Board considered a note by the Secretariat on the subject of currency of contributions to the 1948 Budget and advances to the working capital fund (Annex 6, p. 39) and, on the recommendation of the Director-General, adopted the following resolution:

The Executive Board,

Having in view the provisions of Regulation 19 of the Financial Regulations, and having reviewed the approved budget of the Organization for 1948,

Agrees with the opinion of the Director-General that annual contributions and advances to the working capital fund, as foreseen in the 1948 Budget, should be accepted only in United States dollars or Swiss francs.

9.2.2 Unallocated Field Service (UNRRA) Funds for 1948

Since, in January 1948, the Field Services Subcommittee of the Committee on Administration and Finance of the Interim Commission had deferred until later in the year the allocation of the Field Services Contingency Fund (approximately $100,000) for 1948, the Board, acting as the Standing Committee on Administration and Finance, appointed a working party to meet in Geneva two days before the second session of the Board, in order to consider the allocation of this fund. (For membership of working party, see Annex 2, p. 34.)

9.2.3 Transfer of Funds

The Board requested the Director-General to report, at the second session, progress on the matter of maintaining liaison with the Office International d’Hygiène Publique, with a view eventually to the transfer of its assets and liabilities to WHO, on the termination of the Rome Agreement of 1907.

9.3 Personnel

9.3.1 Provisional Staff Rules

The Board appointed a working party to consider provisional staff rules (for membership of working party, see Annex 2, p. 34), and later adopted provisional staff rules for the World Health Organization, subject to the reconsideration of certain rules at the second session (for text of the rules as finally adopted, see Annex 26).

9.3.2 Transfer of Interim Commission Staff

The Board considered the note prepared by the Director-General on the transfer of staff of the Interim Commission, and adopted the following resolution, subject to any later decision on expatriation allowances in connexion with Staff Rule 480:

The Executive Board

Hereby resolves that staff members of the Interim Commission transferred to the Organization shall be eligible as of the date of their appointment to receive

24 Off. Rec. World Hlth Org. 13, 316
the following allowances as authorized by and subject to the provisions of the Provisional Staff Rules: installation grant, expatriation allowance and transportation of household goods, to the extent that staff members have not yet received such allowances from the Interim Commission.

With respect to the expatriation allowance, no payment shall be made retroactively for any period of service with the Interim Commission; eligibility for this allowance will commence upon appointment with the Organization, and payments shall be made for the period specified in the Provisional Staff Rules.

10 TIME AND PLACE OF THE SECOND SESSION

It was agreed that the Board should hold its second session at the Palais des Nations in Geneva on Monday, 25 October 1948, at 10 a.m.
REPORT OF THE SECOND SESSION

INTRODUCTION

The second session of the Executive Board, consisting of nineteen meetings, was held under the chairmanship of Sir Aly Shousha, Pasha, from 25 October to 11 November 1948. Although the Board again necessarily devoted much of its time to organizational questions, it also took many important decisions bearing upon the programme of WHO.

Approval was given to the Director-General’s proposals for the establishment of the programme and budget for 1950. The sum of $70,000 was voted for the expansion of advisory and demonstration services to governments in 1949, in the control and prevention of malaria, tuberculosis and venereal diseases, the promotion of maternal and child health, and the improvement of public-health administration.

Progress was also made in the development of regional organizations. In conformity with the decision of the first World Health Assembly, the Board approved the establishment of the regional office for South-East Asia, and appointed Dr. Chandra Mani regional director. This office, to be set up in New Delhi on or about 1 January 1949, will be the first regional office of WHO.

Since the Initial Agreement with the Pan American Sanitary Organization had been adopted by both the Executive Board of WHO and the Directing Council of the Pan American Sanitary Organization, the Director-General was authorized to sign the agreement on behalf of WHO as soon as the requisite number of States Members of PASO had ratified the WHO Constitution. This will be a significant step towards the eventual integration of the Pan American Sanitary Organization as a regional organization.

The Board also authorized the Director-General to establish, at his discretion, a temporary special administrative office for health rehabilitation of war-devastated countries in Europe, after consultation with the governments concerned.

In order to provide for emergencies, it was decided that in such cases the Medical Supply Advisory Unit which had been set up to furnish information and advice on medical supplies to governments should act as a procurement body; and also that the Director-General, if requested by the United Nations, should take the necessary emergency measures in granting health and sanitary assistance to Palestine war refugees.

Among other actions of the Board was a decision to accept responsibility for promoting future research in the programme for the BCG vaccination campaign being undertaken jointly with UNICEF, the Danish Red Cross and its Scandinavian associates. The Board allocated $100,000 for this purpose. It also requested the Director-General to arrange for surveys, along with the Economic Commission for Europe, with a view to rehabilitating penicillin-production plants; and it considered many other technical subjects, such as dental hygiene, physical training, rabies and brucellosis. The Board established the number of members of each of its expert committees, and reviewed the reports of those expert committees which had met since the first session.

Mental and social aspects of health were not neglected. Recommendations to WHO made by the International Preparatory Commission for the World Federation for Mental Health were accepted in principle; the Board agreed to consider at its third session the possibility of recommending the establishment of an expert committee on mental health; and it adopted and sent to the United Nations as a working paper the United Nations Draft Declaration of the Rights of the Child, as modified by WHO.

The Board, finally, decided to convene the second World Health Assembly in Rome on 13 June 1949. These and the other decisions of the Board are set out in full in the following report of the second session.
I. PLANNING AND OPERATIONS

1.1 Advisory and Demonstration Services to Governments

1.1.1 ALLOCATION OF FUNDS

The Board noted the report of the Director-General on the allocation of funds, and took the following decisions (see also item 4.1.2):

1) As a guiding principle in the approval of programmes for the rendering of advisory and demonstration services to governments, the Board agreed that the following should be taken into consideration:

(a) Decisions, plans or programmes of the World Health Assembly or Executive Board;
(b) Decisions, plans or programmes of the United Nations or specialized agencies, if they relate to the subject of a request;
(c) The importance of the problem to the whole health programme of the requesting country (if no plan exists, assistance may be offered in developing a plan preliminary to further consideration);
(d) The ability of the country itself to provide the services required as measured by the availability of trained personnel, of means of training personnel or of foreign currency;
(e) The probability of achieving successful and useful results;
(f) Recommendations of expert committees, to which problems may be referred;
(g) Reasonable assurance of satisfactory cooperation on the part of the government throughout the programme (Normally, the government will be expected to contribute to the programme by meeting such costs within the country as can be met in domestic currency);¹
(h) Reasonable assurance from the government, where appropriate, that the programme will be continued, especially that the government has, or will establish, a health organization with personnel and financial support adequate to continue the programme;
(i) The desirability of making every effort to assure equitable distribution, if the requests should exceed the available budget (This may be accomplished by progressively stricter application of the guiding principles).

2) The Board noted the summary of proposals by governments which had been presented by the Director-General, and authorized the Director-General to elaborate and put into operation programmes within the budgetary limits set by the first World Health Assembly.

1.1.2 FIELD SERVICES (UNRRA) BUDGET FOR 1948

After considering replies received from governments requesting additional services, the Board decided on supplementary allocations of the $100,000 available from the Contingency Fund of the Field Services Budget (see Annex 23, p. 77).

1.2 Presentation of Programme and Budget for 1950

The Board discussed the statement presented by the Director-General concerning the programme and budget to be proposed for 1950 and techniques to be used in its presentation (Annex 8, p. 41).

With the understanding that the proposal concerning scales of assessment and contributions in kind would be further considered at the third session, the Board endorsed the objectives of the Director-General, and instructed him to present the budget for 1950 on the basis of these principles. (For membership of working party appointed to consider this subject before the third session of the Board, see Annex 2, p. 35.)

The Board noted the views of the United Kingdom on the implications of the 1949 budget on the budget for 1950 and a note by the Director-General on that subject.

1.3 Use of UNRRA Grant: Joint Committee on Health Policy, UNICEF/WHO

The Board accepted the report by WHO members of the Joint Committee on Health Policy, UNICEF/WHO (Annex 10, p. 49) concerning the reports of the joint committee, and adopted the following resolutions:

The Executive Board

(1) Authorizes the Director-General to give to UNRRA the assurance requested (see letter from Director-General of UNRRA), (Annex 21, p. 51), and to inform the Executive Board of UNICEF of this action.

(2) Adopts the following principles governing the use of the UNRRA grant of 24 September 1948:

(a) The specialized staff of WHO in the fields of maternal and child health, tuberculosis, venereal disease, and nutrition should be strengthened to the extent necessary to provide the consultation and demonstration services required by governments to preserve and continue the gains made in maternal and child health through the UNICEF emergency programme or otherwise, in order to link up with present emergency work

¹ This principle was accepted by the Board after discussion of the supplementary note on the subject prepared by the Director-General. For note and summary of discussion see Annex 24, p. 75.
the long-term work in the field of maternal and child health, which is the responsibility of WHO.

(b) Field and statistical investigations which promise to yield information of value to maternal and child health should be undertaken in conjunction with current UNICEF programmes and for such follow-up period as appears to be desirable.

c) Technical staff and expert consultation should be provided to advise in the establishment and maintenance of a high technical standard in all UNICEF programmes.

d) Within the limits of over-all WHO policy, joint programmes and surveys should be undertaken to the extent that such joint participation enables UNICEF to put into effect programmes from which it would otherwise be excluded by its terms of reference.

e) Individual fellowships available to all countries should be provided in the fields of clinical and social pediatrics in order to raise the standards of maternal and child health services.

(f) Directs that the allocations from the grant be controlled in the following manner:

(a) The Director-General, after consultation with the Executive Director of UNICEF, shall develop a programme, within the framework of the principles set forth, and present this programme for consideration by the next session of the Joint Health Policy Committee.

(b) After approval of specific projects by the Joint Health Policy Committee, the Director-General is authorized to make necessary allocations of funds.

c) If time permits, projects shall be referred to the Executive Board for approval before the allocation of funds,

(d) and, further, decides that:

(a) In regard to 60 to 80 individual fellowships in the field of clinical and social pediatrics, which shall be available to all States and administered under general WHO policies, written approval of the UNICEF members of the JHPC shall be sought and, upon receipt of such approval, the Director-General is authorized to implement the programme.

(b) In regard to research in connection with the current UNICEF-BCG programme, similar approval of the UNICEF members of the JHPC shall be sought for initiation of a research programme. On receipt of this approval, the Director-General is authorized to make an allocation not exceeding $100,000. This will further be implemented by the Executive Board upon receiving recommendation from the appropriate experts and from the JHPC.

(c) The Director-General is authorized to provide from this grant: (i) the technical personnel who may in the future be seconded by WHO to UNICEF; (ii) the expenses of WHO expert committees specially convened or created to advise in regard to UNICEF programmes, and (iii) individual experts employed to advise concerning UNICEF programmes.

1.4 United Nations Mediator in Palestine

The Board considered the note by the Director-General on technical assistance to the United Nations Mediator in Palestine. After a discussion, which made it clear that there was an urgent need for health and sanitary assistance to refugees and that the United Nations might possibly ask WHO for further assistance, the Board adopted the following resolution:

The Executive Board approves of the action of the Director-General in sending an expert to the Middle East to undertake a general inspection of the health situation among refugees, as requested by the United Nations; authorizes him, in consultation with the Chairman of the Executive Board, within the limits of any resources made available for this purpose, to take the necessary emergency measures, in the terms of Article 25 (i) of the Constitution, to deal with events requiring immediate action; and requests him to study further the general situation, especially in its long-term implications, and to submit an early report.

This resolution was immediately communicated to the General Assembly, in session in Paris.

1.5 Temporary Special Administrative Office for Health Rehabilitation of War-Devastated Countries in Europe

The Board endorsed in principle the views put forward by the Director-General in his letter to governments (Annex 9, p. 48).

The Board noted:

(1) that a conference of representatives of all war-devastated countries in Europe would be held in the Palais des Nations, Geneva, on 15 and 16 November 1948;

(2) that the purpose of the conference would be to discuss, inter alia, *a* the nature and extent of the services desired by individual countries, *b* the size and location of the administrative office required; and

(3) that the travelling expenses of one delegate from each member country would be paid from WHO funds.

In view of the small number of replies to the letter sent by the Director-General requesting governments to submit proposals as to the nature of the services desired, and the desirability of consulting, as far as possible, all the war-devastated countries concerned, the Board decided that after opinions had been expressed by the representatives present at this conference, the Director-General should establish an office at his discretion. (See also items 4.1.4; 4.1.5.)

1.6 Bureau of Medical Supplies

The Board noted that, in implementation of the recommendation of the first Health Assembly, the United Nations Mediator in Palestine, and the Temporary Special Administrative Office for Health Rehabilitation of War-Devastated Countries in Europe.  

5 Including public-health and individual aspects of maternal and child care.
provision had been made in the headquarters office of the Secretariat for a Medical Supply Advisory Service Unit to furnish to governments information and advice on medical supplies. The Board agreed that this unit could be a procurement body in case of emergency and that, where appropriate, advantage would be taken of the offer of the PASB to put its appropriate services at the disposal of WHO. The Board requested the Director-General: (1) to prepare a progress report, for submission to the second Health Assembly, (2) to make preliminary investigations on the possibility of encouraging production in countries possessing raw materials but unable to manufacture finished products, and (3) to present a report to the third session of the Board.

The Board also noted (1) the suggestion of the observer from UNESCO that the Scientific Apparatus Information Bureau established by the Natural Sciences Division of UNESCO might give useful advice to WHO on the procurement of scientific equipment, and (2) the proposal of the International Red Cross Conference, that WHO undertake to be responsible for the uniformity of medical equipment for civilian needs (see item 1.15.10).

1.7 Malaria

The Board discussed recommendations to governments on legislation for malaria control, which had been referred to the Board by the first Health Assembly, and decided to refer these recommendations, by correspondence, to the members of the Expert Committee on Malaria, together with a résumé of the discussion.

1.8 Tuberculosis

1.8.1 Expert Committee on Tuberculosis

The Board took note of the report of the third session of the Expert Committee on Tuberculosis and decided to publish it as submitted, without observations, but with a note stating that the Board had postponed discussion of the report until its third session.

Concerning the composition and meetings of the expert committee, the Board agreed that (1) the membership should be increased to nine, taking into account the need for specialists in all the different aspects of the problem and adequate geographical distribution, and (2) no definite number of meetings a year should be specified.

1.8.2 BCG Campaigns

Reports were given by (1) the Director and (2) the Tuberculosis Research Expert of the Joint Enterprise of UNICEF, the Danish Red Cross and its Scandinavian Associates, on the BCG vaccination campaign and on a suggested programme for future research. The Board accepted responsibility for the promotion of medical research in this programme (see Appendix to Annex 10, p. 50), it being understood that programmes in other countries than those participating in the UNICEF programme could be brought into the research projects; and decided to consider the subject further at its third session.

(See also 1.3)

The Board took note of the inauguration, in August 1948, of a BCG vaccination programme in India, as well as a statement by Dr. Mani on the subject, and expressed the hope that similar work would be undertaken in other countries.

1.9 Maternal and Child Health

1.9.1 Declaration of the Rights of the Child

The Board considered the recommendations of the Director-General on the United Nations Draft Declaration of the Rights of the Child, approved the text of the revised Declaration, as amended (see Annex 12, p. 52), and adopted the following resolution:

The Executive Board

Recognizing the importance of the United Nations Declaration of the Rights of the Child, and of the principles embodied in the Constitution of WHO and in the Declaration of Human Rights with respect to the Child,

Instructs the Director-General to forward, as a working paper only, the United Nations Draft Declaration of the Rights of the Child, with modifications as proposed by WHO, for consideration by the United Nations.

The observer from the United Nations thanked the Board for assistance given by WHO in this project.

1.9.2 General Council of the International Union for Child Welfare

The Board noted the report by the Director-General on the General Council of the International Union for Child Welfare, held in Stockholm from 10 to 16 August 1948, and endorsed continued co-operation with that Council, which had been brought into official relationship with WHO.

1.10 Venereal Diseases: Penicillin Production and Distribution

The Board approved the report of the ad hoc Expert Committee on Venereal Diseases, making the following observations:

(1) Regarding penicillin production and distribution, including rehabilitation of UNRRA plants, the Director-General was requested to arrange for surveys by an adequate team of experts with a view to rehabilitating the plants. The various economic commissions of the Economic and Social Council of the United Nations were to be approached on this matter.

(2) Since ILO had been instrumental in the establishment of the Brussels Agreement of 1924, it was agreed the revision and expansion of
that agreement into a wider instrument, comprising international regulations for venereal diseases, should be made in consultation with that body. Therefore, the provisional text of such regulations should be circulated to ILO and the competent intergovernmental organizations.

(3) The Board noted the commendation by the expert committee of the progress made in the Polish anti-syphilis campaign and the recommendation regarding consultation and demonstration teams.

(4) It was decided that the report should be published, preceded by a note setting forth the Board's observations.6

1.11 Nutrition

The Board took note of the nomination of Lord Horder, G.C.V.O., Adviser to the Ministry of Food, London, and of Professor F. Verzár, Physiologisches Institut, Bâle, to the Standing Advisory Committee on Nutrition of FAO, as members from WHO; and later agreed to the appointment of a third member to this committee,7 with the understanding that the extra cost involved would be approximately $250 (see Annex 16, p. 59).

1.12 Environmental Sanitation

1.12.1 FAO Standing Advisory Committee on Rural Welfare

The Board noted that, in implementation of the decision to nominate a member of the Standing Advisory Committee on Rural Welfare of FAO,8 the Director-General had appointed Dr. Louis B. Williams, Jr., United States Public Health Service, and that this appointment had been approved by the Chairman of the Executive Board (see Annex 16, p. 59). (See also item 5.4).

1.12.2 Hygiene of Housing

In furtherance of WHO's activities in the hygiene of housing, the Board adopted the following resolution:

The Executive Board AUTHORIZES the establishment of a small panel of expert correspondents in the hygiene of housing, to give advice on WHO participation in, the United Nations programme on housing and town and country planning:

AUTHORIZES the Director-General to establish relations with appropriate international and regional authorities, including the national housing committees which are to be set up at the request of the Social Commission of the United Nations; and

APPROVES the establishment of relations with the Committee on the Hygiene of Housing of the American Public Health Association.

1.13 Public Health Administration

1.13.1 Medical Education

Considering one of the major difficulties facing the health profession to be the scarcity of well trained personnel, the Board requested the Director-General to place on the agenda of the third session the question of medical education of public health personnel.

1.13.2 Uniform Designations in National Departments of Health

The Board considered a proposal that WHO might approach governments on the desirability of standardizing titles of the chief executive officers in their national departments of health, and that the titles used by WHO might be adopted — namely, "Director-General of Health", "Deputy Directors-General of Health", and "Directors", e.g. "Director, Division of Child and Maternal Health", "Director, Division of Epidemiology", etc. It was further proposed that chief executive officers should be responsible for the curative and preventive aspects of medicine, wherever both were administered by national governments. The Board adopted the following resolution:

The Executive Board REQUESTS the Director-General to enquire of governments their views on the desirability of uniform designations for the chief executive officers of all national departments of health, as outlined above.

1.14 Mental Health

The Board considered the Director-General's report on the International Congress on Mental Health, held in London from 9 to 21 August 1948, and the following recommendations made to WHO by the International Preparatory Commission:

(1) The successful administration of any public health programme involves the acceptance of the programme by the people on whose behalf it is administered; and hence must take into account the attitudes, varying in different cultures, which may assist or obstruct the application of scientific knowledge. This is a point at which mental health principles can find direct and useful application. Accordingly it is recommended that adequate attention be given to mental health principles in connexion with the undertakings of the World Health Organization, in promoting maternal and child welfare, and in the control of venereal disease, tuberculosis, and malaria, all of which have mental implications in respect to causative factors, effects, and control.

(2) That long-term plans for comparative studies in the field of mental health be envisaged, and steps taken immediately to facilitate such studies as:

(a) determining the criteria by which mental ill-health might be assessed by a nation or region;
(b) securing and maintaining agreement on
terminology, nomenclature, methods of survey,
statistical procedures;

(c) recognizing factors which are general to
all countries and those which are specific
to certain regions.

In this connexion, the World Federation for
Mental Health and other international and national
professional associations should be invited to
furnish expert help where needed.

(3) That the World Health Organization call
on appropriate international professional organi-
zations (e.g., World Federation for Mental Health)
for co-operation in the formulation and promul-
gation of principles important in promoting the
healthy development of children.

(4) (a) that pilot studies and demonstrations
in mental health education be undertaken;
(b) that provisions be made for the wide-
spread dissemination of mental health infor-
mation, including the results of research and
demonstrations;
(c) that there be international and inter-
disciplinary co-ordination in research effort;

(5) That international congresses in all fields
of health be facilitated with representation from
the various professions;

(6) that, as soon as is practicable, an advisory
expert committee be established, composed of
professional personnel in the field of mental
health and human relations;

(7) that in co-operation with professional
associations in various countries, further interna-
tional surveys of standards of professional training
be undertaken along lines already carried out in
relation to social workers, with a view to the
raising of these standards through the world,
such professional training being interpreted in the
widest sense, to include as many as possible of the
professions regarded as responsible for mental
health;

(8) that a definite minimum proportion of
the total funds available for fellowships be devoted
to fellowships for mental health personnel;

(9) that there be undertaken studies of the
differences in approach to mental health education,
for each of the four groups:
(a) persons working in professions related to
health;
(b) policy-making bodies;
(c) persons in the fields of radio, press, films,
etc.;
(d) the general public.

The Board approved these resolutions in prin-
ciple, and made the following observations:

Recommendation 2: The Director-General should
consult with the World Federation for Mental
Health on preliminary studies to be made in
consultation with the Federation, and would then
be given broad general instructions to carry out
these studies;

Recommendations 4, 7 and 9: The studies and
surveys mentioned in 4 and 7 ought to be under-
taken in co-operation with other specialized
agencies such as UNESCO, or with sections of the
United Nations, where necessary; and the studies
referred to in 9 should be interpreted as being
closely related to those in 4 (a) and (b);

Recommendation 5: This recommendation was
merely noted;

Recommendation 6: The Board requested the
Director-General to prepare documents for sub-
mission to the third session of the Board, which
should consider whether to recommend to the
Assembly the raising of the priority accorded to
mental health so as to provide for an expert
committee on the subject;

Recommendation 8: No definite minimum pro-
portion of fellowships should be stipulated, but
governments should be made aware of the impor-
tance of seeking an adequate proportion of fellow-
ships in this field.

1.15 Other Subjects

1.15.1 Dental Hygiene

The Board discussed the proposal for the study
of stomatology and dental hygiene, which had been
referred to it by the first Health Assembly,9 and
a preliminary statement by the Director-General.

The Board (1) approved the proposal for collect-
ing information on dental services, in collaboration
with the International Dental Federation where
appropriate, and for consulting the Federation for
the purpose of formulating an international pro-
gramme for the improvement of dental services,
to be submitted to the second Health Assembly;
and (2) decided that the proposed programme
should be presented to the Board at its third
session.

1.15.2 Physical Training

The Board adopted the proposal of the Director-
General to continue the collection of scientific
information on physical training from appropriate
sources, including governments and competent
non-governmental organizations, with a view to
possible integration of this subject into the pro-
gramme of the Organization for 1950, and decided
to place this subject on the agenda of the third
session.

1.15.3 Rabies

The possibility of convening an international
conference on rabies was considered; the nature
of the group of experts to whom collected material
would be designated as a world centre to co-ordinate the international institutes, the Board approved the resolution adopted; the present situation as regards anti-rabies vaccination and rabies prophylaxis; and the examination of unimplemented recommendations made at the first International Rabies Conference held in Paris in 1927 and at the Bucharest Conference in 1938 and of recent proposals made by rabbiologists as to the most useful lines of attack upon the disease.

It was understood that, initially, material would be referred to appropriate experts by correspondence.

1.15.4 BRUCELLOSIS
After studying the recommendation of the Director-General that one of the regional centres specializing in the study of brucellosis be selected as a world centre for the co-ordination of research and distribution of information, and after hearing statements on the work done in this field by the American Sanitary Organization and certain national institutes, the Board: (1) adopted the recommendation; (2) authorized the Director-General to suggest to the Board an institute to recommend; and (3) decided that the subject should be re-studied at the third session.

1.15.5 INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES
The Board heard a statement by the observer from UNESCO, who described the collaboration between WHO and UNESCO in the co-ordination of international congresses of medical science. The Board noted the report by the Director-General on the subject, and adopted the following resolution:

Whereas it is expected that the Organizing Committee for the Permanent Bureau for the Co-ordination of International Congresses of Medical Sciences will establish a permanent Bureau (or Council) as a non-governmental organization collaborating with WHO, and

Whereas the first Health Assembly allocated for 1949 the sum of $25,000 for the co-ordination of international congresses of medical sciences:

The Executive Board instructs the Director-General
(1) To continue collaboration with UNESCO with a view to establishing the proposed Permanent Council for the Co-ordination of International Congresses of Medical Sciences;
(2) In consultation with the above-mentioned Council (or its Organizing Committee), to explore the possibility of preparing a draft agreement with a view to ensuring collaboration between WHO and the Council, (b) giving effect to the principle laid down in the relevant resolution of the first Health Assembly, which aims at the increase of the responsibilities of WHO in the co-ordination of medical congresses, and (c) setting forth definite proposals for assistance to medical congresses in publishing their proceedings;

Approves participation by WHO in the sponsorship of the conference which is to be convoked in Brussels in April 1949 for the establishment of the Permanent Council for the Co-ordination of International Congresses of Medical Sciences;

Agrees that expenses for the technical organization of the congress and for assistance to medical congresses in publishing their proceedings may be covered out of the sum allocated for co-ordination of medical congresses, the sum to be expended in respect of services and not in the form of direct grants.

1.15.6 HIGH ALTITUDE RESEARCH STATIONS
The Board noted that WHO had been represented at the Conference on High Altitude Research Stations, which was held under the auspices of UNESCO at Interlaken 21 August — 3 September 1948. The Board adopted the following resolution:

The Executive Board instructs the Director-General to continue liaison with UNESCO regarding High Altitude Research Stations, in order to study the medical aspects of such research; and

Empowers the Director-General to use for expenditure connected with the above study the balance of the sum allocated by the first Health Assembly for participation by WHO in the Conference at Interlaken.

1.15.7 CONSERVATION AND UTILIZATION OF RESOURCES
The Board considered the report of the Director-General calling attention to the necessity of making an allocation from the budget for 1949 for representation by WHO at the United Nations Scientific Conference on Conservation and Utilization of Resources. It noted the comments of the observer from the United Nations, who stated that the forthcoming conference would probably be held at Lake Success, and confirmed that the United Nations would not pay the expenses of experts sent from the specialized agencies.

Accordingly, the Board authorized the Director-General to meet from WHO funds the expense of sending experts to this conference, on the understanding that the cost would not exceed $3,000.

1.15.8 PREPARATORY CONFERENCE OF UNIVERSITIES
The Board noted the potential importance of the Preparatory Conference of Universities organized by UNESCO, recognized the possibility of duplication between the work proposed and that already arranged for by the Pan American Sanitary Organization, and adopted the following resolution:

16 Off. Rec. World Hth Org. 13, 323
The Executive Board
NOTES the report of the Director-General on the Preparatory Conference of Universities; and

DIRECTS the Director-General to maintain close liaison with UNESCO in connexion with the work of the International Association of Universities and its Interim Committee, in order that WHO may give guidance, where appropriate, on the health aspects of this work, taking into account the necessity for co-ordination of effort in the healthfield with the activities of regional organizations.

1.15.10 Establishment of Blood Transfusion Service

The Board noted the decisions concerning co-operation with WHO taken by the International Red Cross at its Seventeenth Conference, among which was a suggestion that WHO be prepared to give information on the establishment of a blood transfusion service. (See also items 1.5 and 3.3.10.)

The Director-General was requested by the Board to submit to the third session comments and proposals on the suggestions made by the Conference.

2. Expert Committees

(See also under subject)

The Board considered the membership of the expert committees of WHO, and fixed the number of members of these committees as follows:

- Expert Committee on Malaria . . . . 9
- Expert Committee on Tuberculosis . . . . 9
- (Sub-committee on Streptomycin, Sub-committee on Tuberculin-testing and BCG Vaccination) . . . . 9
- Expert Committee on Venereal Infections . . . . 9
- (Sub-committee on Serology and Laboratory Aspects)
- Expert Committee on Maternal and Child Health . . . . 9
- Expert Committee on Health Statistics 5
- Expert Committee on International Epidemiology and Quarantine . . . . 10 (Section on Quarantine)
- Expert Committee on Biological Standardization . . . . 8 (Sub-committee on Fat-soluble Vitamins)
- Expert Committee on Unification of Pharmacopoeias . . . . 7
- Expert Committee on Habit-forming Drugs . . . . 6
- Expert Committee on Insecticides . . . . 3

The Board noted that (1) Regulation 14 of the Regulations and Rules of Procedure for Expert Committees permitted that these committees "suggest to the Director-General the co-opting in a temporary capacity of one or more specialists" and that "other members be appointed whose collaboration would be particularly useful..."; and (2) this and Regulation 16, permitting the setting-up of specialized sub-committees, should make it possible to meet the wishes of the Assembly as to the composition of certain committees; i.e., a small nucleus of polyvalent members, complemented by a panel of additional specialized members.

The Board noted that the establishment of certain other expert committees, e.g., those on parasitic diseases and virus diseases, had been recommended by the first Health Assembly,\(^{11}\) but that adequate funds for their establishment had not been provided. It was stated by the Director-General, however, that negotiations with ILO for joint committees on industrial hygiene and the hygiene of seafarers were taking place and that these committees might well be established in the near future. (For joint committees with FAO, see items 1.11, 1.12 and 5.4.)

3. Technical Services

3.1 Epidemiology

3.1.1 Endorsement of Existing Technical Decisions

The Board considered the recommendation of the Director-General that WHO, as the authority responsible for international health legislation, while retaining the right to abrogate or amend any action previously taken, required the use of the body of technical decisions established by its predecessors and should therefore signify blanket endorsement of such decisions. The following resolution was adopted:

\(^{11}\) Off. Rec. World Hth Org. 13, 309
The Executive Board

Considering the need for continuity of action in international health legislation and related matters,

expresses the opinion that all technical decisions taken in regard to the International Sanitary Conventions and their application, biological standards and habit forming drugs, by the Permanent Committee of the Office International d’Hygiène Publique, the Health Organization of the League of Nations, the Quarantine Commission of UNRRA, and the Interim Committee of the World Health Organization, shall remain in force unless rescinded or modified in an appropriate manner.

3.1.2 Request for Designation as Vaccine-Assaying Station for Yellow-Fever Vaccines

The Board considered a request from the Haffkine Institute (Bombay) to be designated by WHO as a yellow-fever vaccine-testing station and discussed the problems involved in designating (1) vaccine-producing centres, and (2) vaccine-assaying centres. In order to expedite the designation of institutes for the assaying of yellow-fever vaccines, the Board instructed the Director-General to refer application immediately to the Yellow-Fever Panel for advice, and authorized the Chairman to approve such designations on behalf of the Board.

3.2 Therapeutic Substances: Unification of Pharmacopoeias

The Board noted the report of the ad hoc Expert Committee on the Unification of Pharmacopoeias on its third session and decided to publish this report without comments.18

3.3 Editorial Matters, Publications and Reference Services

The Board adopted the following resolutions:

3.3.1 Periodical Index of Medical Literature

The Executive Board

Decides that the publication of a separate periodical as a source of reference and index of medical literature should not at present be undertaken by WHO, and

Instrucsthe Director-General to report at a future session of the Board any circumstances which might lead to reconsideration of this decision.

3.3.2 World List of Medico-Biological Periodicals

The Executive Board

Notes the proposal by the Interim Co-ordinating Committee on Medical and Biological Abstracting of UNESCO for the preparation and publication of a world list of medico-biological periodicals, and

Instructsthe Director-General to obtain further data on this proposal and to report to a future session of the Board.

3.3.3 Medical and Biological Abstracting

WHO having inherited from the Office International d’Hygiène Publique certain obligations in respect of the publication of bibliographical material (“indications bibliographiques”).

The Executive Board

Resolves

(1) that this obligation should be met by the publication in the Bulletin of the World Health Organization of bibliographies and/or abstracts; and

(2) that full consideration should be given to the recommendation of the Interim Co-ordinating Committee on Medical and Biological Abstracting Services of UNESCO,19 if abstracts should be published; and

Expresssthe wish that the periodicals of WHO should appear regularly.

3.3.4 Publication of Proceedings of International Congresses of Medical Science (see item I.15.5)

3.3.5 Languages for Publications

The Executive Board

Approves the principle of publication in the two working languages of the Organization; and

Recommends

(1) that the Chronicle of the World Health Organization should continue to be published in the five official languages;

(2) that certain special non-serial publications, should, when necessary, be produced in an additional language or languages; and

(3) that, if a further need to publish in non-working languages should be demonstrated, the Director-General should refer the matter to the Executive Board and, subject to its decision, should consult with the appropriate regional directors as to the possibility of undertaking such publication through the regional organizations.

3.3.6 Films and Other Audio-Visual Media

The Executive Board

Considering that it is desirable to stimulate the production, critical appraisal, use and exchange of films and other audio-visual media for education in the field of health,

Requests the Director-General

(1) to co-operate with the United Nations and UNESCO in order to study existing facilities in this field, for the purpose of developing a programme to stimulate the production, critical appraisal, use and exchange of films and other audio-visual media for use in health education; and

(2) to draw the attention of Members to the advantages of national co-ordinating committees, associations or centres for this purpose, to inquire whether such bodies exist and whether particulars are available of films recommended for medical and health education.

3.3.7 Supply of Medical Literature

The Executive Board

Recognizesthat there are in some countries difficulties in the way of obtaining necessary medical periodicals

18 Off. Rec. World Hlth Org. 15

19 Off. Rec. World Hlth Org. 12, 50
and books, and that the lack of such periodicals and books seriously hampers the development of health services and of medical education and research.

Instructs the Director-General

1. to send a written request to Members for information specifying any deficiencies in supplies of foreign medical literature, such information to include statements on (a) the principal causes of the deficiencies (b) the extent to which arrangements exist for the fullest utilization of available foreign medical literature by means of national central medical libraries, inter-library loans, union catalogues or other means;

2. to request information on the extent to which the UNESCO International Clearing House for Publications is concerned with medical literature, and to consult with UNESCO on the advisability of initiating jointly a survey of the needs of medical libraries in such countries as may express a desire for such a survey to be made; and

3. to obtain information on the use of microfilms in facilitating the availability of medical literature.

3.3.8 Loan of Medical Material from United Nations Library

The Executive Board

Notes the decision of the Fifth Committee of the General Assembly of the United Nations on 20 October 1948 regarding the loan to WHO of medical material in the Central Library of the United Nations at Geneva:

Expresses its appreciation to the Secretary-General of the United Nations for his co-operation in this matter:

Decides to accept provisionally the arrangement approved by the Fifth Committee of the General Assembly on 20 October 1948, and

3.3.9 Printing of Minutes and Reports

The suggestion of the Director-General that the final reports of the Executive Board should be printed in the Official Records of the World Health Organization was adopted, with the understanding that such reports would be formally approved at the close of each session, allowing a period of four weeks for the submission of factual corrections only.

The Board decided that copies of the minutes should be distributed in mimeographed form to Member Governments and that the report itself should contain a note stating that the minutes would be available in the Departments of Health of the governments concerned. The Director-General was requested to report at the third session on the cost of printing the minutes.

3.3.10 Handbook on Hygiene of Seafarers and Ship Medicine

The Board noted the proposal of the International Red Cross that WHO should co-operate with the League of Red Cross Societies in the revision of the handbook on Hygiene of Seafarers and Ship Medicine, on the understanding that the International Labour Organization would also take part in this project. (See item 1.15.10.)

4. REGIONAL ORGANIZATION

4.1 General

4.1.1 Relationship on Staff Matters between Headquarters and Regional Offices

The Board adopted the following statements of policy:

1. Application of Staff Regulations and Staff Rules to Regional Offices.

Staff Regulations and Staff Rules apply to the entire Organization. Adjustments which may be required in regional areas to meet local conditions will be made by amending or supplementing the Staff Rules rather than by setting up special or separate rules for regional offices.

2. Selection of Staff

The rule concerning criteria of selection, particularly individual competence and geographical representation, is applicable to the entire Organization. Therefore it is clear that all vacancies in regional offices (except such lower grades as may be exempted from geographical representation) are to be filled only after consideration of all applicants.

4.1.2 Allocation of Funds

The Board noted the report of the Director-General on the allocation of funds, and took the following decision concerning regional offices:

Of the $300,000 provided for regional offices, the Board authorized the Director-General to allot a sum not to exceed $200,000 for the administrative functions of existing regional organizations or those to be established in the near future. It agreed to consider at a later session the allocation of the sum of $100,000 for the development of additional regional organizations. In the event of their not being established in 1949, this sum would be made available to the regional offices already in existence.

4.1.3 Financial Relations between Headquarters and Regional Offices

The Board adopted principles for the application of the financial regulations and rules to regional
4.1.4 PAYMENT OF TRANSPORTATION EXPENSES

The Executive Board adopted the following resolution:

The Executive Board,

In order to carry out the instruction of the first World Health Assembly that it establish Regional Organizations as soon as the consent of the majority of Members situated within such areas is obtained,

RESOLVES that there be authorized the reimbursement for transportation expenses of one representative only of each Member State to the first meeting of each regional committee and the meeting in connexion with the Temporary Special Administrative Office for Europe, 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.

RESOLVES that reimbursement for such expenses should not be authorized for subsequent meetings of regional committees.

4.1.5 HOSPITALITY EXPENSES FOR 1949

In view of the expected establishment of regional offices in 1949, the Board decided to authorize, for 1949, expenditure of the sum of $1,000 for hospitality expenses in each of the regional offices and in the Temporary Special Administrative Office for Europe.

4.1.6 RIGHTS AND OBLIGATIONS IN REGIONAL ORGANIZATIONS: ASSOCIATE MEMBERS

After considering divergent views on the question of the rights and obligations of Associate Members in Regional Committees (Annex 14, Proposals A and B, pp. 54 and 55), the Executive Board approved the principles embodied in the following resolution:

The Executive Board, having regard to Articles 8 and 47 of the Constitution of the World Health Organization and to paragraph (d) of the Resolution of the first World Health Assembly of 21 July 1948 and having considered the observations which several Members have made in reply to the Circular Letter of 5 August 1948, whereas Article 47 of the Constitution states that Regional Committees shall be composed of representatives of the Member States and Associate Members in the region concerned;

RESOLVES that the rights and obligations of Associate Members situated within such areas is obtained,

whereas it is desirable to secure this representation at the earliest possible opportunity,

RECOMMENDS

(1) that the World Health Assembly, acting in pursuance of Article 75 of the Constitution of WHO, consider the interpretation to be given to the words "Member States in the Region" in line 1 of Article 47 of the Constitution, or refer the question to another authority competent to make the interpretation;

(2) that the World Health Assembly confer on Associate Members rights and obligations in Regional Committees equal to those of Members;

(3) that the rights and obligations of Associate Members in Regional Committees be periodically reviewed by the World Health Assembly.

4.1.7 RIGHTS AND OBLIGATIONS IN REGIONAL ORGANIZATIONS: OTHER TERRITORIES; APPLICATION TO ASSOCIATE MEMBERS OF GENERAL CONVENTION ON PRIVILEGES AND IMMUNITIES

The Board considered (1) the rights and obligations in regional organizations of territories or groups of territories which are not responsible for the conduct of their international relations and are not Associate Members; and (2) the application to Associate Members of the General Convention on the Privileges and Immunities of the Specialized Agencies. Deciding that it would be premature to study these two questions until the status of Associate Members had been determined at the regional level, the Board adopted the following resolution:

The Executive Board

Having regard to the resolution of the first World Health Assembly of 21 July 1948;

RECOMMENDS to the World Health Assembly that the rights and obligations in regional organizations of territories or groups of territories which are not responsible for the conduct of their international affairs and which are not Associate Members, and the question of the application to Associate Members of the General Convention on the Privileges and Immunities of the Specialized Agencies be considered when the status to be accorded to Associate Members in regional organizations has been determined.

4.1.8 DRAFT AGREEMENT WITH HOST GOVERNMENTS OF REGIONAL ORGANIZATIONS

The Board noted the report of the Director-General and a note by Dr. Mani on this subject, and adopted the following resolution:

The Executive Board

RESOLVES

(1) That the Director-General be invited to continue negotiations with the Indian Government in order to obtain an agreement extending privileges and immunities to the Regional Organization of WHO in South-East Asia, including those persons properly taking part, in order to carry out its functions, having regard to the proper interests of the Indian Government and having regard to agreements of the same nature which are in force and which have

13 To be discussed further at third session. An alternative wording suggested was: "... the Executive Board approved the following resolution in principle."
been concluded between the "host" governments and international organizations in several countries;

(2) That as a provisional measure, and until such agreement comes into force, the Indian Government be invited to extend to the regional organizations established on its territory, including those persons properly taking part, the privileges and immunities contained in the general Convention on the Privileges and Immunities of the Specialized Agencies, including Annex VII;

(3) That the Director-General be requested to report on the results of negotiations at the next session of the Executive Board.

4.2 Regional Organization for South-East Asia

The Board noted that the first session of the Regional Committee for South-East Asia had been convened in New Delhi on 4-5 October 1948, heard statements from the Director-General and from Dr. Mani regarding this meeting, and adopted the following resolution:

The Executive Board

In order to carry out the instructions of the first World Health Assembly,

(1) Approves the establishment of the South-East Asia Regional Office on or about 1 January 1949;

(2) Having considered the recommendation of the Regional Committee, which is in conformity with the policy laid down in the Agreement between the United Nations and WHO,

Approves provisionally the selection of New Delhi as the site of the Regional Office for South-East Asia, this action being subject to consultation with the United Nations by the Director-General; and

(3) Having considered the nomination by the Regional Committee for the position of Regional Director for South-East Asia,

Appoints Dr. Chandra Mani, and authorizes the Director-General to issue to him a contract for a period of five years, subject to the staff regulations and staff rules, at a salary of $13,500 per annum.

4.3 Pan American Sanitary Organization

The Board noted the report of the Committee on Negotiations with the Pan American Sanitary Organization, which stated that the Council of PASO had unanimously accepted the draft agreement adopted by the Executive Board at its first session (Annex 4, p. 37) and had recommended to American States Members of PASO the desirability of ratifying the Constitution of WHO (Annex 15, p. 57).

The Board:

(1) Congratulated the members of the committee on the results of their work;

(2) Agreed that the adoption of the Initial Agreement, although representing a further step, did not yet constitute "integration", in accordance with the Constitution of WHO;

(3) Authorized the Director-General to sign on behalf of WHO, when fourteen members of PASO had ratified the Constitution of WHO, the Initial Agreement, as now approved by the competent bodies of WHO and PASO; and

(4) Requested the Director-General to enter into such working arrangements, based on the draft agreement, as might be considered to be in the interests of administrative efficiency in avoiding duplication and in attaining within the Western Hemisphere the objectives of the World Health Organization.

5. TECHNICAL LIAISON

(For collaboration with organs and specialized agencies of the United Nations not listed here, see under subject of collaboration.)

5.1 Representation at Meetings of Other Organizations

5.1.1 REDUCTION OF DEMANDS ON TIME AND TRAVELLING EXPENSES

The Board adopted the following resolution:

The Executive Board, considering that it is desirable to reduce, in so far as is compatible with adequate representation of the Organization at the meetings of the General Assembly of the United Nations, the Economic and Social Council and its commissions, and the specialized agencies, the disproportionate demands which this activity makes upon the time of staff members and upon the Budget of WHO:

Directs the Director-General to take all appropriate steps, in consultation with the Secretary-General of the United Nations and other interested parties, to have such demands reduced to the minimum.

5.1.2 PACIFIC SCIENCE CONGRESS

The Board decided that WHO should be represented by an observer at the Seventh Pacific Science Congress to be held in New Zealand in February 1949. It requested the Director-General to ascertain from the Director-General of Health, Australia, whether Dr. Redshaw might be made available to act in this capacity.

After considering the general principle that so far as possible WHO should be represented at international conferences by competent persons preferably from the areas concerned, the Board resolved that the Director-General should use his own discretion in appointing representatives to international conferences.

5.1.3 LONDON SCHOOL OF HYGIENE

The Board decided to take no action at this time on the invitation from the London School of Hygiene and Tropical Medicine for WHO to appoint a member to sit on its Court of Governors. The Director-General was requested to inform the London School of Hygiene and Tropical Medicine that the Executive Board was considering
the invitation and would inform the School of its decision in due course. The Board directed that the principle involved in this request should be submitted to the second Health Assembly.

5.2 Decisions of the Economic and Social Council : Prevention of Crime and Treatment of Offenders

The Board noted the relevant decisions of the seventh session of ECOSOC, which had been presented for the information of members. With regard to the report of the WHO expert on prevention of crime and treatment of offenders, the Director-General stated that this report would be included in the one being prepared by the United Nations, in consultation with interested non-governmental organizations and specialized agencies, and would also be considered for publication by WHO.

5.3 Co-operation with the Economic Commission for Latin America

The Board discussed co-operation with ECLA, noted a statement on the work done by the Pan American Sanitary Organization in this field, and adopted the following resolution:

The Executive Board

INSTRUCTS the Director-General to co-operate with the Economic Commission for Latin America in order to put into effect the principle that adequate health measures should be provided concurrently with economic development, it being understood that over-all co-operation will be arranged for by the Director-General of WHO and the Secretary-General of the United Nations, and that co-operation on a regional level will be carried out by the Pan American Sanitary Organization, which will serve as a regional organization of WHO.

It was understood that the letter to be addressed to the Secretary-General of the United Nations would be so worded as to take into account the latest arrangements made with the Pan American Sanitary Organization.

5.4 Relations with FAO

The Board (2) discussed the technique of collaboration with FAO and the reports of the Director-General on the subject (Annex 16, p. 59); (2) noted the statement of the Director-General that the Acting Director-General of FAO had approved of the proposed technique; and (3) adopted the following resolution:

The Executive Board

NOTES the report of the Director-General on implementation of the Agreement with FAO (Annex 16, p. 59), and

INSTRUCTS the Director-General to continue co-operation with FAO along the lines indicated in the above-mentioned report, subject to the specific recommendations of the Board with respect to the procedure to be followed in establishing joint expert committees. (See also items 1.11 and 1.12).

5.5 Relations with the International Trade Organization

The Board heard the Executive Secretary of the Interim Commission of ITO, who reported on the present relationship between that organization and WHO. Recognizing the potential importance of such a relationship, the Board adopted the following resolution, on the understanding that in the selection of a qualified person for liaison between the two organizations, account would be taken of the importance of the economic aspect of the problem:

The Executive Board

NOTES the letters exchanged between the Director-General of WHO and the Executive Secretary of the Interim Commission of ITO;

AUTHORIZES the Director-General, pending final approval of these texts by the Health Assembly, to maintain relations with ITO or its Interim Commission on the basis set forth by the above-mentioned letters; and

RECOMMENDS that the second Health Assembly approve the continuation of relations with the Interim Commission of ITO on the basis of the letters exchanged by the Director-General of WHO and the Executive Secretary of the Interim Commission of ITO (Annex 17, p. 60).

5.6 Non-Governmental Organizations

The Board adopted the report of the Standing Committee on Non-Governmental Organizations (Annex 18, p. 62), and agreed to establish relationship with the following international non-governmental organizations on the basis of the principles laid down by the first Health Assembly:

- International Union against Venerable Diseases
- International Union against Tuberculosis
- International Union against Cancer
- World Federation for Mental Health
- International Red Cross Committee
- International Hospital Federation
- International Academy of Forensic and Social Medicine
- International Leprosy Association
- International Association for the Prevention of Blindness.

The Board deferred to its third session the discussion of the principles involved in establishing formal relations with sectional (i.e. racial, religious, political, etc.) organizations, and with non-governmental organizations which were not concerned mainly with health matters.

5.6.1 WORLD MEDICAL ASSOCIATION

The Board heard a statement by the observer from the World Medical Association and noted the Association’s desire to co-operate with WHO. (For collaboration with the International Red Cross, see items 1.5; 1.15.10, and 3.3.10; with the Committee on Hygiene of Housing of the American Public Health Association, item 1.12.2; with the International Union of Child Welfare, item 1.9.2.)

14 Off. Rec. World Hlth Org. 18, 326
6. CONSTITUTIONAL MATTERS

6.1 Rules of Procedure of the Executive Board

The Board adopted Rule 20 of the Rules of Procedure of the Executive Board, which had not yet been formally approved, as well as amendments to Rules 8, 10, 11, 15, 19 and 25. The amended rules to read as follows:

**Rule 8**

If any matter of particular concern to a State Member which has not been elected to designate a Member of the Board or to an Associate Member or to a non-member State is to be discussed at any meeting of the Board, the Director-General shall give adequate notice thereof to the State or Associate Member concerned so as to enable that State or Associate Member, if it so desires, to designate a representative who shall have the right to speak, but not to vote, provided that in such cases the cost of representation shall be borne by that State or Associate Member.

**Rule 10**

The provisional agenda of each session shall be drawn up by the Director-General in consultation with the Chairman. Except in the case of sessions convened under Rule 7, it shall be despatched by the Director-General to the members of the Board and the Members and Associate Members of the World Health Organization (hereinafter referred to as the "Organization") at least six weeks prior to the commencement of the session, together with the notice convening the Board.

**Rule 11**

(l) Any item proposed by any specialized agency of the United Nations.

(g) Any item proposed by the Director-General.

**Rule 15**

If the Chairman is absent from a meeting or any part thereof, he shall designate one of the vice-chairmen to preside. The same procedure shall be adopted when the Chairman is unable to attend a session of the Board.

If the Chairman is unable to make this designation, the Board shall elect one of the Vice-Chairmen to preside during the session or meeting.

**Rule 19**

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 concerning any question under consideration.

**Rule 25**

Any delegate or representative of an Associate Member 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.

The Board then adopted the Rules of Procedure as revised (Annex 25, p. 80).

6.2 Amendment of Rules of Procedure of the Assembly

In implementation of the decision of the first World Health Assembly, that the Executive Board should consider the question of amending the Rules of Procedure of the Assembly, subsequent to the adoption of the resolution setting forth the status of Associate Members, the Board studied this question, and adopted the following resolution:

The Executive Board

having regard to the resolution of the first World Health Assembly of 21 July 1948 concerning the rights and obligations of Associate Members;

RECOMMENDS to the Health Assembly the adoption of amended Rules of Procedure (Annex 19, p. 64).

6.3 Nomination and Election of Members entitled to designate Persons to serve on the Board

The Board discussed and adopted a report on principles to govern the election of Members entitled to designate persons to serve on the Executive Board (Annex 20).

The following resolution was also adopted:

The Executive Board

having regard to the resolutions of the Health Assembly of 12 and 21 July 1948

RECOMMENDS to the Health Assembly:

(1) that Chapter VI of the Constitution be preserved;

(2) that, in determining the procedure to be followed for the annual nomination and election of the six Members to be entitled to designate a person to serve on the Board, the principles set forth in this report be adopted;

(3) that, in drafting rules to implement such procedure, the draft rules contained in this report be referred to as may be appropriate.

6.4 Annual Reports submitted by States

The Board discussed the form of the reports to be required from States under Articles 61 and 62 of the Constitution, and requested the Director-General to develop for a later session of the Board a detailed guide for governments in the compiling of these reports.

The Board approved the draft letter notifying Member Governments that such reports would not be required for the first report of the Director-General to the Health Assembly, but that they should be submitted not later than 1 November 1949. It was understood that further details on the exact nature of the reports to be transmitted would be sent to governments.

**16 Off. Rec. World Hlth Org. 13, 336**
7. ADMINISTRATION AND FINANCE

7.1 Budget and Management

7.1.1 STATUS OF CONTRIBUTIONS TO 1948 BUDGET

The Board considered the note by the Director-General on the status of contributions to the 1948 Budget, and adopted the following resolution:

The Executive Board,
recognizing the importance of the Health Assembly's decision to urge upon Members the early payment of their contributions,
reaffirms the decision taken by the Assembly, and
calls upon those Members who have not yet made payment of their contribution to do so without further delay.

7.1.2 TRANSFERS OF ALLOTMENT

The Board noted the report of the Director-General on the budget transfers made in the budget of the Interim Commission for the financial period ending 31 August 1948; and concurred in the transfer of $225,000 from "Contingencies: General Fund" to "Geneva Office: Other services and supplies (General Fund)".

7.1.3 CURRENCY OF CONTRIBUTIONS 17 (1949 and 1950)

The following resolution was adopted:

The Executive Board and the Director-General,
having recognized the desirability that a method should be worked out whereby contributions to the budget could be accepted in currencies other than US dollars or Swiss francs,
having considered all information currently available as to such other currencies as may be required by the Organization during the fiscal year 1949, and
having considered the impracticability of the multiple currency provisions of Financial Regulation 19 being operative in 1949,
reluctantly decide that for the year 1949 contributions can be accepted only in US dollars or Swiss francs.

The Board requested the Director-General, when communicating with governments concerning their contributions to the 1949 budget, to indicate that it was hoped that there might be a possibility that a part of the contributions to the 1950 budget could be accepted in currencies other than US dollars and Swiss francs.

7.1.4 BUDGET FOR 1950 AND FIELD SERVICES (UNRRA) BUDGET FOR 1948 (see items 1.1.2 and 1.2)

7.1.5 TRANSFER OF FUNDS

7.1.5.1 Léon Bernard Foundation and Darling Foundation

The Board noted the progress report of the Director-General on the transfer of the Léon Bernard Foundation and the Darling Foundation and the statement that a further report would be made to the third session.

7.1.5.2 Office International d'Hygïne Publique

The Board noted with appreciation the offer of the Office International d'Hygïne Publique to try to negotiate the inclusion, in the future lease of the premises in Paris, of an option to continue the lease in favour of WHO, but decided to inform the Office that the Board did not think this necessary.

The Board heard statements by the observers from the Office International d'Hygïne Publique, and accepted the report on the joint session of the Finance and Transfer Commission and the WHO and OIHP negotiating committee. The following decisions were taken:

(1) The Board instructed the Director-General:
(a) to inform Member States parties to the Rome Agreement of the action that they should take in order to denounce the Agreement before November 1949, and
(b) to seek legal advice on a high level — possibly from the United Nations legal department — regarding the complications that might arise if the Rome Agreement were not denounced by all the parties to that Agreement.

(2) The Transfer and Finance Committee of OIHP having allocated a sum of sixteen million French francs for epidemiological studies in 1949, the Board requested the Expert Committee on International Epidemiology and Quarantine:
(a) to advise on the need for further meetings of the WHO/OIHP groups in the matter of the preparation of international sanitary regulations, and
(b) to advise on epidemiological studies in the field, and, if judged advisable, to prepare a programme;

(3) The Board authorized the Director-General, in agreement with the President of the Permanent Committee of OIHP, to carry out this programme within the limits of the above-mentioned sum;

(4) The Board decided to accept as a loan a part of the OIHP library, and to transport and insure this part at the expense of WHO.

7.2 Finance and Accounts

7.2.1 CURRENCY OF ACCOUNTS

In order to give effect to Regulation 27 of the Financial Regulations, the Board adopted the following resolution:

The Executive Board agrees provisionally with the determination of the Director-General that the accounts of each office of the Organization normally shall be kept in the currency of the country in which such office is situated, it being

17 See also first report, item 9.2.1, p. 14
understood that as a general rule statements of accounts to be submitted to the World Health Assembly, the Board, or any sub-division thereof shall be expressed in United States dollars.

7.2.2 FINANCIAL RULES

The Board noted the Director-General’s statement that the preparation of financial rules for the Organization would require further study, and agreed to consider these rules at a future session.

7.2.3 SCOPE OF AUDIT

The Board noted the request of the External Auditor for any additional instructions on the scope of the audit, and adopted the following resolution:

The Executive Board, after consideration of a letter dated 24 September 1948 addressed to the Director-General by the External Auditor, authorizes the Director-General to advise the External Auditor that it has no instructions at present to give him additional to those contained in the resolution adopted by the first Health Assembly on his appointment.

7.2.4 UNITED NATIONS ADVISORY COMMITTEE ON ADMINISTRATIVE AND BUDGETARY QUESTIONS

The Board discussed the fifth report of the United Nations Advisory Committee on Administrative and Budgetary Questions (Annex 21, p. 68) in which references were made to the WHO budget and programme for 1949.

The Board decided that the report, with the comments of the Board as recorded in the minutes (Appendix 2 to Annex 21) should be submitted to the second Health Assembly, and that in the meantime the Director-General should indicate to the Secretary-General of the United Nations the general feeling of the members of the Board on this matter.

7.3 Personnel

7.3.1 STAFF RULES

The Board (1) confirmed the revised Staff Rules and (2) confirmed the Staff Rules as a whole (Annex 26, p. 85).

The Board discussed the important matter of principle involved in Staff Rule 793 (local recruitment at offices outside Headquarters), and requested the Director-General to study the question and report to the third session. It was understood that the Director-General should establish in the meantime necessary temporary policies in connexion with the recruitment of local staff.

7.3.2 ADMINISTRATIVE TRIBUNAL

The Board considered the establishment of an administrative tribunal for the settlement of internal disputes and adopted the following resolution:

The Executive Board, taking note of the Report of the Working Party, considering the terms of Regulation 28 of the Provisional Staff Regulations, authorizes the Director-General to enter into negotiations with the Director-General of the International Labour Office, with a view to permitting the World Health Organization, pending definitive arrangements with the United Nations, to make temporary use of the Administrative Tribunal of the International Labour Office for settlement of disputes referred to in the above regulation.

7.3.3 REPRESENTATION ALLOWANCE OF THE DIRECTOR-GENERAL

The Board, in agreement with the Director-General, decided (1) that it was desirable to amend the Director-General’s contract with respect to the representation allowance, and (2) that a report on this subject should be presented to the second Health Assembly (Annex 22, p. 73). The following resolution was adopted.

The Executive Board proposes that the Assembly modify paragraph II (2) of the contract of the Director-General as follows:

In addition to the normal allowances authorized to staff members under the Staff Rules, he shall receive an annual representation allowance of six thousand five hundred United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Agreement, to be paid monthly, commencing on 21 July 1948.

The representation allowance shall be used at his discretion entirely in respect of representation in connexion with his official duties. He shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official position, on termination of appointment, or on official travel and home leave travel.

7.3.4 TAX EQUALIZATION

The Board discussed the problem of tax equalization, took note of a statement by the Director-General that the reimbursement for national income taxes at this stage affected a relatively small number of staff members, and adopted the following resolution:

The Executive Board, as authorized by the first Health Assembly; having considered the tax assessment plan adopted by the United Nations, considering that there is not now assurance of relief from double-taxation, which is the assumption on which the plan is based; and considering it necessary to have full information on the operation of the plan before reaching final decision on the matter,

RESOLVES

(1) that consideration of the adoption of a tax assessment plan be postponed until late in 1949; and
(2) that the Director-General be authorized to reimburse staff members for national income taxes paid by staff members in respect of payments received from the World Health Organization during 1949.
8. TIME AND PLACE OF SECOND HEALTH ASSEMBLY AND THIRD SESSION OF THE EXECUTIVE BOARD

Subject to consultation with the Secretary-General of the United Nations, the Board provisionally accepted the invitation of the Italian Government to hold the second Health Assembly in Rome. After having decided to convene it on Monday, 20 June 1949, the Board subsequently agreed with the suggestion of the Secretary-General of the United Nations, received by telephone, that the second Health Assembly should be convened on 13 June 1949. It was expected that this Assembly would last for approximately three weeks.

The Board then decided to hold its third session in the Palais des Nations in Geneva, beginning 21 February 1949, at 10 a.m.
Annex I

LIST OF ATTENDANCES AT FIRST AND SECOND SESSIONS

Members, Alternates and Advisers

Sir Aly Shousha, Pasha (Egypt), Chairman.
Dr. K. Evang (Norway), Vice-Chairman.
Dr. W. W. Yung (China), Vice-Chairman.
Alternate: Dr. C. Y. Shu.
Dr. C. van den Berg (Netherlands).
Alternate: Dr. W. Aeg. Timmerman.
Advisor: Mr. C. J. Goudsmit.

*Dr. S. F. Chellappah (Ceylon).
§Dr. D. A. Dowling (Australia).

*Dr. N. Evstafiev (Byelorussian Soviet Socialist Republic).
Dr. H. S. Gear (Union of South Africa).
Alternate: Mr. C. H. Taljaard.

Dr. M. H. Hafezi (Iran).
Dr. H. van Zile Hyde (United States of America)
Alternate: Dr. W. L. Halverson.
Advisor: Mr. H. B. Calderwood.

Dr. B. Kozusnik (Poland).
Alternate: Dr. D. Borensztajn.

Dr. Melville Mackenzie (United Kingdom).
Alternate: Dr. A. M. W. Rae.
Dr. R. H. Barrett.
Mr. T. Lindsay.
Adviser: Miss K. V. Green.
Mr. J. Moreton.

Dr. C. Mani (India).
Professor J. Parisot (France).
Alternate: Dr. A. R. Dujarric de la Rivière.
Advisers: Dr. X. Leclainche.
Médecin-Général Inspecteur
M. A. Vaucel.
Dr. G. Montus.
M. P. Bertrand.
Mr. L. Bernard.

*Dr. G. M. Redshaw (Australia).
Dr. G. H. de Paula Souza (Brazil).
Advisor: Mr. H. Gomes.

*Dr. A. J. van der Spuy (Union of South Africa).
Dr. A. Stampar (Yugoslavia).

*Dr. N. A. Vinogradov (Union of Soviet Socialist Republics).
§Dr. W. G. Wickremesinghe (Ceylon).

Dr. J. Zozaya (Mexico).

Observers

UNITED NATIONS
M. L. Gros.
Dr. S. Sze.

FAO
Dr. J. M. Latsky.

ILO
Mr. J. L. Mowatt.
Mr. A. Grut.
Mr. R. E. Manning.

IRO
Dr. R. L. Coigny.

INTERIM COMMISSION OF INTERNATIONAL TRADE ORGANIZATION (ICITO)
Mr. E. Wyndham White.
M. J. Royer.

OFFICE INTERNATIONAL D’HYGIÈNE PUBLIQUE
Dr. M. T. Morgan.
Dr. M. Gaud.

UNESCO
Dr. Irina M. Zhukova.

* Attended first session only
§ Attended second session only
FUNCTIONS AND MEMBERSHIP OF WORKING PARTIES AND COMMITTEES

First Session

The following working parties and committees were established:

WORKING PARTY ON STAFF RULES

Membership
Dr. Redshaw Chairman, Dr. Borenstajn, Dr. Hafezi.

WORKING PARTY ON ALLOCATION OF FIELD SERVICES (UNRRA) FUNDS

Functions
To meet in Geneva two days before the second session of the Executive Board to consider the allocation of Field Services (UNRRA) Funds.

Membership
Dr. van den Berg Chairman, Dr. Evang, Dr. Evstafiev, Dr. Hyde, Dr. Stampar, Dr. Yung.

WORKING PARTY ON PAN AMERICAN SANITARY ORGANIZATION

Functions
To consider the modification of Article 9 of (and, later, to consider all of) the draft Agreement with PASO and to prepare a working arrangement with that organization.

Membership
Dr. Timmerman Chairman, Dr. Evang, Dr. Evstafiev, Dr. Hyde, Dr. Mani, Dr. de Paula Souza, Dr. Zozaya. (Dr. Soper, Director, PASB, attended as observer.)

STANDING COMMITTEE ON NON-GOVERNMENTAL ORGANIZATIONS

Membership
Dr. de Paula Souza Chairman, Dr. Mackenzie, Dr. Redshaw, Dr. Vinogradov, Dr. Yung.

STANDING COMMITTEE ON ADMINISTRATION AND FINANCE

See item 9.1.1

Negotiating Committee with Pan American Sanitary Organization

Membership
Dr. Zozaya Chairman, Dr. Hyde, Dr. de Paula Souza.

Who Members of Joint Committee on Health Policy, UNICEF/WHO

Membership
Dr. Evang, Dr. Hyde, Dr. Mackenzie, Dr. Stampar, Dr. van den Berg (Alternate), Dr. van der Spuy (Alternate).

Second Session

The following working parties and committees were established:

WORKING PARTY ON PERSONNEL MATTERS

Functions
To consider personnel matters, including staff rules and the establishment of a tribunal to settle internal disputes.

Membership
Dr. Hafezi Chairman, Dr. Gear, Dr. Kozusznik.

WORKING PARTY ON CONSTITUTIONAL MATTERS

Functions
To consider the various questions associated with regional organizations and with Associate Members, and also with the composition of the Executive Board.

Membership
Dr. van den Berg Chairman, Mr. Calderwood Rapporteur, Dr. Evang, Dr. Mackenzie, Dr. Mani, Professor Parisot, Dr. Stampar.

WORKING PARTY ON EDITORIAL MATTERS AND PUBLICATIONS

Functions
To consider the exchange of medical literature among Members of WHO, editorial services and publications, the stimulation of the production, use and exchange of films and other audio-visual media, collaboration in the publication of papers presented at international congresses of medical sciences, and the use of the United Nations Library facilities at Geneva.

1 Representing Dr. Kozusznik
2 Representing Dr. van den Berg
Membership
Dr. Halverson Chairman, Professor Parisot, Dr. Stampar, Dr. Wickremesinghe, Dr. Zozaya.

WORKING PARTY ON FINANCIAL RELATIONS BETWEEN HEADQUARTERS AND REGIONAL OFFICES

Functions
To consider such relations.

Membership
Sir Aly Shousha, Pasha Chairman, Dr. Dowling, Dr. Evang, Dr. Hafezi, Dr. Hyde, Dr. Kozusznik, Dr. Mani.

WORKING PARTY ON 1950 PROGRAMME AND BUDGET

Functions
To meet four days before the opening of the third session to review for the Executive Board the Programme and Budget for 1950 submitted by the Director-General, as well as the question of Scales of Assessment and contributions in kind.

Membership
Dr. Dowling, Dr. Evang, Dr. Hafezi, Dr. Hyde, Dr. de Paula Souza, Dr. Stampar, Dr. Yung.

DRAFTING COMMITTEE

Functions
To draw up the final report of the second session.

Membership
Dr. Mackenzie Chairman, Dr. Yung Rapporteur, Professor Parisot, Dr. Kozusznik.

STANDING COMMITTEE ON NON-GOVERNMENTAL ORGANIZATIONS

Functions
To submit recommendations on the non-governmental organizations to be brought into relationship with WHO.

Membership
Dr. de Paula Souza Chairman, Dr. Barrett, Dr. Dowling, Dr. Kozusznik, Dr. Yung.

4 Representing Dr. Hyde

5 Representing Dr. Mackenzie
Annex 3

CONTRACT OF THE DIRECTOR-GENERAL ¹

This Agreement is made this twenty-third day of July one thousand nine hundred and forty-eight between the World Health Organization (hereinafter called the Organization) of the one part and Dr. Brock Chisholm (hereinafter called the Director-General) of the other part.

Whereas

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly nominated by the Board and appointed by the Health Assembly at its meeting held on 21 July 1948 for a period of five years and the date of his taking up his functions has been fixed at the same date.

Now this Agreement witnesses and it is hereby agreed as follows:

I (1) The Director-General shall serve from the twenty-first day of July one thousand nine hundred and forty-eight until the twentieth day of July one thousand nine hundred and forty-eight. He shall not engage in any business or in any employment or activity which would interfere with his duties in the Organization.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to him by the Health Assembly or the Board.

(3) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to him. In particular he shall not hold any other administrative post and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. He shall not engage in business or in any employment or activity which would interfere with his duties in the Organization.

(4) The Director-General, during the term of his appointment, shall enjoy all the privileges and immunities in keeping with his office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(5) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept his resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold the appointment and this Agreement shall terminate.

(6) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Agreement for reasons of exceptional gravity likely to prejudice the interests of the Organization.

II (1) The Director-General shall receive from the Organization an annual salary, to be paid monthly, commencing on 21 July 1948, of eighteen thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Agreement.

(2) He shall further receive an annual representation allowance of six thousand five hundred United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Agreement, to be paid monthly, commencing on 21 July 1948. Such representation allowance shall be deemed to include all allowances authorized by the Organization except such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official position, on termination of appointment, or on official travel and home leave travel.

III The terms of the present contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly on the proposal of the Board, and after consultation with the Director-General, to bring them into conformity with any provision regarding the conditions of employment of staff members which the Assembly may decide to apply to staff members already in the service.

IV If any question of interpretation or any dispute arises concerning this Agreement, which is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent body provided for in the Staff Regulations.

Whereunto we have set our hands and seals this twenty-third day of July one thousand nine hundred and forty-eight.

(Signed) Dr. A. Stampar,
President of the Health Assembly
of the World Health Organization.

(Signed) Brock Chisholm,
Director-General.

¹ See first report, item 1, p. 9
ANNEX 4

DRAFT AGREEMENT BETWEEN THE WORLD HEALTH ORGANIZATION
AND THE PAN AMERICAN SANITARY ORGANIZATION

The Executive Board, at its first session, after having reviewed the draft Agreement as approved by the Directing Council of the Pan American Sanitary Organization, agreed that, as a general principle, the following draft Agreement should be considered a basis for the negotiation of an Initial Agreement between WHO and PASO:

Draft Agreement between WHO and PASO

1. The States and territories of the Western Hemisphere make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

2. The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall serve respectively as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added "Regional Committee of the World Health Organization" and "Regional Office of the World Health Organization" respectively.

3. The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are compatible with the policy and programmes of the World Health Organization and are separately financed.

4. When this agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume, subject to the provisions of paragraph 2, the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Articles 49 and 52 of the World Health Organization Constitution.

5. In accordance with the provisions of Article 51 of the Constitution of the World Health Organization, the Director-General of the World Health Organization shall receive from the Director of the Pan American Sanitary Bureau full information regarding the administration and the operations of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere.

6. An adequate proportion of the budget of the World Health Organization shall be allocated for regional work.

7. The annual budget estimates for the expenses of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere shall be prepared by the Regional Director and shall be submitted to the Director-General for his consideration in the preparation of the annual budget estimates of the World Health Organization.

8. The funds allocated to the Pan American Sanitary Bureau, as Regional Office of the World Health Organization, under the budget of the World Health Organization, shall be managed in accordance with the financial policies and procedures of the World Health Organization.

9. This agreement may be supplemented with the consent of both parties, on the initiative of either party.

10. This agreement shall enter into force upon its approval by the World Health Assembly and signature by the Director of the Pan American Sanitary Bureau, acting on behalf of the Pan American Sanitary Conference, provided that fourteen of the American Republics have at that time deposited their instructions of acceptance of the Constitution of the World Health Organization.

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1 See first report, item 6.2, p. 12
2 Off. Rec. World Hlth Org. 7, p. 208
3 The Executive Board agreed that the Negotiating Committee should be informed that paragraph 5 constituted an amplification and not a modification of Article 51 of the Constitution of WHO
Preamble

The present regulations, established by the Executive Board, apply to the appointment of members of expert committees and their sub-committees established by the World Health Assembly or, on its behalf, by the Executive Board.

These regulations shall be cited as provisional appointment regulations.

Regulation 1

As soon as the World Health Assembly or the Executive Board, acting on its behalf, has resolved upon the establishment of an expert committee, defined its terms of reference, and decided on the number of its members, the Director-General, in consultation with the Chairman of the Executive Board, shall choose and appoint the members of the expert committee who, in view of their abilities and technical experience, are best qualified to serve. He shall also pay due regard to adequate geographical distribution. After the appointment of the members, he may convene the first meeting of the expert committee at a time he considers appropriate.

Regulation 2

Before the appointment of a member is made, the Director-General shall consult the national administrations concerned.

Regulation 3

The Director-General shall issue to each member of the expert committee a letter of appointment to which a copy of the regulations for expert committees and their sub-committees shall be attached.

Regulation 4

The letter of appointment shall indicate —
(a) that the expert is appointed as a member to serve on the expert committee in question;
(b) the terms of reference of the expert committee;
(c) that, while exercising his functions as a member of the expert committee, the member shall rank as an international expert serving the World Health Organization;
(d) that the appointment is subject to the regulations for expert committees and their sub-committees;
(e) that the appointment is made for two years unless the committee is dissolved in the meantime;
(f) that the member shall be entitled to traveling expenses and a daily living allowance under the same provisions current for the Executive Board during the sessions of the expert committee, but that these allowances shall not be regarded as remuneration.

Regulation 5

These Regulations, inasmuch as they are appropriate, shall apply to an appointment made by the Director-General in pursuance of a suggestion made by an expert committee in accordance with Regulation 14 of the regulations for expert committees and their sub-committees; to the appointment of a "corresponding member" under Regulation 15 of the said regulations; or to the appointment of members of sub-committees under Regulations 16 to 19 of the said regulations.

Regulation 6

Upon the appointment of the members of an expert committee, the Director-General shall report to the Executive Board, at its following session, their names and qualifications and the fact that the appointment has been made in consultation with the national administration concerned.
Included in the financial regulations adopted at the fourteenth plenary meeting of the first Health Assembly is the following:

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 Executive Board, shall have determined.

It is necessary for the Director-General, in consultation with the Board, to make the determination referred to in the regulation as soon as possible in order that immediate steps may be taken to notify Members of the amounts of their respective contributions for the year 1948, and the following notes are submitted in this regard:

1. Annual Contributions

These may be considered as embracing Parts I and II of the approved budget, as follows:

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>Purpose of Appropriation</th>
<th>Amount</th>
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</thead>
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<td>PART I</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Secretariat</td>
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</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>TOTAL: Parts I and II</td>
<td></td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

2. Working Capital Fund

This is provided for in Part III of the approved budget, its amount being fixed for the financial year 1948 at $1,650,000.

It is important to observe that the working capital fund is intended for use:

(a) to finance the Organization pending receipt of contributions from Members;
(b) to cover unforeseen or extraordinary expenses, within certain limits;
(c) to the extent of $100,000, as the special fund to be used at the discretion of the Board to meet emergencies, under Article 58 of the Constitution.

A fund to be used for the purposes described must in present circumstances be held in dollars or Swiss francs.

3. Repayment of Interim Commission Debt to the United Nations

Part IV of the approved budget provides for this item in the sum of $2,150,000. The advances made to the Interim Commission by the United Nations having been made in dollars, the Organization can meet its liability only by repaying in dollars.
REPORT OF THE COMMITTEE ON NON-GOVERNMENTAL ORGANIZATIONS

The Committee on Non-Governmental Organizations met on 22, 23 and 25 July 1948, under the chairmanship of Dr. de Paula Souza. The membership of the committee was: Dr. Mackenzie, Dr. de Paula Souza, Dr. Redshaw, Dr. Vinogradov, and Dr. Yung.

The committee discussed the implementation of a resolution on non-governmental organizations adopted by the World Health Assembly and decided that every case of request or invitation to enter into relationship should be examined individually on the basis of criteria already adopted, and that no new general criteria should be added at this stage.

Item 12.3.8.2.2: Procedure for admitting Organizations into Relationship

With regard to paragraph (i), it was agreed that initiative for invitation of an organization which did not itself apply might come from various sources within WHO, such as members of the Executive Board, expert committees, the Director-General, but that such invitations should be considered by the committee prior to being submitted to the Executive Board.

The committee was able to consider only a part of the requests for relationship with WHO, and recommended that the following organizations be admitted into relationship:

1. League of Red Cross Societies, 8 rue Munier-Romilly, Geneva, Switzerland
2. World Medical Association, Fifth Avenue, New York, U.S.A.
3. International Union for Child Welfare, 43 Quai Wilson, Geneva, Switzerland
5. International Dental Federation, Eastman Dental Clinic, 135 rue Belliard, Brussels, Belgium
6. World Federation of U.N. Associations, Villa Rigot, 1 Avenue de la Paix, Geneva, Switzerland
7. Inter-American Association of Sanitary Engineering, 2001 Connecticut Avenue N.W., Washington, D.C., U.S.A. (The desire was expressed that this association develop gradually into a worldwide organization.)

With regard to the application from the International Committee for Mental Hygiene, it was recommended that the Executive Board request the Director-General to send a message of goodwill to the congress organized by that committee, stating that the application for relationship would be considered when the World Federation of Mental Health was established.

In view of the fact that further information was required concerning certain organizations of recognized standing, the committee decided that decisions on other requests should be deferred until the following meeting during the second session of the Executive Board. In the meantime the Director-General was requested to obtain more up-to-date information and to give his views as to whether the criteria of eligibility had been fulfilled by the organization concerned.

In cases where working arrangements had been started by the Interim Commission and would be helpful for the fulfilment of tasks of WHO, such collaboration might be continued without establishment of a formal relationship at this stage.

It was further suggested that the Director-General should ask the non-governmental organizations to supply two or three copies of some of their publications, in order to enable the committee to form an opinion as to the character of such organizations.

Item 12.3.8.3.2: Request from the Committee on the Hygiene of Housing of the American Public Health Association

It was recommended that the Director-General be requested to prepare suggestions for collaboration with this association, to be submitted at the next session.

1 See first report, item 7.4, 13
2 Off. Rec. World Hlth. Org. 10, 82
3 Ibid. 10, 82
4 Off. Rec. World Hlth. Org. 10, 83
Annex 8

PROGRAMME AND BUDGET FOR 1950

REPORT BY THE DIRECTOR-GENERAL

It is generally acknowledged that the means are now available to eliminate or substantially reduce a significant proportion of the ills which afflict man. Disease has for too long deprived him of many of his opportunities for advancement. The time has now come when the application of this knowledge on a worldwide scale is not only feasible but is an economic and social necessity.

When the objective of the World Health Organization was established as the attainment by all peoples of the highest possible level of health, and when to it was assigned responsibility for taking all necessary action to attain this objective, the States parties to the Constitution clearly intended that the World Health Organization should take active measures. Therefore, the Executive Board is invited to consider the principles which might guide the presentation of an adequate health programme for WHO in 1950. This programme is to be presented to the third session of the Board.

There are large areas of the world where malnutrition is common, but which could produce sufficient food for their own needs — perhaps even for export. They are prevented from doing so by primitive husbandry and preventable disease. The United Nations has recognized that the major problem which faces international organizations at this time in the economic and social fields is the problem of food production. Large-scale investment in the health of the people of these areas would be a major contribution to the solution of this problem. It would enable the administrations of these areas to establish satisfactory health services, using techniques which have been recognized by the World Health Organization.

The economic consequences of such a move are almost incalculable. The cost of not carrying out an adequate programme for the reduction or elimination of preventable disease is many times greater than the cost of the programme. It has been estimated that, even in those countries with the most advanced medical services and with the highest standards of environmental sanitation, the loss to the community due to preventable sickness amounts to nearly three times as much as the cost of medical care.

The sums involved in these calculations are usually so huge that they convey an impression of phantasy, but time has always proved them to be extremely conservative. The expenditure entailed in quarantine and similar negative measures, if expended upon the elimination of reservoirs of pestilential disease, would, within a reasonable period of time, eliminate the necessity for such measures. It is also pointed out that these measures restrict movement and therefore increase the costs of trade.

In addition to the obvious economic dividends from such actions, there will be social gains which are not susceptible to calculation. Until now, the sanitary circumstances of large groups of the population of the world have compelled them to regard themselves as the slaves of their environment. Once released from this bondage, they could look forward to a full measure of that self-respect and enterprise to which they are entitled.

Anyone who works for the public health can illustrate these and other reasons pointing to the necessity for large-scale investment to improve public health with numerous examples drawn from his own experience. There is a growing national consciousness that expenditure on public health is a sound investment, but the international effort is on too small a scale. In many countries the resources are insufficiently exploited to finance those public-health measures which in turn would permit a successful, rapid and co-ordinated agricultural and industrial development.

Any such investment in the public health of the world would naturally have two aspects: short-term and long-term; and the programme to be prepared for 1950 should take full cognizance of this.

The first Health Assembly recognized a number of approaches to the problems; and it is suggested that, in order that national health services may be strengthened, proposals for a programme for 1950 should be developed along the following lines:

1. **Urban and rural sanitation and hygiene**, special attention being given to species eradication of vectors — for example, of malaria, trypanosomiasis, etc.; to radical measures to improve environmental hygiene; and to the reduction of the incidence of such conditions as schistosomiasis.

2. **The elimination of reservoirs of pestilential disease**: for example, plague, cholera, typhus and smallpox.

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1 The principal changes and deletions in the original document on this subject, as presented by the Director-General (EB2/63) were made at the suggestion of the Executive Board at its second session. (See second report, item 1.2, p. 17)
3. *Venereal diseases.* It seems clear that with modern techniques it is now possible to remove a substantial proportion of this problem, so leaving the field clear for the necessary social approach, which alone can eliminate many of the contributory causes.

4. *Maternity and child health.* This would be approached basically by educational measures and might well be the largest long-term programme of all.

5. *Tuberculosis.* While continuing to sponsor widespread adoption of BCG vaccination, which may be regarded as being the most immediately useful of the methods available for international intervention in this field, pending further biochemical discoveries, it should be noted that one of the major contributions which can be made in assisting countries to tackle tuberculosis will be the improvement of nutrition and living standards which attend the measures outlined above.

6. *Nutrition.* Apart from the fact that by the approach outlined above, the nutrition of large numbers of the population of the world would be improved by the increase in available food supplies, FAO and WHO in co-operation should assure that these supplies are used to the best advantage.

7. *Certain other activities,* as laid down by the first Health Assembly.

In the production of such a programme, the Director-General would always have in mind the necessity for (1) health education for the public, (2) adequate educational facilities for medical and auxiliary personnel, and (3) the importance of the development of all relevant programmes in accordance with the recommendations on mental health.

As it is evident that the present economic situation in many countries makes it impossible for them to provide, unaided, the health services and urgently needed medical supplies essential to adequate health measures, the Director-General suggests that the Executive Board consider the following:

1. It is proposed that there be developed a plan which reflects the work which could be done by the Organization over a period of several years, in the light of current medical knowledge. Within this context would also be developed a plan showing what part of the projected work could be implemented during 1950.

2. It is proposed that the 1950 budget be presented in two parts:
   (a) administrative
   (b) operating.

It would be of the greatest value to the Executive Board and the World Health Assembly to know with considerable accuracy the proportions of the resources of the Organization which are to be expended for operating expenses and for administrative expenses. The Director-General could make good use of this information in ensuring that the Organization is managed as economically and efficiently as possible.

It is considered proper that the costs of the administrative budget and the operating budget should be assessed on separate bases, with separate scales of contributions.

3. It is further proposed, in order to make the financing of the budget less of a burden to countries with small resources in foreign exchange, that to the greatest possible extent contributions be accepted to the operating expenses budget for 1950 in medical and sanitation supplies and possibly other services. In other words, to the extent that appropriate medical and sanitation supplies and possibly other services are available for purchase in currencies other than United States dollars or Swiss francs, contributions could be accepted in those currencies.

At this session of the Executive Board, it is not possible to discuss the full financial implications of the 1950 programme.

If the Executive Board agrees with the principles outlined above, the Director-General will, before the third session of the Executive Board, develop a programme based on this new outlook. In developing the programme and determining the estimates of what can be done in a given year, it should be noted that the Organization will have nearly a year to make the detailed plans, and to prepare for work in that year. This is an unusual and advantageous position. Also, since the second Health Assembly will meet in June 1949, the programme and budget for 1950 will be known when the preceding year is about half over, and the activities in the last half of 1949 could be carried on with a view to smooth integration with the programmes established for 1950.

The suggested criteria to be used in distinguishing between administrative and operating expenses are set out in Appendix 1 below for review and approval by the Executive Board.

### Appendix 1

**SUGGESTED CRITERIA TO BE USED IN DISTINGUISHING BETWEEN ADMINISTRATIVE AND OPERATING EXPENSES**

It is proposed that the Organization should consider as administrative expense all expenses of activities which facilitate and provide services for carrying out the objective of the Organization, and as operating expense all expenses of work done directly on the programme activities of the Organization. Briefly stated, administrative expenses are those expenses arising from co-ordinating, administratively planning, organizing, staffing and financ-
ing the programmes. They include the salaries of the Director-General and his staff, and the employees of those activities which aid the Director-General, such as budgeting, accounting, general services, personnel administration and others of like character.

Although the Director-General is both chief technical and chief administrative officer for the Organization, it is intended that the expense for his salary and allowances, and those of his immediate office, be regarded as administrative. His time is divided between operating and administrative work, but he is responsible for management of the entire Organization, and it would not be practicable to try to separate his time and that of his immediate staff between the two classifications of expense.

The proposed definition of administrative expense is based on salaries and allowances only, and excludes miscellaneous expense such as travel on official business, communications, administrative supplies and materials, etc. Since salaries and allowances represent the bulk of the expenditure (excluding fellowships, medical literature, medical supplies and similar items), they can be used as a true index of the amount of administrative and operating expenses. If it is attempted to budget on any other basis, the Organization will become involved in expensive and intricate cost-accounting. Once percentages of the total salary and allowance expenses are established, those percentages will be used to determine proportionate shares of other types of expenditure. Furthermore, the expense for persons who divide their time between administrative and operating functions will be allocated to that function in which they are engaged for at least 50% of their working time.

1. The chart below illustrates the definition of administrative expense by listing in detail the functions which constitute the major portion of administrative expenses. The scheme of presenting the details is to list first a major function such as administration, personnel, finance, etc., and then to list the activities under each. Notations are made showing which functions and activities are included and excluded.

2. The expenses of the Health Assembly and Executive Board meetings, which in the 1949 budget appear as "organizational meetings", will be added to the administrative expenses herein defined to constitute the administrative budget. All other expenses of the Organization will be regarded as "operational".

### SCHEMATIC OUTLINE: DETAILS OF DEFINITIONS

**Functions considered as constituting administrative expenses**

<table>
<thead>
<tr>
<th>Function</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Includes: 1. Director-General and his immediate staff. 2. Deputy Director-General and his immediate staff. 3. Director, Administration and Finance, and his immediate staff. 4. Consultants and co-ordinators attached to the Director-General's office. 5. That part of the New York Office engaged in liaison with the United Nations, other specialized agencies, etc., and personnel on the staff of the Director-General engaged in liaison work. 6. Legal Section.</td>
</tr>
<tr>
<td>Personnel</td>
<td>Includes: Office of Personnel.</td>
</tr>
</tbody>
</table>

*This applies to headquarters only. All regional and field office expenses are classified as "operating expense".*
### Functions considered as constituting administrative expenses (continued)

<table>
<thead>
<tr>
<th>Function</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Fiscal** | | Includes:  
1. Office of Internal Audit;  
2. Office of Finance and Accounts;  
3. The portion of the Office of Budget and Management which deals with budgetary planning, justification and execution. |

"Fiscal", as used here, embraces budgeting, auditing, accounting (except programme accounting) and management and record keeping of the financial resources of the Organization.

Activities:
- Administrative accounting and auditing (those activities necessary to collect, receive, record, report, disburse, inspect and audit the financial resources of the Organization, and to provide administration with financial information)
- Investment of funds temporarily idle
- Financial administration of Staff Provident and Retirement Funds
- Budgeting

This function excludes programme accounting and auditing which arises from purchase of operating supplies and equipment, operation of the fellowship programme, etc. However, until such time as this type of accounting has reached a volume which is readily identifiable, all accounting and auditing expenses will be regarded as administrative.

| Conference and General Services | | Includes:  
Office of Conference and General Services.  
Excludes:  
Expenses of expert committees. |

As used here, the term "conference and general services" represents the housekeeping services of the Organization, including staffing and material arrangements for conferences and meetings.

Activities:
- Procurement and supplies (only administrative material is included under this item)
- Registry
- Documents
- Conference arrangements
- Office accommodations
- Central stenographic service
- Graphic services
- Travel and transportation

| Administrative Management Analysis | | Includes:  
That part of the Office of Budget and Management which deals with administrative management analysis.  
Although he is responsible for activities in both fields, the Chief, Office of Budget and Management, and his secretary are arbitrarily assigned for this purpose to the budget functions. |

"Administrative management analysis", as used here, represents those analytical, research and survey functions performed to aid the Director-General to carry out his responsibilities for organizing, planning and co-ordinating the activities of the Organization.

Activities:
- Organization analysis and recommendations
- Procedural analysis and recommendations
- Reviewing orders, instructions, etc.
- Reviewing forms

| Information | | Includes:  
Office of Public Information.  
Excludes:  
Division of Editorial and Reference Services.  
Note: Although the Translation Section is responsible for the translating of administrative as well as programme material, the translation of administrative material does not require as much as 50 per cent of the time of any translator. The expense is therefore classified as "operating expense". |

As used here, the term "information" represents the preparation and distribution of information of interest to the general public. It does not include the editorial and reference services, because these services are in the field of programme operations (such as preparing reports on the findings of research, or disseminating information of a programme nature).
1. Medical Supplies

The question of the urgent need of medical supplies has arisen. In looking at the recommendations of expert committees and the decisions taken by the Assembly and by the Executive Board to implement such recommendations as have originally come from those committees, it becomes quite clear that the work projected will in many cases be completely sterile unless supplies can be found. The fact is that, in many countries, BCG, penicillin, streptomycin and other necessities do not exist; they cannot be made available from local sources, and there is no foreign currency by which they can be supplied from abroad. There is no use whatever in the Organization’s saying it is going to undertake or to stimulate extensive work in malaria or tuberculosis or venereal disease control, or many of the other activities that have been decided on, unless supplies can be found. Without provision for supplies for the implementation of programmes, there is no use saying that we will provide, through the Organization, advice and demonstration teams and that sort of thing, because they would be utterly futile and useless and a waste of money. The Interim Commission found that it had to provide teaching supplies in order to do anything about teaching. It found that it had to make supplies available for its teams that were going into countries, to enable them to do any work at all.

UNICEF will be making supplies available on a large scale, but it is expected that UNICEF will go out of business, perhaps early in 1950. Unless the World Health Organization is equipped — and equipped in a budgetary way — to take over at least a small part of the programme of provision of the supplies that are necessary for teaching by WHO missions and teams, then all the programmes that have been initiated and for which supplies have been provided by UNICEF and previously by UNRRA will simply fall flat at that stage, and the failure will be laid directly at the door of the World Health Organization. Its programmes will simply stop at that point. I think this is just fact, and a fact that must be realized.

It is not suggested that supplies should be provided for extensive new campaigns in other fields of health for countries all over the world such as UNRRA under-took, for instance, to the extent of very many millions of dollars, but that only such supplies should be provided as will provide a reasonable ground for development of the programmes that have been approved by the Health Assembly and implemented by the Executive Board and the Secretariat. To do this work it is urgently necessary that supplies be provided. It is not possible at this stage to say to what extent they may be necessary, but some guessing will have to be done in the near future if the World Health Organization is to be prepared to take over any of the programmes which will have been initiated by UNICEF and which should be continued in 1950 by the World Health Organization.

I do not mean to imply that supplies should be limited to those for teaching or demonstration teams, because that would not be effective. It will be necessary, if anything is to be done in many countries, for sufficient supplies to be provided for the beginning of programmes so that things may be carried on by the local officials, by the medical people themselves in the country.

I think we are all agreed that health is not something that can be “ done ” to people: they have got to “ do ” it to themselves. However, the fact is that they have not now got the supplies with which to do it themselves and at least a certain amount will be required so that the local people who take over from the teaching teams of WHO will be able to teach effectively.

2. Budget for 1950: Functions of the Board

The suggestion that it might be well not to increase the budget for 1950 can hardly be answered again: it has been answered in the most conclusive terms by the Health Assembly itself. The Health Assembly undoubtedly expected the budget to be increased very considerably in 1950; the method by which it attained a budget of five million dollars was clear evidence to that effect; and the Executive Board cannot presume that the financial experts of all the delegations to the World Health Assembly were fooled by some manipulations of the Secretariat into establishing a programme which would mean a larger budget than they thought it would mean in 1950. I cannot believe that the financial people of all the delegations to the Assembly were so naive and un instructed and inexperienced as to that would suggest. It is inevitable that if this Organization is going to live at all and not going to fall flat on its face in 1950, it will have to have a larger budget, and a considerably larger budget, than it had in 1949.

May I say, à propos of this suggestion, that the only criticism I have heard of the World Health Organization, the only criticism I know to have appeared in newspapers of most of the countries of the world, is the size of the budget, which has been hailed as completely ridiculous by newspapers from one end of the world to the other, in comparison with budgets of other organizations and with the enormous health problems faced by the people of the world. We have seen repeatedly a comparison made between these problems and the ridiculous amount of five million dollars that the top doctors of the world decided would be adequate for the purposes of tackling them. This is the attitude that is found throughout the newspapers of the world, almost without exception, and that has been quoted repeatedly.

It is to be taken for granted that when the World Health Organization says that such-and-such an amount

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ANNEX 8

EXCERPTS FROM STATEMENT BY THE DIRECTOR-GENERAL REGARDING THE 1950 PROGRAMME AND BUDGET

At the 16th meeting of the second session of the Executive Board, on 9 November 1948.
is necessary for health work, it means that that is the optimum amount for health work. Particularly that is true if doctors say so. It is not true to anything like the same degree when the Health Assembly alone says so. But if the Executive Board sets a figure, the people of the world are entitled to believe that this is, in the opinion of these eighteen members who represent the needs of health in the world, the optimum figure for expenditure in the year 1950 on health in the world — simply because setting such a figure is the function of the Executive Board of the World Health Organization.

The Chairman has called attention to the fact that the terms of reference of the Executive Board are entirely different from those of the Interim Commission, which did indeed combine the functions now shared between the World Health Assembly and the Executive Board. The Executive Board is, by definition, a group of people qualified in medical fields, whose concern is to be medical. Their obligation is to state the optimum expenditure on health for the year 1950, not what they believe their particular governments would like to spend or might not like to spend.

I am not at all sure, although I have not received legal advice on the matter, that the Executive Board does in fact represent the Health Assembly, as has been suggested. In no place in the Constitution is it stated that the Executive Board represents the Health Assembly or the governments which are Members of the World Health Organization. The Board takes instructions from the Assembly; it must implement decisions of the Assembly; but I do not think that there is any authority for it to try to interpret what is in the minds of the governments but which they did not say at the Assembly. I am afraid that is the suggestion that is being made because there was no decision by the Assembly that there should be any particular-sized budget for 1950. At one point there was such a suggestion, in the Committee on Administration and Finance, which was rejected and which the Assembly did not reconsider. The Assembly accepted the thesis, clearly stated more than once by myself, that there would be a larger budget for 1950 than there was for 1949, and it was left at that point.

The functions of the Board are clearly laid down, in Article 24 and in Article 28 of the Constitution. The Board is entitled, and in fact instructed, to consider certain financial matters. Under Article 28 (q), for instance, one of the functions of the Board is "to submit advice or proposals to the Health Assembly on its own initiative." This clearly would cover any recommendations about financing that the Board felt it should make to the Health Assembly. If, for instance, the Board felt that in the interests of the health of the peoples of the world there should be a ceiling put on the budget for 1950, the Board would be perfectly entitled to make a statement to that effect under the authority given to it under this article. Or, to much the same effect under Article 28 (q), the Board could produce a limited programme for 1950 or any subsequent year, on the basis of this being the amount of work that should take place in the interests of the health of the people of the world.

The fact that Article 24 specifically suggests that the members of the Board should be persons technically qualified in the field of health would indicate the medical, not budgetary, function of the Board, in the sense of deciding how much money should be made available by the governments of the world. It would seem to be true, from the whole attitude expressed in the Constitution about the function of the Executive Board, that the obligation of the Board is to present optimum programmes, and not programmes limited by whatever concept individual members may have of what governments may want to do.

3. Scales of Contribution

The matter of scales of contribution, is the concern of the Executive Board as the result of an instruction of the first Health Assembly, embodied in the fourth report of the Committee on Administration and Finance adopted by the Health Assembly. This document stipulates, among other things, that the "Executive Board be instructed to consider the question of scale of contributions for 1950 and future years in the light of the new revisions which are made in the United Nations scale by the United Nations General Assembly, and report thereon to the second Health Assembly", and, further, "that the unit system of assessment be adopted in assessing contributions of the members of WHO for the years 1948/49, and that the system of assessment shall be reconsidered at the second Health Assembly". This indicates the responsibility of the Executive Board to consider the system of assessment and to make recommendations thereon to the second Health Assembly. This question has merely been introduced in this particular document and will be enlarged for consideration at the next session of the Executive Board. It is quite possible that certain governments might be willing to contribute in different scales to operational and administrative budgets. It is possible that there may be funds available from other sources than from governments for the operational part of the budget. Charitable organizations or individuals might provide funds for operational work which could affect the scales of assessment very considerably, and the situation would be clarified greatly if these two parts of the budget were separated and an opportunity given to recognize possible different scales of assessment for the two parts of the budget.

It is not possible at this stage to make recommendations about the scales of contribution, simply because such scales of contribution in the last analysis are always negotiated and not calculated. It will be necessary, and most particularly necessary if there are to be different scales of contribution, that the whole scales be negotiated. That can be done only by presenting the principle of varying scales to governments the requisite sixty days before the Health Assembly, and then the Health Assembly will decide how to allocate the expenses to governments, which will be done by a negotiating process.

Of course, the scales of assessment will be considered by the next session of the Executive Board as an entirely separate matter. That is, the consideration of that question is inherent in the whole idea of separating the budget into two parts, and a paper will be produced for the third session of the Executive Board for consideration of the whole matter of assessment.

4. Contributions in Kind

Quite clearly, too, the question of contributions in kind will need considerable elucidation, and will have to be presented in various ways for further consideration. The acceptance of material contributions to the operating expenses in medical and sanitation supplies and, possibly,
other services could be effected in two ways, either by
the actual acceptance of supplies in lieu of contribution
or by the acceptance of local currency wherever it
could be used to buy supplies. That is, the currency would
not necessarily be accepted only from the country provid-
ing the supplies but possibly in part from countries capable
of providing currency of a country in which supplies could
be bought. This whole situation has not been developed,
of course. Here it is suggested that only the principle
of these types of contribution be considered by the
Executive Board.

I would suggest most seriously that it is the function
of the Executive Board to consider this type of matter
whether or not it would be advantageous to the health
of the peoples of the world for WHO to be able to accept
supplies or local currency for the buying of supplies.
I submit that this is not, in its primary stages, a matter
for governments, as was suggested but a matter for consi-
deration by this Executive Board. The time for submission
of the matter to governments will come when the budget
is presented to the second World Health Assembly. The
submission to governments is automatic at that time and
is prescribed in the Constitution.

The World Health Assembly meets only once a year. It
is the authoritative body. It does not exist at other times,
and it would be impossible to keep it going throughout
the year by correspondence, which is the suggestion I
think is being made. As far as this Board and the Secre-
tariat are concerned, it is not governments, it is the World
Health Assembly that is responsible, and any reference
of this kind must be made to the World Health Assembly.
The drill for doing that is very clearly laid down: proposals
must be laid before governments at least 60 days before
the Assembly; at the Assembly, the governments will
voice their opinions and eventually make their decisions
as a body. This reference to governments is provided for;
the way of doing it is provided for; and I believe, that
it would not be sound for the Secretariat to communicate
with governments to ask their attitudes about problems
of this kind when the proper way of handling just such
a situation as this is already prescribed in the Constitution
and in the Rules of Procedure.
LETTER TO GOVERNMENTS
ON THE TEMPORARY SPECIAL ADMINISTRATIVE OFFICE
FOR HEALTH REHABILITATION OF WAR-DEVASTATED COUNTRIES
IN EUROPE

Text of the Letter sent on 27 August 1948
to Governments by the Director-General

The first World Health Assembly resolved that the Executive Board be instructed "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". 2

Accordingly, the Executive Board, on 26 July, instructed the Director-General to take the necessary measures and report to the second session of the Executive Board on the action taken for the creation of such an office by 1 January 1949.

Careful consideration has been given to the factors which will contribute to the success of the Administrative Office for Europe. Its chief function will be to organize the programme of advisory and demonstration services to governments authorized by the Health Assembly. In executing this function, there will have to be close co-operation with the experts on these subjects at headquarters.

The programme for Europe will also include fellowships and medical literature. Close co-ordination must be maintained between the Administrative Office for Europe and the fellowship and medical-supply advisory sections at headquarters.

A review of all factors clearly indicates that Geneva should be the site of the temporary special Administrative Office for Europe. I therefore propose to establish the office in Geneva prior to 1 January 1949. This action is based upon the following considerations:

1. Geneva is centrally located for giving services to war-devastated countries in Eastern, Western and Southern Europe.

2. By using common services and space with headquarters, administration will be substantially more economical and more efficient.

3. Co-ordination with the Director-General and the headquarters staff will be facilitated.

4. Co-ordination with experts, with the fellowships section and medical-supply advisory section will be more effective.

After the Executive Board has determined the allocations which will be made to the European area from the total programme authorized by the Health Assembly, it will be possible to establish the size of the Administrative Office required to deal with health rehabilitation of war-devastated countries in Europe. You will soon receive a separate letter requesting your Government to submit proposals concerning the nature and extent of services you desire.

To avoid delay in establishing the Administrative Office and facilitate a report to the second session of the Executive Board I would be pleased to receive your observations on any of the above points by 1 October.

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1 See first report, item 2, p. 9
2 Off. Rec. World Hlth Org. 13, 331
RELATIONS WITH UNICEF

Report by WHO Members of Joint Committee on Health Policy, UNICEF/WHO

Two sessions of the Joint Policy Committee, UNICEF/WHO have been held, as follows:

Geneva — 23-24 July 1948;

Dr. Melville Mackenzie, WHO, was elected chairman, and Dr. R. Debré, UNICEF, vice-chairman. Dr. B. Borčič was appointed by the Director-General of WHO and by the Executive Director of UNICEF to be secretary to the joint committee.

The first session was attended by Dr. Evang, Dr. Hyde, Dr. Mackenzie, and Dr. Stampar. At the second session Dr. van den Berg attended as alternate to Dr. Evang. Dr. Hyde was rapporteur.

The reports of the two sessions of the joint committee have been distributed to members of the Board.

COMMENT

As shown in the reports of the joint committee, full agreement has been reached to the effect that all health projects of UNICEF will be submitted to the joint committee from time to time for review and no new health projects will be undertaken by UNICEF without prior approval by this committee.

Decisions taken at the first session to refer certain aspects of the UNICEF programme to the WHO Expert Committees on Tuberculosis, Venereal Diseases, and Malaria, and the Subcommittee on Streptomycin were carried out. The reports of these expert committees were available for consideration at the second session of the joint committee and proved to be of great value in giving direction to the UNICEF programme.

On the basis of a decision of the first session that individual fellowships should be administered by WHO, the Director-General is now conducting, on behalf of UNICEF, a $23,000 fellowship programme in the Far East with funds made available by UNICEF.

The joint committee is endeavouring to integrate the regional activities of UNICEF and WHO in the Far East area in so far as possible. It was agreed that the UNICEF Chief of Mission for the Far East, when appointed, should establish early contact with the WHO Regional Office for South East Asia, working closely with it in so far as the regions overlap.

Dr. Carroll Palmer, who has been studying the research potentialities of the European BCG programme, presented a report which indicated certain lines of investigation which seemed to the WHO members of the committee to present to WHO a unique opportunity for furthering medical knowledge in the field of tuberculosis (see outline appended).

In view of this, Dr. Holm and Dr. Palmer were invited to attend the second session of the Executive Board in connexion with its consideration of the report of the Expert Committee on Tuberculosis.

In the review of each programme, the joint committee kept in mind the effect which the programme might have on WHO when UNICEF was terminated. The committee took note of the general policy of UNICEF, which provides that, in adopting any programme, sufficient money will be allotted to carry the programme to a point agreed in advance with the government concerned. Thus, when UNICEF undertakes a programme no commitment is made, directly or indirectly, that the programme will be carried on beyond the agreed point by any international organization.

The WHO members of the joint committee are satisfied that there now exists a proper relation between UNICEF and WHO, with machinery, in the secretariats and expert committee structure, which enables WHO to play its proper role as regards co-operation in the technical aspects and policies of UNICEF's health work. They are also gratified by the spirit of whole-hearted co-operation and mutual respect which permeates the relationship. Further, they feel that WHO has a responsibility, which should be met, in providing for the continuance, after the UNICEF period, of active international programmes in the field of maternal and child health and in continued observation of the effects of the emergency programmes of UNICEF on child and maternal health.

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1 See second report, item 1.3, p. 17
2 See p. 11
Appendix

OUTLINE OF PROGRAMME PRESENTED TO THE EIGHTH MEETING OF THE SECOND SESSION OF THE EXECUTIVE BOARD BY DR. CARROLL PALMER, TUBERCULOSIS RESEARCH EXPERT

Six types of medical research which could be incorporated in the general BCG programme:

1. Investigation of the criteria for vaccination, and what could be considered as a positive tubercular reaction. For example, would not a single tuberculin test be sufficient for screening purposes?

2. Development, testing and use of a preserved vaccine in the long-range view of immunization against tuberculosis, by the collection of precise medical scientific information on the efficiency of different vaccines, preserved vaccines and methods of administration.

3. Re-vaccination and the value of criteria in the selection of groups to be re-vaccinated. What were the criteria for saying that one group or other was completely immunized by BCG vaccination?

4. Collection of statistical material. The reports of the BCG campaign should be prepared in a uniform way showing the level of tuberculin sensitivity of adults, and in particular of children, in the various countries.

5. Research to be made on the effectiveness of BCG, as one of the techniques in the control of tuberculosis. Indirect presumptive evidence could be obtained on the value of BCG by comparison of the results on vaccinated and non-vaccinated persons.

6.1 Miscellaneous studies, such as family and racial differences in susceptibility and resistance to tuberculosis, response to artificial immunization, and the worldwide prevalence of fungus infection in its relation to tuberculosis.

6.2 Preservation of records.

6.3 General evaluation of the effect of the programme and the possibility of obtaining better morbidity and mortality statistics.
LETTER RECEIVED FROM THE DIRECTOR-GENERAL OF UNRRA

Following upon the resolution adopted by the first Health Assembly and set forth in the second report of the Committee on Administration and Finance, the Director-General consulted with UNRRA as to the desires of that organization with regard to the use of the grant of $1,000,000. As a result of representations made to the Central Committee of UNRRA, that committee agreed that WHO might retain the grant, and this decision was notified to the Director-General in a letter addressed to him by the Director-General of UNRRA, on 30 September 1948, in the following terms:

Dear Dr. Chisholm,

This is to advise you that the Central Committee of UNRRA at its meeting on 24 September considered your letter to me of 27 August 1948 reporting the status of the $1,000,000 grant made by the Committee to WHO last spring for the purpose of ensuring adequate financing for the operations of WHO through mid-1949. The Committee also considered the request of WHO that it be permitted to retain the grant as a means of financing certain projects in co-operation with UNICEF and WHO’s services to governments.

The Committee felt that in view of the provisions of Council Resolution 103 pertaining to the allocation of residual funds to UNICEF the needs of that organization should be given preference. However, the Committee agreed that WHO might retain the $1,000,000, conditioned upon the entire amount being used for programmes or projects approved by the joint committee of WHO and UNICEF established to develop programmes for children. Accordingly, we shall make the appropriate entries in our accounts upon being assured by WHO and UNICEF that the condition set by the Central Committee will be carried out.

Sincerely yours,

(Signed) Lowell W. Roos
Director-General
UNITED NATIONS DRAFT DECLARATION OF THE RIGHTS OF THE CHILD,
AS PROPOSED BY THE WORLD HEALTH ORGANIZATION

Recognizing that the Child shares the human rights as set forth in the United Nations International Declaration on Human Rights and maintaining that mankind owes to every child the best that it has to give, the General Assembly of the United Nations proclaims the following Declaration of the Rights of the Child and declares it to be the duty of every nation to meet fully the obligations set out below:

I. The Child must be protected irrespective of considerations of race, nationality, religion, political belief, economic or social condition.

II. The Child must be given the means requisite for his normal physical, mental and social development, including the provision of adequate housing, nutrition and education. The Child has a right to the best care of his health, which is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

III. The Child should live within a family in an atmosphere of love and security, which is incomparably the best environment for his development. If the Child is deprived of a normal family life, the community must provide him with a home which produces as nearly as possible a healthy family environment.

IV. The Child that is hungry must be fed; the Child that is sick must be nursed; the Child that is physically, mentally or socially handicapped must be helped; the maladjusted Child must be re-educated; the orphan and the waif must be sheltered and succoured; the Child should receive relief in times of distress.

V. The Child must enjoy the full benefits provided by social welfare and social security schemes. The Child must receive, through the discovery and development of his individual abilities, a training which will enable him, at the right time, to earn a livelihood and to conduct his life so as to become a responsible member of society.

VI. The Child must be protected against every form of exploitation.

VII. The Child must be provided with adequate recreation, leisure and rest.

VIII. The Child must be brought up in the consciousness that his maximum of achievement and satisfaction will be gained by the devotion of his energy and talents to the service of his fellow-men. The ability to live harmoniously in a changing total environment is essential to the healthy development of the Child, and must be promoted. The Child must be given opportunity and encouragement to assume social responsibilities at first in his family and later in the local, the state and the international community.

1 See second report item 1.9.1, p. 19. The amendments proposed by WHO are in italics.
FINANCIAL RELATIONS
BETWEEN HEADQUARTERS AND REGIONAL OFFICES

1. Application of Financial Regulations and Rules to Regional Offices

The Executive Board adopted the following policy:

The Financial Regulations and Rules are applicable to the entire Organization. All funds received by the Organization will be subject to the Financial Regulations and Rules. Adjustments which may be required in regional areas because of local conditions will be made by amending or supplementing the Financial Rules rather than by establishing separate rules for any area.

2. Regional Budgets

As Regional Organizations are integral parts of WHO, their budgets must be presented to the World Health Assembly as part of the budget which the Director-General, in accordance with the Constitution, is required to present. The regional budget should include the complete plan of operations for the year and should indicate what part, if any, is expected to be met by supplementary contributions by the States in the region. Normally, the regional budget will be recommended to the Director-General by the Regional Committee.

The regional budget should be divided into two parts:

2.1 BUDGET FOR OPERATION OF THE REGIONAL OFFICE

This budget should be prepared for the operation of the Regional Office proper. Normally the costs of the Regional Office will be met by funds made available by the Organization.

2.2 BUDGET FOR OPERATION OF PROGRAMMES

The budget for programmes should include a statement of the requirements of the respective States within the region for services, such as demonstration and advisory services, fellowships, medical literature, special medical teaching equipment, etc. This budget should take into consideration, inter alia,

2.2.1 the objectives and programme of the World Health Organization;
2.2.2 the statements of individual States as to their requirements;
2.2.3 the recommendations of the Regional Committee.

3. Financial Rules for Contributions within the Region

Provision will be made in the Financial Rules for separate accounting of funds received as local currency funds for country programmes. Provision will also be made for crediting unobligated balances of local contributions toward the operating budget for the ensuing year.

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1 See second report, item 4.1.3, p. 25.
In discussing the principles that should govern the rights and obligations of Associate Members in regional organizations, the Executive Board was confronted by two problems in which the main difference of opinion lay:

(1) Should Associate Members have the same rights in every regional organization and should those rights be the same as those possessed by Members in regional organizations?

(2) Should the Health Assembly define the criteria to be applied in determining whether a particular territory is eligible for associate membership?

The proposals which follow represent two different approaches to the solution of these problems. Proposal A is an attempt at a compromise between opinions expressed during the discussion of this subject and is based on the assumption that certain basic rights should be accorded to all Associate Members and that additional rights—in particular, voting rights—should be accorded by the Health Assembly for each region separately.

Proposal B reflects the views of those who contend that Associate Members should have the same rights in all regional organizations and that these rights should be the same as those of Members.

The statements and the resolutions contained in these two proposals are as formulated by the Working Party on Constitutional Matters, established at the second session, and have not been reworded in the form of a recommendation from the Executive Board to the Health Assembly, as, although the Board voted in favour of proposal B, the question will be reopened at the third session.

Proposal A

The first World Health Assembly defined the rights of Associate Members in the Assembly, and requested the Executive Board 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.

2 The Working Party on Constitutional Matters set up by the Executive Board at its second session gave preliminary consideration to

(1) the interpretation to be given to “Member States in the region” in Article 47 of the Constitution;

(2) the desirability or otherwise of defining in advance of any applications for associate membership the criteria which the Health Assembly should apply in admitting territories or groups of territories to associate membership.

3 With respect to the first of these questions, which involves participation by Members whose metropolitan territories are outside the regional areas concerned, it considered that the Executive Board is not competent to decide and it recommended that the matter be brought to the attention of the Assembly with the suggestion that the Assembly, acting in pursuance of Article 75 of the Constitution, interpret Article 47 or refer the question to another competent authority.

4 One section of the working party held the following views:

(1) With respect to the second question the Executive Board should refer this question to the Assembly, emphasizing the necessity of ensuring that

(a) associate membership be maintained as an important and responsible privilege not to be lightly awarded, and

(b) the extreme variation region by region be recognized in awarding associate membership.

This condition should justify suitable consultation with interested Members as a preliminary to the examination of an application by the Assembly.

(2) If these considerations are acceptable to the Executive Board, it may consider the adoption of the following resolution:

The Executive Board, having regard to Articles 8 and 47 of the Constitution of the World Health Organization and to paragraph (d) of the resolution of the first World Health Assembly of 21 July 1948, and having considered the observations which several Members have made in reply to the circular letter of 5 August 1948,

1 See Second Report, item 4.1.6, p. 26
2 Off. Rec. World Hth Org. 13, 337
3 As all replies have not been received, Members’ observations are not printed in this volume.
whereas it is necessary to have the best possible representation of all parts of a region on its regional committees and to have available the maximum resources in securing the objectives of the Constitution, and

whereas the conditions vary in the several geographical areas in which regional organizations may be established,

RECOMMENDS

(1) that the World Health Assembly, acting in pursuance of Article 73 of the Constitution of the World Health Organization, consider the interpretation to be given to the words 'Member States in the region' in Article 47 of the Constitution, or refer the question to another authority competent to make the interpretation;

(2) that the Health Assembly consider the desirability of defining the criteria for determining the eligibility of territories or groups of territories for admission as Associate Members in advance of application for such membership, due allowance to be given in such consideration to the need for protecting the dignity and status of the title of associate membership and to the opinions of the Members in the region. It is accepted that criteria may vary from region to region;

(3) that the Associate Members in regional organizations shall have rights and responsibilities which they have in the central organization;

(4) that the Health Assembly shall determine the additional rights that Associate Members shall have in the regional organization for each region separately, attaching considerable weight to the views of the Members in or with an interest in the region;

(5) that until after the determination of the question as to the meaning of 'Member States' in Article 47, the Assembly shall determine the rights of Associate Members in particular regional organizations only after the views of Members of regional committees and Members having interests in the regions have been obtained. Consultation for these purposes might take place at a meeting of regional committees to which Members States having an interest in the region and which are not Members of the regional committee have been invited, or at the Health Assembly.

Proposal B

1 The first World Health Assembly defined the rights of Associate Members in the Assembly, and requested the Executive Board 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.

2 The Working Party on Constitutional Questions set up by the Executive Board at its second session gave preliminary consideration to

(1) the interpretation to be given to 'Member States in the region' in Article 47 of the Constitution;

(2) the desirability or otherwise of defining in advance of any application for associate membership the criteria which the Health Assembly should apply in admitting territories or groups of territories to associate membership.

3 With respect to the first of these questions, which involves participation by Members whose metropolitan territories are outside the regional areas concerned, it considered that the Executive Board is not competent to decide and it recommended that the matter be brought to the attention of the Assembly with the suggestion that the Assembly, acting in pursuance of Article 75 of the Constitution, interpret Article 47 or refer the question to another competent authority.

4 One section of the working party held the following views:

(1) With regard to the second question, associate membership should be an important and responsible privilege not lightly awarded, but it would be impracticable to lay down hard and fast criteria governing the admission of Associate Members. No such criteria governing the admission of Members existed but each application was considered on an ad hoc basis. Moreover, before a Member submitted an application for associate membership on behalf of one of the territories for whose international relations it was responsible, that Member would first have to satisfy itself that the application was a reasonable one. Subsequent consideration of the application was a matter for the Health Assembly.

(2) The possibility of an unfair voting strength being given to Associate Members in regional committees, should they be granted a vote therein, was considered. After a detailed examination of likely applicants for associate membership in each region, there appeared to be no grounds for this fear. The position could be safeguarded by allowing for periodical revision of the rights and obligations of Associate Members.

(3) Accordingly, there would be no obstacles to the conferment of full rights and obligations on Associate Members in regions and this solution would be the best method of ensuring the most effective regional committee from a health point of view. It would also be most valuable in giving to Associate Members the opportunity of taking increased responsibility in the management of their affairs.

(4) If these considerations are acceptable to the Executive Board, it may consider the adoption of the following resolution:

The Executive Board, having regard to Article 8 and 47 of the Constitution of the World Health Organization and to paragraph (4)
of the resolution of the first World Health Assembly of 21 July 1948, and having considered the observations which several Members have made in reply to the circular letter of 5 August 1948,5 whereas Article 47 of the Constitution states that Regional Committees shall be composed of representatives of the Member States and Associate Members in the region concerned, whereas it is necessary to have the best possible representation, with equal responsibilities, of all parts of a region on its regional committee and to have available the maximum resources in securing the objectives of the Constitution, and

5 As all replies have not been received, Members' observations are not printed in this volume.

whereas it is desirable to secure this representation at the earliest possible opportunity,

RECOMMENDS

(1) that the World Health Assembly, acting in pursuance of Article 75 of the Constitution of WHO, consider the interpretation to be given to the words "Member States in the Region" in line 1 of Article 47 of the Constitution, or refer the question to another authority competent to make the interpretation.

(2) that the World Health Assembly confer on Associate Members rights and obligations in Regional Committees equal to those of Members;

(3) that the rights and obligations of Associate Members in Regional Committees be periodically reviewed by the World Health Assembly.
ANNEX 15

28 October 1948

Annex 15

REPORT OF THE COMMITTEE ON NEGOTIATIONS
WITH THE PAN AMERICAN SANITARY ORGANIZATION

(Submitted by Dr. J. Zozaya, Chairman)

The Executive Board, at its first session, named a committee of three members representing WHO in the negotiations with the Pan American Sanitary Organization, and instructed it to use as a basis for such negotiations the draft report adopted by the Executive Board (see page 12).

The members of the committee were Dr. Hyde, Dr. de Paula Souza and Dr. Zozaya. On the request of the members of the committee, Dr. Zozaya, as Chairman, assumed full responsibility for conducting negotiations on behalf of the committee.

The Chairman of the Committee on Negotiations attended the meetings of the Executive Committee of the PASO, which met in Mexico City on 1 and 2 October 1948, as well as those of the Directing Council, which met from 8 to 12 October. In addition to the Chairman, the meeting of the Directing Council was attended by Dr. Hyde, as a member of the delegation of the United States of America, and by Dr. van den Berg, as an observer from the Netherlands. Dr. Calderone, Director of the New York Office, attended as secretary to the Committee on Negotiations.

The report of the Director of PASO to the Directing Council included a full and detailed account of the discussion and actions of the World Health Assembly and the first session of the Executive Board relative to regionalization and integration of the PASO. This report included the draft Agreement adopted by the Executive Board at its first session (see page 37).

1. Executive Committee Resolutions

The Executive Committee unanimously approved the resolutions proposed by its Committee on Relations, and adopted the following resolutions:

1. The Executive Committee,

whereas only seven American countries have ratified the Constitution of the World Health Organization which prevented the weight of American opinion to be felt more fully in the first World Health Assembly, and whereas it is desirable that negotiations between the World Health Organization and the Pan American Sanitary Organization be speeded up,

RESOLVES to recommend that the Directing Council suggest to the American countries the advisability of ratifying the Constitution of the World Health Organization with the purpose of facilitating the current negotiations.

See second report, item 4.3, p. 37

2. The Executive Committee,

whereas the first World Health Assembly used as a basis of discussion the document drawn up and approved by the Directing Council of the Pan American Sanitary Organization in its first session, held in Buenos Aires, and that, in general, all the points of view of the Pan American Sanitary Organization were accepted, with slight changes which do not basically modify the Buenos Aires document.

RESOLVES

To recommend to the Directing Council that it accept the proposal made by the Executive Board of the World Health Organization, with the slight modifications made, as the basis for an agreement between both organizations. This agreement will establish a definite working formula between the Pan American Sanitary Organization and the World Health Organization.

To recommend to the Directing Council that it authorize the Director of the Pan American Sanitary Bureau so that, in accordance with the pertinent resolution of the Twelfth Pan American Sanitary Conference, he sign the agreement with the World Health Organization when the fourteen American Republics have ratified the Constitution of the World Health Organization.

2. Directing Council Resolution

The Directing Council, upon the recommendation of its Committee on Relations, which considered the recommendations of the Executive Committee, unanimously adopted the resolution quoted below, which is included in the Final Act of the Directing Council, signed by representatives of all governments participating in the Directing Council meeting:

RELATIONS WITH THE WORLD HEALTH ORGANIZATION

After study of the report of the Committee on Relations and taking into consideration the opinions, suggestions and recommendations of the members and observers present, as well as the Final Report of the Fifth Meeting of the Executive Committee, the Directing Council RESOLVES

To ratify the report presented by the Executive Committee on relations with the World Health Organization.

To recommend to the American countries, Members of the Organization, the desirability of ratifying the Constitution of the World Health Organization, that the viewpoint of the American Continent may be presented in the deliberations of this Organization.
To accept as a basis for the agreement between the World Health Organization and the Pan American Sanitary Organization the document approved by the Directing Council in its first meeting in Buenos Aires, with the slight changes introduced by the Executive Board of the World Health Organization.

To authorize the Director of the Pan American Sanitary Bureau to sign this agreement with the World Health Organization on the basis of the authorization given at the Twelfth Pan American Sanitary Conference, when at least fourteen American countries have ratified this Constitution of the World Health Organization.

3. Comments

The Committee on Negotiations was pleased with the evident desire of the representatives of the Member States of PASO to expedite integration, which expressed itself in the unanimous acceptance of the draft Initial Agreement proposed by the Executive Board and in the resolution recommending that American countries ratify the Constitution. The committee believes that such ratification will be forthcoming at an early date.

Informal inquiry revealed that there are numerous circumstantial reasons for the delays that have occurred. The committee believes that the additional five States required for completion of the Initial Agreement will have ratified prior to the next meeting of the Executive Board.

In view of these considerations, the Committee on Negotiations recommends that the Executive Board at its second session authorize the Director-General to sign on behalf of WHO the Initial Agreement which has now been approved by the competent bodies of WHO and PASO at such time as fourteen Members of PASO have ratified the Constitution of WHO.

Further, in order to avert the unfortunate development of duplicate administrative machinery for conducting international health programmes in the Western Hemisphere, the committee recommends that the Executive Board authorize the Director-General to enter into such working arrangements with the Director of the PASB as the Director-General may consider to be in the interests of administrative efficiency in attaining within the Western Hemisphere the objectives of the World Health Organization.

Appendix

ADDITIONAL ACTIONS OF THE SECOND SESSION OF THE DIRECTING COUNCIL OF THE PAN AMERICAN SANITARY ORGANIZATION WHICH ARE OF PARTICULAR INTEREST TO THE EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION

The Directing Council adopted unanimously the following resolutions:

1. After consideration of the present difficulties involved in the establishment of continental standards for solution of health problems

The Directing Council DECLARES that in order that such standards may be useful in the continent, they should have worldwide character.

2. RELATIONS WITH THE NON-SELF-GOVERNING TERRITORIES

After careful consideration of the problem and the measures proposed by the Executive Committee, which have been accepted de facto by the Directing Council when they were incorporated in its Rules of Procedure and Debate,

The Directing Council RESOLVES

To declare that the non-self-governing countries of the Western Hemisphere be offered the following rights within the Pan American Sanitary Organization:

- to participate without the right to vote in the deliberations of the plenary sessions of the Directing Council;
- to participate with the right to vote in the committees of the Directing Council, except in those which deal with administration, finances and the Constitution;
- to participate on the same basis as the Members, subject only to the limitations mentioned in subdivision (a), in matters relating to procedure in the sessions of the Directing Council and its committees, such as presenting motions, amendments and points of order, etc.;
- to receive all the documents, reports and minutes of the Directing Council;
- to participate on the same basis as the Members in all plans for the calling of special sessions;
- to appoint observers and to participate in the discussion of the Executive Committee, subject to the same conditions which apply to the Members of the Pan American Sanitary Organization who are not members of the committee, although these representatives will not be eligible for membership in the committee.

* Added by the Executive Board at the seventh meeting of the second session, on 2 November 1948.
* Added by the Executive Board at the seventh meeting of the second session, on 2 November 1948.
* Rules of Procedure of the Directing Council of PASO
IMPLEMENTATION OF AGREEMENT
WITH THE FOOD AND AGRICULTURE ORGANIZATION

Report of the Director-General

Arrangements for co-operation with FAO, along the lines authorized by the Executive Board at its first session, have proceeded to the satisfaction of both organizations. These arrangements cover the establishment of joint committees and the relevant inter-secretariat collaboration, joint action to increase food production and raise standards of health, and preliminary steps to co-ordinate the programmes approved by the Joint Committee on Health Policy, UNICEF/WHO with those undertaken jointly by WHO and FAO.

1 Joint Committees

In agreement with the Director-General of FAO and in consultation with the Chairman of the Executive Board, Lord Horder and Professor Verzar, who are now members of the FAO Standing Advisory Committee on Nutrition, have been nominated as the WHO representatives on that committee. The committee will meet in Washington from 29 November to 7 December 1949.

FAO has nominated its members of the proposed joint secretariat on nutrition, and the Director-General will soon be in a position to propose a suitable candidate for the post of WHO member.

In connexion with the Joint Committee and the proposed joint secretariat, the Acting Director-General of FAO wrote to the Director-General on 4 October 1948 as follows:

"If experience of such procedure bears out the hopes and expectations that we entertain for it, I feel we should all be well satisfied, particularly as the alternative considered by your first Assembly, apart from the extra cost, would be difficult, if not impossible, for us to apply, in view of the way our administrative and executive constitution is set up.

Preliminary arrangements are being made, in consultation with FAO, for the establishment of the Joint Committee on Nutrition, FAO/WHO and for the first meeting of that committee. The FAO has expressed agreement in principle with the view of WHO that the Joint Committee should eventually replace the FAO Standing Committee on Nutrition, and that it should advise, not only FAO and WHO, but also any other of the specialized agencies (e.g. UNESCO) which require guidance on problems of nutrition. This principle would be subject to review in the light of further experience.

Dr. Louis L. Williams Jr., of the U.S. Public Health Service, has been nominated as WHO member of the FAO Standing Advisory Committee on Rural Welfare, which is meeting in Washington from 26 to 28 October 1948.

2 Food Production and Standards of Health

As a result of inter-secretariat consultations regarding the implementation of the resolutions of the General Assembly and the Economic and Social Council on increased food production, WHO and FAO put before the Central Committee of UNRRA, on 24 September, a proposal for a joint action programme to increase food production and raise standards of health. This proposal envisaged the assignment of technically equipped officers of WHO and FAO to assist governments to initiate, in selected areas, combined plans of disease control and agricultural development. Financial support was requested of UNRRA in order to put the programme into effect. While the Central Committee of UNRRA expressed considerable interest in the project, it did not consider that it could allocate funds for that purpose.

Work along the lines of the above-mentioned plan is proceeding in both WHO and FAO so that a proposal may be presented, in as tangible a form as possible, to the Economic and Social Council at its eighth session in January 1949.

3 Projects Approved by Joint Committee on Health Policy, UNICEF/WHO

Through the mechanism of the Joint Committee, WHO has interested UNICEF in double-purpose programmes to control malaria and increase food production. The Joint Committee, at its second session on 19 and 20 October 1948, recommended that, so far as possible, all malaria control projects of UNICEF and WHO in any one area should be amalgamated, due consideration being given to the necessity for projects which will increase food production.
Letter from Dr. Chisholm to Dr. Wyndham White:

Geneva, 14 October 1948.

Dear Dr. Wyndham White,

I have the honour to confirm my interim reply, dated 29 September, informing you that I agree entirely with the suggestion contained in your letter of 28 September that an informal arrangement for co-operation between our two organizations be made through an exchange of letters.

A precedent for such a relationship exists in the Arrangement between ICAO and WHO, which was approved by the first Health Assembly on 29 July 1948. It instructed the Director-General to explore the question of relations between WHO and ITO with the Executive Secretary of the Interim Commission of ITO, and to report thereon to the Executive Board.

It adopted, likewise, resolutions on joint projects and on co-ordination, of which the relevant portions are appended as an annex to this letter. The Executive Board of WHO, at its first session, empowered the Director-General in such circumstances as the Executive Board may determine, to enter into agreement with the Directors-General of other international organizations in order to provide for the establishment of, or participation in, joint committees.

It is recognized that ITO, or its Interim Commission, may be concerned with matters arising under Article 2 (f) of the Constitution of WHO, which concerns epidemiological and statistical services; Article 2 (i) which relates, inter alia, to economic or working conditions and to environmental sanitation; Articles 2 (k) and 19, regarding conventions and agreements with respect to international health matters; and Articles 2 (m) and 21 which relate to regulations concerning, inter alia, sanitary and quarantine requirements, standards with respect to... biological, pharmaceutical and similar products moving in international commerce, and advertising and labelling of such products.

Accordingly, it appears desirable that each organization should be represented at meetings of the governing bodies of the other, and at meetings convened under the auspices of either organization, when matters of common interest are discussed. I consider that arrangements should be made by agreement for the establishment of or participation in such joint committees as may be required; that inter-secretariat liaison should be maintained, and that documents on matters of common interest should be exchanged between our two organizations.

It is intended that this letter, together with your reply, should be communicated to the Executive Board of WHO at its second session, opening on 25 October 1948. I shall communicate to you as soon as possible the decision of the Board regarding the proposed arrangements for co-operation between the ITO or its Interim Commission and WHO.

Yours sincerely,

(Signed) Brock CHISHOLM, M.D.

[Annex to the letter.]

GENERAL RECOMMENDATION ON JOINT COMMITTEES

The Health Assembly directs the Executive Board to empower the Director-General, in such circumstances as the Executive Board may determine, to enter into agreements with the Directors-General of other international organizations in order to provide for the establishment of, or participation in, joint committees.

JOINT PROJECTS

The World Health Assembly resolves that, except in case of emergency, it shall be the policy of WHO to insist upon full preliminary consultations with the other organization(s) concerned, and that a satisfactory joint survey shall be required before any such joint projects may be considered by the Executive Board or the Health Assembly.

GENERAL RESOLUTION ON CO-ORDINATION

The World Health Assembly

(1) 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 WHO, 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;

(2) requests the Director-General to give constant attention to the factor of the relative priority of pro-

1 See second report, item 5.5, p. 28
2 Off. Rec. World Hlth Org. 13, p. 326
gramme projects, 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 WHO, the United Nations and its organs and the specialized agencies.

Letter from Dr. Wyndham White to Dr. Chisholm:

21 October 1948

Dear Dr. Chisholm:

Thank you for your letter of 24 October 1948 (your reference 966-2-2) agreeing with the suggestion of the Executive Committee of the Interim Commission for the International Trade Organization that arrangements for co-operation between the World Health Organization and the International Trade Organization, when the latter is established, should be of an informal character contained in letters to be exchanged between the two organizations.

I note that on the part of the World Health Organization it is recognized that the International Trade Organization may be concerned with matters arising under Article 2 (f) of the Constitution of the World Health Organization, which concerns epidemiological and statistical services; Article 2 (i) which relates, inter alia, to economic or working conditions and to environmental sanitation; Articles 2 (8) and 19, regarding conventions and agreements with respect to international health matters; and Articles 2 (m) and 21 which relate to regulations concerning, inter alia, sanitary and quarantine requirements, standards with respect to... biological, pharmaceutical and similar products moving in international commerce, and advertising and labelling of such products. On the part of the International Trade Organization, the Executive Committee of the Interim Commission instructed me to inform you that it recognizes that the World Health Organization may be concerned with matters arising under Article 36 of the Charter for that Organization dealing with importation and exportation; Article 45 dealing with general exceptions to Chapter IV; and also perhaps paragraph 6 of Article 31 dealing with monopolies established and operated mainly for social, cultural, humanitarian or revenue purposes.

In order to ensure adequate co-operation between the World Health Organization and the International Trade Organization when the latter organization is established, upon the functions of each organization which are of interest to the other, it is suggested that the following arrangements should in due course be made:

(1) each organization should be invited to be represented, in such manner as it considers appropriate, at meetings called by or under the auspices of the other organization, when matters of common interest are to be discussed;

(2) by agreement between the two organizations, consultations should be initiated regarding the establishment of such joint committees as may be required to carry out effectively the functions of either organization which are of interest to the other;

(3) the Director-General of the World Health Organization and the Director-General of the International Trade Organization should establish such liaison between the staffs of the two organizations as may be considered necessary to ensure the most economic and effective performance of functions of either organization in which the other has an interest; and

(4) the Director-General of the World Health Organization and the Director-General of the International Trade Organization should arrange that such documents of their respective organizations as are concerned with matters in which the other organization has an interest should be made available to the other organization to the fullest possible extent.

It is considered that in giving effect to the arrangements outlined above and in the execution of them, the Director-General of the World Health Organization and the Director-General of the International Trade Organization should aim at the attainment of a high degree of flexibility, so as to avoid any unnecessary burdens being placed upon their respective organizations. For this reason, it is also suggested that the informal arrangements for co-operation which, it is contemplated, will eventually be made, should be subject to revision from time to time by agreement between the two organizations. Consultations for such a purpose should be initiated upon the request of either organization.

I note that you intend to communicate your letter of 14 October 1948 and this letter to the Executive Board of the World Health Organization at its second session which is to commence on 25 October 1948. I shall be glad to hear in due course of the decision of the Executive Board upon the question which is the subject of this letter.

Yours sincerely,

(Signed) Jean ROYER
(for E. Wyndham White, Executive Secretary of the Interim Commission).
The Standing Committee on Non-Governmental Organizations was composed of the following members: Dr. R. H. Barrett (representing Dr. Mackenzie), Dr. D. A. Dowling, Dr. B. Kozusznik, Dr. G. H. de Paula Souza, Dr. W. W. Yung. Dr. C. Banning also attended.

The committee held three meetings: at 10 a.m. on Wednesday, 27 October; at 10 a.m. on Thursday, 28 October; and at 11 a.m. on Friday, 29 October 1948, under the chairmanship of Dr. de Paula Souza.

1. Admission into Relationship with WHO

After discussing applications for admission into relations with WHO on the basis of criteria laid down by the first Health Assembly (sixth report of the Committee on Relations), the standing committee agreed to recommend the adoption of the following resolution by the Executive Board:

The Executive Board agrees to establish relationship with the following international non-governmental organizations on the basis of the principles laid down in the sixth report of the Committee on Relations: 2
- International Union against Venereal Diseases,
- International Union against Tuberculosis,
- International Union against Cancer,
- World Federation for Mental Health,
- International Committee of the Red Cross,
- International Hospital Federation,
- International Academy of Forensic and Social Medicine,
- International Leprosy Association,
- International Association for the Prevention of Blindness.

2. Other Requests

2.1 The committee agreed that consideration of the requests from the following organizations should be deferred pending further information in regard to their development:
- International Bureau against Alcoholism and International Temperance Union,
- Fédération internationale médico-sportive,
- International College of Surgeons.

2.2 International Committee of Catholic Associations of Nurses and Medico-Social Workers

The committee agreed to defer consideration of the renewed application pending a decision by the Executive Board on the principle of WHO relations with sectional (i.e., racial, religious, political, etc.) organizations.

2.3 American Joint (Jewish) Distribution Committee and Union OSE

The committee agreed (1) that the principle of WHO relations with sectional (i.e., racial, religious, political, etc.) organizations should be placed on the agenda of the third session of the Executive Board for decision, and (2) that consideration of the application should be deferred pending a decision by the Executive Board on the principle involved. It therefore recommended the adoption of the following resolution:

The Executive Board instructs the Director-General to place on the agenda for discussion at the third session of the Executive Board the question of the principle of WHO relations with sectional (i.e., racial, religious, political, etc.) organizations.

2.4 International Committee of Catholic Associations of Nurses and Medico-Social Workers

The committee agreed to defer consideration of the renewed application pending a decision by the Executive Board on the principle of WHO relations with sectional (i.e., racial, religious, political, etc.) organizations.

2.5 In view of applications received from trade union organizations and other similar bodies whose activities are not mainly concerned with health questions, the committee agreed to defer consideration of such applications, and to recommend the adoption of the following resolution:

The Executive Board instructs the Director-General to place on the agenda for discussion at the third session of the Executive Board the question of the general principle to be determined in regard to relations with non-governmental organizations whose main activities are not concerned with health matters.

3. Special Arrangements for Collaboration

3.1 Committee on Hygiene of Housing of the American Public Health Section

The committee saw no objection to the form of collaboration with the Committee on the Hygiene of Housing outlined in the resolution considered. 8

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1 See second report, item 5.6, p. 28
2 Off. Rec. World Hlth Org. 13, p. 326
3 The text of the resolution was as follows:
   The Executive Board
   Authorizes the establishment of a small panel of experts in hygiene of housing to be consulted by the Director-General on questions arising from WHO’s participation in the United Nations programme on
3.2 League of Red Cross Societies

The committee considered proposals on cooperation with the League of Red Cross Societies no objection being raised as to the form of collaboration outlined. It saw no necessity for the establishment of a joint committee.4

4. Permanent Council for Co-ordination of International Congresses of Medical Sciences

The committee took note of the information furnished on the request of the Interim Commission of WHO by the Organizing Committee for the Co-ordination of International Medical Congresses Housing and Town and Country Planning, and on plans for a programme on the hygiene of housing of WHO. Members of the panel may be requested to represent the Organization at meetings of experts; AUTHORIZES the Director-General to establish relations with national housing committees in those countries where such committees are now active; and APPROVES the establishment of such relations with the Committee on the Hygiene of Housing of the American Public Health Association.

For the text of the resolution as finally adopted by the Board, see item 1.12.2, p. 20.

4 As this subject is to be reconsidered at the third session of the Board (see item 1.15.10), the relevant documentation is not printed here.

clarifying the non-governmental character of the proposed Council.5

The committee further took note of the list of organizations to be invited to the conference for the establishment of the Permanent Council. It was agreed that a plan of future relationship with that body should be prepared, and to that end the committee recommended the adoption of the following resolution:

The Executive Board instructs the Director-General to prepare and submit at a later session a plan of future relationships with the proposed Permanent Council for Co-ordination of International Congresses of Medical Science.

5 The character of institutions qualifying for membership of the Council has been defined by the Organizing Committee for Co-ordination of International Congresses in the following paragraph:

"The structure of the institutions qualifying for membership shall be international non-governmental, that is to say, they shall be composed of societies, organizations, national or international associations and committees for the organization of international congresses, but these provisions do not exclude representatives of government departments, whose delegates have the right to vote in connexion with the programme and activity of the said institution, if provided in its Statutes.

"The institutions shall not be exclusively regional in character; they shall include members from at least 10 countries and their membership shall be open."
ASSOCIATE MEMBERS:

AMENDMENT OF RULES OF PROCEDURE OF THE ASSEMBLY

The Executive Board, having regard to the resolution of the first Health Assembly of 21 July 1948 concerning the rights and obligations of Associate Members, decided to recommend to the Health Assembly the adoption of the following amended Rules of Procedure:

AMENDMENT OF RULES OF PROCEDURE OF THE ASSEMBLY

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 and Associate Members of the Organization or by the Board, at such time and place as the Board shall determine.

Rule 5

(d) any item proposed by a Member or by an Associate Member.

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 and the resolution governing the status of Associate Members, 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 17

A Committee on Credentials consisting of twelve delegates of as many 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 Assembly has given its decision.

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 or representative of an Associate Member 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 36

Delete former Rule 36 and substitute:

Representatives of Associate Members may participate equally with Members in the deliberations and in the conduct of business of meetings of the Health Assembly and its main committees in accordance with Rules 39-53 and 62-63 of these Rules of Procedure, except that they shall not hold office nor shall they have the right to vote.

New Rule (36 (b))

Representatives of Associate Members may participate with vote and hold office in other committees or sub-committees of the Assembly except the General Committee, the Committee on Credentials and the Committee on Nominations, in accordance with Rules 62 and 63 of these Rules of Procedure.

Rule 45

During the discussion of any matter, a delegate or representative of an Associate Member may move the suspension or the adjournment of the debate. Such motions shall not be debated, but shall immediately be put to vote.

1 See second report, item 6.2, p. 29
2 The words in italics indicate the additions or modifications adopted.
3 See Health Assembly resolution of 21 July 1948, Off. Rec. World Hlth Org. 12, 100, 337
Rule 47
A delegate or representative of an Associate Member may at any time move the closure of the debate, whether or not any other delegate or representative of an Associate Member 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 49
Parts of a proposal shall be voted on separately if any delegate or representative of an Associate Member so requests.

Rule 67
Any delegate or any representative of an Associate Member 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 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 of Members and to all representatives of Associate Members 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 of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

Rule 75
(d) consider the report of the Director-General on the payment of Members' and Associate Members' contributions;

(e) on the recommendation of the Board, or on the request of any Member or Associate 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 and Associate Members.

Rule 88
Applications made by a State for admission to membership or applications made by a Member or other authority having the responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories for admission to Associate Membership in the Organization, shall in pursuance of Articles 5 and 8 of the Constitution, be addressed to the Director-General and shall be transmitted immediately by him to Members.

Rule 91
Delete former Rule 91 and substitute:
The approval by the World Health Assembly of any request made by a Member or other authority having responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories shall be communicated immediately to the Government of the Member or other authority which has submitted the request. Such Government or other authority shall give notice to the Director-General of acceptance on behalf of the Associate Member of Associate Membership on the conditions existing at the date of admission. The territory or group of territories shall become an Associate Member from the date of the receipt of such notice.

New Rule (91 (b))
A Member or other authority responsible for the international relations of an Associate Member, who gives notice of acceptance on behalf of such Associate Member under Rule 91 shall also give notice that such Member or other authority assumes the responsibility for ensuring the application of Articles 66-68 of the Constitution with regard to that Associate Member.
1 On the preliminary question of the amendment of the Constitution the Board (1) did not consider it desirable to amend the Constitution as suggested, (2) decided that in any case such an amendment would not meet the immediate problem, because of the unavoidable delay imposed by the procedural conditions required, and (3) was therefore of the opinion that the proposal of the Italian delegation should not be adopted. Having regard to this principle, the Board agreed on the following points:

(a) In electing Members, the Health Assembly should endeavour to obtain an equitable geographical distribution of seats on the Board.

(b) To ensure equitable geographical distribution, it will not be necessary to allocate seats either to the geographical areas which have been defined for purposes of regional organization or to other regions which might be delineated for this particular purpose.

(c) The Assembly should not divide the membership of the Organization into groups, nor should the Assembly be bound in respect of any arrangement for the rotation of seats among any group of Members.

(d) The Assembly should take into consideration factors other than an equitable geographical distribution in order to ensure a well-balanced Executive Board.

(e) Without prejudice to the right of any Member to re-election under Article 25, Chapter VI of the Constitution makes no provision for a category of Members with permanent seats.

(f) Provision should be made in the Rules of Procedure for the election of a new Member to take the place of a Member withdrawing for any reasons from the Board, and in such case the new Member should be entitled to designate a person to serve on the Board for the unexpired period to which the Member withdrawing would have otherwise been entitled.

(g) The Assembly should appoint a body to submit nominations from among the Members for election by the Assembly; it is recommended that the General Committee be designated for this purpose.

2 Having regard to the procedure which the Assembly should follow in nominating and electing Members to be entitled to designate persons to serve on the Board, the Board recommended to the Assembly the following principles:

(a) The Assembly, prior to any nomination or election, should solicit the views of Members.

(b) The General Committee, acting as the body appointed for this purpose, taking into account the relevant provisions of the Constitution and the opinions of Members themselves, should submit a list of nine Members to the Assembly, recommending the six Members in the list which, in the committee’s opinion, would provide, if elected, the best balanced composition of the Board as a whole.

(c) The Assembly should vote on this list, and if this vote should prove inconclusive as to one or more seats, the General Committee should be requested to make further nominations and another vote or votes taken until the required number of Members has been elected.

3 Draft Rules of Procedure to correspond with these principles are appended.

Appendix

PROPOSED DRAFT RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY
(CONCERNING THE 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.

1 See second report, item 6.3, p. 29

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

At the commencement of each regular session of the Health Assembly the President shall request Members
ANNEX 20

desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

Rule 79

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 77 of these Rules of Procedure and to the suggestions placed before it by Members, shall draw up a list of nine Members to be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly convenes for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Board.

The General Committee shall recommend in such list to the Health Assembly the six Members which, in the Committee’s opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Rule 80

The Health Assembly shall elect the six Members to be entitled to designate persons to serve on the Board by secret ballot. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 79, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

If after three such ballots one or more seats remain to be filled, the candidate obtaining in the third ballot the least number of votes shall be eliminated and a further ballot taken and so on until all the seats have been filled.

Rule 81

For the purpose of elections in accordance with Rule 80 of these Rules of Procedure, Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled and any ballot paper failing to comply with this Rule shall be deemed a spoiled paper.

Rule 82

If in elections under Rule 80 of these Rules of Procedure, two or more candidates obtain an equal number of votes in such circumstances as would render it uncertain which candidate or candidates would be eligible to fill any seat or seats, the votes cast for such candidates shall be declared inconclusive, and, subject to the provisions of Rule 80, further ballots taken as necessary.

Rule 83

Should a Member, entitled by a previous election to designate a person to serve on the Board, for any reason withdraw before the expiration of the term for which elected, the Health Assembly, at a regular session, shall elect another Member to be entitled to designate a person for the remainder of the period to which the withdrawing Member would otherwise have been entitled. Such election shall, mutatis mutandis, be subject to Rules 78-82, provided that not more than twice the number of candidates for the number of seats vacant shall be nominated and provided that such elections shall precede the annual election of the six Members to be entitled to designate a person to serve on the Board in accordance with Rule 77.

Rule 84

(former 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 85

(former 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 86

(former Rule 80)

Should any Member fail to be represented, in accordance with the provisions of Rules 77 and 85, at two consecutive meetings of the Board, that fact shall be reported by the Director-General to the next session of the Health Assembly.
Excerpts from the report applicable to WHO ²

**BUDGETS OF THE SPECIALIZED AGENCIES FOR 1949**

1. The Charter of the United Nations provides in Article 17, paragraph 3, that "the General Assembly shall consider and approve any financial and budgetary arrangements with specialized agencies referred to in Article 57 and shall examine the administrative budgets of such specialized agencies with a view to making recommendations to the agencies concerned".

2. At the first part of its first session, the General Assembly resolved that the Advisory Committee on Administrative and Budgetary Questions should, as one of its functions, "examine on behalf of the General Assembly the administrative budgets of specialized agencies " (resolution 14 (I), A, of 13 February 1946).

3. At the second part of its first session, the General Assembly approved agreements with the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the Food and Agriculture Organization and the International Civil Aviation Organization, by which these organizations each undertook, inter alia:

(i) to consult with the United Nations in the preparation of their budgets;

(ii) to transmit their budgets to the United Nations for examination by the General Assembly, which might make recommendations "concerning any item or items contained therein";

(iii) to conform as far as might be practicable to standard practices and forms recommended by the United Nations.

The agreements provided further that representatives of these organizations should be entitled to take part, without vote, in the deliberations of the General Assembly or any Committee thereof at all times when their budgets, or general administrative or financial questions affecting their organizations, were under consideration.

4. In addition, at its second regular session, the General Assembly approved agreements with the World Health Organization, the Universal Postal Union, the International Telecommunications Union, the International Bank for Reconstruction and Development, and the International Monetary Fund. ³ The first three of these agencies undertook substantially the same obligations with respect to their budgets as the four agencies noted in paragraph 3 above. The Bank and The Fund agreements, however, as approved by the General Assembly, contain the following provision (Article X):

The Bank (Fund) will furnish to the United Nations copies of the annual report and the quarterly financial statements prepared by the Bank (Fund) pursuant to section 13 (6) (7)(a) of Article V of its Articles of Agreement. The United Nations agrees that, in the interpretation of paragraph 3 of Article 17 of the United Nations Charter, it will take into consideration that the Bank (Fund) does not rely for its annual budget upon contributions from its members, and that the appropriate authorities of the Bank (Fund) enjoy full autonomy in deciding the form and content of such budget.

5. The Advisory Committee on Administrative and Budgetary Questions recognized that draft agreements with the International Refugee Organization and the Inter-governmental Maritime Consultative Organization had also been approved by the Economic and Social Council at its seventh session, but in view of the fact that these agreements are not yet in effect, the budgets of these agencies ⁴ were not examined at the third session of the Committee in 1948.

6. The Advisory Committee therefore devoted its attention to the administrative budgets of ILO, UNESCO, FAO, ICAO and WHO for 1949. Representation of these agencies during the Committee's discussions at Lake Success and Geneva greatly facilitated the examination. The administrative budgets of UPU and ITU for 1949 were not available by 15 September 1948, and in consequence the Committee could do no more than examine the financial arrangements as set forth in the reports of these organizations to the seventh session of the Economic and Social Council.

In making its examination, the Committee took account of the fact that these budgets and financial arrangements had already been subject to scrutiny by the appropriate financial committees

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² UN doc. A/675
³ See Item 7. 2 4 P. 32
⁴ The Inter-governmental Maritime Consultative Organization is in a preparatory stage, having established an Interim Commission of the International Trade Organization, but negotiations on an agreement have not yet taken place.
⁵ The International Conference on Trade and Employment at the end of its sessions in Havana in March 1948 also established an Interim Commission of the International Trade Organization, but negotiations on an agreement have not yet taken place.
of the agencies concerned and, in the cases of ILO, ICAO and WHO, had already been approved by their annual conferences. The Committee confined itself, therefore, to questions of general administrative and financial policy having a significant bearing on the total expenses of the United Nations and the specialized agencies, to questions of administrative and financial coordination, and to questions of form and procedure which might improve the implementation of Article 17, paragraph 3, of the Charter.

7. The details of the budgets or budgetary estimates of the United Nations and certain specialized agencies appear in Information Annex IV to the Secretary-General's budget estimates, as required by the Provisional Financial Regulations. The following is a summary of the gross totals proposed in the budgets for 1949, together with the corresponding totals of the budgets for the preceding financial year:

<table>
<thead>
<tr>
<th>Five specialized agencies</th>
<th>1949</th>
<th>1948</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Labour Organization</td>
<td>5,215,539</td>
<td>4,449,495</td>
</tr>
<tr>
<td>United Nations Educational, Scientific and Cultural Organization</td>
<td>8,473,539</td>
<td>7,682,937</td>
</tr>
<tr>
<td>Food and Agriculture Organization of the United Nations</td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td>International Civil Aviation Organization</td>
<td>2,680,685</td>
<td>2,352,368</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>5,000,000</td>
<td>4,800,000</td>
</tr>
<tr>
<td>SUB-TOTAL (specialized agencies)</td>
<td>26,399,754</td>
<td>24,284,300</td>
</tr>
<tr>
<td>United Nations</td>
<td>33,495,587</td>
<td>34,825,195</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>59,895,341</td>
<td>59,109,495</td>
</tr>
</tbody>
</table>

To these totals must be added the contributions from Member States to be collected by ITU and UPU, which may be expected to reach approximately $1,200,000 in 1949; and the budget of IRO, which is now considering a plan of expenditure providing $5,315,348 for administrative expenses and $159,065,233 for operational expenses for the fiscal year ending 30 June 1949.

8. In spite of the notable effort made by the Secretary-General in conjunction with the heads of the specialized agencies to rationalize expenditure for international activities, much still remains to be done. It is perhaps too early to expect stabilization, in view of the fact that several of the agencies have not yet completed a full financial year and others only one such year. Consequently, the financial impact of costs for a staff employed during the whole year is only beginning to be felt in 1949. No significant increases in numbers of posts have been noted, except in the case of WHO, which began operations under its own budget only on 1 September 1948. As, however, the Committee pointed out in its second report of 1948 on the 1949 budget estimates of the United Nations, it believes that every endeavour should be made to stabilize expenditures at a level commensurate with Members' capacity to pay. The Committee fully recognizes that this cannot come about solely through Secretariat efforts to increase administrative efficiency but must also come from a willingness on the part of Members to see priorities established in the programmes and to place less reliance on the holding of large international meetings throughout the world.

9. The question of priorities in the work programmes of the United Nations has been the subject of concern not only to the General Assembly, the Economic and Social Council, and to the Advisory Committee but also to the governing bodies of the specialized agencies. It is evident that FAO and UNESCO, for example, have faced a difficult but essential task of determining which of the programmes authorized in the many resolutions coming out of their first conferences could be undertaken within the limits of the resources available in the immediate future. The Committee urges continuance of efforts to develop sound criteria for judging the practical merits of particular international activities so that, wherever possible, the legislative conferences receive the most informed advice before the programmes are authorized.

In addition to the problem of assessing priorities within the programme of a particular agency, there is the more complicated problem of establishing priorities among the programmes of the several agencies. As noted in this Committee's first report of 1948, this is one of the responsibilities of the Economic and Social Council under Articles 63 and 64 of the Charter. One noteworthy step in this direction has been taken by the Council in the consideration given to the world food crisis, and to the part to be played in combating that crisis respectively by the United Nations, FAO and other specialized agencies. The Committee has reason to believe that Members would appreciate a greater degree of guidance from the Council concerning the programmes to be given top priority, such guidance to be based upon advice from the Secretary-General, acting in conjunction with the heads of the specialized agencies.

10. Since the decision at San Francisco to establish the United Nations system on a functional basis, Members have been concerned with the danger of overlapping or duplication of effort between or among the United Nations and the specialized agencies. The Committee notes that the Economic and Social Council, at its seventh session, gave close attention to this matter in reviewing the reports of specialized agencies. The Council approved the conclusion of its Social Committee to the effect that, while there were overlapping
fields of interest, actual overlapping in work programmes of the specialized agencies was not taking place at the present time. Periodic review of respective work programmes and their inter-relationships was required in order to obviate possible overlapping because of broad terms of reference. It was the opinion of the Council that co-ordination in the social field could best be achieved by focussing on individual projects and problems, and by developing joint plans of action with regard to such projects.

In the course of its examination of the budgets, the Advisory Committee also had occasion to inquire into the measures taken by the agencies themselves to avoid overlapping in matters of mutual concern, such as migration, housing, rural welfare, nutrition, timber and agricultural reconstruction. Available evidence points to close secretariat co-operation and a pattern of ad hoc working parties and joint committees in all those matters. While it is clear that the problem cannot be permanently solved, the Committee is satisfied that, at this juncture, considerable efforts are being made to ensure that funds are not wasted through a duplication of activities.

An illustration of how this co-operation can be achieved between specialized agencies is found in the example set by the United Nations Economic Commission for Europe and the Food and Agriculture Organization in connexion with the Committee on Agricultural Problems, recently established within the framework of the Economic Commission for Europe. The relevant agreement between the two bodies provides, inter alia:

Arrangements would be made between the Director-General of FAO and the Executive Secretary of ECE, whereby the staffs of the two organizations would co-operate in servicing the proposed Committee. The Executive Secretary of the ECE would keep the Director-General of FAO informed, and would consult with him, on all matters relating to the work of the suggested Committee.

In making this suggestion, the Director-General and the Executive Secretary have in mind the fact that the FAO was established as the body responsible for international policy formation and worldwide inter-governmental collaboration in the field of food and agriculture, including forestry and fisheries, and that ECE was established as the body responsible for collaboration between European governments in their problems of reconstruction and development. They are aware of the area of common concern between these two fields of responsibility. Their deliberations have led them to believe that the proposed committee offers a form of carrying out those responsibilities in the fields of common concern, without duplication of staff or effort and, at the same time, without in any way abridging the opportunity for either organization fully to acquit itself of its responsibilities.

11. In connexion with the number and location of meetings, the Committee has noted with interest the budgetary provisions for, and administrative consequences of, the plans of specialized agencies to hold their annual conferences away from their permanent or interim headquarters. The following are pertinent examples: UNESCO, with headquarters in Paris, held its 1949 conference in Mexico City, and plans to hold its third annual conference in Beirut; ILO (with most of its secretariat now in Geneva) held its 1948 conference in San Francisco; FAO (with interim headquarters in Washington) held its 1947 conference in Geneva; ICAO (with headquarters in Montreal) held its 1947 conference in Geneva. Apart from considerations of the extra costs incurred by delegations, the extra costs of holding annual conferences away from headquarters ranges from $65,000 to $90,000 for the specialized agencies. Recognizing that political reasons or reasons connected with public relations prompt the holding of conferences away from headquarters, the Advisory Committee would urge consideration of policies in each of the agencies which would make it possible to hold the major conferences at the seat of the Secretariat, while meetings of the governing body or other smaller meetings would be held away from headquarters when deemed necessary. It seems to the Committee that the existing diffusion of the headquarters and regional and branch offices of the United Nations and the specialized agencies provides a means of accomplishing a certain degree of dissemination of knowledge of international activities. The Committee further believes that the disruption of the work of the secretariats and the administrative difficulties inherent in this practice result in considerable indirect costs.

12. As for the number of meetings, the Committee urges that the General Assembly request every specialized agency to examine its programme of meetings with a view to reducing the number of formal meetings of government representatives, which are imposing an appreciable burden on the personnel resources of governments and are reflected in larger staffs in the agencies and high costs of travel, documentation and records.

OBSERVATIONS WITH RESPECT TO THE BUDGETS OR BUDGETARY ESTIMATES OF SPECIFIC AGENCIES

World Health Organization

27. The first World Health Assembly in June set at $5,000,000 the budget for the first full year (1949) of the World Health Organization's work as a specialized agency, representing a reduction of $1,324,700 from the estimates submitted by the Interim Commission of WHO. The reduction was accomplished in part by the elimination of 46 posts from the proposed manning tables but to a more important degree by introducing delays in the recruitment of personnel. The Advisory Committee was informed that it had been recognized by the World Health Assembly that the budget of the Organization for 1950 would be considerably higher than $5,000,000, unless an actual reduction in staff were made at the end of 1949.
28. Provision for the reimbursement of loans made by the United Nations to an amount of $3,125,000 has been included in the first budget of WHO, which began operations as a full-scale agency on 1 September 1948.

29. The Committee would urge that the development of the structure and staffing of the organization proceed cautiously while the most effective ways of implementing the priority programmes set by the Health Assembly are explored. A greater use of grants-in-aid in contrast to the appointment of permanent staff might be considered. From the viewpoint of administration and budget, the Committee doubts the wisdom of establishing six regional offices in the first year (or as soon as the countries in the region request such establishment); the sending of task forces to areas where governments request special technical assistance would seem better calculated to produce effective results while the headquarters office is being organized. In any case, the Committee would urge that the regional nuclei be small and, where indicated, co-ordinated administratively with regional offices of the United Nations and the specialized agencies.

30. The Committee noted the co-operative attitude of the Health Assembly with respect to a common retirement plan and other administrative questions. There seems, however, to be insufficient justification for the Organization to establish salary rates in Geneva at a higher level than those of the United Nations staff in Geneva, without awaiting the completion of the joint United Nations-Specialized Agencies' survey of cost-of-living which is now in progress.

31. The World Health Assembly has requested the transfer of the health collection of the United Nations Library in Geneva to WHO while, pursuant to resolution 129 (II) of the General Assembly, the Economic and Social Council at its seventh session asked the Secretary-General to study and report to the eighth session of the Council (February 1949) on the whole problem of the use of United Nations Library facilities by specialized agencies. Apart from any question of the legal aspects of such a transfer under the terms of the Rockefeller grant or of the financial aspects, the Committee is of the opinion that the wide dispersion of the Geneva Library collections would not be in the best interests of the United Nations or the specialized agencies themselves, many of which work in fields of mutual concern.

32. The problem of library facilities is, of course, closely related to that of the location of headquarters and branch offices. It is noted that the World Health Organization has requested accommodation in the Palais des Nations and that the Secretary-General is studying the problem of space allocation in the building. The Committee expresses the hope that the headquarters accommodation of WHO may be within the Palais des Nations. In the event that this is not possible, the building should be situated in the closest proximity in the interests of development of common administrative services.

33. The agreements with the agencies mentioned above approved by the General Assembly provide that the estimates shall be transmitted simultaneously to the United Nations and to the members of the organization. The alternative solutions appear to be either to move forward the annual conferences of the specialized agencies to the first six months of the year (a proposal dismissed by the Economic and Social Council), or, at least, to move forward the meetings of the finance committees and governing bodies which review the estimates.

34. The schedule for transmittal of specialized agencies' budgets to the Secretary-General has given the Committee concern. The General Assembly requested in its resolution 125 (II) of 20 November 1947 that the specialized agencies transmit their 1948 budgets or budgetary estimates to the Secretary-General by 1 July 1948. Nevertheless, by the end of the summer session of the Advisory Committee (31 July 1948) only ICAO, ILO and WHO had been able to transmit their budgets. UNESCO and FAO, both holding their annual conferences in November, sent their budgetary estimates, as reviewed by their governing bodies in late August. ITU and UPU had not been able to transmit 1949 estimates by 15 September. It is, of course, very difficult under such conditions to make an adequate review of the budgets in time for the opening of the General Assembly.

35. The alternative solutions appear to be either to move forward the annual conferences of the specialized agencies to the first six months of the year (a proposal dismissed by the Economic and Social Council), or, at least, to move forward the meetings of the finance committees and governing bodies which review the estimates.

36. Nevertheless, in addition to the comments made in paragraphs 18 and 22 above with respect to project budgeting, the Committee reiterates its request of last year that many of the superficial differences in the main form and presentation of United Nations and specialized agencies' budgets be eliminated. For example, the difference in terminology designating "parts", "sections", "chapters" and "items" in the budgets is confusing and serves no essential purpose. The Secretary-General and the specialized agencies have been asked to make recommendations on standard financial terminology. The form and content of the explanatory notes might also be studied profitably.

37. Consultation in preparation of budgets

42. Consultation between the Secretariats of the United Nations and the specialized agencies
in the preparation of the budgets appears to have become a reality in most cases, although complicated by the timing problem. The Committee re-emphasizes the position taken last year that the implementation of the clauses in the agreements calling for consultation at a working level is one of the most effective methods for achieving more nearly standard administrative and financial practices and economies through the development of comparative standards of efficiency.

Procedure for review of budgets within the agencies

43. The Committee is still not satisfied that the degree of independent financial criticism necessary to protect the overall interests of the members is applied in all agencies. While some progress has been made, it appears advisable to call attention to the recommendation approved in 1947 by the General Assembly, to the effect that "specialized agencies should ensure, where this is not already the case, that their estimates are subjected, before submission to the plenary body for consideration, to a detailed examination by a committee which includes persons specially qualified in the fields of administration or finance" (resolution 165 (II), paragraph 23 (B)).

Summary of general recommendations

44. While observations have been made in the foregoing pages with respect to each of the budgets examined by the Advisory Committee and to certain procedural questions, it seems appropriate to summarize the general recommendations to which the General Assembly may wish to give special attention:

(a) Each specialized agency, as well as the United Nations, should make every effort to stabilize its budget at the minimum consistent with the implementation of its charter and the financial resources of its members for all international activities.

(b) In order to achieve such stability, each agency should be asked to give continuing attention to questions of priority and urgency within their programmes; at the same time, the Economic and Social Council, with the assistance of the Secretary-General and the Administrative Committee on Coordination, should be asked to indicate certain priorities within available funds among all the programmes presented by the specialized agencies and among the economic and social programmes of the United Nations, for the guidance of the General Assembly and the conferences of the agencies. It is assumed that the Council will continue to watch with particular care the areas of concern to several agencies in order to avoid overlapping of activities.

(c) Each specialized agency should be asked to review its programme of meetings with a view to reducing the number of formal meetings of governmental representatives and, in particular, it should consider whether a full-scale annual conference is necessary. The question of the timing of the full conferences should also be examined with a view to making programme and budget review by the United Nations more effective. As regards the location of the annual conferences, it is the opinion of the Committee that, as a general rule, annual conferences should be held at the headquarters of each organization.

[From EB2/47 Add.1]
3 November 1948

Appendix 1

NOTE ON JOINT MEETING OF THE SECOND, THIRD AND FIFTH COMMITTEES OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS

The General Assembly of the United Nations convened a joint committee meeting of the Second, Third and Fifth Committees in Paris on 28 October, for the purpose of considering "Relations with and co-ordination of specialized agencies", together with the Fifth Report of 1948 of the Advisory Committee on Administrative and Budgetary Questions. Representatives of the Secretariat of the World Health Organization were present.

During the discussion on this report, two of the delegations specifically referred to the section dealing with WHO and indicated some criticism of the establishment by WHO of six regional offices in the first year, also noting the fact that the Advisory Committee believed there was insufficient justification for the Organization's establishing the salary rates in Geneva at a higher level than those of the United Nations staff in Geneva.

The representative of the Secretariat of the World Health Organization, having been granted permission to reply to these two points of criticism, made the following specific comments:

There have been mentioned a number of subjects about which it is necessary to comment. First there is the matter of establishing six regions. This question is divided into two parts, (a) the matter of establishing regional offices and (b) the location of these regional offices. In order to consider this matter adequately, due consideration should be given to the provisions of the World Health Organization Constitution, on which, in the last analysis, the Health Assembly was bound to take its decisions. With your permission,
Mr. Chairman, I would quote: (The text of Article 44 of the Constitution was then read.)

With regard to the location of the regional offices, only one has as yet been considered and that one is for South-East Asia. It was originally tentatively suggested that this regional office might be set up in Mysore, India. However, the considerations involved — namely, pre-existing offices of the United Nations and other specialized agencies in New Delhi — were put before the Regional Committee, and it therefore proposed that this office be in New Delhi. This proposal is now before the Executive Board of the World Health Organization — at present in session — and has been brought to the notice of the Administrative Committee on Co-ordination.

The second point deals with the question of the salary differential of five per cent minus. Our Executive Board, which examined this matter in complete detail, unanimously decided that there was insufficient justification for establishing salary scales as from 1 September 1948 for WHO Headquarters staff in Geneva below the basic scale for New York which was established in the spring of 1946. The Board felt that this decision was particularly justified because these rates were established on the basis of the prevailing salary scales and cost of living in the New York area during the early part of 1946, and it was not likely that the cost of living had not risen in Geneva since that time. They decided, however, that for the present they would take no action to apply to Geneva the cost of living adjustment introduced for New York since that time.

It may also be of interest to this joint committee to note the comments made by the ILO staff questions committee, as adopted by their Governing Body in February of 1947. With your permission, Sir, I will read an excerpt from that report:

"The Committee was further informed that the United Nations had determined that for their staff stationed at Geneva a differential of five per cent below the basic New York salary schedule should apply. The Committee understood that this action was taken as a provisional measure in the absence of specific reliable information on costs of living and with the understanding that a thorough study of costs of living and similar factors should be made in conjunction with the International Labour Organization."

Finally, Sir, I wish to assure this Committee that the World Health Organization Executive Board will reconsider this matter just as soon as the report is available on the scientific study of the cost of living in Geneva.

Following the remarks of the World Health Organization representative, no comments whatsoever were made by any of the delegations at the joint Second and Third, and Fifth Committees of the General Assembly concerning the two points of criticism which had been referred to in earlier statements.

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**RESOLUTION RECOMMENDED IN THE REPORT OF THE JOINT SECOND AND THIRD COMMITTEES AND THE FIFTH COMMITTEE, MEETING IN JOINT SESSION**

**Relations with and co-ordination of specialized agencies and work programmes of the United Nations and specialized agencies**

The General Assembly,

taking note of Chapter V of the Report of the Economic and Social Council to the third regular session of the General Assembly, of the report of the Secretary-General on administrative and budgetary co-ordination and of the fifth report for 1948 of the Advisory Committee on Administrative and Budgetary Questions;

taking note of the steps taken by the Economic and Social Council and the Administrative Committee on Co-ordination towards the development of the processes of co-ordination envisaged in resolutions 125 (II) and 165 (II) and of the progress made in programme, administrative and budgetary co-ordination;

RECOMMENDS that the Economic and Social Council continue its examination of the activities of the organs having responsibilities in the field of co-ordination, with a view to suggesting further improvements and the possibility of bringing to a minimum consistent with efficiency the number of such organs in the framework of the United Nations;

REQUESTS the Secretary-General, in consultation with the Advisory Committee on Administrative and Budgetary Questions and the Administrative Committee on Co-ordination, to continue the efforts further to improve administrative and budgetary co-ordination between the United Nations and the specialized agencies, including consideration of the possibility of developing a joint system for external audit and for common collection of contributions;

DRAGS renewed attention of Member States to the recommendations addressed to them in General Assembly resolution 125 (II) and resolution 128 (VI) adopted by ECOSOC on 10 March 1948;

DRAGS the attention of Member States, of the Economic and Social Council and of the specialized agencies concerned to the observations and recommendations contained in the fifth report of 1948 of the Advisory Committee on Administrative and Budgetary Questions of the budgets of specialized agencies for 1949;

REQUESTS the Secretary-General to arrange with the specialized agencies for adequate reimbursement by the latter to the United Nations of expenditures connected with the offices and administrative services placed at their disposal.

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8 UN doc. A/714, 12 Nov. 1948
9 UN doc. A/625
10 UN doc. A/599, A/599/Add. 1
11 UN doc. A/675
12 See p. 68
SUMMARY OF DISCUSSION IN THE EXECUTIVE BOARD ON THE FIFTH REPORT OF 1948 OF THE UNITED NATIONS ADVISORY COMMITTEE ON ADMINISTRATIVE AND BUDGETARY QUESTIONS

Mr. Siegel (Secretariat) introduced the report, drawing particular attention to paragraphs 27, 28, 29 and 30.

Mr. Lindsay, referring to the last sentence of paragraph 27 of the report, said that the Director-General had fully explained the position at the time and was therefore completely justified, but his impression was that the Health Assembly was not seized of the implications of what had been done to arrive at a budget of $5,000,000 for 1949, and he thought the true state of mind of members of the Committee on Administration and Finance was relief that, after their long and trying work, a temporary solution had been found.

The Director-General said the concept put forward by Mr. Lindsay had been incorporated in a paper presented by Dr. Mackenzie for consideration when the 1950 budget was discussed by the Board.

However, he believed it impossible for the Executive Board or the Director-General to proceed on the assumption that a main committee of WHO, well equipped with financial experts, had taken a decision without knowing what it was doing, or that the Health Assembly had approved that decision without knowing what it was doing and without seeing the implications. It was after he had explained the implications clearly that the committee had approved the action.

The Chairman, replying to Mr. Lindsay, said that the report could be used as a working paper when the 1950 budget was discussed.

Dr. Hyde said he was concerned about paragraph 29 (on page 71 of the report), in which the Advisory Committee made certain criticisms of the decisions taken by the Health Assembly. He pointed out that the structure of regional organization had been considered very thoroughly by the International Health Conference and that the regional organization had been considered very thoroughly by the Health Assembly. He thought that the words "effective results" in the second clause referred to improving the health of the world and not to improving the administration and budget.

M. Gros stressed that the whole paragraph was governed by the introductory words, "from the viewpoint of administration and budget". He agreed that the second part of the sentence went slightly beyond the terms of reference of the Committee but thought it was introduced as an alternative. It was important that there should be no divergence between the instructions given to different experts or representatives of the same government.

Dr. Hyde observed that the members of the Executive Board were not representatives of governments and were not instructed. Dr. van den Brugg expressed a similar view.

M. Gros replied that at the Health Assembly, those who had voted the budget did represent governments.

Decision: It was agreed to take note of the report of the Advisory Committee and at the same time to ask the Director-General to convey the attitude of the Executive Board to the Secretary-General of the United Nations.

Mr. Siegel drew attention to the resolution which had been adopted by the joint meeting of the Second, Third and Fifth Committees and which would probably be adopted by the General Assembly of the United Nations. In the view of the Secretariat, it was desirable that the report and the accompanying documentation, together with the comments of the Executive Board, should be submitted to the second World Health Assembly.

Decision: On the proposal of Mr. Lindsay, it was further agreed to adopt the suggestion put forward by Mr. Siegel.
After considering the matter and agreeing with the Director-General on the amendment to the contract and on the amount of the representation allowance, the Board decided to present the following report to the Assembly for consideration:

1. The Executive Board, in considering the Staff Rules issued by the Director-General to implement the Staff Regulations (as required by these Regulations) and in particular Rule 881, which deals with representation allowances for the high officials of the Organization other than the Director-General, thought it fit to re-examine also the question of the representation allowance of the Director-General.

Staff Rule 881 stipulates the following:

Allowances for such staff members as Deputy Director-General, Assistant Directors-General, Directors and such others as the Director-General may specify, shall be deemed to include all representation (including hospitality) and housing (rental), but not reimbursable travel expenses and removal costs under the provisions of the relevant rules. The staff members in question remain eligible for allowances provided for under 800.

The reasons which led the Executive Board to approve this Rule were the following: Staff members receiving representation allowances are expected to use them for representation on behalf of the Organization and it would appear unfair to expect such staff members to expend this sum on representation and at the same time to forego all normal allowances of other staff members. Moreover, there should be no connexion between these two types of allowances. The normal allowances should be given to all staff members, and representation allowances should be calculated purely on the basis of representation.

2. The position of the Director-General, in respect of normal allowances, differs from that of the other high officials of the Organization inasmuch as he is, according to the contract which was concluded on 21 July 1948, not entitled to the normal allowances provided for in the Staff Rules; the representation allowance given him being deemed, according to the terms of his contract, to include all allowances authorized by the Organization, except reimbursable allowances.

The terms of his contract read as follows:

II (2) He shall further receive an annual representation allowance of six thousand five hundred United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Agreement, to be paid monthly, commencing on 21 July 1948. Such representation allowance shall be deemed to include all allowances authorized by the Organization except such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official position, on termination of appointment, or on official travel and home leave travel.

3. The Executive Board wishes to draw the attention of the Assembly, in the first instance, to the fact that the contract was signed on 21 July 1948, i.e. at the time when it was envisaged that representation allowances given to high officials of the Organization should cover all other allowances normally due to staff members, except reimbursable allowances. This provision, however, by the decision of the Executive Board, was never put into effect, and the high officials, except the Director-General, were given the right to normal allowances although they are entitled to reimbursement of their expenses for official representation and entertainment.

4. When the Board in July 1948 considered the draft contract of the Director-General, and the salary and representation allowance he was to be given, it was felt that the Director-General of WHO should not be less favourably treated than the Directors-General of the other specialized agencies. This is not now the case, as would appear from the following table based on available information, giving the salary and representation allowance of the Directors-General in other comparable specialized agencies:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Salary</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILO</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>UNESCO</td>
<td>$15,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>(increased in 1949 budget to $11,600)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAO</td>
<td>$18,000</td>
<td>$6,500</td>
</tr>
</tbody>
</table>

The representation allowance given to the Director-General of UNESCO includes children's allowance and education grant, whereas the representation allowance of the Director-General of FAO does not seem, according to the terms of the contract, to include these allowances.

The Board wishes to add that an Assistant Director-General of the United Nations has a representation allowance of $8,500, which includes all other normal allowances.

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1 See second report, item 7.3.3. p. 31
5. In the opinion of the Executive Board, it may therefore be said that the position of the Director-General of WHO compares, from the point of view of his emoluments and allowances, unfavourably with the position of the Director-General of any other specialized agency that may be compared with WHO.

6. The Board feels that it was certainly the intention of the first Health Assembly to give the Director-General a representation allowance sufficient to enable him to represent suitably the Organization. According to the terms of his contract, he is, however, expected, from the representation allowance, to meet expenses for which every other staff member receives special allowances under the Staff Rules.

7. The Executive Board therefore proposes to the Assembly to modify paragraph II (2) of the contract of the Director-General as follows:

**II (2)** In addition to the normal allowances authorized to staff members under the Staff Rules, he shall receive an annual representation allowance of six thousand five hundred United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Agreement, to be paid monthly, commencing on 21 July 1948. The representation allowance shall be used at his discretion entirely in respect of representation in connexion with his official duties.

He shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official position, on termination of appointment, or on official travel and home leave travel.

The Director-General has been consulted and agrees with the proposed modification of his contract.
ANNEX 23

ALLOCATION OF FIELD SERVICES (UNRRA) FUNDS

After consideration of replies received from governments requesting allocations for additional services from the Field Services Budget for 1948, the Board agreed to make the following allocations of the $100,000 (approximately) available from the Field Services Budget:

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>ALLOCATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>12,000</td>
</tr>
<tr>
<td>Austria</td>
<td>2,300</td>
</tr>
<tr>
<td>Byelorussia</td>
<td>3,350</td>
</tr>
<tr>
<td>China</td>
<td>37,370</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>4,550</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3,900</td>
</tr>
<tr>
<td>Finland</td>
<td>1,720</td>
</tr>
<tr>
<td>Greece</td>
<td>5,000</td>
</tr>
<tr>
<td>Hungary</td>
<td>3,000</td>
</tr>
<tr>
<td>Italy</td>
<td>3,450</td>
</tr>
<tr>
<td>N. Korea</td>
<td>-</td>
</tr>
<tr>
<td>S. Korea</td>
<td>8,000</td>
</tr>
<tr>
<td>Philippines</td>
<td>3,600</td>
</tr>
<tr>
<td>Poland</td>
<td>6,380</td>
</tr>
<tr>
<td>Ukraine</td>
<td>-</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>6,480</td>
</tr>
<tr>
<td></td>
<td>100,000</td>
</tr>
</tbody>
</table>

The following special recommendations were made on the above allocations:

(a) **Albania**: The allocation for fellowships should be for post-graduate fellowships, preferably in the fields of malaria, tuberculosis, venereal diseases and maternity and child health.

(b) **China**: The alternative proposal of the Chinese Government for medical literature instead of well-drilling apparatus for rural areas was accepted.

(c) **Italy**: The proposal for cinematograph equipment for producing films for the health education of the public was not considered to fall within the principles laid down for the allocation of the Field Services Budget.

(d) **N. Korea**: As no information had been received that the allocations for 1947 or 1948 had been expended, it was agreed that no supplementary allocation should be made.

(e) **Ukraine**: As no proposals had yet been received for the expenditure of the greater part of the allocation to the Ukraine, it was agreed that no supplementary allocation should be made.

(f) **General**: It was also agreed that the approval of the Executive Board should be asked for the Director-General to re-allocate to eligible countries any substantial balances for which specific proposals had not been received by 15 December 1948. Such re-allocations should be in general accordance with the ratios of previous allocations, regard being paid to the requests received and the probabilities of the additional funds being usefully expended.

(g) **Fellowships**: It was also agreed that, where possible, fellows should be placed for study in suitable neighbouring countries in which conditions were similar to their countries of origin, rather than being placed in distant countries where conditions might be less comparable and the cost of the fellowship would be greater.

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1 See second report, item 1.1.2, p. 17
2 These allocations will be distributed between the fellowship and medical literature programmes in accordance with the requests received from governments.
CONTRIBUTIONS BY WHO AND INDIVIDUAL GOVERNMENTS TOWARD THE COST OF ADVISORY AND DEMONSTRATION SERVICES AND FELLOWSHIPS, FURNISHED BY WHO TO THE GOVERNMENTS

NOTE BY THE DIRECTOR-GENERAL

1. Approval of Projects

The approval of a project or programme for furnishing advisory and demonstration services to governments will normally require two steps:

1. A government will present a proposal under which advisory and demonstration services are to be furnished by WHO. This proposal will not necessarily contain all the details, but must include sufficient information on the type and amount of services desired to permit a decision as to whether the request falls within the programme approved by the World Health Assembly and whether there is reasonable expectation of including it within the budgetary limitations.

2. Programme or projects approved in principle will require a detailed plan which will set forth the tasks to be accomplished and the relative contributions by WHO and the government concerned. No programme or project will be commenced until there is agreement between WHO and the government on the detailed plan.

2. Division of Costs for Advisory and Demonstration Services

The division of costs between WHO and the governments will normally be as follows:

1. WHO will furnish technical staff and may in addition furnish certain supplies and equipment for demonstration purposes, paying the following expenses:
   (a) salary and allowances, not including subsistence allowance within the country of work;
   (b) travel costs to and from the country of operation;
   (c) the cost of supplies and equipment required for demonstration purposes (subject to reimbursement by the country, to the extent of its ability to do so, in currency which can be used by WHO).

2. The country concerned will pay such costs of operations within the country as can be met in domestic currency, paying the following expenses, inter alia:
   (a) salary and expenses of staff provided from within the country itself, including technical personnel, and clerical or other auxiliary personnel;
   (b) office accommodation, facilities and supplies, including public services such as telephone, electricity, etc., office equipment and stationery supplies;
   (c) transportation and travel expenses within the country of operation;
   (d) allowance for WHO staff due in connexion with their assignment to the country of operation, which may include subsistence allowance for WHO staff temporarily assigned and, when appropriate, allowances to compensate for high cost of living.

3. Fellowships

The division of costs between WHO and the governments will normally be as follows:

1. WHO will pay the following expenses:
   (a) subsistence allowance during study;
   (b) tuition fees and a reasonable allowance for technical books and for technical equipment required during study;
   (c) travel costs within the country of study;
   (d) travel costs to and from the country of origin which cannot be met in the local currency of the country concerned.

2. The country concerned will, to the extent of its ability to do so, pay the following expenses:
   (a) travel costs which can be paid for in the currency of the country of origin;
   (b) incidental costs of preparation as may be necessary, including visas.

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1 See second report, item 1.1.1, p. 17
Appendix

SUMMARY OF THE DISCUSSION ON THE ABOVE DOCUMENT
DURING THE EIGHTEENTH MEETING OF THE BOARD ON 10 NOVEMBER 1948

Dr. Goodman, introducing the document, recalled that during the discussion on the allocation of funds, there had been some doubt on the obligations of WHO and of governments accepting services such as demonstration teams and fellowships. The document was an attempt to clarify this point.

Dr. Mani said a too rigid application of the principles might defeat the objectives of WHO. The obligations falling on countries receiving demonstration teams under 2 (a) might be heavy, particularly with regard to the payment of the salary of technical personnel.

The Director-General thought the word “normally” made it clear that a deviation from the principles set out in the document might be made in particular circumstances and that they would not be applied too rigidly.

Dr. Evang agreed with Dr. Mani. He did not think the word “normally” solved the difficulty. Something should be added to the document to make it clear that the principles should not be interpreted too strictly.

Dr. Yung explained the practice adopted in some countries whereby contributions by governments to the expenses of demonstration teams were used to expand the field service programmes in those countries. That was a real challenge to the governments concerned. If the principles in the document were interpreted too strictly some countries would have difficulties in meeting their financial obligations.

Dr. Wickremesinghe thought the Organization should follow the practice of the Rockefeller Foundation, which sent teams to a country only after receiving the assurance that the government was prepared to continue the work started by the team. This ensured that the work was not wasted. WHO should give every facility to experts.

Dr. Hyde hoped the practice described by Dr. Yung would be developed. He did not favour the principle whereby WHO would pay local technical staff. As an international organization WHO had the function of bringing to countries technical knowledge which was new to them. By paying local technical staff the Organization would in fact be giving grants to those countries.

Dr. Rae thought the provision “normally” met Dr. Mani’s point. There were no hard and fast rules. It was possible that the application of the provisions of 2 (a) allowed more teams to be sent into the field than would otherwise be the case.

The Director-General confirmed that statement. The methods outlined in the document were those which had been applied hitherto to countries receiving teams financed by UNRRA funds. The Executive Board could change the provisions of this document and decide that the Organization should finance more of the items under 2 (a) if that was considered to be in the interest of the health of the people.

A motion for the closure of the debate, moved by Dr. van den Berg and objected to by Dr. Mani and Dr. Hyde, was put to the vote and rejected by three votes.

Dr. Mani was satisfied that the country should pay the expenses, under 2 (a), (b), (c) and (d). If, however, it were asked to pay the salary of technical staff, there was a danger that it would ask for technical staff to be sent from outside, thus increasing the total cost of the demonstration team. He would accept the paragraph if it was understood that it would be applied liberally and that, at the discretion of the Director-General, a certain proportion of the cost of technical staff could be met by the Organization.

Dr. Hyde thought that the normal function of WHO was to demonstrate new techniques unfamiliar in the country. The highly qualified technical personnel would be provided internationally by WHO, but technical assistants might be recruited locally.

Dr. Yung asked what was the standard for assessing the allowances for WHO staff. In China the subsistence allowance for one expert would probably be ten times the salary of the highest paid medical officer in the country.

Dr. Mani said that Dr. Yung’s point could be left to the discretion of the Director-General. He agreed that subsistence allowances were often heavy. He was prepared to accept paragraph 2 (a) as it stood if it were applied in the sense described by Dr. Hyde.

Dr. Evang thought that the Organization should not ask for the reimbursement of insignificant expenses if this measure delayed the services or caused inconvenience. His second point referred to 3 (2) (e). The payment of travel costs in the currency of the country of origin should not apply if the costs were, in effect, to be met in hard currency through the country’s general clearing. If this were understood and if it were agreed that the Director-General would have latitude in the application of the whole document, he was prepared to accept the principles.

The Chairman asked the Director-General to take into consideration the remarks made at the meeting of the Board and to use his discretion in applying the principles in the document.
ANNEX 25

PROVISIONAL RULES OF PROCEDURE OF THE EXECUTIVE BOARD
OF THE WORLD HEALTH ORGANIZATION

MEMBERSHIP

Rule 1

The Executive Board (hereinafter referred to as the "Board") shall consist of eighteen persons (hereinafter referred to as the "members") designated by as many States Members elected by the World Health Assembly. The members may be accompanied by alternates and advisers.

Rule 2

The States Members shall be elected by the World Health Assembly (hereinafter referred to as the "Health Assembly") for a three-year term. The term of office of each State 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 State Member concerned and shall end at the expiration of the period for which such State Member has been elected. During this period the State Member may change the person so designated.

Rule 3

When a member designated to serve on the Board is prevented from attending a meeting of the Board, the State Member concerned may designate an alternate to serve in his place with the same status as the absent member.

Rule 4

Should a member of the Board be absent at two consecutive sessions of the Board, the Director-General shall report this fact to the Health Assembly for its consideration.

CREDENTIALS

Rule 5

The States Members concerned shall inform the Director-General in writing of the names of the persons designated and of any alternate.

SESSIONS

Rule 6

The Board shall hold at least two sessions a year. It shall determine at each session the time and place of its next session.

Rule 7

The Director-General, in consultation with the Chairman, shall also convene the Board at the joint request of any six members, addressed to him in writing and stating the reason for the request. In this case the session shall be convened within thirty days following receipt of the request, and shall be held at Headquarters unless the Director-General, in consultation with the Chairman of the Board, determine otherwise.

Rule 8

If any matter of particular concern to a State Member which has not been elected to designate a Member of the Board or to an Associate Member or to a non-member State is to be discussed at any meeting of the Board, the Director-General shall give adequate notice thereof to the State or Associate Member concerned so as to enable that State or Associate Member, if it so desires, to designate a representative who shall have the right to speak, but not to vote, provided that in such cases the cost of representation shall be borne by that State or Associate Member.

Rule 9

The meetings of the Board shall be held in public unless the Board decides otherwise.

1 See second report, item 6.1, p. 29
AGENDA

Rule 10

The provisional agenda of each session shall be drawn up by the Director-General in consultation with the Chairman. Except in the case of sessions convened under Rule 7, it shall be dispatched by the Director-General to the members of the Board and the Members and Associate Members of the World Health Organization (hereinafter referred to as the "Organization") at least six weeks prior to the commencement of the session together with the notice convening the Board.

Rule 11

The provisional Agenda of each session shall include, inter alia:

(a) all items the inclusion of which has been ordered by the Health Assembly;
(b) all items the inclusion of which has been ordered by the Board at a previous session;
(c) any item proposed by a Member or Associate Member of the Organization;
(d) any item proposed by a member of the Board;
(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 of the United Nations; and
(g) any item proposed by the Director-General.

Rule 12

The Director-General may, in consultation with the Chairman, include any question suitable for the agenda which may arise between the dispatch of the provisional agenda and the opening day of the session in a supplementary agenda which the Board shall examine together with the provisional agenda.

Rule 13

The Executive Board 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 relevant documents have been made available to members.

OFFICERS OF THE BOARD

Rule 14

The Board shall elect its officers, viz., a Chairman and two Vice-Chairmen, from among its members each year at its first session after its reconstitution by the Health Assembly. The officers shall hold office until their successors are elected. The Chairman shall not become eligible for re-election until two years have elapsed since he ceased to hold office.

Rule 15

If the Chairman is absent from a meeting or any part thereof, he shall designate one of the Vice-Chairmen to preside. The same procedure shall be adopted when the Chairman is unable to attend a session of the Board.

Rule 16

If the Chairman is unable to make this designation, the Board shall elect one of the Vice-Chairmen to preside during the session or meeting.

COMMITTEES OF THE BOARD

Rule 17

The Board may establish such committees as it may deem necessary for the study of, and report on, any item on its agenda. The Board shall review from time to time, and in any case once a year, the need to maintain any committee established under its authority.

SECRETARIAT

Rule 18

The Director-General shall act as the Secretary of the Board and of any sub-division thereof. He may delegate his functions.

Rule 19

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 concerning any question under consideration.
Rule 20

The Secretariat shall prepare minutes of the meetings. These minutes shall be prepared in both working languages and shall be distributed to the members as soon as possible after the close of the meetings to which they relate. Members shall inform the Secretariat in writing of any corrections they wish to have made, within such period of time as shall be indicated by the Director-General, having regard to the circumstances.

Rule 21

All resolutions, recommendations, and other important decisions of the Board shall be communicated by the Director-General to the members of the Board and to all Members and Associate Members of the Organization.

Languages

Rule 22

Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages of the Board.

Rule 23

Speeches made in either of the working languages shall be interpreted into the other working language.

Rule 24

Speeches made in any of the other three official languages shall be interpreted into both working languages.

Rule 25

Any delegate or representative of an Associate Member 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 26

All resolutions, recommendations and other decisions of the Board shall be drawn up in both working languages.

Voting

Rule 27

Unless otherwise provided by the Constitution of the Organization, or resolved by the Health Assembly, the decisions of the Board shall be made by a majority of the members present and voting.

Rule 28

Each member of the Board shall have one vote. For the purpose of these rules, the phrase "members present and voting" means members casting an affirmative or negative vote. Members who abstain from voting shall be considered as not voting. In a secret ballot all invalid votes shall be so reported to the Board and shall be counted as abstentions.

Rule 29

The Board shall normally vote by show of hands. However, any member may request a roll-call which shall then be taken in the alphabetical order of the names of the members.

Rule 30

The vote of each member participating in any roll-call shall be inserted in the records.

Rule 31

All elections and the nomination of the Director-General shall be decided by secret ballot.

Rule 32

A secret ballot on any other question shall be taken at the request of one member supported by at least three other members.

Rule 33

When only one elective place is to be filled 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, the Chairman shall decide between the candidates by drawing lots.

Rule 34

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

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5 Article 60 of the Constitution of the World Health Organization.
6 Article 55 of the Provisional Rules of Procedure of the World Health Assembly.
obtaining such majority is less than the number of places to be filled, there shall be additional ballots
to fill the remaining places, the voting to be 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.

Rule 35
If a vote is equally divided on matters other than elections, the proposal shall be regarded as rejected.

CONDUCT OF BUSINESS

Rule 36
Twelve members of the Board shall constitute a quorum.

Rule 37
In addition to exercising the powers conferred upon him elsewhere by these rules, the Chairman
shall declare the opening and closing of each meeting of the Board, shall direct the discussion, ensure
the observance of these rules, accord the right to speak, put questions to the vote and announce decisions
and results of the voting.

Rule 38
A member may designate an alternate, who shall have the right to speak and vote on behalf of the
member on any question. Moreover, upon the request of the member or his alternate, the Chairman may
allow an adviser to speak on any particular point, but the latter shall not have the right to vote.

Rule 39
During the discussion of any matter, a member may rise to a point of order, and the point of order
shall be immediately decided by the Chairman in accordance with these rules.

Rule 40
During the discussion on any matter, a member may move the suspension or adjournment of the
debate. Any such motion if seconded shall be put to the vote immediately and without discussion.

Rule 41
The Board may limit the time to be allowed to each speaker.

Rule 42
A member may at any time move the closure of the debate, whether or not any other member has
signified his wish to speak. Permission to speak against the closure may be accorded to not more than
two members.

Rule 43
The Chairman shall take the sense of the Board on any motion of closure. If the Board is in favour
of the motion, the Chairman shall declare the closure of the debate.

Rule 44
Parts of a proposal shall be voted on separately if a member requests that a proposal be divided.

Rule 45
If two or more amendments are moved to a proposal, the Board shall first vote on the amendment
furthest removed in substance from the original proposal and then on the amendment next furthest
removed therefrom, and so on, until all the amendments have been put to the vote. The Chairman shall
determine the order of voting on the amendments under this rule.

Rule 46
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 47
A motion may be withdrawn by its proposer at any time before voting on it has begun, provided
that the motion has not been amended. A motion withdrawn may be re-introduced by any member.

Rule 48
When a proposal has been adopted or rejected it may not be reconsidered at the same session of the
Board, unless the Board, by a two-thirds majority of the members present and voting, so decides. Permis-
sion to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion,
after which it shall be immediately put to the vote.
Rule 49

The Chairman may at any time require any proposal, motion, resolution, or amendment to be seconded.

Suspension and Amendment of Rules of Procedure

Rule 50

Subject to the provisions of the Constitution, any of these rules may be amended or suspended by the Board provided that at least forty-eight hours' notice of the proposal for such amendment or suspension has been given to the Chairman and communicated by him to the members twenty-four hours before the meeting at which the proposal is to be submitted. If, however, on the advice of the Chairman the Board is unanimously in favour of such a proposal, it may adopt it immediately and without notice.

General Provisions

Rule 51

The Board may at its discretion apply such Rules of Procedure of the Health Assembly as it may deem appropriate to particular circumstances.
Annex 26

STAFF RULES

000. General

010. Purpose
The Staff Rules implement the provisions of the Staff Regulations. They provide the rules which govern conditions of service and personnel practices of the World Health Organization.

020. Applicability
The Staff Rules apply to all staff members of the World Health Organization.

030. Effective Date
These Staff Rules shall become effective as of 1 September 1948. All subsequent modifications shall become effective as of the date shown thereon.

100. Recruitment and Appointments

110. Recruitment Policies

111. Authority for Appointments
Staff members of the World Health Organization are appointed by the Director-General.

112. Efficiency and Geographical Representation
The basic policy governing recruitment shall be to secure staff of the highest standard of efficiency, competence, and integrity. Due regard shall be paid also to the importance of recruiting a staff on as wide a geographical basis as possible.

113. Eligibility
In recruiting staff there shall be no restrictions or discrimination as to race, sex, or religious or political creed.

114. Filling of Vacancies
With due regard to policies set out in Rules 112 and 113 and without prejudice to the inflow of fresh talent at the various levels, vacancies shall be filled by transfer or 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.

115. Age-limits
Normally, candidates under twenty or over sixty years of age shall not be considered for appointment, provided that the minimum age limit for those locally recruited shall be sixteen.

116. Applications

116.1. Candidates for appointment shall be required to submit a written application (Form W.H.O. 1) containing detailed information concerning education, experience and other qualifications.

116.2. A record shall be kept of these applications for employment in the Organization which appear to merit consideration.

120. Appointments

121. Selection
So far as practicable, appointments to posts in the Organization shall be made on a competitive basis, after examination of the candidate’s qualifications, or, if need be, after a written examination.

122. Medical Examination

122.1. Prior to his appointment, a candidate shall, normally, be required to undergo a prescribed examination by a qualified medical practitioner.

1 See second report, item 7.3.1, p. 31
122.2. Indefinite appointments and temporary appointments for six months or more shall be provisional until the Medical Referee of the Organization has issued a certificate that the candidate is in good health and that he is free from any defect or disease that is likely to interfere with the proper discharge of his duties. Such certificate shall be issued prior to appointment, if possible, and in any case as soon as possible.

122.3. The candidate may be required to undergo a further examination by a specialist, if deemed necessary by the Medical Referee before issuing a certificate.

122.4. If, as the result of the examination by the Medical Referee, the candidate is not certified to be fit for appointment, the Director-General may terminate or alter the appointment on such terms as he considers just.

122.5. Prescribed medical examinations shall be at the expense of the Organization.

123. Letter of appointment

123.1. Upon appointment each appointee shall receive a letter of appointment signed by, or on behalf of, the Director-General. This letter shall state:
- the nature, classification and grade of the appointment;
- the official station;
- the commencing rate of salary and other basis of remuneration;
- the tenure of the appointment;
- the period of probation, if any;
- the date of the reporting for duty; and
- any other special conditions which may be applicable.

123.2. The letter shall also state that the appointment is subject to the Staff Rules and Staff Regulations of the Organization, and that its terms are subject to review and adjustment, to bring them into conformity with any amendment and supplement that may be made to the said Rules and Regulations.

123.3. In the case of indefinite appointments and temporary appointments for six months or more, the letter shall further state that the appointment remains provisional until the appointee has been examined by the Medical Referee of the Organization in accordance with Rule 122.

123.4. A copy of the Staff Rules and Staff Regulations shall be attached to each letter of appointment, together with a copy of the "Oath or Declaration of Office''.

124. Acceptance

The appointee shall sign and return to the Director-General a letter of acceptance stating that he agrees to the conditions set forth in the letter of appointment and subscribes to the oath of office provided for in Article 2 of the Staff Regulations.

125. Contract

The letter of appointment and the letter of acceptance shall constitute the contract of employment.

126. Types of appointment

126.1. Indefinite appointments, subject to a probationary period (see Rule 130). These are considered permanent appointments.

126.2. Temporary appointments for periods and under conditions as specified in the contract.

126.3. W.A.E. (while actually employed) appointments will be issued for staff members, including consultants, on a daily fee basis.

127. Effective date and Reporting for duty

127.1. No appointee shall be called in to work under any circumstances until appointment has been approved and all appointment papers prepared.

127.2. Appointments shall not be made effective prior to the date of approval.

127.3. The effective date for all staff will be the day the staff member reports for duty.

128. Assignment to duties

The Director-General or officers delegated by him shall determine the functions of members of the staff. A staff member may be required to work in any department or service of the Organization, but in assigning a staff member to any service or duty, his qualifications shall receive due consideration.

130. Probationary period

131. Duration

131.1. Staff members receiving indefinite appointments shall be on probation for the first year of their service.

131.2. Temporary staff members appointed for three years or more shall be on probation for the first year of their service, other temporary staff members for such period as is specified in the contract.
131.3. The Director-General may shorten or prolong the period of probation, provided always that the total period shall not exceed eighteen months.

131.4. The Director-General may exempt from the normal period of probation staff members who, prior to their appointment, served in a similar position with the United Nations or with some other specialized agency, or on grounds of special individual considerations. Such staff members shall nevertheless be subject to a probationary period of three months from the day they take up their duties.

132. **End of period of probation**

132.1. Before the expiry of the probationary period, the staff member's superior officer shall submit a report of his work and his official conduct, and shall make a recommendation as to confirmation of appointment, prolongation of the probation or discharge.

If the report recommends the discharge, the staff member shall be informed thereof, and he shall be entitled to appeal, within eight days, in writing to the Director-General, if he considers that the recommendation has been made for reasons not connected with his efficiency.

If the Director-General, after examining the staff member's appeal, decides not to confirm the appointment, the contract shall be terminated subject to one month's notice.

132.2. An indefinite appointment shall not be confirmed until the staff member has been re-certified by the Medical Referee of the Organization. In the case of non-certification by the Medical Referee, the staff member may be re-examined, if the Director-General so decides or the staff member so requests, by a medical board consisting of three medical practitioners, of whom one shall be appointed by the Director-General, one by the staff member and the third selected by the other two. If the staff member is not certified for confirmation of indefinite appointment, the Director-General may terminate or alter the appointment on such terms as he considers just.

132.3. The expenses of the medical board shall be borne by the Organization.

140. **Determination of normal place of residence**

141. **Determination**

At the time of appointment of each staff member, his normal place of residence will be determined. This will usually be the city of his normal residence in the country of which he is a national. Determination will be made on an individual basis for persons who claim residence outside the country of their nationality. The normal place of residence will remain unchanged for the duration of service with the Organization.

142. **Waivers**

A staff member residing and recruited within the local area, whose normal place of residence is elsewhere, will normally be required, as a condition of appointment, to waive installation allowance and grant, expatriation allowance, children's education grant, home leave and, during the first two years of service, repatriation rights.

150. **Travel and removal expenses upon appointment**

In accordance with the conditions specified in Rules under 1200 and 1300, a staff member, upon appointment, shall receive payment of travel expenses and subsistence allowance for himself and, in appropriate cases (see Rule 1214) for his wife, dependent children and dependent brothers and sisters, and reimbursement for the cost of moving household goods and other personal effects from the place from which he was recruited to the place of official station.

200. **Changes in status**

201. **Definition**

A change in status is any personnel action which effects a change in the terms of appointment.

202. **Notification**

Staff members will be notified of any change of status by a Personnel Action Form, which shall constitute an amendment to the contract of employment.

203. **Effective date**

Changes in status involving changes in salary shall be made effective from the beginning of the pay period nearest the date of approval or, in the case of within-grade salary increases, of entitlement.
210. Types and Conditions of Changes

211. Promotion to higher grade

211.1. This is the advancement of a staff member to a post of higher grade, either as a result of re-evaluation of his present post or transfer to a different post of higher grade.

211.2. A staff member receiving promotion shall be paid in accordance with the following provisions:

1) If his present salary is below the basic rate of the higher grade, promotion shall be to that basic rate.

2) If the staff member's present salary is equal to or above the basic rate of the higher grade, promotion shall be to the salary step rate of that grade next above the staff member's present salary.

212. Within-grade salary increase

212.1. This is an advancement from one step rate to the next higher step rate within the same grade.

212.2. Full-time staff members who have completed the period of service specified below are eligible for consideration for a one-step salary increase subject to a certification by the supervisor of satisfactory work performance. No staff member on probation shall be considered for within-grade increments until after satisfactory completion of the probationary period. Service during probation counts for a within-grade salary increase.

212.3. A staff member shall not accumulate service credits toward a salary increase for any time in excess of thirty days during which he is on leave without pay.

212.4. Grade(s)  

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<th>Grade(s)</th>
<th>Within-grade Increase</th>
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<th>Service requirements</th>
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<td>6 months</td>
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212.5. Part-time staff members shall be eligible for within-grade salary increases when they have worked a period of time equivalent to fifty-two full-time weeks.

212.6. Staff members paid on an hourly basis, who have given six months' satisfactory service, shall be eligible, upon the recommendation of their supervisor, for an increase in their hourly rates.

213. Within-grade promotion for meritorious service

This is the advancement of a staff member to a higher salary step within his present grade. It may be granted by the Director-General in cases of service demonstrably beyond what may be reasonably expected of a normally well-qualified staff member. It is normally limited to one increment level, but may in cases of unusually meritorious service be two levels. Such promotion shall not affect the staff member's eligibility for within-grade increases.
214. **Transfer**

A transfer is the reassignment of a staff member from one post to another, whether within the same unit or office or to another office or official station.

215. **Reduction in grade**

215.1. **Definition.** This is the reassignment of a staff member to a post of lower grade. It may result from elimination of a post and reassignment to a different post of a lower grade, from the change in classification of a post to a lower grade, or from the failure to perform satisfactorily the duties of a post.

215.2. **Salary changes.** In case of reduction in grade, a staff member who has given full satisfactory service will normally be changed to the step in the lower grade which yields the same salary.

216. **Reinstatement**

216.1. A staff member who is separated and re-employed within sixty days is eligible for reinstatement without loss of seniority, and the personnel action will be designated as “reinstatement”. Former staff members re-employed more than sixty days after separation will not have seniority rights and the personnel action will be designated “appointment”.

216.2. In cases of reinstatement, service is considered continuous. The period of absence will be treated as annual leave or leave without pay, with records and payments adjusted accordingly. If necessary, advance annual leave may be granted to the extent authorized. Severance pay, Provident Fund, excess annual leave and similar separation payments shall be recovered.

217. **Other changes in status**

217.1. **Suspension** (see Rule 424). Suspension with or without pay normally shall not exceed thirty calendar days.

217.2. **Change in type of appointment.** As between indefinite temporary or W.A.E.

217.3. **Leave without pay.** When authorized (see Rule 980).

217.4. **Adjustment of salary.** Resulting from change in salary scale.

217.5. **Within-grade salary reduction.** Reduction of salary to a lower step within the same grade, normally for disciplinary reasons.

217.6. **Change in title.** Change in the title applicable to a post, not involving change in grade or transfer.

217.7. **Change in name.** Change in name of staff member.

300. **Reports on Work and Conduct**

310. **Report at end of probationary period**

See Rule 132.

320. **Periodic reports**

320.1. Periodic reports on staff members shall be made by the head of the service concerned. These reports shall contain an appraisal of the staff member’s work, conduct and capacity, and shall serve as a basis for any decision that may affect his career, such as promotion, increment or, on the other hand, the termination of his appointment or his contract.

320.2. If the staff member’s work or conduct or the capacities shown by him are unsatisfactory, the Director-General may decide to suspend or delay promotion or increment.

320.3. Supervisors are responsible for keeping staff members informed, at all times, whether their work is satisfactory. In particular, they shall, on the occasion of periodic reports, discuss with staff members in detail the quality of their work, making specific suggestions for improvements on all points where the work is not satisfactory or is below average. The staff member shall be shown by the supervisor that part of the report which deals with unsatisfactory service, the staff member being free to make a written statement which will be filed with the report.

400. **Disciplinary Measures**

410. **Tenure of appointment**

The tenure of appointment of every staff member shall be conditional upon good conduct and the efficient discharge by him of his duties.
420. Sanctions

421. Conditions of application

A staff member whose conduct or work does not give satisfaction may, according to the gravity of the case, be subjected to the following sanctions, which may be cumulative:
oral warning; written reprimand; transfer from the post occupied by the staff member concerned to an inferior post; reduction of salary; suspension from duty, with or without pay; termination of appointment or dismissal.

422. Order of application

The sanctions shall, as a general rule, be applied in the order indicated in Rule 421. In cases of misconduct, however, the sanction may at once be made proportionate to the gravity of the case.

423. Misconduct

The term “misconduct” shall be taken to mean not only any improper action by a staff member in his official capacity, but also any conduct by a staff member, unconnected with his official duties, tending to bring the Organization into public discredit, or any use or attempt to make use of his position as an official for his personal advantage.

424. Suspension

If a charge of serious misconduct is made against a member of the staff, and it is considered that the charge is prima facie well founded and that the staff member’s continuance in office pending an investigation of the charge would prejudice the service, the staff member may be suspended from his functions pending investigation, the suspension being without prejudice to the rights of the staff member. In cases of suspension without pay, if the charge is not sustained, lost salary shall be paid.

425. Authorization

The Director-General will designate the officers authorized to apply sanctions.

426. Inquiry

Before applying sanctions, the Director-General or a duly authorized officer may refer a case, for advice, to the Board of Inquiry and Appeal, set up under Rule 510. He shall refer a case, for advice, to the said Board, before dismissing a staff member.

427. Statement by staff member

With the exception of warning, reprimand or suspension for serious misconduct, no sanction may be applied to a staff member before he has been given opportunity to state his case in writing. He shall do so within forty-eight hours after being notified.

500. Board of Inquiry and Appeal

510. Purpose and competence

511. Appeals

A Board of Inquiry and Appeal shall advise the Director-General, with whom the final decision will rest, on appeals by staff members against disciplinary action, or complaints by staff members alleging treatment inconsistent with the provisions of the Staff Rules and Regulations or the terms of their contracts, or that they have been subjected by a supervisor to treatment which was unjustifiable or unfair.

512. Inquiry

The Board shall advise the Director-General or a duly authorized officer in cases referred to it by the Director-General or a duly authorized officer prior to application of sanctions.

520. Membership of Board

521. Composition

The Board shall consist of five members having equal votes as follows:
(a) A Chairman appointed by the Director-General after consultation with the Staff Committee. An alternate chairman may be appointed in the same manner.
(b) Two members appointed by the Director-General and two alternates.
(c) Two members representing the staff. These will be drawn from a panel organized in three groups:
Group I — staff in grades 1 through 8
Group II — staff in grades 9 through 14
Group III — staff in grades 15 through 19
522. Selection

522.1. The members of the panel in Rule 521. (c) will be elected annually by the staff. Four persons will be elected for each of the above groups. They are eligible for re-election at the end of their year of office.

522.2. In hearings by the Board, at least one member shall be from the group to which the staff member appealing to the Board belongs and none shall be in a group below that to which he belongs.

522.3. Subject to this rule, the members of each group will be called upon in rotation by the Secretary of the Board, as required, to constitute the Board. The staff member appealing to the Board will have the right to object to not more than two members from the staff panel and in that event the next members due to serve from that panel will be called in place of the members to whom objection has been taken.

530. Procedure

531. Rules

The Board will regulate its own procedure, subject to the provision that the staff member in question shall, if he so wishes, be heard by the Board in person and/or through a representative of his own choice, before the Board makes its report.

532. Conditions of appeal

532.1. No staff member shall bring a case before the Board of Inquiry and Appeal before all the existing administrative channels have been tried and the action complained of has become final.

532.2. An action is to be considered as final when it has been taken by the Director-General or an officer designated by him.

532.3. A staff member wishing to appeal against such an action must do so in writing within fifteen days after he has been notified thereof. In so far as practicable the Board will open its proceedings within ten days after receipt of the appeal.

540. Secretariat of Board

The Director-General will place at the disposal of the Board a member of the Organization staff who will act as Secretary.

550. Tribunal

When the Tribunal, for which provision is made in Staff Regulation 28, is designated or established by the Executive Board, the relevant information will be inserted in the Staff Rules.

600. Termination of Appointment

610. Age of Retirement

The normal age of retirement for members of the staff shall be sixty years. In exceptional circumstances the Director-General may, in the interest of the Organization, extend this age limit to sixty-five years, provided that not more than one year’s extension is given at a time.

620. Resignation

620.1. A staff member holding an indefinite appointment may resign his post on giving three months’ notice. The Director-General may, at his discretion, accept shorter notice.

620.2. A staff member holding a temporary appointment may resign subject to such notice as provided in his contract.

620.3. No indemnity will be paid to the staff member who resigns. Exceptions may be authorized in case of resignation compelled by illness or emergency.

630. Reduction in Force

631. Abolition of post or reduction in staff

The appointment of any member of the staff may be terminated by the Director-General if the necessities of the service require the abolition of the post or a reduction of the staff.

632. Notice and indemnity

632.1. A staff member holding an indefinite appointment shall be given at least three months’ notice and shall be paid an indemnity equivalent to at least three months’ salary. This provision shall, however, not apply to probationers.
632.2. A staff member serving his probationary period for indefinite appointment may be terminated upon thirty days' written notice. He shall be entitled to an indemnity calculated on the same basis as for a staff member holding a temporary appointment with a fixed expiration date. (Rule 632.3.).

632.3. A staff member holding a temporary appointment with a fixed expiration date shall receive one month's notice and be paid an indemnity of five working days' salary for each calendar month remaining in the unexpired portion of the appointment, the maximum indemnity payable being limited to three months' salary. Where the staff member has completed six months or more of service and the unexpired portion of the appointment is less than six months, the total of the indemnity payment will be at least one month's salary, regardless of the termination date.

No indemnity will be paid if the appointment is completed at the expiration date.

633. Priority of retention

Selection for retention of staff members shall be made first on the basis of their value to the Organization, and second, where value is approximately equal, on the basis of seniority.

634. Seniority

634.1. Seniority is defined as seniority of service with the Organization, based upon length of continuous service from the date of appointment.

634.2. Service credit for seniority may be accorded, on a reciprocal basis, to staff of the United Nations and the specialized agencies brought into relationship with the Organization.

640. Dismissal

641. Unsatisfactory service

641.1. The appointment of a staff member may be terminated if he persistently fails to give satisfactory service.

641.2. It is considered as unsatisfactory service if the staff member does not or cannot perform the functions of the position to which he is assigned, or if he fails to establish satisfactory working relationships with other staff members or with nationals of other nations with whom he is working.

641.3. Prior to termination action, a staff member shall be given warning and a reasonable time to improve. Consideration also may be given to the possibility of a reassignment to a more suitable post.

641.4. If the staff member holds an indefinite appointment, which has been confirmed, he shall be given at least three months' notice and shall be paid an indemnity equivalent to three months' salary. If he holds a temporary contract, the notice period and the indemnity will be fixed in each case, account being taken of the duration of service.

642. Serious misconduct

A staff member may be dismissed for serious misconduct in accordance with the provisions of Staff Regulation 19. He is not entitled either to notice or payment of an indemnity.

650. Termination on grounds of health

See Rules 132.2 and 957.

660. Effective date of termination

661. Staff members entitled to repatriation

661.1. Effective date of termination will be close of business of the date the staff member begins his journey to his normal place of residence. Arrangements for the journey shall be made by the first available means of transport.

661.2. A staff member who does not immediately exercise his right of repatriation shall be entitled to receive salary through the close of business of the last day of actual work.

662. All other terminations

Effective date of termination normally will be close of business of the last day of actual work.

670. Service certificates

A member of the staff who so requests shall, on leaving the service of the Organization, be given a certificate relating to the nature of his duties and the length of his service. On the written request of the staff member concerned, the certificate shall also refer to the quality of his work and his official conduct.
680. RIGHTS OF REPATRIATION

681. Entitlement

In accordance with the conditions prescribed in rules under 1200 and 1300, a staff member, upon termination of appointment, shall receive reimbursement of travel expenses and subsistence allowance for himself and, in appropriate cases, for his wife, dependent children and dependent brothers and sisters, and reimbursement for the cost of moving household goods and other personal effects, from the place of his official station to his normal place of residence (or another point designated by him, provided it involves no greater expense to the Organization), except as provided below:

(a) A staff member who, as a condition of appointment, has waived his repatriation rights during the first two years (see Rule 142);

(b) Staff members transferred from the United Nations or a specialized agency shall retain rights to return transportation under the conditions of any current agreement on transfers between the Organization and the other international organization.

682. Time limit

The right to repatriation shall normally be exercised within six months of date of termination of appointment.

683. Cash payment

A staff member is not entitled to cash payment in lieu of transportation for purposes of repatriation.

690. NON-REAPPOINTMENT OF STAFF MEMBERS SERVING UNDER A FIXED-TERM CONTRACT

A staff member serving under a fixed-term contract whom it has been decided not to reappoint, shall normally be notified thereof at least one month before the date of expiry of the contract, the notice period being normally a minimum of three months in the case of staff members holding a contract for one year or more. A staff member who does not wish to be considered for reappointment shall give notice of his intention within periods specified above.

700. Salaries

710. SALARY SCHEDULE

Pending the adoption of permanent classification and salary plans, the schedule of base salaries shown below shall apply to all staff members with the exceptions specified in Rule 790.

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<th>Grade</th>
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Top-ranking

Director 11000

* Base salary for grade.

720. DEFINITION OF BASE SALARY

The term "base salary", wherever used in these Staff Rules, is the rate of remuneration exclusive of overtime and all allowances. Where reference is made to the first step of a grade, this rate shall be identified as the "base salary for the grade".
730. **INITIAL EMPLOYMENT RATE**

Each staff member shall be engaged at the base salary for the grade of the post that he is to occupy. In special circumstances, exceptions may be made to this rule.

740. **NIGHT DIFFERENTIAL**

Staff members assigned to an established full tour of duty between the hours of 7 p.m. and 6 a.m. shall receive a night differential at 10 per cent of base salary.

750. **EXTRA COMPENSATION**

Extra cash payments may be made to staff members temporarily assigned to posts of higher grades.

760. **SALARY ADVANCES**

Salary advances may be made to staff members under certain exceptional circumstances.

770. **SALARY DEDUCTIONS AND CONTRIBUTIONS**

771. **Deductions for contributions**

Salaries are payable subject to deduction of the staff member's contribution to the Staff Provident Fund, Retirement and Pension Fund or any obligatory insurance scheme that may be introduced.

772. **Other deductions**

Deductions may be made from salaries for contributions authorized by staff members and for indebtedness to the Organization.

773. **Legal action**

Salaries, allowances and other payments shall not be subject to execution, levy, lien, attachment, garnishment or other legal processes.

780. **COMPUTATION OF PAYMENT OF SALARY**

781. Monthly salary shall be computed at a rate of \(\frac{1}{12}\) of the annual salary.

782. Staff members who are not in a pay status for the full pay period shall receive for each working day in a pay status \(\frac{1}{260}\) of the annual base salary.

*Note*: Although staff members are employed 365 days in each year, nevertheless, for ease of computation only, and having in view the fact that the normal working week of the Organization has been fixed at five days, salary for broken periods shall be computed as stated above.

790. **SPECIAL SALARY RATES**

791. **Consultants**

Consultants may be engaged on a daily fee basis, and paid when actually employed.

792. **Conference staff**

Staff members for conferences and similar short-term service may be engaged on the basis of daily rates and conditions which normally will be set in terms of the best prevailing rates for comparable work in the area of employment. However, special rates and conditions may be established for such staff members as may be recruited from outside the area of employment.

793. **Local recruitment at offices outside headquarters**

Salaries of staff members recruited locally for posts normally in grades 1 through 7 may be set in terms of the best prevailing wages or salaries for comparable work in the area.

794. **Hourly rates**

Staff members engaged at hourly rates shall be paid according to a schedule which may be set in terms of the best prevailing rates for comparable work in the area of employment.

795. **Manual workers**

Wages of manual workers shall be set in terms of the best prevailing wages for comparable work in the area of employment.
810. Allowances for Staff Members with Dependents

811. Definitions of Dependents

Payment of all allowances and the cost-of-living adjustment at dependency rates shall be made only to a staff member who has a wife, or who, as the head of a family, has one or more of the following dependent upon him or her for full and continuing support: husband, son, daughter, parent, brother or sister.

812. Head of Family

When more than one member of an immediate family household is employed by the Organization, or by the United Nations or a specialized agency having analogous allowances, allowances shall be paid only to the staff member considered the head of the family, and shall be at dependency rates.

820. Installation Allowance

821. Eligibility

821.1. A staff member who was residing, immediately prior to appointment, beyond reasonable commuting distance and therefore finds it necessary to establish himself at the place of his official station with attendant additional adjustment expenses, or a staff member transferred for permanent duty to another official station, shall be paid a per diem installation allowance for himself and his dependents for sixty days after his arrival at his official station, not counting periods of interruption for travel on official business. However, a staff member whose normal place of residence is within reasonable commuting distance from the place of his official station shall not be eligible to receive an installation allowance even though he was recruited outside the local area.

821.2. No payment shall be made with respect to dependents who arrive more than six months after the staff member’s date of arrival, except that in cases of undue hardship this period may be extended to one year.

822. Rates of Payment

822.1. The rates of payment for staff members eligible under Rule 821 above shall be as follows:

<table>
<thead>
<tr>
<th>Grades</th>
<th>Rates</th>
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<tbody>
<tr>
<td>1 through 11</td>
<td>$5.00 per day</td>
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<tr>
<td>12 through 14</td>
<td>$6.00 per day</td>
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<td>15 through 19</td>
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822.2. The staff member shall be entitled for the first dependent to one-half of his daily allowance and for each additional dependent to one-quarter his daily allowance, provided that the total number of dependents for which claims may be recognized shall not exceed four.

830. Installation Grant

831. Eligibility

Staff members who are appointed for a period of one year or more and who are eligible for or have previously received an installation allowance under Rule 820 shall receive an installation grant.

832. Limitation

A staff member shall be entitled to only one installation grant, regardless of subsequent changes in official station.

833. Rates of Payment

The rates shall be as follows:

- $125 for staff members without dependents
- $200 for staff members with dependents

840. Expatriation Allowance

841. Eligibility

841.1. All staff members shall be eligible for the expatriation allowance upon appointment, with the exception of the following:

(a) nationals of the country in which their official station is located;
(b) staff members, other than those under (a) above, who at the time of appointment had resided in the country of their official station for a two-year period immediately preceding appointment;
(c) staff members, other than those under (a) above, who at the time of appointment had resided within a radius of 100 km. from their official station;

(d) persons, including consultants, paid on a "when actually employed" basis, or on a part-time basis, or on the basis of an hourly wage rate;

(e) staff members, eligible for the expatriation allowance upon appointment, who subsequent to their appointment establish their residence in the country of which they are nationals, shall cease to be entitled to the allowance.

841.2. Staff members under Rule 841.1. (a) through (c) will become eligible for the allowance, if transferred to another official station, subject to the rules applicable to such station.

842. Rates of payment

The rates shall be as follows:

- $250 per year for staff members without dependents
- $500 per year for staff members with dependents

provided that a staff member who is married to a person who is a national of the country of official station shall not be entitled to count the spouse as a dependent for purposes of the higher rate.

843. Duration of allowance

843.1. Upon initial appointment: The allowance shall be paid for a period of two years from the date of arrival of the staff member at his official station, provided that, in the case of an eligible staff member, who at the time of appointment has resided in the country of his official station for less than two years immediately preceding appointment, there shall be deducted from the period of entitlement the time during which he resided in the country of his official station.

843.2. Upon transfer: A staff member who is transferred during his period of entitlement will continue to receive the allowance for the remainder of the period unless the transfer is to an official station at which he would not have been entitled upon initial appointment.

843.3. Eligibility for expatriation allowance shall not exceed a total of two years after date of first entitlement, regardless of subsequent changes in official station.

844. Staff of Interim Commission

In the case of staff members transferred from the Interim Commission, application of Rules 841.1. (a) through (c) and Rule 843.1. shall be based upon their status at the time of appointment to the Interim Commission.

850. Children's allowances

851. Eligibility

851.1. Full-time staff members shall receive a children's allowance of $200 (US) per annum in respect of each dependent child under the age of sixteen years or, if the child is in full-time attendance at a school or a university (or similar educational institution), under the age of eighteen or twenty-two years respectively.

851.2. If both parents are staff members of international organizations having children's allowances, only one allowance shall be paid for each of their children.

851.3. For the purpose of 851.1 dependent brother and/or sister shall be regarded as dependent child.

852. Widows

The allowance shall continue to be payable for each child of a staff member who becomes entitled under the Staff Pension and Retirement Fund Regulations to a retirement or a disability benefit and to a widow receiving a widow benefit under these regulations.

853. Guardian

Upon the death of a staff member who receives a children's allowance under these rules and following the death of the other parent, there shall be paid to the legal guardian of each child an allowance of $400 (US) or such other appropriate amount as may be fixed by the Staff Pension Committee.

854. Adopted or step-children

The Director-General may decide in each case whether the allowances shall extend to adopted children or step-children.
860. **Children's Education Grant**

861. **Eligibility**

861.1. Each staff member whose official station is outside the country of, and in any case more than 100 km. from, his normal place of residence and who is entitled to a children's allowance under Rule 850 shall receive the following education grant:

(a) The sum of $200 (US) per annum for each child in full-time attendance at a school or a university (or similar educational institution) in his own country; provided that where a child attended such an institution for a period of less than two-thirds of any one scholastic year, the allowance shall be reduced to such proportion of $200 (US) as the period so attended bears to a full scholastic year;

(b) Once in each scholastic year the transportation expenses of the outward and return journey of such a child by a route approved by the Director-General;

(c) Should staff members elect to send their children to special schools in the area where they are serving, which have curricula characteristic of their nationality, including international schools organized for children of international staff rather than to schools in their own countries, the Organization will pay for each child under eleven years of age who is otherwise eligible for the education grant, an allowance equal to the difference between the cost of education at the special school which he attends and the cost at a comparable school attended by children of persons normally resident in the area provided that the allowance shall not be paid at a rate exceeding $200 (US) per year. If the child is eleven years of age or over, the special grant is payable only in those cases where the health of the child will not permit return to his own country. Such cases must be supported by a medical certificate approved by the Medical Referee of the Organization, stating the circumstances.

861.2. If both parents are staff members in international organizations paying children's education grants, only one education grant shall be paid for each of their children.

861.3. Staff members under 861.1 who reside in the country of which they are nationals are not eligible for the education grant.

862. **Adopted or step-children**

The Director-General may decide in each case whether the education grant shall extend to adopted children or step-children.

870. **Cost-of-Living Adjustment**

Staff members, whose official station is at an office of the Organization other than Headquarters, shall be eligible for, or subject to, a cost-of-living adjustment in respect of the difference (plus or minus) which may exist in the cost of living between the area of his official station and the area of Headquarters. This adjustment shall be made for each area, taking into account the principal cost-of-living factors, but shall not be applied where the difference is less than ten per cent. At periodic intervals the cost of living upon which the allowance is based will be re-examined.

880. **Representation Allowances**

881. **Definition**

Allowances for such staff members as Deputy Director-General, Assistant Directors-General, Directors and such others as the Director-General may specify, shall be deemed to include all representation (including hospitality) and housing (rental), but not reimbursable travel expenses and removal costs under the provisions of the relevant rules. The staff members in question remain eligible for allowances provided for under 880.

890. **Travelling Allowances**

See rules under 1200.

900. **Attendance and Leave**

910. **Hours of Work**

911. The whole time of members of the staff shall be at the disposal of the Director-General.

912. **Work Week**

The normal work week shall be forty hours exclusive of meal times to be worked in accordance with an established schedule. Except in cases of necessity, attendance at the offices of the Organization shall not be required on Sunday (or an equivalent day) or on such holidays as shall be determined.
913. *Overtime*

In emergencies, when authorized by the appropriate superior officer, a staff member may be required to work overtime, for which credit shall be given. (See compensatory leave, Rule 970.)

920. *Attendance*

Records of attendance shall be maintained and shall serve as a basis for salary payments.

930. *Annual leave*

931. **Definition**

Annual leave covers periods of absence with pay (other than sick leave, etc.) on days when the staff member would otherwise be scheduled to work.

932. **Accrual of annual leave**

932.1. Annual leave accrues to all staff members (including those in the hourly rate category, but excluding those paid only "when actually employed") at the rate of two and one-half working days for each calendar month (or fraction thereof pro rata) during which the staff member serves the Organization in pay status.

932.2. Annual leave does not accrue to an individual, while he is on loan to the Organization, who continues to receive from his regular employer his leave or compensation therefor, or a staff member who is on leave without pay, or during suspension from duty without pay.

932.3. Any absence not specifically covered by other provisions in these Staff Rules shall be chargeable to annual leave.

933. **Granting and taking of annual leave**

933.1. Annual leave may be taken in units of days and half days subject to the exigencies of the service and appropriate supervisory approval.

933.2. Annual leave may be accumulated up to a maximum of one hundred working days.

933.3. Not more than fifteen working days of annual leave shall be carried forward from the calendar year in which it has accrued. Staff members who are on special assignments may, however, be exempt.

934. **Advance leave**

Ordinarily, annual leave will be taken only after it has accrued. It may be granted in limited amounts, in advance of having accrued to staff members who need it and who are likely to remain with the Organization for a period beyond that necessary to accrue the leave advanced.

935. **Salary due during leave periods**

A staff member may receive in advance salary which will fall due during leave periods.

936. **Termination payments for unused annual leave or excess leave taken**

936.1. On leaving the service of the Organization, a member of the staff who has not exhausted the annual leave to which he is entitled shall be paid in respect of each day of unused annual leave 1/260th of his annual salary exclusive of all allowances.

936.2. On leaving the service, a member who has taken advance annual leave beyond that subsequently accrued shall make restitution for such leave, either by accepting a deduction from any amount owed him by the Organization or by cash refund.

936.3. In case of death of a staff member, payment in lieu of annual leave shall be made to those entitled. However, no deduction from such payment shall be made in respect of advance annual leave.

940. *Home leave*

941. **Entitlement**

941.1. Each full-time staff member whose official station is outside the country of, and in any case more than 100 km. from, his normal place of residence shall be entitled to home leave, which shall consist of two weeks every two years, plus actual travelling time, by an approved route and type of transport to and from his normal place of residence. Accrued annual leave may be taken in conjunction with home leave.

941.2. In the case of staff members who are transferred from an official station in their home country to an official station in another country, service credit toward the two weeks of home leave shall begin to accrue from the effective date of such transfer. In the case of staff members who are transferred to an official station in their home country from an official station in another country, service credit toward the two weeks of home leave shall be cancelled as from the effective date of such transfer.
941.3. Each full-time staff member whose official station is within the country of, and in any case more than 100 km. from, his normal place of residence shall be entitled to home leave which shall consist of only actual travelling time, every two years by an approved route and type of transport to and from his normal place of residence.

941.4. Staff members whose service is not expected to continue beyond six months following the date which would otherwise establish their entitlement shall not normally be regarded as eligible for home leave.

942. **Staff transferred from other organizations**

Staff members transferred from the United Nations or a specialized agency shall retain rights to home leave in accordance with the provisions of any current agreement on transfers between the Organization and the other international organization concerned.

943. **Granting of home leave**

943.1. Home leave may be granted at any time during the six months prior to, or six months after, the date when the staff member has completed two years' service. When such leave is taken in a later period, the next home leave shall become due two years after the date of departure, unless the leave has been postponed at the request of the Director-General in the interest of the Organization.

943.2. **Advance home leave.** In exceptional circumstances advance home leave may be granted. No staff member shall be authorized to take his initial home leave unless he has completed at least twelve months of service. Advance home leave shall not advance the period in which the next home leave falls due.

943.3. **Deferred home leave.** A staff member's home leave may be deferred for one full period of eligibility (i.e. two years) owing to the exigencies of the service or at his request because normal round-trip travel time would exceed thirty days. In this case he shall be entitled to home leave of four weeks.

943.4. A staff member may be required to take home leave in conjunction with official travel to the vicinity of his home country, due regard being paid to the interests of the staff member or his family.

944. **Failure to take home leave**

A staff member who fails to take home leave to which he is entitled in accordance with the provisions of the preceding rules within the two years following the first date of his entitlement, shall not receive in lieu thereof additional annual leave or other compensation.

945. **Travel expenses during home leave**

945.1. Rules governing travel expenses for staff members and their eligible dependents are set forth in rules under 1200.

945.2. A staff member whose eligible dependents reside in a location other than that of his official station, may claim their actual home leave transportation expenses and allowances, but only to the amount payable had they resided with him at the location of his official station.

946. **Maximum travel time allowable**

946.1. Any travel time in excess of thirty days for a round-trip journey on home leave shall be charged to annual leave, provided that when home leave is deferred for a full period of eligibility under 943.3. above on the grounds that the normal round-trip travel time would exceed thirty days, the travel time allowable shall be increased up to a maximum of sixty days.

946.2. Delays in return from home leave caused by illness or negligence on the part of the staff member in obtaining return accommodations at the time of departure, shall be charged as sick leave, annual leave, or leave without pay as appropriate.

950. **Sick leave**

951. **Definition**

Sick leave is leave of absence with full pay which a staff member may take when incapacitated for the performance of his duties by illness or injury.

952. **Accrual and advancing of sick leave**

952.1. Sick leave accrues to all staff members (including those in the hourly rate category, but excluding those paid “when actually employed”) at the rate of one and one-half working
days for each calendar month (or fraction thereof pro rata) during which the staff member serves the Organization in pay status.

952.2. The maximum amount of sick leave which may be accumulated is ninety working days.

952.3. Sick leave may, if necessary, be granted in advance of having accrued to staff members who are likely to remain with the Organization for a period beyond that necessary to accrue the leave advanced. In case of resignation, a member who has taken advance sick leave shall make restitution by deduction from any amount owed him by the Organization or by cash refund.

952.4. In the case of staff members on an annual salary, sick leave may be taken in units of days and half days. Sick leave taken by staff members in the hourly rate category will be taken to the nearest hour.

953. **Additional sick leave on half pay and/or without pay**

After exhausting accumulated sick and annual leave, permanent staff members with more than three years' service may be granted additional sick leave on half pay up to a maximum of six calendar months and, if need be, a further leave without pay up to a maximum of three calendar months.

954. **Medical certificate**

A member of the staff who is entitled to sick leave and who is absent on account of illness or accident for more than three consecutive working days shall file a certificate from a duly qualified medical practitioner, indicating the probable duration of the illness and stating that the staff member is unable to perform his duties. In cases of continued illness, a further certificate may be required at the end of each ten working days. An official applying for sick leave may be required to submit to examination by the Medical Referee.

955. **Illness during annual leave**

A staff member who is ill during a period of annual leave is entitled to have such period charged against sick leave, providing he presents a medical certificate covering the entire period of illness regardless of duration.

956. **Limit of non-certificated leave**

After a staff member has taken periods of non-certificated sick leave totalling more than twelve working days within twelve consecutive calendar months, any additional sick leave of whatever duration shall either be supported by a medical certificate or deducted from annual leave or charged as special leave without pay.

957. **Provisions relating to termination of appointment**

957.1. The termination of a staff member's appointment shall, as from the date at which the appointment ends, terminate any claim which the official may have to sick leave under these Rules.

957.2. Where the nature of a staff member's illness is or becomes such as to render him incapable of returning to his duties during the period of his appointment, or liable to relapses so frequent as to prevent him from satisfactorily performing his duties, the Director-General may terminate his appointment on the ground of invalidity. In such circumstances, the staff member is entitled to an equivalent payment in respect of any unexpired sick leave.

957.3. No staff member shall be discharged on the ground of invalidity until the majority of a medical board, consisting of three practitioners of whom one shall be appointed by the Director-General, one by the staff member, and the third by the two practitioners so chosen, shall have certified that the staff member is incapable of performing his duties in a satisfactory manner.

958. **Maternity leave**

960.1. Staff members whose applications are supported by a medical certificate shall be allowed maternity leave on full pay, in addition to annual leave and sick leave, for a period not to exceed six weeks before and six weeks after confinement, provided that the staff member shall have been in service ten months or more.

960.2. The leave after confinement shall be obligatory; it may, however, be shortened upon production of a medical certificate authorizing the person concerned to resume work at an earlier date.

960.3. After the expiry of this leave, nursing mothers may be allowed extra time off.

960.4. Expectant mothers shall be granted all such facilities as are compatible with the smooth working of the service; in particular, when their normal work involves activities liable to prejudice their health, they shall be transferred to a lighter post.
ANNEX 26

970. COMPENSATORY LEAVE

970.1. Whenever possible, compensation for overtime shall be granted in the form of special leave of absence to be given and taken as soon as possible after the completion of the overtime.

970.2. Upon termination, unused compensatory leave shall be paid to all members of the staff in grades 8 or under.

980. OTHER LEAVE

981. Leave, with full or partial pay or without pay, may be granted for advanced study or research in the interest of the Organization, or for other exceptional or urgent reasons. Normally, such leave shall be granted only after all accrued annual leave has been exhausted.

982. Special leave without pay

When recommended by the staff member’s superior officer, special leave of absence without pay may be granted by the Director-General. Normally, such leave shall not exceed thirty consecutive days, but additional periods may be granted.

990. CONDITIONS OF LEAVE

991. Exigencies of the service

Leave under Rules 930, 940, 970 and 980 is subject to the exigencies of the service. The personal circumstances and preferences of individuals will, as far as possible, be considered.

992. Prior approval

Leave mentioned in Rule 991 shall be subject to prior approval. Approval of any leave in excess of fifteen working days should be obtained at least two weeks before the date of departure of the staff member concerned.

1000. Provident Fund and Retirement and Pension Fund — Provisional

1010. Establishment

Pending adoption of a retirement and pension plan, there shall be established for the benefit of the members of the staff of the Organization a Provident Fund and a Retirement and Pension Fund — Provisional.

1020. Contributions

1021. Subject to the conditions of his appointment, each member of the staff shall contribute to the Provident Fund 6% of his salary and to the Retirement and Pension Fund — Provisional 1% of his salary. The Organization shall contribute to the Provident Fund 6% and to the Retirement and Pension Fund — Provisional 8% of the salary of each staff member.

1022. Contributions shall be assessed only on the base salary as defined in Rule 720. However, no contribution shall be assessed on payments made for terminal annual leave (Rule 936.1) or compensatory leave (Rule 970) in case of termination of appointment.

1023. Amounts standing to the credit of members of the staff shall be deposited in such manner as may be determined by the Director-General and shall carry no interest.

1024. 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 that Fund.

1030. Withdrawal

1030.1. In the event of a staff member’s leaving the Organization prior to the establishment of the Retirement and Pension Fund, he shall be entitled to the amount which he has contributed to the Provident Fund and the Retirement and Pension Fund — Provisional, and to the Organization’s contribution on his account to the Provident Fund.

1030.2. On the death of a staff member, the sums due to him shall be paid to those entitled.

1100. Allowances by Way of Compensation or Assistance

1110. Compensation in case of accident, sickness or death

1111. 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 Organization shall receive reasonable compensation. Should the staff member die in such circumstances, reasonable compensation shall be paid to his widow or such dependent as the Director-General may determine.

1112. In fixing the compensation to be given, reasonable account shall be taken of any pension or capital sum which may be payable under the Regulations of the Staff Provident Fund or the Retirement and Pension Fund.

1113. Claims for compensation must be submitted within a reasonable time of the date on which the accident, illness or death is alleged to have occurred.

1120. **Grant to Family of Deceased Staff Member**

1120.1. In the event of the death of a staff member, whatever the causes, a grant equal to one month's salary shall be paid to his widow or such other member of his family as the Director-General may determine.

1120.2. This rule shall operate pending the establishment of the pension plan.

1130. **Transportation of Decedents**

1131. When a staff member dies, the Organization shall pay, subject to conditions prescribed by the Director-General, the expenses of preparing and transporting the remains from his official duty station, or if on travel upon official business from the place of death, to his home.

1132. The dependents of a deceased staff member are entitled to return transportation irrespective of the type of appointment under which the deceased staff member served.

1133. The provisions of Rule 1131 shall apply to a staff member's dependents who were entitled to return transportation under Rule 680.

1200. **Travel**

1210. **General**

1211. **Applicability**

1211.1. The Organization will pay, subject to the Travel Rules issued by the Director-General, travel expenses of members of the staff and in appropriate cases of their wives and dependent children for authorized travel

(a) upon appointment

(b) upon subsequent changes of official station

(c) upon official business

(d) on home leave

(e) upon termination of appointment.

1211.2. A staff member holding an appointment for one year or more who was not married at the date of confirmation of his appointment and who marries a person ordinarily resident in the country in which his normal place of residence is recognized to be situated (Rule 140), shall be entitled to be paid the travel expenses of his wife from the place of residence to the place where the staff member is stationed, up to, but not exceeding, the cost of travel expenses from the place recognized as the staff member's normal place of residence.

1212. **Definition of travel expenses**

Travel expenses under the above rule shall include:

(a) Transportation expenses

(b) Travel subsistence allowance

(c) Necessary additional expenses during travel.

1213. **Official station**

The limits of official station will be the corporate limits of the city or town in which the staff member is stationed, but if the staff member is not stationed in an incorporated city or town, the official station is the established area within which the designated post of duty is located.

1214. **Travel expenses of dependents**

1214.1. Travel expenses (including excess baggage, charges and insurance on baggage, but excluding furniture) will be authorized for the staff member's wife, dependent children and dependent brothers and sisters, upon his meeting one of the conditions listed below except that excess baggage charges will not be authorized in respect of home leave;

(a) upon appointment to the Secretariat for a period of not less than one year;

(b) in the case of a temporary staff member who received an appointment the length of which added to at least six months of acquired service totals a one-year or longer period. Staff members who bring dependents to their official station at their own
expense and who subsequently become eligible for payment as herein provided may receive reimbursement for such expenses;
(c) when the staff member is entitled to home leave under the Staff Rules;
(d) upon change of official station;
(e) upon termination of the appointment, provided that the staff member is serving under an appointment of not less than one year, or has had expenses authorized under (b) above.

1214.2. In addition, the Organization will pay under Rule 861.1(b) transportation expenses, in connexion with approved education grants (Rule 860).

1215. Age limit for dependents

Entitlement to travel expenses for dependent children and/or dependent brothers and sisters under Rule 1214 will be limited to those within the age defined in Rule 850.

1220. Transportation expenses

1221. Definition

Transportation expenses are limited to the cost of fares and baggage by common carriers (railroads, airlines and ships) or the cost of other means of conveyance as provided in the travel authorization, e.g. motorcar.

1222. Automobiles

A privately owned automobile shall not be transported at the Organization’s expense unless, in the case of a staff member on appointment or permanent change of official station, the Director-General or his duly authorized representative certifies in advance that the automobile is essential for the performance of the staff member’s duties. If so transported on appointment, the automobile will be repatriated at the Organization’s expense on termination of appointment of a staff member entitled to repatriation of his household goods under Rule 680.

1230. Subsistence

1231. Per diem allowance — definition

A per diem allowance in lieu of subsistence expenses will normally be granted to staff members in authorized travel status. The per diem allowance is regarded as covering all charges for meals, lodging, baths; fees and gratuities to waiters, porters, baggage-men, bellboys, hotel maids, dining-room stewards, and other service staff; personal telegrams and telephone calls; laundry, cleaning and pressing of clothes; and other personal expenses.

1232. Per diem allowance rates

1232.1. Unless otherwise expressly provided for and subject to the rules set forth below, a per diem allowance will be authorized in accordance with the following schedule:

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<th>Applicable to</th>
<th>Daily rates</th>
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1233. Subsistence allowance to dependents

1233.1. Where dependents (wife, dependent children and dependent brothers and sisters as defined in Rule 1215) of a staff member have been authorized to accompany him on an approved journey, a per diem allowance at one-half of the appropriate rate for the staff member himself will be payable in respect of each dependent.

1233.2. Where dependents are travelling on an authorized journey unaccompanied by the staff member, the full per diem allowance appropriate for the staff member will be payable in respect of one adult and one-half of that rate in respect of each other dependent.

1240. Miscellaneous expenses

1241. Definition

Staff members shall be reimbursed for expenses incident to transportation as taxi fares, official telegraph, telephone, radio and cable messages in connexion with items classified as transportation and for payments made in respect of other services rendered necessary for the performance of the staff member's official duties when in travel status.
1300. Removal

1310. Applicability of Rules for Payment of Removal Expenses

Subject to Removal Rules issued by the Director-General, payment of transportation expenses in connexion with the removal of household goods and other personal effects will be made to the entitled staff member:

(a) upon appointment for a period of not less than two years, from the place where he is ordinarily residing at the time of appointment to the place where he is assigned to duty;
(b) upon transfer for permanent or indefinite duty, from one official station to another;
(c) upon leaving the service of the Organization, from his official station to his normal place of residence, provided that he was appointed, or has served, for a period of not less than two years, and has not waived his repatriation rights during the first two years of his appointment under Rule 142.

1312. With the approval of the Director-General, payment of removal costs may be made in the case of a temporary staff member who received an appointment the length of which added to at least six months of acquired service totals a two-year or longer period.

1313. A member of the staff who incurred removal expenses upon his own personal responsibility prior to receipt of an appointment for a period which would make him eligible for reimbursement will be reimbursed for removal costs at the time of completion of two years' service or with the approval of the Director-General when receiving an appointment the length of which added to at least six months of acquired service totals a two-year or longer period.

1314. Upon leaving the service, a staff member not entitled under Rule 1311 (a) to payment of removal costs to his official station, shall not be entitled to removal of household goods and personal effects acquired at his official station.

1400. Staff Committee

1410. Selection

A committee appointed by the staff, to be known as the Staff Committee, shall be established for the purpose of ensuring continuous contact between the staff and the Director-General.

1420. Competence

The Staff Committee shall be entitled to participate in the discussion of questions relating to appointment, promotion and conditions of service.

The provision does not apply to decisions concerning individual members of the staff or in emergency situations.

1500. Miscellaneous Provisions

1510. Exception to the Staff Rules

Nothing in the present rules shall be interpreted as preventing the Director-General from appointing temporary personnel with terms of service different from those contemplated in the present rules, where he considers that the interests of the service so require.

1520. Masculine and Feminine Gender

In these rules, terms referring to persons and staff members in the masculine gender shall apply also to women except where the contrary intention is evident from the context.

1530. Amendments

The present rules may be amended by the Director-General subject to confirmation by the Executive Board, without prejudice to the acquired rights of staff members under the Staff Regulations.
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