OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 22

REPORT
OF THE
EXECUTIVE BOARD

FOURTH SESSION
HELD IN GENEVA
FROM 8 TO 19 JULY 1949

SUPPLEMENT
REPORTS OF THE JOINT COMMITTEE
ON HEALTH POLICY, UNICEF/WHO

WORLD HEALTH ORGANIZATION

Palais des Nations, Geneva
December 1949
NOTE

This volume contains the report (and relevant annexes) of the fourth session of the Executive Board. The minutes of this session have been deposited in mimeographed form in the departments of health of Member Governments of the World Health Organization.
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INTRODUCTION

The fourth session of the Executive Board was held in the Palais des Nations, Geneva, from 8 to 19 July 1949, following the Second World Health Assembly.1 During the Second Health Assembly six Members were elected in place of those whose terms of office had expired. Accordingly, the Member States entitled to designate persons to serve on the Board, and the term of office still to be served by each, are as follows:

Brazil ........................................ one year
Byelorussian Soviet Socialist Republic ................................ two years
China .......................................... one year
Egypt .......................................... one year
France ........................................ one year
India .......................................... two years
Mexico ........................................ one year
Netherlands .................................... three years
Philippines .................................... three years
Poland ........................................ two years
Sweden ........................................ three years
Turkey ........................................ three years
Union of South Africa ................................ two years
Union of Soviet Socialist Republics ........ two years
United Kingdom ................................ one year
United States of America ......................... three years
Venezuela ..................................... three years
Yugoslavia ..................................... two years

At the fourth session (the first session held by the Board after its reconstitution by the Health Assembly), the following officers were elected: Sir Arcot Mudaliar (India) Chairman; Dr. J. Zozaya (Mexico) and Dr. H. S. Gear (Union of South Africa) Vice-Chairmen; and, for the fourth session only, Dr. M. Nazif Bey (Egypt) and Professor M. de Laët (Netherlands), Rapporteurs.

During the course of twelve meetings, the Board took the decisions contained in the following report.

1. OPERATIONS AND POLICY

1.1 General Programme of Work covering a Specific Period

The following resolution was adopted:

The Executive Board RESOLVES

(1) that the working paper prepared by the Director-General on a general programme of work covering a specific period be considered as a confidential document circulated only to members of the Executive Board;

(2) that the members of the Executive Board be requested to offer their views on the general programme to be outlined;

(3) that the period under consideration be limited to a maximum of five years;

(4) that the views of the members of the Executive Board be invited on both the technical and administrative aspects of the programme, taking into consideration the apportionment of the activities at headquarters and in the regional offices;

(5) that the views of the members be communicated to the Director-General before 15 October 1949;

(6) that the Director-General be requested to prepare a document taking into consideration the views expressed by the members;

(7) that this document be considered by the Board at its fifth session in January 1950; and

(8) that so far as the programme for 1951 is concerned, the Board is of the opinion that this programme will largely be concerned with continuing and completing, if possible, the work initiated in 1950 and with such other emergency work as may have to be taken into account.

1.2 Supplemental Operating Programme for 1950

The following resolution was adopted:

The Executive Board AUTHORIZES the Director-General

(1) to undertake appropriate negotiations concerning the provision of funds to implement the Supplemental Operating Programme of Advisory and Technical Services;

(2) to negotiate agreements with Member Governments concerning the amounts and currencies of their contributions in accordance with the mandate given by the Health Assembly; and

(3) in case the circumstances render a special session of the Executive Board necessary, to call such a session in 1949, notwithstanding

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1 Held in Rome from 13 June to 2 July 1949
2 The retiring Member States were Australia, Ceylon, Iran, Norway, the United Kingdom, the United States of America. The Philippines, Sweden, Turkey and Venezuela were elected as new designating States and the United Kingdom and the United States of America were re-elected. See Off. Rec. World Hlth Org. 21, 16.
3 Off. Rec. World Hlth Org. 18
4 Resolution WHA2.75, Off. Rec. World Hlth Org. 21, 45
the terms of Rule 7 of the Rules of Procedure of the Executive Board.
(For the resolution "Procedure for examining 1951 Programme and Budget", see section 4.2.3)

1.3 Malaria

1.3.1. Proposed Change in Expert Committee on Malaria

The Board adopted the following resolution:
Having considered the resolution proposed by the Italian Delegation concerning the transformation of the Expert Committee on Malaria into an expert committee on malaria and other insect-borne diseases; the comments thereon expressed by the Delegation of the Philippines,6 and the resolution of the Second World Health Assembly at its tenth plenary meeting,6

The Executive Board

DECEIVES that it is not desirable at this time to transform the Expert Committee on Malaria as proposed.

1.4 Venereal Diseases

1.4.1 Anti-Venereal-Disease Commission of the Rhine

After consideration of the report and recommendations of the preparatory meeting for the establishment of an anti-venereal-disease commission of the Rhine area,7 and after noting that such operations should be the function of regional offices, where they exist, the Board adopted the following resolution:

The Executive Board

(1) NOTES the work accomplished by the preliminary meeting in Geneva of representatives from Belgium, France, the Netherlands, Switzerland and Germany and the wish of the governments concerned to establish an anti-venereal-disease commission of the Rhine, and
(2) REQUESTS the Director-General to give the necessary assistance to the countries concerned.

1.5 Tuberculosis

1.5.1 Temporary and Regional Consultants in Tuberculosis Campaign

After considering a resolution of the Second Health Assembly referring to the Executive Board the question of the services of temporary consultants and the appointment of regional consultant tuberculosis officers,8 the Board adopted the following resolution.

The Executive Board

Having considered the question of services of temporary consultants and the appointment of regional consultant tuberculosis officers,

(1) BELIEVES that this is a matter which can be decided by the Director-General in each instance in the light of the individual circumstances; and therefore
(2) REFERS to the Director-General for his consideration in developing the programme for advisory and demonstration services to governments the relevant recommendations9 contained in a note submitted to the Second World Health Assembly by the delegations of Czechoslovakia, Denmark, Finland and India.

1.5.2 Allocation to BCG Research Programme

The Board, recalling that it had already authorized an allocation from the UNRRA Special Fund not to exceed $100,000, for the current BCG research programme, to be further implemented on recommendation from the appropriate experts and from the Joint Committee on Health Policy,10 noted that at the third session of that committee, approval had been given to the proposals in the field of maternal and child health relating to the BCG research programme,11 and that estimates received from the WHO Tuberculosis Research Office, Copenhagen, indicated that the total amount required during 1949 would be approximately $150,000.

The Board therefore adopted the following resolution:

The Executive Board

AUTHORIZES the Director-General to allot from the UNRRA Special Fund an amount not to exceed $150,000 to implement the WHO tuberculosis research programme.

1.5.3 International University Sanatorium at Leysin, Switzerland

After considering a request by the Swiss Government for the patronage of WHO12 for the creation of an international university sanatorium in Leysin, Switzerland, the Board adopted the following resolution:

The Executive Board,

Taking cognizance of the conditions under which the creation of an international university sanatorium is envisaged in Leysin;
Considering that the constitution and methods of functioning of the institution have not yet been definitely determined, and have not yet been studied by the appropriate agencies, the Board adopts the following resolution: The principles involved will be considered at the appropriate time by the World Health Organization.

1.6 Epidemiological Services

1.6.1 Epidemiological Broadcasts

It was noted that the broadcasting service approved by the Board at its third session had been in operation, on a trial basis, for a period of five months. Considering that the response of health administrations to this service had been uniformly favourable, that savings had been made on routine telegrams to certain health administrations, and that sufficient evidence of the usefulness of the service to health administrations was available, the Board adopted the following resolution:

The Executive Board requests the Director-General to continue the broadcasting service on a permanent basis, and to take advantage of any offers regarding the rebroadcasting of the bulletins by government-owned or government-controlled wireless stations, which may contribute to a better reception of the messages by health administrations in various parts of the world.

1.6.2 Approval of a Yellow-Fever Vaccine

The Board noted that the results of the potency titration of the yellow-fever vaccine manufactured by the Institut Pasteur, Paris, had been considered by the members of the Yellow-Fever Panel concerned with the laboratory evaluation of yellow-fever vaccines, and that these members had recommended its approval by WHO. The following resolution was therefore adopted:

The Executive Board approves for the issue of international certificates, the yellow-fever vaccine produced by the Institut Pasteur, Paris.

1.7 Therapeutic Substances

1.7.1 Expert Committee on Biological Standardization: Report on its Third Session

The Board adopted the following resolution:

The Executive Board

(1) Notes the report of the Expert Committee on Biological Standardization on its third session and the report of its Sub-Committee on Fat-Soluble Vitamins, and

(2) Authorizes their publication.

1.7.2. Expert Committee on the Unification of Pharmacopoeias: Report on its Fourth Session

The Board adopted the following resolutions:

I. The Executive Board

(1) Notes the report of the Expert Committee on the Unification of Pharmacopoeias on its fourth session, and

(2) Authorizes its publication.

II. The Executive Board

Resolves that the Director-General continue negotiations with the Belgian Government with a view to reaching an agreement for the establishment of a single permanent international secretariat under the aegis of the World Health Organization at the headquarters of the said organization in Geneva.

III. Whereas it is highly desirable that a system of common nomenclature be established internationally for such new pharmaceutical products, including habit-forming drugs, as might be contemplated for later insertion in the International Pharmacopoeia, the Executive Board requests the Director-General to study the questions involved in establishing a system of common nomenclature for new pharmaceutical products moving in international commerce, and to report thereon to the sixth session of the Board.

1.8 Health Statistics

1.8.1 Expert Committee on Health Statistics: Report on its First Session

The Board adopted the following resolution:

The Executive Board

(1) Notes the report of the Expert Committee on Health Statistics on its first session, and

(2) Authorizes its publication.

1.8.2 Establishment of Sub-Committees of the Expert Committee on Health Statistics

In implementation of the request of the Second World Health Assembly for the establishment of three sub-committees of the Expert Committee on Health Statistics, the Board adopted the following resolution:

The Executive Board

Decides to establish as from 1 January 1950 the expert sub-committees listed below:

(1) a temporary sub-committee of the Expert Committee on Health Statistics, of not more than five members, to study the question of the definition of stillbirth and abortion;

(2) a sub-committee of the Expert Committee on Health Statistics, of not more than six members, to initiate the proper

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10 Off. Rec. World Hlth Org. 17, 14, section 5.1.3
14 See Annex 5.
18 Both reports to be published.
19 To be published.
20 To be published.
action to be taken by the committee in the field of hospital statistics, primary attention to be given to the application of the new International Statistical Classification of Diseases, Injuries, and Causes of Death and related subjects;

(3) a sub-committee of the Expert Committee on Health Statistics, of not more than four members, entrusted with the study of problems concerning the registration of cases of cancer as well as their statistical presentation.

1.9 Publications

1.9.1 International Health Yearbook: Annual Reports from Member States

The following resolution was adopted

Having considered, as requested by the Second World Health Assembly, the proposal that an International Health Yearbook be published, and having discussed the possible form, content, periodicity, and usefulness of such a Yearbook,19

The Executive Board

(1) REQUESTS the Director-General, taking into consideration the comments of members of the Board, to submit at its fifth session proposals as to the kind of information that should be included in

(a) the summary analysis of annual reports from Members under Articles 61 and 62 of the Constitution, which, according to Rule 5 (a) of the Rules of Procedure of the World Health Assembly, is to be included in the Annual Report of the Director-General, and

(b) the proposed International Health Yearbook;

(2) REQUESTS the Director-General to submit also at the Fifth Session of the Board a draft questionnaire to Members which shall

(a) indicate the main headings under which information is required in fulfilment of Articles 61 and 62 of the Constitution, and

(b) be compiled with a view to obtaining at the same time such information as it would be desirable to include in an International Health Yearbook or in a similar periodical publication issued at less frequent intervals; and

(3) DECIDES that such a questionnaire, after approval by the Board at its fifth session, should be

(a) submitted to governments in the first instance for their comments and suggestions, and

(b) sent to governments for reply after such comments and suggestions have been considered and, when appropriate, incorporated in the questionnaire.

1.10 Medical Literature

1.10.1 Exchange of Medical Literature among WHO Members through the World Health Organization

In view of the activities already undertaken by UNESCO in the field of medical literature, the Board adopted the following resolution:

The Executive Board

(1) withdraws its request to the Director-General, made at its second session,20 to circulate a questionnaire to Members on deficiencies in their supplies of medical literature and to obtain information on the use of microfilms in facilitating the availability of medical literature, and

(2) REQUESTS the Director-General to pursue discussions with UNESCO with a view to determining what further action can usefully be taken by WHO in improving supplies of medical literature without duplication of UNESCO’s work.

2. JOINT ACTIVITIES AND LIAISON

2.1 Relations with UNICEF

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

The Executive Board adopted the following resolution:

Having considered the report of the WHO members of the Joint Committee on Health Policy, UNICEF/WHO on the assumption of the responsibility for UNICEF projects, the functioning of the joint committee,21 and the resolution of the Second World Health Assembly at its tenth plenary session,22

The Executive Board

(1) APPROVES the report and

(2) REQUESTS the Director-General to report to the next session of the Executive Board in

19 Resolution WHA2.37, Off. Rec. World Hlth Org. 21, 28
21 Off. Rec. World Hlth Org. 21, Annex 4
22 Resolution WHA2.24, Off. Rec. World Hlth Org. 21, 24
order that the Board may further review the developments under the policy as outlined in the report.

2.1.2. Children's Centre in Paris

The Board adopted the following resolution:

Having considered the action taken by the Executive Board of UNICEF on 30 June 1949, on the offer of the Government of France for an international children's centre in Paris; 22 and recognizing the growing demand for opportunities for technical training of a high quality suited to the needs of medical and related personnel in different countries in the field of maternal and child health and welfare, and the advantages of group training in courses having an international character, including field-training experience with adequate demonstration programmes in a wide range of child health and welfare services; and

Noting the resolution of the Second World Health Assembly which requested the Director-General to encourage the establishment and development by governments of national educational institutes in the field of health, and to encourage the development of courses having an international character at existing educational institutes or institutes to be created by the provision of assistance in personnel and material, 24 and the action of the Second World Health Assembly which approved a report including,

(a) a policy statement governing the co-operative relationship between WHO, as the specialized agency of the United Nations recognized as the directing and co-ordinating authority on international health work, and UNICEF, with regard both to health programmes approved by the Joint Committee on Health Policy and any new health programmes which may be developed for its consideration, 25 and

(b) a statement of procedure to implement this co-operative relationship, 26

The Executive Board

(1) Approves in principle assisting, jointly with UNICEF, in the establishment by the French Government of a children's centre in Paris, for a period of not more than three years;

(2) States that WHO is able and willing to provide assistance of the following types:

(a) group or individual international fellowships to physicians, nurses, medical and psychiatric social workers, maternal and child health administrators, hospital administrators, hospital architects, etc., to study various aspects of child health and welfare and social pediatrics;

(b) facilitating special international group fellowships for teams of health and welfare workers engaged in meeting special needs of children, as for example, the team of doctor, nurse, physical therapist, psychologist, social worker, etc., who together work to restore and rehabilitate crippled or otherwise handicapped children, or teams of doctor and nurse to study care of premature infants;

(c) provision of experts to assist in teaching and research activities;

(d) advice of expert committees;

(e) advisory service on organization of demonstration child health programmes to serve as field experience centres;

(3) Authorizes the Director-General to carry out appropriate negotiations and, subject to the approval of the WHO members of the Joint Committee on Health Policy, who shall act for the Executive Board for this purpose, to conclude an agreement with UNICEF for assisting the French Government in establishing its centre; and with regard to the provisions of the agreement,

(4) Adopts the following:

(a) The arrangement will be subject to the principles laid down by the Joint Committee on Health Policy governing the co-operative relationship between UNICEF and WHO.

(b) The administration of the children's centre will be the responsibility of the Government of France.

(c) The desirability of setting up a technical advisory committee should be considered. Members of such a committee would be appointed by the Director of the centre, after consultation with the Executive Director of UNICEF, the Director-General of WHO, the Secretary-General of the United Nations and the Directors-General of the other interested specialized agencies, and would be selected for their technical competence in maternal and child health and welfare, with emphasis on professional, educational and administrative experience. The technical advisory committee will formulate policies for and advise on operating programme.

(d) There shall be such financial provisions by UNICEF and the Government of France as will guarantee the operation of the centre for the full period of any agreement.

(5) Requests the Director-General to forward this resolution to the Secretary-General of the United Nations with the request that it be brought to the attention of the General Assembly and the Economic and Social Council.

See Annex 7.

Resolution WHA2.7, Off. Rec. ‘World Hlth Org. 21, 20

Off. Rec. ‘World Hlth Org. 21, Annex 4

See Supplement, p. 48, Appendix B.
2.2 Co-ordination and Planning to promote Health and Welfare of Children

After taking note of a resolution passed by the UNICEF Executive Board concerning a study of the continuing needs of children, the Executive Board adopted the following resolution:

Having noted the action taken by the Executive Board of UNICEF concerning a study on the continuing needs of children;
Having considered the importance of planning and action by international agencies directed toward the improvement of the health, welfare and education of children;
Having considered further that WHO, as the specialized agency of the United Nations recognized as the directing and co-ordinating authority on international health work, has as one of its objectives "to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment";
Having considered further that this is primarily a matter of co-ordination which should be carried out through the Administrative Committee on Co-ordination,

The Executive Board

REQUESTS the Director-General to co-operate with the Executive Director of UNICEF and with the United Nations and the specialized agencies, and to present jointly to the Administrative Committee on Co-ordination a proposal for the establishment of an ad hoc committee composed of the Secretary-General of the United Nations and the Directors-General of FAO, ILO, UNESCO and WHO, or their representatives, with the following terms of reference:

(1) To explore and recommend ways and means of:

(a) focussing the attention of the United Nations on the needs of children, through joint action of the United Nations and the specialized agencies;
(b) determining needs of children on a current and continuing basis, and ways and means of meeting them through national and international action;
(c) developing co-ordinated planning for investigating, training and service programmes of existing specialized agencies, to assure maximum effort toward assisting governments to develop programmes on behalf of children;
(d) stimulating national and international research of a multilateral type, involving sociological, psychological, educational, anthropological and medical approaches;
(e) providing a continuing interagency mechanism to accomplish (a), (b), (c) and (d), giving consideration to:

(i) the resources, programmes and potentials of the United Nations and specialized agencies with respect to research, training and service, to assist governments in meeting the needs of children, and ways in which they can be developed and co-ordinated;
(ii) the usefulness of international or national children's institutes or centres;
(iii) other methods.

(2) To report its conclusions and specific recommendations to the Administrative Committee on Co-ordination, and for the information of the United Nations and the specialized agencies.

2.3 Relations with Non-Governmental Organizations

2.3.1 Sectional and other Organizations not mainly concerned with Health

In the consideration of relations with sectional organizations and non-governmental organizations not mainly concerned with health, the discussions of which had been postponed from the third session of the Executive Board, the Board adopted the following resolutions:

I. The Executive Board,

In view of the practice of the Economic and Social Council, when granting consultative status to non-governmental organizations, to consider whether or not the work of the organization lies within the field of any of the specialized agencies of the United Nations, and the established practice of the World Health Organization to collaborate closely with the Economic and Social Council,

DECIDES,

(1) that non-governmental organizations not mainly concerned with health should not normally be admitted into formal relations with the World Health Organization, since their contact with the World Health Organization should be through the Economic and Social Council, wherein provision is made for them to take part in its deliberations, but

(2) that, where no provision is made by the Economic and Social Council, such cases will be decided on their individual merits.

28 Off. Rec. World Hlth Org. 17, 19, section 7.5
29 Adoption of these resolutions was recommended by the Standing Committee on Non-Governmental Organizations in its first report, drawn up as a result of the first meeting (held on 11 July 1949 at 2.30 p.m.) at which were present: Dr. de Paula Souza, Chairman; Dr. Babicki, Dr. Barrett (representing Dr. Mackenzie), Dr. Gear, Dr. Villarama.
II. The Executive Board

APPROVES collaboration with international non-governmental organizations not mainly concerned with health and international sectional organizations, whose aims and purposes are, in both cases, in conformity with the spirit, purposes and principles of the World Health Organization Constitution, in technical health projects under ad hoc working arrangements to be concluded for limited periods of time at the discretion of the Executive Board. In cases of emergency the Director-General may establish temporary working arrangements and will report these to the following session of the Executive Board.

III. Because of the necessity for further study of the relations between international sectional and other international non-governmental organizations and the specialized agencies in various fields, and because of the need for further experience,

The Executive Board

DECIDES to postpone further consideration of relations with sectional non-governmental organizations, until the fifth regular session of the Executive Board.

2.3.2 Regional and National Non-Governmental Organizations

The following resolution was adopted:

The Executive Board

1. RECOMMENDS to the Third World Health Assembly the adoption of the following principles to govern the relations between WHO and regional and national organizations:

(1) Regional or national non-governmental organizations which are affiliated to international non-governmental organizations with which WHO is in official relations. These are, by definition, in official relations with the regional organization under the terms of the resolution of the First World Health Assembly concerning relations with non-governmental organizations, and therefore no formal action by the regional committee is required.

(2) Regional or national non-governmental organizations which are affiliated to international non-governmental organizations not in official relations with WHO. In order that WHO may facilitate the formation of strong international non-governmental organizations in the various technical fields, arrangements with the above-mentioned regional or national organizations will be on the basis of informal working relations.

(3) Regional and national organizations for which there is no international non-governmental organization. These can be admitted into working relationship with the World Health Organization, subject to consultation between the Regional Director and the Director-General.

2. REQUESTS the Director-General

(1) to be guided by the above principles pending their adoption by the Health Assembly; and

(2) to obtain from the Regional Directors a yearly report on the results of any relations between the regional offices of WHO and regional and national organizations.

2.3.3 Specific Requests and Criteria

After consideration of various applications from non-governmental organizations for the establishment of relations with WHO, the following resolutions were adopted:

I. The Executive Board

1. DECIDES, (1) in pursuance of the resolution adopted by the Second World Health Assembly, to establish official relations with the Council for the Co-ordination of International Congresses of Medical Sciences, on the basis of the principles laid down by the First World Health Assembly, and (2) to establish official relations with the Biometric Society on the basis of the principles laid down by the First World Health Assembly; and considering that the International Federation of Unions of Employees in Public and Civil Services does not fulfil the criteria established by the Health Assembly,

2. REQUESTS the Director-General to inform the Federation of the decision of the Board regarding organizations not mainly concerned with health.

II. Since the information received from the remaining organizations considered is not sufficient to show that these organizations fulfil all the criteria laid down by the First World Health Assembly,

The Executive Board

(1) DECIDES to postpone consideration of these requests until the fifth session of the Board, and (2) REQUESTS the Director-General to inform the several organizations of this decision.

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88 Adoption of resolutions I, II, and III paragraph 1 above was recommended by the Standing Committee on Non-Governmental Organizations in its second report drawn up as a result of its second and third meetings held on 12 July 1949, at 4 p.m. and 14 July 1949 at 2 p.m. under the Chairmanship of Dr. de Paula Souza and at which Dr. Babecki and Miss K. V. Green (representing Dr. Mackenzie) were present. The committee discussed various applications for relations with WHO upon the basis of the criteria laid down by the First World Health Assembly and recommended the adoption of the resolutions mentioned above.

89 Resolution WHA2.5, Off. Rec. World Hlth Org. 21, 19

90 Off. Rec. World Hlth Org. 13, 326
III. The Executive Board, further

1. REQUESTS the Director-General
   (1) to revise the questionnaire which is sent to non-governmental organizations applying for official relationship with WHO, taking into consideration the comments of the Standing Committee on Non-Governmental Organizations, and
   (2) to submit to the Standing Committee, by mail at least six weeks before the date of each session of the Board, the information concerning such applications; and

2. REQUESTS the Standing Committee to review the criteria laid down by the First World Health Assembly to be fulfilled before a non-governmental organization becomes eligible to be brought into relation with WHO, under Article 71 of the Constitution, and to report to the fifth session of the Board.

2.3.4 Establishment of an International Code of Deontology

After consideration of a resolution adopted on 8 April 1949 by the Académie Nationale de Médecine of France and transmitted by the League of Red Cross Societies, the Board adopted the following resolution:

The Executive Board

1. TAKES NOTE of the resolution on the establishment of an international code of deontology adopted by the Académie Nationale de Médecine of France;

2. LEARNS with satisfaction that the question is being studied by the World Medical Association with a view to the establishment of an international code of deontology in connexion with the practice of medicine, and that the final draft as submitted by the Executive Board of the World Medical Association to forty national medical associations will be considered by the Annual General Assembly of the World Medical Association, to be held in London in October 1949, and

3. REQUESTS the Director-General
   (1) to keep in close touch with this work
   (2) to bring this matter to the attention of the International Council of Nurses, and
   (3) to report on it to the fifth session of the Board.

2.4 National WHO Committees

After considering suggestions by the Director-General on the establishment of national committees for WHO, the Board adopted the following resolution:

The Executive Board

REQUESTS the Director-General to investigate further the desirability and practicability of establishing national WHO committees and to submit his recommendations to the Board at a future session.

3. PRIVILEGES AND IMMUNITIES

3.1 Extension of Privileges and Immunities to Representatives of Associate Members and of other Territories

In implementation of the resolution adopted by the Second Health Assembly concerning the extension of the Convention on the Privileges and Immunities of the Specialized Agencies to representatives of Associate Members and other territories, the Board adopted the following resolutions:

I. Having regard to the resolution of the Second World Health Assembly concerning the extension of the benefits of the Convention on the Privileges and Immunities of the Specialized

   (1) APPROVES the following resolution, and
   (2) REQUESTS the Director-General to communicate it to Members and to report on replies received thereon to the Third Health Assembly.

   The Académie Nationale de Médecine, recalling the Nuremberg trials and the crimes committed during wars and conflicts of all kinds against wounded and sick persons, prisoners of war or internees, and refusing to allow a medical body to be made the instrument of any sort of compulsion prejudicial to their physical, moral or intellectual integrity,

   Resolves that the practice of the medical profession, in time of war as in time of peace, should be interpreted by an international code of deontology of an obligatory character, to be established by an international medical organization; a code the teaching of which would be the rule in faculties and medical colleges of all countries.

   This read:

   The Académie Nationale de Médecine, recalling the Nuremberg trials and the crimes committed during wars and conflicts of all kinds against wounded and sick persons, prisoners of war or internees, and refusing to allow a medical body to be made the instrument of any sort of compulsion prejudicial to their physical, moral or intellectual integrity,

   Resolves that the practice of the medical profession, in time of war as in time of peace, should be interpreted by an international code of deontology of an obligatory character, to be established by an international medical organization; a code the teaching of which would be the rule in faculties and medical colleges of all countries.

   The text of the Convention including Annex VII is reproduced in the Handbook of Basic Documents.
II. The Executive Board
   recommends to the World Health Assembly:
   (1) that the following additional paragraph be inserted in Annex VII of the said Convention:
   3. Article V and Section 25, paragraphs 1 and 2 (1) of Article VII shall extend to the representatives of Associate Members and of other territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members participating in the work of the Organization in accordance with Articles 8 and 47 of the Constitution.
   (2) that, pending the acceptance of the revised annex, States Members be invited to apply its provisions, as supplemented, to representatives of Associate Members and of other territories or groups of territories which are not responsible for the conduct of their international relations.

4. ADMINISTRATION AND FINANCE

4.1 Headquarters, Regional and Other Offices

4.1.1 Arrangements for Accommodation for Headquarters Office

The following resolution was adopted:

I. The Executive Board,
   noting the terms of the resolution adopted by the Second World Health Assembly with regard to arrangements for accommodation for the Headquarters Office of the World Health Organization; **
   noting that Project F presented by M. Jacques Carlu *** satisfies the first of the conditions laid down in the above-mentioned resolution, namely, that the future accommodation of WHO should be in "closest possible proximity to the United Nations building in Geneva";
   noting the Director-General's declaration that it further satisfies the second condition, namely, that it will enable the United Nations to make available "acceptable and adequate accommodation" to the World Health Organization;
   noting that it is acceptable to the Swiss Federal Government and satisfies the condition attached by that Government to its offer to finance the new construction, namely, that it will provide a permanent Headquarters Office for WHO in Geneva;
   (1) approves the above-mentioned project, subject to the assent of the Secretary-General and subsequently of the General Assembly of the United Nations and to the conclusion between the Secretary-General of the United Nations and the Director-General of WHO of an agreement as to the terms of occupancy completely acceptable to the Director-General and making provision inter alia for the following:
   1. WHO is to be guaranteed, having regard to the terms of paragraph 4 below, permanent occupancy of the space to be allocated to the Organization in the Palais des Nations, it being understood that in any event WHO shall be guaranteed an amount of space equivalent to the amount of space resulting from the reconstruction of the Palais des Nations at WHO's expense.

2. The offices to be allocated to WHO in the reconstructed Palais des Nations shall be contained in a compact block, except that it may be desirable for WHO's library services to be housed in another part of the building.

3. WHO is to enjoy a prior option over any organization other than the United Nations to any available space in the reconstructed Palais des Nations, should such space be required at any future time for the expansion of its services or staff, as authorized by the World Health Assembly. In the event of further space not being available in the Palais des Nations, WHO shall be authorized, should the World Health Assembly so desire, to erect a new wing to the then existing structure. In such circumstances the conditions contained herein and in the agreement to be concluded between the United Nations and WHO would apply to such new structure.

4. In the event of the United Nations denouncing the agreement of occupancy, it will place at the disposal of the World Health Organization, free of charge, equivalent space to be constructed to the specifications of WHO and on a site in Geneva to be chosen by WHO, after consultation with the United Nations.

5. The conditions of occupancy, including the terms of payment for maintenance services, shall be agreed in advance between the Secretary-General of the United Nations and the Director-General of WHO and shall provide for the establishment of arrangements to secure equality of treatment between the two organizations in matters of common interest.

6. It is understood that the Palais des Nations as reconstructed and extended remains the property of the United Nations. However, any removable property such as furniture and equipment purchased from WHO funds shall remain the property of WHO.

(2) authorizes the Director-General to negotiate an agreement on the foregoing lines or one affording equal security of tenure.

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** Resolution WHA2.61, Off. Rec. World Hlth Org. 21, 37
*** See Annex 10.
to WHO and to sign the agreement after it has been approved by the Building Committee mentioned below.

II. Should the Secretary-General or the General Assembly refuse their assent to Project F or to some other solution on the lines of Project B quite acceptable to all the parties concerned and should it prove impossible for the Director-General to conclude with the Secretary-General an agreement the terms of which are entirely satisfactory to the former, in particular with regard to the matters set forth in the foregoing paragraphs 1-6 inclusive, then

The Executive Board
RESOLVES to accept the offer made by the Swiss Government on behalf of the Genevese Cantonal authorities of a site for a separate building and to leave the choice of the site to the Building Committee for which provision is made in the present resolution.

III. The Executive Board,
Noting the offers made by the Swiss Federal Council for the financing of a building as a permanent Headquarters Office for the World Health Organization in Geneva; 41

Considering that the second of the solutions proposed by the Federal Council, namely, a loan of the whole amount envisaged, viz. Swiss francs 5,750,000 without interest to be reimbursed by annuities of Swiss francs 191,666 over a period of 30 years, would appear to be less advantageous to the World Health Organization than the other two solutions,
RESOLVES that the Federal Council be informed that WHO discards the second solution and will make its choice between the first and the third as soon as precise estimates of the cost of construction have been received.

IV. The Executive Board,
Noting that, in the event of Project F’s receiving the approval of the Secretary-General and later of the General Assembly of the United Nations, it would be eminently desirable that building operations should commence as soon as possible and at any rate before the end of November 1949,

(1) RESOLVES to set up an ad hoc committee, to be known as the Building Committee; 42
(2) INVESTS the said committee with full powers to give effect with the least possible delay to the present resolution of the Board, including the financial matters involved, always having regard to the terms of the above-mentioned resolution of the Second World Health Assembly; 43
(3) REQUESTS the members of the committee to make themselves available to meet at a week’s notice upon convocation by the Director-General;

(4) RECOMMENDS that, with a view to ensuring the most economical use of the funds to be employed for the new structure, consideration should be given to the possibility of carrying out the plans piecemeal, provided that the full conference facilities available in the Palais des Nations will not be curtailed thereby;

(5) REQUESTS the Building Committee to notify its decisions to the members of the Board and to the Members of the World Health Organization at the same time as to the Swiss Federal Council and the Secretary-General of the United Nations.

4.1.2 Regional Organization for Europe
Considering it desirable that the Regional Organization for Europe be established without delay after the requisite majority of Member States within the region have signified their approval, the Board adopted the following resolution:

The Executive Board,
Having noted the resolution of the Second World Health Assembly authorizing the Board to establish a Regional Organization for Europe as soon as the consent of the majority of Member States in Europe shall have been obtained, 44

AUTHORIZES the Director-General
(1) to establish the Regional Organization for Europe as soon as practicable after the consent of the majority of Member States in Europe shall have been obtained;
(2) to establish the site of the regional office, as soon as the site has been recommended by the regional committee, after consultation with the United Nations and subject to approval by the members of the Board obtained by correspondence;
(3) to appoint a regional director, as soon as the regional committee has nominated a regional director, and after approval of this nomination by the members of the Board obtained by correspondence. This appointment will be formally carried out by the Executive Board at its fifth session.

4.1.3 Financing of the Special Office for Europe
After considering the request of the Director-General for authority to allot funds to meet the expenditure incurred by the establishment of the Special Office for Europe, the Board adopted the following resolution:

The Executive Board
AUTHORIZES the Director-General to allot funds from appropriation section 3 of the 1949 Budget 45 to meet the expenditure incurred by the establishment of the Special Office for Europe.

46 Resolution WHA2.74. Off. Rec. World Hlth Org. 21, 44
45 Off. Rec. World Hlth Org. 21, 320
4.2 Budget and Management

4.2.1 Allotments issued as of 30 June 1949

After considering a report on allotments issued as of 30 June 1949 from WHO regular funds and from the UNRRA Fund,46 the Board adopted the following resolution:

The Executive Board

TAKES NOTE of the report submitted by the Director-General on allotments issued as of 30 June 1949 in connexion with the current operations under the budget for 1949.

4.2.2 Transfers between Chapters within Sections of the 1949 Budget; Transfers between Sections in Parts and between Parts 47

Because the fourth session of the Executive Board was expected to be its last session during 1949, the Board adopted the following resolution:

The Executive Board

(1) AUTHORIZES the Director-General to report by correspondence by 31 December 1949 to each member of the Board the transfer of credits between chapters in sections and the circumstances relating thereto; and

(2) DECIDES that the acknowledgement of this report of the Director-General, by correspondence, by the majority of members of the Board shall serve to represent formally the voting of such action by the Board, provided that a summary statement of this action shall be submitted formally to the Board at its fifth session; and further.

(3) AUTHORIZES the Director-General to transfer, where appropriate, credits between sections in parts and between parts, provided that he obtains the prior written concurrence of the majority of the members of the Executive Board to that effect; and

(4) REQUESTS the Director-General to report all transfers made under the written authority of the majority of the members of the Executive Board and the circumstances relating thereto to the fifth session of the Board.

It was understood that, in corresponding with the Executive Board, the Director-General would give the fullest possible details.

4.2.3 Procedure for examining the 1951 Programme and Budget and the Structure of the Organization 48

The following resolutions were adopted:

I. In view of the necessity for making a detailed appraisal of the Programme and Budget for 1951; and

Considering the resolutions of the Second World Health Assembly regarding the financial responsibilities of the Executive Board, and the examination of the organizational structure, 49

The Executive Board

(1) ESTABLISHES a Standing Committee on Administration and Finance consisting of seven of its members,50 and

(2) INSTRUCTS this committee to meet about ten days prior to the beginning of the fifth session of the Executive Board for the purposes of reviewing the budget estimates for 1951, examining the organizational structure, and reporting to the Executive Board its conclusions and recommendations thereon.

4.3 Finance and Accounts

4.3.1 Scale of Assessments for Associate Members to the WHO Budget

The following resolution was adopted:

The Executive Board,

Taking into account the difference in status between Members and Associate Members of the Organization,

RESOLVES that, pending confirmation or revision thereof by the Third World Health Assembly, the provisional scale of assessments for Associate Members shall be established by determining the unit contributions according to the criteria used by the United Nations in assessing its Members for the year 1948 and reducing such unit contributions by 40%, except that no Associate Member shall be assessed at less than three units, nor at more than five units.

4.3.2 Currency of Contributions 51

The Executive Board adopted the following resolution:

The Executive Board

(1) REQUESTS the Director-General to enter into communication with such governments as may be appropriate with a view to arranging with the respective central banks local currency credits from which to meet the expenditures of the Organization, the sums withdrawn from these credits to be repaid from contributions in that currency from Member States for the ensuing year;

(2) AUTHORIZES the Director-General to make such arrangements as he deems desirable hereunder and to report his progress thereon to the fifth session of the Executive Board.

46 See Annex 11.
47 Off. Rec. World Hlth Org. 13, 319
48 See Annex 12.
49 Resolutions WHA2.62 and WHA2.78, Off. Rec. World Hlth Org. 21, 38, 46
50 For membership of the Standing Committee on Administration and Finance, see Annex 2.
51 See previous decision Off. Rec. World Hlth Org. 17, 20, item 9.1.3
4.3.3 Financial Rules

The following resolution was adopted:

The Executive Board,

After considering the report of the working party established to review the Provisional Financial Rules,

CONFIRMS the Financial Rules as amended.52

4.3.4 Reimbursement of Travelling Costs of Members of the Board

The Executive Board adopted the following resolution:

The Executive Board,

After considering the question of the reimbursement of travelling costs of members of the Board and delegates to the Health Assembly,

REQUESTS the Director-General to study this question and to report thereon to the Board at its fifth session.

4.3.5 Reimbursement of Expenses of Members of the Expert Committees

In view of the fact that, under the Provisional Appointment Regulations for Expert Committees and their Sub-Committees,63 members of such committees could be reimbursed for expenses for travel only from the capital cities of their home countries to the place of the meeting, and that many members resided at a great distance from their capital cities and therefore were obliged to meet additional travel expenses themselves, the Board adopted the following resolution:

The Executive Board

RESOLVES that Regulation 4 (f) of the Provisional Appointment Regulations for Expert Committees and their Sub-Committees shall be amended to read as follows:

"(f) that the members shall be entitled to travelling expenses equivalent to first-class accommodation by recognized public transport between place of normal residence and place of meeting, and a daily living allowance under the same provisions as are current for the Executive Board, during sessions of the expert committee, but that these allowances shall not be regarded as remuneration."

4.4 Personnel

4.4.1 Amendments to Staff Rules

The Board adopted the following resolution:

The Executive Board,

Taking note of the revised staff rules 782.1, 941.5 and 1030.1,

CONFIRMS these staff rules as amended.64

4.4.2 Retirement and Pension Fund

The following resolution was adopted:

The Executive Board,

Noting the report of the Director-General on the progress of the negotiations with the United Nations as regards WHO's participation in the United Nations Joint Staff Pension Fund,55

RESOLVES

(1) that the Director-General be authorized, after satisfactory completion of the negotiations with the United Nations, to sign on behalf of WHO the agreement for the participation of WHO in the United Nations Joint Staff Pension Fund66 and

(2) that the Director-General be requested to report on the conclusion of the agreement to the fifth session of the Executive Board.

4.4.3 Tax Equalization or Reimbursement of National Income Taxes for 1950

The Board adopted the following resolution:

The Executive Board,

Considering that full and adequate information on the operation of the staff assessment plan adopted by the United Nations is not likely to be available until late in 1949; and

Considering that a decision as to the application of a tax equalization plan by WHO on 1 January 1950 should be taken before the end of 1949, to enable the Administration to take all the necessary steps to put such plan as is adopted into operation; and

Taking into account the fact that it is not envisaged to hold another session of the Board in 1949,

RESOLVES

(1) that, after considering the plan or plans of the United Nations or specialized agencies, the Director-General shall be authorized to decide, in consultation with the Chairman of the Board, upon a plan of tax equalization or upon reimbursement of staff members for their national income taxes for the year 1950;

(2) that the decision taken under (1) above shall be submitted to the Board at its fifth session; and

(3) that, should it be necessary to carry out the decision reached under (1) above, the Director-General shall be authorized to reimburse staff members for national income taxes paid by them in respect of payments received from WHO during 1950.

52 See Annex 13.
53 Off. Rec. World Hlth Org. 14, 38; 17, 41
54 See Annex 14. For Staff Rules confirmed by the Board at its second session, see Off. Rec. World Hlth Org. 14, 85.
55 See Annex 15.
56 Off. Rec. World Hlth Org. 17, 73
4.4.4 Administrative Tribunal

The following resolution was adopted:

Noting with satisfaction that the International Labour Conference at its 32nd session agreed to extend the jurisdiction of the Administrative Tribunal of ILO to other intergovernmental international organizations which recognize the jurisdiction of the Tribunal, and amended the Statute of the Tribunal accordingly,

The Executive Board

RESOLVES that, in virtue of the authority delegated to it by the First World Health Assembly in Regulation 28 of the Provisional Staff Regulations, the Director-General be authorized to address to the Director-General of ILO the declaration required under the amended Statute of the Tribunal, and to complete the necessary administrative arrangements.

5. TIME AND PLACE OF THIRD WORLD HEALTH ASSEMBLY AND OF FIFTH SESSION OF THE EXECUTIVE BOARD

5.1 Third World Health Assembly

The Board adopted the following resolution:

The Executive Board

NOTES the decision of the Second World Health Assembly that the Third World Health Assembly will be held in Geneva, Switzerland, at the headquarters of the Organization, on 8 May 1950.58

58 Off. Rec. World Hlth Org. 21, 17

5.2 Fifth Session of the Executive Board

The following resolution was adopted:

The Executive Board

DECIDES to hold its fifth session in Geneva, Switzerland, starting on 16 January 1950, at 10 a.m., at the Palais des Nations.59

59 In accordance with the decision that the Standing Committee on Administration and Finance should meet for ten days before the opening meeting of the fifth session of the Board, this committee will be convened on 6 January 1950.
LIST OF ATTENDANCES

1. Members, Alternates and Advisers

Sir Arcot L. Mudaliar, Vice-Chancellor, University of Madras, Chairman.

Dr. J. Zoñaya, Technical Adviser, Ministry of Health and Welfare, Mexico City, Vice-Chairman.

Dr. H. S. Gear, Deputy Chief Health Officer for the Union of South Africa, Vice-Chairman.

Dr. V. J. Babecki, Inspector, Ministry of Health, Warsaw.

Dr. J. A. Höjer, Director-General of Public Health, Stockholm.

Dr. H. Hyde, Medical Director, US Public Health Service, Federal Security Agency, Washington, D.C.

Alternate: Mr. H. B. Calderwood, Division of United Nations Economic and Social Affairs, Department of State, Washington D.C.

Adviser: Mr. Alvin Roseman, United States Representative for Specialized Agency Affairs at Geneva.

Professor M. de Laet, Secrétaire général du Ministère de la Santé publique et de la Famille, Bruxelles.

Alternate: Dr. C. van den Berg, Director-General for International Health Affairs, Ministry of Social Affairs, The Hague.

Alternate: Dr. P. J. van de Calseyde, Directeur général de l’Hygiène au Ministère de la Santé publique et de la Famille, Bruxelles.


Dr. Melville Mackenzie, Principal Medical Officer, Ministry of Health, London.

Alternate: Dr. R. H. Barrett, Medical Officer, Ministry of Health, London.

Dr. A. M. W. Rak, Deputy Chief Medical Officer, Colonial Office, London.

Dr. T. Lindsay, Principal Assistant Secretary, Ministry of Health, London.

Adviser: Miss K. V. Green, Executive Officer, Ministry of Health, London.

Dr. M. Nazif Bey, Assistant Under-Secretary of State, Ministry of Public Health, Cairo.

Professor J. Parisot, Professeur d’Hygiène et de Médecine sociale à la Faculté de Médecine de Nancy.

Alternate: Dr. A. R. Dujarric de la Rivière, Sous-Directeur de l’Institut Pasteur, Paris.


Dr. G. H. de Paula Souza, Director and Professor, Faculty of Hygiene and Public Health, University of São Paulo.

Dr. A. Stampar, President of the Yugoslav Academy of Sciences and Arts; Professor of Public Health and Social Medicine, University of Zagreb.

Dr. E. Tejera, Former Minister of Health and Social Welfare, Professeur de Pathologie tropicale, Caracas.

Dr. E. Tok, Under-Secretary of State, Ministry of Health and Social Assistance, Ankara.

Alternate: Dr. K. Olcar, Director-General, Ministry of Health and Social Assistance, Ankara.

Dr. A. Villarana, Secretary (Minister) of Health, Manila.

Alternate: Dr. A. Ejercito, Chief, Malaria Section, Department of Health, Manila.

Dr. T. Elicario, Director, Bureau of Hospitals, Manila.

Adviser: Mr. M. C. Angeles, Administrative Officer, Department of Health, Manila.

2. Members Absent

Dr. N. Evstafiev, Deputy Minister of Public Health, Minsk.

Dr. N. A. Vinogradov, Deputy Minister of Public Health, Moscow.

(The Chinese Government has not yet designated a person to replace Dr. W. W. Yung, former Member of the Board.)
3. Observers

UNITED NATIONS

* Mr. A. D. Meurig Evans, Assistant Director of the United Nations European Office.
Dr. Szeiming Sze, Chief, Specialized Agencies Section.
Miss Grace Bocquet, Department of Social Affairs.

ECONOMIC COMMISSION FOR EUROPE (ECE)

Mr. E. Weissmann, Director, Industry and Materials Division.
Mr. D. Leacock, Agricultural Equipment Specialist, Industry and Materials Division.

FOOD AND AGRICULTURE ORGANIZATION (FAO)

Mr. F. L. Mc Dougall, Counsellor.

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Dr. A. Grut, Chief, Industrial Hygiene Section.
Mr. R. E. Manning, International Organizations Section.

INTERNATIONAL REFUGEE ORGANIZATION (IRO)

Dr. R. L. Coigny, Director, Health Division.

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

Dr. Irina M. Zhukova, Head of Division of Applied Sciences, Department of Natural Sciences.

OFFICE INTERNATIONAL D’HYGIENE PUBLIQUE (OIHP)

Dr. M. Gaud, Président de la Commission du Transfert.

PAN AMERICAN SANITARY ORGANIZATION (PASO)

Dr. H. Rey, Director, Division of Malariology, Ministry of Health, Bogotá.

WORLD MEDICAL ASSOCIATION

Dr. J. Maystre, Liaison Officer with WHO, Geneva.

SWISS FEDERAL COUNCIL

* M. C. Müller, Economiste au Département politique fédéral, Service des Organisations internationales.

* Attended for discussion on Accomodation for Headquarter Office.

Annex 2

MEMBERSHIP OF COMMITTEES AND WORKING PARTIES

1. Standing Committee on Non-Governmental Organizations (as reconstituted)
   Dr. de Paula Souza, Chairman; Dr. Babecki, Dr. Mackenzie, Dr. Gear, Dr. Villarama.

2. Standing Committee on Administration and Finance (as reconstituted)
   Dr. Gear, Chairman; Dr. Nazif Bey, Vice-Chairman; Dr. Hyde, Professor de Laët, Dr. Mackenzie, Dr. Stampar, Dr. Villarama.

3. Building Committee
   Dr. Höjer, Professor de Laët, Professor Parisot.

4. WHO Members of the Joint Committee on Health Policy, UNICEF/WHO (as reconstituted)
   Dr. Höjer, Dr. Hyde, Dr. Mackenzie, Dr. Stampar.
   Alternates: Dr. van den Berg, Dr. Gear.

5. Working Party on Currencies of Contributions to 1950 Budget
   Mr. Lindsay (representing Dr. Mackenzie), Chairman; Sir Arcot Mudaliar, Dr. Nazif Bey, Professor Parisot.

   Dr. van den Berg, Chairman; Dr. Nazif Bey, Mr. Roseman (representing Dr. Hyde).

7. Working Party on Reimbursement of Transportation Costs
   Dr. van den Berg, Chairman; Dr. Dujarric de la Rivière (representing Professor Parisot), Dr. Gear, Dr. Höjer, Dr. Nazif Bey.

8. Working Party on Arrangements for Accommodation of Headquarters Office
   Dr. Zozaya, Chairman; Dr. Hyde, Professor de Laët, Professor Parisot, Dr. Tok.
The increase in the number of cases of venereal disease during and immediately after the First World War led many governments to organize systematic venereal-disease campaigns. The maritime countries very soon realized the necessity for special measures among merchant seamen and boatmen who, owing to their migratory vocation, are particularly exposed to infection and may become, if they do not receive treatment, or receive inadequate treatment, active propagators of these diseases.

In 1924, an International Agreement was signed at Brussels to facilitate the treatment of venereal disease among merchant seamen. Up to the present time there are 56 signatories of this Agreement, in the drawing up of which several bodies, such as ILO, the League of Nations Health Organization, OIHP, the International Union against Venereal Diseases and the League of Red Cross Societies took part. In July 1936 the International Union against Venereal Diseases decided to form an International Sub-Committee to co-ordinate the efforts of Belgium, France, Germany, the Netherlands and Switzerland in combating venereal diseases among Rhine river boatmen.

During the period between the two world wars a considerable effort was made to carry out the programme that had been prepared. Centres for diagnosis and treatment were set up, specialized services were established in the hospitals of the chief ports and individual treatment cards were issued to patients. In addition, social services for seamen were created on the widest possible scale, and a propaganda campaign was launched to disseminate advice about the prevention of disease and to give guidance to patients as to treatment available at ports of call.

During the recent world war the prevalence of venereal disease justified the adoption of temporary national and international measures over and above the standards laid down in the Brussels Agreement. It therefore became essential to study the means of modifying this agreement and the International Union against Venereal Diseases, at its annual General Assembly in 1947, adopted the following resolution:

1. REQUESTS WHO and all Governments:
(a) to take urgent steps which would again permit strict application of the Brussels Agreement;
(b) to study the possibility of expanding this Agreement into an international anti-venereal-disease convention.

WHO can and must play an effective part in this field, since Article 21 of its Constitution authorizes the Organization to adopt regulations concerning "sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease".

Furthermore, in Article 2 of the Protocol concerning the OIHP, the Interim Commission of WHO assumed responsibility for the application of the provisions of the Brussels Agreement, and at its first session (January 1948) the WHO Expert Committee on Venereal Diseases recommended that the Brussels Agreement be abrogated and replaced by wider international regulations for venereal diseases. These should cover various categories of migratory groups, including seafarers, and be based on the principles outlined. A recommendation to this effect was adopted by the First World Health Assembly.

At its second session the Expert Committee on Venereal Diseases reconsidered the question of the local application of the Brussels Agreement, and, taking into account the proposals made by governments and the resolution adopted by the International Union against Venereal Diseases, recommended that the relevant authorities in Belgium, France, Germany, the Netherlands and Switzerland be approached by WHO with a view to the establishment of a commission composed of representatives of those countries to study and recommend measures for active co-ordination of venereal-disease control in the Rhine river area.

In accordance with the recommendation of the expert committee, which had been approved by the Executive Board, the Director-General of WHO approached the governments of the countries concerned and asked them, if they were in agreement, to submit suggestions.

The replies received indicated that the proposal for co-ordination of anti-venereal-disease activities amongst seamen and Rhine river boatmen had been unanimously accepted. As a result, it was decided to call a preparatory meeting to consider the establishment of an international commission to combat venereal disease in the Rhine area. This took place at Geneva on 30 and 31 May and 1 June 1949.

Belgium, France, the Netherlands and Switzerland sent experts. Further, each of the three

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1 See item 1.4.1 of the Board's report

2 Off. Rec. World Hlth Org. 2, 113
3 Off. Rec. World Hlth Org. 8, 66
4 Off. Rec. World Hlth Org. 13, 303
5 Off. Rec. World Hlth Org. 15, 31
occupying Powers (the United Kingdom, the United States of America, France) in Germany sent a representative, accompanied by two German public-health officers. In addition, observers were appointed by ILO and the International Union against Venereal Diseases.

The following attended the meeting:

**Belgium:**
Dr. P. J. J. van de Calseyde, Directeur général de l’Hygiéne, Ministère de la Santé publique et de la Famille, Brussels

**France:**
Professor L. M. Pautrier, Professeur honoraire à la Faculté de Médecine, Strasbourg

**Netherlands:**
Dr. E. H. Hermans, Associate Professor of Dermato-Venereology, Rotterdam

**Switzerland:**
Dr. R. Schuppli, Privat-docent A. la Clinique de Dermato-Syphiligraphie de l’Université de Bâle

**Germany:**
Dr. M. Chaton, Service de Santé, Baden-Baden (French Zone of Occupation)
Major-General J. G. Gill, Chief Public Health Officer, Land Public-Health Department, Land North Rhine/Westphalia, Dusseldorf (British Zone of Occupation)
Dr. W. D. Radcliffe, Chief Public Health Branch, Office of Military Government for Württemberg-Baden, Nüremberg (American Zone of Occupation)
Frau Dr. Lange, Public Health Administration of Westphalia
Dr. A. Unger, German Public Health Administration, Württemberg.

**International Union against Venereal Diseases:**
Dr. A. J. Cavaillon, Directeur général de la Santé, Ministère de la Santé publique et de la Population, Paris

**International Labour Office (ILO):**
Dr. M. de Viado and Miss L. Bodmer, Social Security Section

**Central Rhine Commission:**
M. C. Bonet-Maury, Commissaire suppléant de la France, Strasbourg

**WHO Secretariat:**
Dr. W. Bonne, Director, Division of Planning; Dr. T. Guthe and Dr. A. Spillmann, venereal-diseases section.

On the proposal of the Belgian and Netherlands representatives, Professor Pautrier was unanimously elected President.

After considering the preliminary report by the WHO Secretariat, Professor Pautrier outlined a special report prepared for the Assembly of the International Union against Venereal Diseases in September 1948 proposing the formation of an international Rhine river anti-venereal-disease commission under the auspices of WHO. The two reports were discussed at length and after six meetings the text appended was approved.

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**Appendix**

**REPORT OF THE PREPARATORY MEETING**

Representatives of Belgium, France, Netherlands, Switzerland and observers from the American, British and French Zones of Occupation in Germany, meeting in Geneva 30-31 May and 1 June 1949 under the auspices of the World Health Organization with a view to establishing an international commission to combat venereal diseases in the Rhine boatmen:

In view of the importance of the venereal-disease problem during and after the Second World War;

In view of the special risk of infection to which seamen are exposed because of their mode of life, and since untreated or insufficiently treated seamen can spread venereal disease among populations in the areas adjoining rivers;

In view of the measures provided in the International Brussels Agreement of 1924 respecting facilities to be accorded to merchant seamen and watermen for the treatment of venereal disease;

In view of the resolution respecting a stricter application of the Brussels Agreement, adopted by the International Union against Venereal Disease at its annual General Assembly in 1947;

In view of the proposed International Health Regulations for Venereal Disease Control, suggested by the International Union against Venereal Diseases and recommended by the WHO Expert Committee on Venereal Diseases, and adopted in principle by the first World Health Assembly,

**CONSIDER** that:

(1) the anti-venereal-disease services in Belgium, France, Germany, Holland and Switzerland should be co-ordinated, with a view to strengthening the fight against venereal disease among Rhine river boatmen, on the basis of reports presented on this subject by Professor Pautrier and the WHO Secretariat;

(2) diagnostic and treatment centres should be established in the principal river ports which do not as yet possess dispensaries or specialized consultation services;

(3) the basic principles approved by the First Health Assembly as a basis for a future revised Brussels Agreement should be applied in each country to assure the functioning of venereal-disease services, especially:

(a) free medical examination, treatment and hospitalization when necessary, not only for nationals but also for foreigners;
(b) distribution to patients of an individual treatment card free of charge in accordance with the model drawn up by the Brussels Agreement of 1924;

(c) international tracing of infectious contacts through exchange of epidemiological information;

(d) development or creation of social services, preferably specialized, so that epidemiological action can be taken and social assistance be given to patients;

(e) the distribution of an international booklet giving a list of treatment centres with addresses and consultation hours:

RECOMMEND

(1) the creation as soon as possible of an anti-venereal-disease commission for the Rhine river area, under the auspices of WHO to be known as the "International Anti-Venereal-Disease Commission of the Rhine" which should meet before the end of 1949;

(2) the establishment of an administrative liaison centre with the Central Rhine Commission at Strasbourg and a centre for technical, medico-social activities at Rotterdam;

(3) that the composition of this anti-venereal-disease commission be as follows:

one expert each from Belgium, France, Holland and Switzerland; one expert each from the British, French and US Zones as temporary representatives from Germany; one observer each from ILO, the International Union against Venereal Diseases, and the Central Rhine Commission;

(4) that a preliminary survey of available venereal-disease treatment services in the Rhine river area be made; a technical study tour of the main venereal-disease treatment centres be undertaken in 1949 by experts from the countries concerned; a programme for intensification of the combating of venereal diseases among seamen and boatmen in the Rhine river area be established; facilities similar to those provided for sailors and boatmen be accorded also to family members living abroad;

(5) the establishment by WHO of a folder containing maps of the principal ports in the Rhine area (Amsterdam, Antwerp, Basle, Cologne, Dordrecht, Duisburg, Dusseldorf, Frankfort-on-Main, Ghent, Karlsruhe, Liége, Mannheim-Ludwigshaven, Mainz, Rotterdam and Strasbourg) and providing, in addition to information on venereal diseases; data on anti-tuberculosis dispensaries; maternal and child health centres (prenatal and infantile services); services at the general hospitals; fixed hours for social services and addresses of seamen’s homes and hostels; the individual treatment card to be edited by WHO in four languages (German, English, French and Dutch) and to contain a comprehensive list of treatment centres for the Rhine river region;

(6) that the Director-General and WHO make the necessary practical arrangements with the governments and health administrations concerned to facilitate the development of the programme aiming at the implementation of the provisions of the Brussels Agreement.

[From EB4/2] 4 May 1949

Annex 4

CREATION OF AN INTERNATIONAL UNIVERSITY SANATORIUM, AT LEYSIN, SWITZERLAND 1

The Swiss Government (Federal Political Department) has requested the patronage of WHO for an International University Sanatorium which would be created in Leysin. Having in mind their own successful university sanatorium, Swiss doctors and university professors initiated this project with the moral and financial aid of the Government. The Governments of Belgium, Italy and Luxembourg have already conferred their patronage upon this undertaking, which consists in constructing a sanatorium where the required care would be taken of tubercular students and members of the teaching profession of all nationalities, while they would be afforded the widest facilities for continuing their studies. The foundation would be of a purely philanthropic nature, under the official supervision of the Swiss Confederation.

The project entails the construction of a sanatorium of 208 beds, with the required outbuildings for the pursuance of studies by the inmates. The present estimated cost is 9,360,000 Swiss francs. This sum is to be covered either by private subscription or by contributions from bodies and communities (governments, large cities, universities, etc.). The Swiss Federal Council has already allocated a grant of 500,000 Swiss francs to the foundation.

In order to meet the needs of the moment, the organizing committee of the International University Sanatorium opened an emergency temporary reception centre in February 1945, thanks to

1 See item 1.5.3 of the Board’s report.
to the aid of the "Swiss Help to War Victims" (Don suisse pour les victimes de la guerre) and to the collaboration of the European Students' Fund (Fonds européen de secours aux étudiants); through this centre 200 professors and students of 21 nationalities are attended to in several rented clinics.

However, the creation of the International University Sanatorium has not yet become a reality. An organizing committee has been set up, but this committee, which must be completed by delegates from each one of the Governments concerned, will cease to function with the drawing up of the instrument of foundation.

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**Annex 5**

**APPLICATION FOR APPROVAL BY WHO OF THE YELLOW-FEVER VACCINE MANUFACTURED AT THE INSTITUT PASTEUR, PARIS**

As a result of a decision taken by the Interim Commission at its fourth session (September 1947), all yellow-fever vaccines, in respect of which WHO approval is sought, are required to be subjected to potency titration by two or more control laboratories, recognized for the purpose by WHO under Article 36 (11) of the International Sanitary Convention for Aerial Navigation, 1944.

Therefore, when application was received from the Director of the Institut Pasteur, Paris, that the yellow-fever vaccine manufactured there be subjected to the necessary tests, he was requested on 13 July 1948 to forward, in containers provided by WHO, samples for potency titration to the three following laboratories: the Wellcome Laboratories of Tropical Medicine, London; the Biologics Control Laboratory, National Institutes of Health, Bethesda, Md.; and the Laboratories of the International Health Division, Rockefeller Institute for Medical Research, New York.

Results of potency titration showed that the vaccine, in its recommended dosage, had a content much in excess of the 500 minimum lethal doses (m.l.d.) laid down for the satisfactory immunization of man in the standards for the manufacture and control of yellow-fever vaccine, but an excess which is recommended in those standards. All members of the Yellow-Fever Panel concerned with the laboratory evaluation of yellow-fever vaccines, namely, Médecin-Général C. Durieux, Dr. A. F. Mahaffy, Dr. R. M. Taylor and Dr. M. V. Veldee, to whom the results were communicated, consider the vaccine to be in every way suitable for international use and recommend its approval by WHO.

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**Annex 6**

**EXCHANGE OF MEDICAL LITERATURE AMONG WHO MEMBERS THROUGH THE WORLD HEALTH ORGANIZATION**

At its second session the Executive Board resolved that the Director-General should: (1) circulate to Members a questionnaire asking for "information specifying any deficiencies in supplies of foreign medical literature"; (2) "request information on the extent to which the UNESCO International Clearing House for Publications is concerned with medical literature"; and (3) "obtain information on the use of microfilms in facilitating the availability of medical literature".

Copies of these resolutions were sent by the Director-General to the Director-General of UNESCO.

In a reply dated 30 December 1948, the Director-General of UNESCO enclosed a memorandum prepared by the UNESCO Clearing House for Publications, in which it was stated that:

The majority of publications exchanged through the Clearing House were publications in the field of science, and in particular in the field of medical science.

The memorandum also refers to a special arrangement with the Medical Library Association

1 See item 1.6.2 of the Board's report.

2 See *Epidem. Inform. Bull.* 1945, 1, 365

3 See item 1.10.1 of the Board's report.

of the United States of America by which American medical libraries offer, through the Clearing House, copies of their surplus publications to other medical libraries throughout the world. In the opinion of UNESCO, it would "greatly frustrate the present work of the UNESCO Clearing House" if other specialized agencies were to circulate a questionnaire on needs for medical literature, as this activity has already been undertaken by UNESCO.

Attention is also drawn to the fact that UNESCO allocated during 1948 forty-eight microfilm readers to institutions in Member States; and in three countries complete microfilm laboratories have been established to act as centres to serve all institutions in the countries concerned, including medical libraries. The Clearing House is also in contact with the Central Medical Library Bureau of the Royal Society of Medicine and the Army Medical Library in Washington in regard to the supply of microfilm copies and readers. The UNESCO book coupon scheme, which facilitates the purchase by soft-currency countries of books published in hard-currency countries, is available for the purchase of medical works, and discussions were recently held in Paris with UNESCO on the possibility of utilising the UNESCO book token scheme, or a similar WHO scheme, for the supply of medical literature to governments.

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1. General Statement

In a letter dated 4 July, 1949, the Executive Director of UNICEF informed the Director-General of WHO of the adoption by the Executive Board of UNICEF, on 30 June 1949, of the recommendations of its Special Committee on the French offer of an International Children's Centre.

In transmitting to the Executive Board of WHO the report of the Special Committee of UNICEF and the letter reporting the acceptance by the Executive Board of UNICEF of the French offer of a children's centre in Paris, the Director-General recommends that WHO co-operate with UNICEF in accordance with the general principles suggested by the representatives of the United Nations and specialized agencies, as set forth in the report, and enter into negotiations with UNICEF to the end that an agreement be reached to include conditions that the Board finds necessary if WHO is to participate with UNICEF in the joint undertaking proposed. The Executive Board may wish to specify safeguards of a technical, financial and legal nature, that would be made part of any agreement with UNICEF and the Government of France.

The recommendations in the report of the Special Committee included acceptance by the Executive Board of UNICEF of the offer by the French Government of facilities for a children's centre in Paris, as modified as a result of (i) discussions held by members of a Special Committee of UNICEF with the United Nations Secretariat and several of the specialized agencies individually; (ii) joint discussions on 20 June 1949, between the Special Committee and representatives of the United Nations Secretariat, ILO, FAO, UNESCO and WHO; and (iii) suggestions of the Director-General of WHO submitted by the representative of WHO at the UNICEF Executive Board meeting on 29 June 1949.

2. Discussion by the Administrative Committee on Co-ordination

/ The proposal for an International Children's Centre was considered in May 1949 by the Administrative Committee on Co-ordination, at the instance of the Director-General of WHO, who felt that the French proposal involved a risk of duplication of authority and of programmes with respect to international work in child health. The Administrative Committee on Co-ordination agreed that the proposed centre was a matter of concern to it, and that further consultations should be held at the technical level, between representatives of the various organizations concerned, in order to assist in the examination of the French proposal. These consultations were held on 19 June 1949 in Paris by representatives of WHO, FAO and the secretariats of ILO and UNESCO, with the United Nations Director of Co-ordination for Specialized Agencies and Economic and Social Matters and a member of the administration of UNICEF. The Director of Co-ordination for Specialized Agencies and Economic and Social Matters reported that, since the agreement between WHO and the United Nations had been accepted by the Assembly and had recognized WHO as the

[From EB4/32] 11 July 1949

Annex 7

UNICEF PROPOSAL FOR AN INTERNATIONAL CHILDREN'S CENTRE IN PARIS

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1. General Statement

In a letter dated 4 July, 1949, the Executive Director of UNICEF informed the Director-General of WHO of the adoption by the Executive Board of UNICEF, on 30 June 1949, of the recommendations of its Special Committee on the French offer of an International Children's Centre.

In transmitting to the Executive Board of WHO the report of the Special Committee of UNICEF and the letter reporting the acceptance by the Executive Board of UNICEF of the French offer of a children's centre in Paris, the Director-General recommends that WHO co-operate with UNICEF in accordance with the general principles suggested by the representatives of the United Nations and specialized agencies, as set forth in the report, and enter into negotiations with UNICEF to the end that an agreement be reached to include conditions that the Board finds necessary if WHO is to participate with UNICEF in the joint undertaking proposed. The Executive Board may wish to specify safeguards of a technical, financial and legal nature, that would be made part of any agreement with UNICEF and the Government of France.

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competent authority in the field of health, the Secretary-General took the position that it was binding in the present circumstances, and that if UNICEF wished to accept the offer of the French Government, it should do so only in close cooperation and in agreement with WHO. Since the consensus was that the establishment of a new international organization was unacceptable, the group explored alternative ways of meeting the essential objectives of the French proposal. The representatives of WHO proposed that an effort be made to change the proposal from an international to a national centre. It was further suggested that the centre could be established as a "joint enterprise" type of undertaking, between UNICEF and WHO. This proposal was reserved for further discussion.

3. Proposal laid before the Joint Meeting of the Special Committee of UNICEF and Representatives of the United Nations and the Specialized Agencies

At a meeting on 20 June 1949, the Special Committee of UNICEF placed before the representatives of the United Nations and the specialized agencies a proposal which was a modification of the proposal of 5 March, as follows:

PROPOSAL FOR UNITED NATIONS CHILDREN'S CENTRE

Purpose

The centre would be a research and training instrument for the use of the UNICEF, United Nations Department of Social Affairs, specialized agencies concerned with child welfare, and governments with the agreement of its governing committee.

Immediate Programme

The basis for much of the immediate programme is the work already undertaken by UNICEF. The following activities would be continued or inaugurated:

(1) training courses in child-care and child-development for physicians, nurses, social workers and administrators;
(2) such laboratory research in BCG, or similar subjects related to children, as the WHO may desire to have carried on under its direction;
(3) investigations in the field of child nutrition, including experimental demonstrations, under policies developed by and with the technical advice of WHO, FAO and UNICEF;
(4) studies of the health, educational and social problems of children suffering from the effects of war, under policies developed by and with the technical advice of the United Nations, UNESCO, WHO and UNICEF.

Finance

The centre will be financed over a three-year period by (a) such allocations from UNICEF as may be decided by the Executive Board. It is expected that these would use a substantial part of the French contribution to UNICEF; (b) such other contributions as may be forthcoming from the United Nations, the specialized agencies and governments or governmental sources.

Governing Committee

The governing committee should consist of the following representatives: UNICEF, 2; Representative of France, 1; WHO, 2; FAO, 1; ILO, 1; UNESCO, 1.

The committee should arrange suitable representation for any national institute contributing to the centre. The United Nations Department of Social Affairs would be represented in an advisory capacity at meetings of the Governing Committee, and would take part in appropriate technical committees.

The committee should report to the Executive Board of UNICEF so long as UNICEF was providing the major part of the funds for the centre.

Director and Staff

The director and staff would be appointed by the governing committee.

A series of documents prepared by the French delegate to UNICEF, describing training and research projects proposed for the work of the children's centre, was also submitted at this time. These showed that:

(a) The course in Social Pediatrics, as given in 1948 and 1949 under UNICEF, would be a major activity.
(b) The BCG Pilot Station in Paris would be continued.
(c) A streptomycin centre in Paris, for training and research, would be placed at the disposal of the proposed international children's centre and WHO.
(d) An experimental centre for the study of nutrition would be made available to the children's centre, working under the direction of, and in agreement with, the specialized agencies. The programme would include study of normal growth, children's food, malnutrition, and problems concerning the food supplies of peoples.
(e) A programme of "mass information" is proposed to be organized under the suggestions, and conducted in accordance with directives, of UNESCO, the specialized agency of the United Nations for education. The subject-matter would include the education of expectant mothers and of girls in secondary schools, and general education in everything concerning the normal child. To this would be added the more general task of mass information, including press and radio, on all problems of children. An information centre is proposed, to which information on all types of questions concerning the health and welfare of children would be supplied by the specialized agencies, Exhibi-
tions, permanent or mobile, would be organized to disseminate information.

(f) A social-psychology centre for children is proposed, where international study of such problems as the intellectual development of normal and handicapped children, emotional development, and child delinquency, would be undertaken by an international group of investigators. It would call for a permanent centre in Paris, courses of instruction for doctors, psychologists, teachers, magistrates, and courses of practical work in schools, meetings of experts, exhibits.

The representatives of the various specialized agencies were not in a position to comment on the technical problems related to the work of the centre, since the material had just been submitted and would require study.

4. Modifications accepted by the Special Committee

At the meeting on 20 June, the representatives of the United Nations, with the agreement of the representatives of WHO and the other specialized agencies, put forward certain suggestions relating to the structure and organization of the centre, if established, to be incorporated in the report of the Special Committee to the Executive Board of UNICEF, it being understood that the representatives of the specialized agencies did not commit their respective organizations to them, and that formal acceptance by the competent authorities of WHO would be required before such an arrangement could enter into effect. These suggestions were accepted by the Special Committee of UNICEF and were incorporated in its report.4 They are as follows:

(a) While the work envisaged in the French Government's proposal for a United Nations Children's Centre would be of concern to the United Nations and a number of specialized agencies, it would be of primary concern to WHO, the agency recognized as the directing and co-ordinating authority on international health work. For practical reasons, therefore, it would seem appropriate that, together with UNICEF, WHO should have the responsibility for the management of such a Centre.

(b) It is consequently suggested that the facilities be offered by the French Government to UNICEF on the understanding that they would be directed by a joint body constituted by UNICEF and WHO under agreement to be reached between them and the French Government. The established policies concerning the respective responsibilities of the two organizations would apply.

(c) The facilities of such a Centre would be at the disposal of the United Nations and all specialized agencies interested in its work. The United Nations and these specialized agencies would be represented on an advisory committee to assist in the determination of programmes and the supervision of the work of the centre falling within their fields of interest. The members of this advisory committee would be entitled to attend all meetings of the joint body referred to under (2)4 above, and would act as ex-officio members of it when matters of interest to their organizations were under discussion.

(d) The established procedure for reporting to the Economic and Social Council and for ensuring co-ordination would apply.

The representatives of the specialized agencies considered that this formulation could be recommended to their respective organizations for consideration, and stated that they would refer it accordingly. The French representative said that his Government would give the proposal sympathetic consideration.

5. Report of the Special Committee of UNICEF to the Executive Board of UNICEF

The report of the Special Committee of UNICEF came before the Executive Board of UNICEF on 29 June. Full explanation of the French proposal was given by the representative of the French Government, including the submission of (a) the documents describing the proposed programme of activities for the centre (Annex I of report), and (b) the substance of a letter dated 27 June 1949 from His Excellency the Minister of Foreign Affairs, to the representative of France on the Executive Board of UNICEF, setting forth the specific financial conditions of the French offer, and notes describing the premises intended by the French Government for use by the centre, as well as the technical and practical facilities to be placed at the disposal of the centre (Annex II of report).

A third annex to the report set forth the basis of the proposed allocation from the Fund for the centre. The proposed allocation to cover a period of three years is 1,750,000 dollar equivalents, and an estimate of contemplated expenditure was made. The proposed allocation is made up of:

1,250,000 dollar equivalents in French francs:

- $750,000 representing the three annual grants from France of 75,000,000 francs each, and
- $500,000 from UNICEF in soft currencies—mostly French francs, derived from the balance of the French contribution to UNICEF.

$500,000 (hard currencies):

- $200,000 for capital equipment (non-recurring);
- $300,000 for international salaries, etc., for the three-year period.

6. Statement by the Representative of WHO to the UNICEF Executive Board

When commenting on the report of the Special Committee, the representative of WHO made the following points:

4 UN doc. E/ICEF/123/Rev. 1, p. 4
4 This reference is to paragraph (b) above. Ed.
(a) Any proposal for an international children's centre in which child health activities would be a part of the programme, or a modification of such a proposal of the "joint enterprise" type, in which WHO was to participate, should be referred to the Executive Board of WHO, and to the Joint Committee on Health Policy in accordance with WHO's agreement with UNICEF.

(b) The Director-General of WHO understood: (i) that the Special Committee of UNICEF was not recommending a new international organization with an Executive Board and Director-General, as once proposed, but a children's centre in Paris that would be under the direction of a "joint body" to be constituted by UNICEF and WHO in agreement with the French Government, a type of joint enterprise between the two international organizations and in agreement with the French Government; (ii) that this centre, if established, would provide facilities for certain international activities on the recommendation of the United Nations and the specialized agencies; (iii) that the plan for such a centre would be made by UNICEF only in co-operation and agreement with WHO and the French Government; and (iv) that the United Nations and the specialized agencies would together serve on an advisory body with the right of each to participate with representatives of UNICEF and WHO in an ex-officio capacity in the "joint body" proposed, whenever matters of interest to their organizations are under discussion.

The representative of WHO recommended on behalf of the Director-General, a change in the general principles laid down in the Special Committee's report to govern the organization and operation of such a children's centre in Paris, if it were to be established. The recommendation was that the word "management" in the last line of paragraph (a) (Section 4 of this annex) be deleted, and replaced by the words "general supervision", and that the word "directed" in (b) be replaced by the words "given general supervision". To make clear what is meant by "general supervision", it was recommended that the following two sentences be added to item (a):

This responsibility is interpreted to mean general supervision of such a centre and its programme during the period when funds from UNICEF and technical assistance from WHO are being made available. This should be accomplished by the appointment by ICEF and WHO jointly of a technical council to approve the appointment of the director of the centre, advise currently and approve the programme of the centre.

It was pointed out that if the proposed changes and the addition of the two sentences were made, the Director-General of WHO would be prepared to refer the proposal to the Executive Board of WHO at its meeting in July, and to the Joint Committee on Health Policy, UNICEF/WHO for consideration and approval of the policies involved and to recommend that WHO co-operate with UNICEF along the lines laid down. This procedure would be in accord with the resolutions of UNICEF and WHO creating the Joint Committee on Health Policy, and with the principles agreed upon by the third session of the joint committee in April 1949. These principles were developed to govern the co-operative relationship between the WHO and UNICEF with regard to health programmes approved by the joint committee and any new programmes that may be developed for its consideration. Also in accordance with these principles the Director-General of WHO would have the responsibility of studying and approving the plans of operation for health programmes to be carried out by such a centre which fall within the policies laid down by the joint committee.

It was finally pointed out that, under the proposal set forth in the Special Committee's report, WHO might have to assume responsibilities of a legal or financial nature, as well as technical, which would require most careful consideration before agreement could be reached.

Appendix

Text of Letter addressed to the Director-General of WHO from the Executive Director of UNICEF, on 4 July, 1949 on the French Offer of an International Children's Centre

1. I have the honour to inform you that the Executive Board of UNICEF on 30th June adopted the following recommendations of its Special Committee on the above subject:

The Special Committee recommends to the Executive Board:

"(a) To accept the offer of the French Government on the basis of the formulation suggested by the representative of the Secretary-General of the United Nations as amended by the suggestions of the Director-General of WHO, and on the basis of the formal proposal of the French Government regarding their material and financial assistance to the Centre (E/ICEF/123/Rev. I. Annex II).

(b) To instruct the Special Committee to continue their negotiations and arrive at a firm agreement with WHO and the French Government in accordance with the principles laid down, including equal representation of WHO and UNICEF on the joint board, including satisfactory arrangements for the direction of the Centre and its continuation in the event of the active operations of UNICEF closing within the period of three years contemplated.

(c) As a consequence of the acceptance of the French offer, to consider an allocation for the work of the Centre. For consideration of the Programme Committee, an estimate of contemplated expenditure by the Centre is given in E/ICEF/123, Rev. I, Annex III."
2. The "formulation suggested by the representative of the Secretary-General of the United Nations as amended by the suggestions of the Director-General of the World Health Organisation ", is given below:

"The representative of the Secretary-General put forward, in agreement with his colleagues from the WHO and the other Specialised Agencies, the following suggestions relating to the structure and organisation of the Centre, if established, it being understood that they did not commit their respective organisations, and, in particular that formal acceptance by the competent authorities of WHO would be required before such an arrangement could enter into effect:—

"(a) While the work envisaged in the French Government's proposal for a United Nations Children's Centre would be of concern to the United Nations and a number of Specialised Agencies, it would be of primary concern to the WHO, the agency recognised as the directing and co-ordinating authority on international health work. For practical reasons, therefore, it would seem appropriate that, together with UNICEF, WHO should have the responsibility for the general supervision of such a Centre. This responsibility is interpreted to mean general supervision of such a Centre and its programme during the period when funds from UNICEF and technical assistance from WHO are being made available. This should be accomplished by the appointment by UNICEF and WHO jointly of a technical council to approve the appointment of the director of the Centre, and to advise currently on and approve the programme of the Centre.

"(b) It is consequently suggested that the facilities be offered by the French Government to UNICEF on the understanding that they would be given general supervision by a joint body constituted by UNICEF and WHO under agreement to be reached between them and the French Government. The established policies concerning the respective responsibilities of the two organisations would apply.

"(c) The facilities of such a centre would be at the disposal of the United Nations and all Specialised Agencies interested in its work. The United Nations and these Specialised Agencies would be represented on an advisory committee to assist in the determination of programmes and the supervision of the work of the centre falling within their field of interest. The members of this advisory committee would be entitled to attend all meetings of the joint body referred to under (2) above, and would act as ex-officio members of it when matters of interest to their organizations were under discussion.

"(d) The established procedure for reporting to the Economic and Social Council and for ensuring co-ordination would apply."

3. In view of the statement of your representative, Dr. Eliot, before the Board that you would be prepared to refer the proposal to the Executive Board of WHO at its meeting in July and to the JCHP for their consideration and approval of the policies involved and to recommend that WHO co-operate with UNICEF along the lines laid down, I transmit to you herewith, the documents which were placed before the Board, as amended to incorporate the changes recommended by yourself. Additional copies for the use of the WHO Executive Board are being forwarded under separate cover.

4. Finally, I have to inform you that the Special Committee referred to in paragraph (b) of the Board's resolution is ready to continue the negotiations therein referred to, and would be glad to hear from you what would be a time convenient for WHO. The Special Committee would be ready to be in Geneva on 12 July.

7 This reference is to paragraph (b) above. Ed.

[From EB4/24] 9 July 1949

Annex 8

UNICEF RESOLUTION ON A STUDY ON THE CONTINUING NEEDS OF CHILDREN

The following resolution was adopted by the Executive Board of UNICEF on 1 July 1949.

1. The Board recognizes that UNICEF was primarily designed to assist in meeting post-war emergencies and also recognizes with regret that its resources have not been sufficient to meet more than a fraction of the existing needs. It therefore seems reasonable to anticipate that when UNICEF comes to the end of its resources children's needs will remain. In addition to those of an emergency nature the Fund's activities are making its members increasingly aware of the many serious long-term programmes required for child nutrition, health, and welfare in many parts of the world.

2. It has been the policy of the Fund to help Governments to develop their programmes in such a way that they may continue to operate usefully when UNICEF assistance comes to an end.

1 See item 2.2 of the Board's report.
2 UN doc. E/1406
end, though at the present time supplies to do this cannot in many cases be foreseen. Most of these programmes are of interest to the Social Commission, or the Department of Social Affairs of the United Nations or the specialized agencies, and many have been developed in close co-operation with them. While programmes are worked out between UNICEF and the Governments of the receiving countries, and UNICEF procures and ships supplies, the Social Commission, the Department of Social Affairs of the United Nations, and the specialized agencies provide the technical direction and services which are needed from international sources.

3. The Executive Board, therefore, considers that it would be valuable at this time, both in relation to the gradual completion of the work of UNICEF and to the long-range progress of the United Nations to secure the co-operation of the Secretary-General of the United Nations, the Social Commission and interested specialized agencies in making a study of the continuing needs of children.

4. This study, based on data already available, should be made with a view to developing recommendations as to methods of organization and procedure within the United Nations and the specialized agencies required to ensure that the continuing needs of children may be identified and given due emphasis and attention within the programmes of the United Nations and the specialized agencies.

5. From this study recommendations could also follow for the orderly completion of any UNICEF programmes which might remain unfinished when it was decided to terminate the work of the Fund as such. As each UNICEF operation is based on an agreement with the Government concerned, any change in the plans would require the consent of the receiving country as well as that of other interested bodies.

6. The Executive Board requests the Executive Director to develop the study in co-operation with the Secretary-General of the United Nations, the Social Commission and appropriate specialized agencies so that the Executive Board may report the conclusion to the Economic and Social Council at its tenth session.

Annex 9

NATIONAL WHO COMMITTEES

1. Experience of UNESCO and FAO

Both UNESCO and FAO have set up in a number of countries national co-operating bodies of their organizations. The following is a brief summary of the legal basis, composition and functions of such bodies.

1.1 Legal Basis

1.1.1 UNESCO. The UNESCO co-operating bodies are created by the governments of Member States in accordance with Article VII of the UNESCO Constitution, which runs as follows:

1. Each Member State shall make such arrangements as suit its particular conditions for the purpose of associating its principal bodies interested in educational, scientific and cultural matters with the work of the Organisation, preferably by the formation of a National Commission broadly representative of the Government and such bodies.

2. National Commissions or national co-operating bodies, where they exist, shall act in an advisory capacity to their respective delegations to the General Conference and to their Governments in matters relating to the Organisation and shall function as agencies of liaison in all matters of interest to it.

3. The Organisation may, on the request of a Member State, delegate, either temporarily or permanently, a member of its Secretariat to serve on the National Commission of that State, in order to assist in the development of its work.

The national co-operating body is set up by government decree or administrative decision, or in some cases by an ad hoc meeting convened by the appropriate government department. There may be several co-operating bodies in the same country (e.g. in the United Kingdom and Australia) with a central co-ordinating agency. UNESCO national commissions are financed entirely by national governments, either by a budget appropriation or by making office space and secretarial and other services available within an existing government service.

1.1.2 FAO. In February 1946 Member States were invited by the Director-General of FAO to set up national committees on a basis decided

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1 See item 2.4 of the Board's report.
by the national government. Committees may be governmental, non-governmental or a combination of both types.

The second session of the FAO Conference (Copenhagen 1946) passed a resolution which recommended:

1. That each member nation that has not done so take steps to establish a strong representative National FAO Committee.

2. That the National FAO Committees establish such sub-committees as are needed to promote and support the furtherance of science, the extension of education, the dissemination of technical knowledge, and the betterment of rural populations, and that whenever possible the National FAO Committees include representation from consumer and producer groups.

3. That effective liaison be established between FAO and the National FAO Committees. This will be possible only if active and immediate attention is given to inquiries and to other matters of common interest.

4. That each member government in making its periodic report to FAO include a section outlining the scope and progress of the work undertaken by its National FAO Committee.

1.2 Composition

1.2.1 UNESCO. The co-operating bodies of UNESCO have memberships varying from 20 or 30 to several hundred. In some countries the body has taken the form of a national educational or cultural institute. A varying degree of official government representation is provided for in all cases, and non-governmental, as well as official, bodies are represented on most of the commissions. Sometimes members are appointed directly by the government, sometimes the body is self-perpetuating by a system of co-option.

1.2.2 FAO. The Director-General of FAO has suggested to Member Governments the possibility of including as members of national committees representatives of unofficial bodies concerned in one way or another with food or agriculture, such as farmers’ and workers’ organizations, co-operative movements, nutrition societies, independent research institutions and women’s organizations. It is recognized that several ministries should normally be represented on them.

1.3 Functions

1.3.1 UNESCO co-operating bodies have functions which come for the most part under the following heads:

1. INFORMATION ACTIVITIES
to publish news from UNESCO sources, adapted to national requirements, and establishment of an information centre;

to distribute UNESCO publications;

to organize conferences, lectures and study groups;

to collect information of interest to UNESCO;
to suggest names of suitable persons to serve as consultants or as members of expert committees;
to report back to UNESCO on the activities of the commissions.

2. CONSULTATIVE ACTIVITIES
to act in an advisory capacity to delegates to UNESCO Conferences and to their governments;
to give advice, at the request of the UNESCO Secretariat, on the agendas of conferences and expert meetings, and on approaches to national institutions and foundations.

3. STUDY AND ORGANIZATIONAL ACTIVITIES
to carry out surveys and enquiries for UNESCO;
to co-operate in organizing national and regional conferences;
to carry out domestic programmes of action;
to co-operate with their governments in implementing the recommendations made by the General Conference to Member States;
to maintain active relations with other national co-operating bodies.

1.3.2 FAO. National committees are designed to have advisory, not executive, functions. The first task of a national committee is to supply information and act as a connecting link between FAO and the nations themselves.

The FAO Executive Committee in June 1947 suggested that the following functions might appropriately be entrusted to national FAO Committees:

1. to prepare the annual progress and programme report;
2. to provide answers to enquiries made by FAO;
3. to prepare material for the national delegation to FAO conferences and meetings;
4. to act as liaison with non-governmental national organizations and institutions concerned with the work of FAO;
5. to disseminate information about FAO;
6. to receive and assist technical missions and individual officers sent to the country by FAO;
7. to assist FAO to establish contact with scientific workers and technical experts;
8. to insure that the government makes the fullest possible use of the services of FAO and furnishes the Organization with any available material that may be useful for its work.

The Executive Committee recommended that a national FAO Committee should work only through collaboration with the executive organs.

--- 26 ---
of its government. It is desirable that its reports and answers to questionnaires, etc., should be approved by the competent government department before being submitted to FAO.

2. Suggestions for the Formation of National WHO Committees

2.1 Legal Basis

National WHO co-operating committees could be set up by the governments or health ministries of Member States on the invitation of WHO. They could also be established, with the formal consent of the government, on the initiative of national organizations which are active in the field of public health.

2.2 Composition

National committees should be composed of representatives of agencies or bodies working in or concerned with the field of health. Apart from members of national-health and education services, members might be chosen from:
- university teaching staffs;
- professional associations of medical men, health workers, research workers, and hospital staffs (including nurses);
- local or regional health authorities;
- representatives of voluntary organizations active in questions of medical education, industrial hygiene, adult education, health insurance, health education, child development, mental health, etc.;
- members of civic clubs or of organizations directly or indirectly interested in the promotion of public health.

2.3 Functions

The fundamental functions of national committees would be:

1. to disseminate information on the aims, activities and achievements of WHO;
2. to undertake positive health education projects in their respective countries, and
3. to maintain liaison between WHO and different bodies working in the field of health.

In addition they might usefully assist governments and health authorities in national programmes sponsored by WHO by collecting information, carrying out surveys, and executing specific projects when asked to do so by their governments, or by WHO with the consent of their governments. Information or reports on such activities would preferably be approved by the government department concerned before being submitted to WHO.

3. Special Considerations

The advantages of national committees as shown in their functions are set off by corresponding obligations, which would entail additional work for the staff of the Director-General. National committees often make demands which have to be satisfied if they are to keep working effectively. They ask for lectures, speakers, special literature, etc. They also have to be induced to do jobs in which they are not particularly interested, and are sometimes discouraged from activities they are eager to undertake.

UNESCO has set up a special branch of its secretariat to deal with national co-operating bodies, and to issue a publication, National Commissions News-letter. In addition it has provided for a meeting of representatives of national commissions to follow its annual general conference. Such a meeting was held at Beirut in December 1948, but will not be held in 1949. This special UNESCO branch is kept busy by the thirst of national committees for information, documents, and answers to sometimes irrelevant questions. A recurring difficulty is that of obtaining prompt replies to letters and queries addressed by the Secretariat to national committees, and vice versa.

The FAO national committees, meeting in Rome in July 1947, suggested:

1. that the European Bulletin of FAO should publish a comparative study of the statutes and the composition of existing National Committees as well as the functions entrusted to them;
2. that the Director-General should convene a working group to draft proposals on all the problems raised by the creation of national committees.

In order to work well, national committees must feel that they are doing a real and useful job. It is questionable whether the privilege conferred by the name of "WHO National Co-operating Committee" is sufficient to persuade them to be simply purveyors of information supplied to them by WHO.

It is to be noted that there is no financial provision in the budgets of 1949 or 1950 for the establishment of national WHO committees. However, the Board may wish to discuss the principles involved in this matter. It may also wish to request the Director-General to carry on further investigations and submit his recommendations concerning the establishment of national WHO committees to the end that activities along these lines may be included in the programme and budget for 1951.
PLAN FOR EXTENSION OF THE PALAIS DES NATIONS, GENEVA

PROJECT F

by M. Jacques CARLU
Chief Architect of the French Government,
Premier Grand Prix de Rome

1. Plan for Additional Storeys

The present plan consists in adding to the existing Palais des Nations sufficient supplementary space to provide at least 280 offices. These must be connected with the Palais itself, and particularly with the Secretariat wing, in such a way that any service may be accommodated, it being understood that once the work is completed, it will be for the United Nations to consider and allocate the office space which will then be available among the various departments.

The plan may be divided into four parts:

1. Raising the entire Secretariat wing by one floor;
2. Raising K Building, in the Ariana wing, by four floors;
3. Erecting a K' Building in the Secretariat court, symmetrically with K Building and having the same height, i.e. ground floor plus 5 storeys;
4. Recovery by internal alterations of a number of offices in the existing Palais.

These four items provide the following accommodation in standard units, i.e. in offices corresponding in area to the existing offices:

<table>
<thead>
<tr>
<th>Additional Floor, Secretariat wing</th>
<th>85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Floors, K building</td>
<td>72</td>
</tr>
<tr>
<td>New K' building</td>
<td>90</td>
</tr>
<tr>
<td>Offices recovered in the Palais by internal alterations</td>
<td>63</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>310</strong></td>
</tr>
</tbody>
</table>

This figure exceeds present requirements and will make it possible, simply by the removal of partition walls, to provide a number of committee rooms, a cold storage room, a supplies department, etc.

2. General Considerations

In addition to the above requirements due consideration has had to be given in preparing this plan to four essential factors: aesthetic considerations, internal communications, building methods and time, and cost.

2.1 Aesthetic Considerations

The Palais at present consists of four sections: the Library, the Assembly, the Council and the Secretariat.

The Library and Council buildings are of the same height, while the Assembly building is appreciably higher.

On the other hand, the Secretariat wing, which has one floor less, departs from the general plan and, when seen from the side facing the lake, has a lower outline not easily justified by purely architectural considerations.

The difference in style between the Secretariat building and the Palais as a whole, added to the discrepancy in height, might easily lead an uninformed observer to believe that the building had been erected in two stages, without a general plan.

The proposed additional storey, far from being detrimental to the general look of the building, will on the contrary be a welcome feature, aesthetically. By bringing the upper surface of the Palais into a single horizontal plan it will go some way towards correcting the impression conveyed at present that the Secretariat building was added as an afterthought.

This impression of a building erected in different stages at different times is still further accentuated in the Secretariat court, where K building, comprising a ground floor and a single storey, constitutes a virtual "annex", out of scale and distinctly inharmonious in character. The addition of other floors to this building cannot fail to correct this unpleasant, makeshift impression, and will transform the building from an "annex" into a wing of the Palais. The erection of a symmetrical building will give the court a distinct architectural significance, both in plan and in elevation, and will make a pleasing contribution to the general composition. The Palais archives contain plans dating from 1930 and 1931 which show a symmetrical counterpart of K building; and there is every reason to believe that the general scheme provided for these two buildings, and indeed for their existence in complete form, i.e. on all floors, since the foundations of K building in the Ariana Wing are strong enough for a building of full height.

The construction of the additional floors in the K building and of the new K' building will leave the court its 92-metre opening on to the Ariana, the view of which will not be obscured.
European steel output, has various advantages:

again be adopted since the improvement in building will be treated in the same way as that of mouldings and stone-facings.

stone for the base, string-courses and window Secretariat court, i.e. natural and reconstituted the architecture will preserve the style of the work of these buildings will also be of metal and erecting a hood during construction.

procedure will also obviate the inconvenience of since the blocks will merely change position. This weight on the foundations will not be increased, the new waterproof surface.

floor is ready, the blocks will be re-laid on top of the new waterproof surface. When the terrace of the new square ferro-concrete blocks resting on a water-proof surface. When the terrace of the new floor will be of metal and light in weight, so as to enable the work to be carried out with great speed.

The existing terrace is made of one-metre-square ferro-concrete blocks resting on a waterproof stone for the base, string-courses and window mouldings and stone-facings. The tèrrace of K building will be treated in the same way as that of the Secretariat wing.

The metal frame method of building which can again be adopted since the improvement in European steel output, has various advantages:

(a) On the basis of plans in the architect's office the whole framework can be prepared in the workshops and erected immediately on its arrival at the site.

(b) The erection by simply bolting the components together can be carried out with the greatest rapidity, thus reducing to a minimum the so-called "laying-down" period.

For this reason and through the division of the whole operation into three separate and independent building sites on which work will proceed simultaneously, it will be possible still further to reduce the general building time and to hand over to the users the part finished first without having to wait for the completion of the project as a whole.

A preliminary survey, which is now being worked out in detail, suggests that, as far as the Secretariat wing and K building are concerned, the heating, plumbing, drainage and electricity systems can be linked up with the existing ones. As far as K' building is concerned, its close proximity to the central heating plant and the high tension cabin would enable it to be supplied with a minimum amount of connexions.

It should be pointed out that a concrete-framed building, although slightly more economical from the point of view of the materials used, is, in the long run, more costly than a steel-framed building, because of the comparatively long time required for its erection. The cost of labour on the site over a very long period and the time lost by other contractors in "waiting for" the masons cancels or even exceeds the saving effected by the use of concrete instead of steel. This consideration is all the more important in the present case, in view of the fact that the cost of Swiss labour is very high and that the steel, of French origin, will be delivered free of customs duty.

To sum up, the proposed method of construction seems the most desirable one in the circumstances, and, if the contractors are sufficiently experienced to be able to work at the pace proposed, a time-limit of six months may be envisaged for the whole operation from the commencement of work on the site to the handing-over of the completed buildings.

2.4 Cost

The present state of the project and lack of time make it impossible to provide a final estimate based on careful costing under separate headings.

The estimate submitted, therefore, is based on the cost per cubic metre as worked out in connexion with Project B, submitted by Swiss architects at the request of the Public Works Department of the Canton of Geneva.

The cost was then estimated at 150 Swiss francs per cubic metre and that figure related to a complete building, inclusive of foundations, all floors, and the usual installations. Conversations with the Genevese architects concerned suggest that the cost has been overestimated, since, at the present time, a large block of dwellings complete with lifts, refrigerators and a great number of bathroom and kitchen installations is being erected in Geneva at a cost not exceeding 95 Swiss francs per cubic metre.

If, then, the figure of 150 francs may be retained for the construction of K' Building, it can clearly be reduced to 90 francs for K Building, which requires no lifts or sanitary installations and to 100 francs for the additional floor on the
Secretariat Wing. The estimated cost would then be as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Volume</th>
<th>Cost (Swiss Francs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretariat</td>
<td>12,444 cu.m.</td>
<td>1,244,000.—</td>
</tr>
<tr>
<td>K Building</td>
<td>6,916 cu.m.</td>
<td>622,440.—</td>
</tr>
<tr>
<td>K. Building</td>
<td>12,257 cu.m.</td>
<td>1,938,550.—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3,804,990.—</td>
</tr>
<tr>
<td><strong>Unforeseen expenditure 5%</strong></td>
<td></td>
<td>190,249.—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3,995,239.—</td>
</tr>
</tbody>
</table>

Building costs: 3,995,239.—
Installation of telephone exchange: 400,000.—
Water, heating and telephone connections: 30,000.—
Outside amenities, pavements, roadways and gardens: 70,000.—

Carried forward 4,495,239.—

Swiss Francs

Recovery by internal alterations of 63 offices at 3,000 francs each: 189,000.—

**GRAND TOTAL**: 4,684,239.—

These figures relate to work carried out at Geneva by local contractors. It must be pointed out that, whoever the contractors may be, very considerable saving could be effected by buying abroad certain supplies and materials which are cheaper there than in Switzerland. The labour employed must, however, be recruited locally.

[From EB4/36]

**Annex 11**

**ALLOTMENTS ISSUED AS OF 30 JUNE 1949 FOR ADVISORY AND DEMONSTRATION SERVICES TO GOVERNMENTS**

**PART I**

*Summary of allotments issued under Appropriation Section 5 and under the provisions of the UNRRA Special Fund by projects and by regions.*

<table>
<thead>
<tr>
<th>WHO Regular Fund</th>
<th>Europe</th>
<th>Eastern Mediterranean</th>
<th>S.E. Asia</th>
<th>Western Pacific</th>
<th>Americas</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>34,770</td>
<td>65,500</td>
<td>165,530</td>
<td>—</td>
<td>11,250</td>
<td>277,050</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>40,320</td>
<td>5,900</td>
<td>27,550</td>
<td>23,800</td>
<td>7,500</td>
<td>105,070</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>8,440</td>
<td>11,700</td>
<td>24,340</td>
<td>15,900</td>
<td>23,850</td>
<td>84,230</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>9,650</td>
<td>26,800</td>
<td>41,950</td>
<td>7,350</td>
<td>23,440</td>
<td>109,790</td>
</tr>
<tr>
<td>Nutrition</td>
<td>—</td>
<td>—</td>
<td>12,650</td>
<td>9,650</td>
<td>9,650</td>
<td>22,300</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>8,500</td>
<td>17,425</td>
<td>4,855</td>
<td>36,440</td>
<td>9,650</td>
<td>76,870</td>
</tr>
<tr>
<td>Public-Health Administration</td>
<td>80,515</td>
<td>40,870</td>
<td>3,750</td>
<td>99,610</td>
<td>14,800</td>
<td>239,545</td>
</tr>
<tr>
<td>Mental Health</td>
<td>—</td>
<td>—</td>
<td>5,900</td>
<td>—</td>
<td>5,900</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>182,195</td>
<td>168,195</td>
<td>267,975</td>
<td>202,250</td>
<td>100,140</td>
<td>920,755</td>
</tr>
<tr>
<td><strong>Unallocated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26,450</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>947,205</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNRRA Special Fund</th>
<th>Europe</th>
<th>Eastern Mediterranean</th>
<th>S.E. Asia</th>
<th>Western Pacific</th>
<th>Americas</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>2,515</td>
<td>—</td>
<td>8,690</td>
<td>—</td>
<td>11,205</td>
<td>22,410</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>12,125</td>
<td>—</td>
<td>—</td>
<td>12,125</td>
<td>—</td>
<td>24,250</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>—</td>
<td>—</td>
<td>8,170</td>
<td>—</td>
<td>8,170</td>
<td>—</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>13,170</td>
<td>—</td>
<td>4,500</td>
<td>—</td>
<td>17,670</td>
<td>—</td>
</tr>
<tr>
<td>Nutrition</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Public-Health Administration</td>
<td>—</td>
<td>79,825</td>
<td>11,100</td>
<td>—</td>
<td>90,925</td>
<td>—</td>
</tr>
<tr>
<td>Mental Health</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,810</td>
<td>79,825</td>
<td>4,500</td>
<td>27,960</td>
<td>—</td>
<td>140,095</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>210,065</td>
<td>248,020</td>
<td>272,475</td>
<td>230,210</td>
<td>100,140</td>
<td>1,087,300</td>
</tr>
</tbody>
</table>

1 See item 4.2 of the Board's report.
2 Off. Rec. World Hlth Org. 13, 320
## PART II

**Statement of allotments issued as at 30 June 1949 under Appropriation Section 5 and under the provisions of the UNRRA Special Fund.**

### EUROPE

**Field Teams**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria (Yugoslavia)</td>
<td>20,540</td>
<td>—</td>
<td>20,540</td>
</tr>
<tr>
<td>Tuberculosis (Portugal)</td>
<td>15,875</td>
<td>—</td>
<td>15,875</td>
</tr>
</tbody>
</table>

**Consultants (Regional)**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>14,230</td>
<td>2,515</td>
<td>16,745</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>24,645</td>
<td>12,125</td>
<td>36,770</td>
</tr>
<tr>
<td>Maternity and Child Health</td>
<td>8,440</td>
<td>—</td>
<td>8,440</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>9,650</td>
<td>13,170</td>
<td>22,820</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>8,500</td>
<td>—</td>
<td>8,500</td>
</tr>
<tr>
<td>Public-Health Administration (Greece)</td>
<td>19,425</td>
<td>—</td>
<td>19,425</td>
</tr>
<tr>
<td>Public-Health Administration (Italy)</td>
<td>31,870</td>
<td>—</td>
<td>31,870</td>
</tr>
</tbody>
</table>

**Total**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>182,195</strong></td>
<td><strong>27,810</strong></td>
<td><strong>210,005</strong></td>
</tr>
</tbody>
</table>

### EASTERN MEDITERRANEAN

**Field Teams**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria (Pakistan)</td>
<td>26,000</td>
<td>—</td>
<td>26,000</td>
</tr>
<tr>
<td>Venereal Diseases (Egypt)</td>
<td>15,000</td>
<td>—</td>
<td>15,000</td>
</tr>
</tbody>
</table>

**Consultants (Regional)**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>39,500</td>
<td>—</td>
<td>39,500</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5,900</td>
<td>—</td>
<td>5,900</td>
</tr>
<tr>
<td>Maternity and Child Health</td>
<td>11,700</td>
<td>—</td>
<td>11,700</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>11,800</td>
<td>—</td>
<td>11,800</td>
</tr>
<tr>
<td>Environmental Sanitation (Ethiopia)</td>
<td>17,425</td>
<td>—</td>
<td>17,425</td>
</tr>
<tr>
<td>Public-Health Administration (Ethiopia)</td>
<td>5,900</td>
<td>29,825</td>
<td>35,725</td>
</tr>
<tr>
<td>Public-Health Administration (Ethiopia)</td>
<td>34,970</td>
<td>—</td>
<td>34,970</td>
</tr>
</tbody>
</table>

**UNRPR GRANTS**

<table>
<thead>
<tr>
<th>Service/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of latrines and pits</td>
<td>—</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Fly and malaria control</td>
<td>—</td>
<td>22,500</td>
<td>22,500</td>
</tr>
<tr>
<td>Development and control of water supplies</td>
<td>—</td>
<td>7,500</td>
<td>7,500</td>
</tr>
</tbody>
</table>

**Total**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>168,195</strong></td>
<td><strong>79,825</strong></td>
<td><strong>248,020</strong></td>
</tr>
</tbody>
</table>

### SOUTH EAST ASIA

**Field Teams**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria (Afghanistan)</td>
<td>15,705</td>
<td>—</td>
<td>15,705</td>
</tr>
<tr>
<td>Malaria (India)</td>
<td>104,000</td>
<td>—</td>
<td>104,000</td>
</tr>
<tr>
<td>Malaria (Siam)</td>
<td>26,000</td>
<td>—</td>
<td>26,000</td>
</tr>
<tr>
<td>Tuberculosis (Ceylon)</td>
<td>17,900</td>
<td>—</td>
<td>17,900</td>
</tr>
<tr>
<td>Maternal and Child Health (India)</td>
<td>15,900</td>
<td>—</td>
<td>15,900</td>
</tr>
<tr>
<td>Venereal Diseases (India)</td>
<td>41,950</td>
<td>—</td>
<td>41,950</td>
</tr>
</tbody>
</table>

**Consultants (Regional)**

<table>
<thead>
<tr>
<th>Disease/Activity</th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>19,825</td>
<td>—</td>
<td>19,825</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>9,650</td>
<td>—</td>
<td>9,650</td>
</tr>
<tr>
<td>Maternity and Child Health</td>
<td>8,440</td>
<td>—</td>
<td>8,440</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>—</td>
<td>4,500</td>
<td>4,500</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>4,855</td>
<td>—</td>
<td>4,855</td>
</tr>
<tr>
<td>Public-Health Administration</td>
<td>3,750</td>
<td>—</td>
<td>3,750</td>
</tr>
</tbody>
</table>

**Total**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>267,975</strong></td>
<td><strong>4,500</strong></td>
<td><strong>272,475</strong></td>
</tr>
</tbody>
</table>
ANNEX 12

WESTERN PACIFIC

Field Teams

<table>
<thead>
<tr>
<th></th>
<th>Regular Funds</th>
<th>UNRRA Special Fund</th>
<th>Total US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (China)</td>
<td>17,900</td>
<td></td>
<td>17,900</td>
</tr>
<tr>
<td>Maternal and Child Health (China)</td>
<td>15,900</td>
<td></td>
<td>15,900</td>
</tr>
</tbody>
</table>

Consultants (Regional)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td></td>
<td>8,690</td>
<td>8,690</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5,900</td>
<td></td>
<td>5,900</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td></td>
<td>8,170</td>
<td>8,170</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>7,950</td>
<td></td>
<td>7,950</td>
</tr>
<tr>
<td>Nutrition</td>
<td>12,650</td>
<td></td>
<td>12,650</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>10,480</td>
<td></td>
<td>10,480</td>
</tr>
<tr>
<td>Environmental Sanitation (China)</td>
<td>25,960</td>
<td></td>
<td>25,960</td>
</tr>
<tr>
<td>Public-Health Administration</td>
<td>99,610</td>
<td></td>
<td>99,610</td>
</tr>
<tr>
<td>Mental Health</td>
<td>5,900</td>
<td></td>
<td>5,900</td>
</tr>
</tbody>
</table>

TOTAL 202,250 27,960 230,210

AMERICAS

Field Teams

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Venereal Diseases (Haiti)</td>
<td></td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Public-Health Administration (Haiti)</td>
<td></td>
<td>13,700</td>
<td>13,700</td>
</tr>
</tbody>
</table>

Consultants (Regional)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>11,250</td>
<td></td>
<td>11,250</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>7,500</td>
<td></td>
<td>7,500</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>23,850</td>
<td></td>
<td>23,850</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>8,440</td>
<td></td>
<td>8,440</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9,650</td>
<td></td>
<td>9,650</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>9,650</td>
<td></td>
<td>9,650</td>
</tr>
<tr>
<td>Public-Health Administration</td>
<td>1,100</td>
<td></td>
<td>1,100</td>
</tr>
</tbody>
</table>

TOTAL 100,140         100,140

Unallocated 26,450 26,450

GRAND TOTAL 947,205 140,095 1,087,300

[From EB4/38]
11 July 1949

Annex 12

PROCEDURE FOR THE EXAMINATION OF THE 1951 PROGRAMME AND BUDGET

1. General

During the Second Health Assembly it became apparent that the procedure for examining the 1950 Programme and Budget (a procedure which had been recommended by the Executive Board at its third session and adopted by the Second Health Assembly) was not completely satisfactory. It is therefore desirable for the Board at its fourth session to adopt a procedure for the consideration of the 1951 Programme and Budget which will avoid the difficulties that developed at the Second World Health Assembly.

1 See item 4.2.3 of the Board's report.

2. Previous Action

2.1 The First World Health Assembly instructed the Executive Board to establish a Standing Committee on Administration and Finance whose terms of reference would include, inter alia, examination of the budget.

2.2 The Executive Board decided at its first session (1) to constitute itself a Standing Committee on Administration and Finance;

[Ref. Rec. World Hlth Org. 13, 316]

4 Off. Rec. World Hlth Org. 14, 14, item 9.1

— 32 —
(2) to set up working parties on complicated financial questions if necessary, which would report back to the committee, and
(3) acting as the committee, to report to the Executive Board.

2.3 The Second World Health Assembly requested the Executive Board to take note of the discussion on the 1950 Budget in the Committee on Administration and Finance and to give special consideration to the problem of the consideration of the Organization's annual programme and budget with a view to recommending a more satisfactory procedure for the Third Health Assembly.

2.4 The Second World Health Assembly also adopted a resolution directing that the Board's review of the Director-General's budget estimates, in accordance with Article 55 of the Constitution, should include consideration of:

(1) the adequacy of the budget estimates to meet health needs;
(2) whether the programme followed the general programme of work approved by the Health Assembly;
(3) whether the programme envisaged could be carried out during the budget year, and
(4) the broad financial implications of the budget estimates, with a general statement of the information on which any such considerations were based.

The Health Assembly further requested the Executive Board to examine the organizational structure so that the Third World Health Assembly may be assisted in ensuring the administrative efficiency of the Organization and establishing general lines of policy in this respect."

5 Resolution WHA2.60, Off. Rec. World Hlth Org. 21, 37
6 Resolution WHA2.62, Off. Rec. World Hlth Org. 21, 38
7 Resolution WHA2.78, Off. Rec. World Hlth Org. 21, 46

3. Proposed General Procedure

3.1 The Executive Board

3.1.1 In order to assure that the Programme and Budget are considered in detail, it is suggested that the Executive Board may wish to establish a permanent Standing Committee on Administration and Finance consisting of seven of its members. This committee should be instructed by the Board to meet one week before the session of the Executive Board which is to consider the Programme and Budget. The committee would review the budget estimates in detail, including the accuracy of the costing of various items, and the organization structure, and report thereon to the Executive Board.

3.1.2 The Executive Board should review the proposed Programme and Budget together with the reports of the standing committee and report thereon to the Health Assembly in accordance with Article 55 of the Constitution.

3.2 The Health Assembly

3.2.1 The Programme Committee. This committee would review the Programme proposed by the Director-General, including the comments and recommendations of the Executive Board, and make its recommendations to the World Health Assembly.

3.2.2 The Committee on Administration and Finance. Concurrently, the Committee on Administration and Finance would review the budgetary aspects of the Programme proposed by the Director-General and the comments and recommendations of the Executive Board, and make its recommendations directly to the Assembly.

3.2.3 Joint Meeting of Committees on Programme and Administration and Finance. The General Committee should refer the recommendations of the two committees to a joint meeting of both committees, with instructions to resolve their differences and jointly report to the Assembly. If considered necessary a budget ceiling would be established by the joint meeting of the committees only.

Annex 13
FINANCIAL RULES

000. Scope and Application


020. APPLICABILITY. The Financial Rules are applicable to all offices and, irrespective of the source of funds, to all financial transactions of the Organization.

030. EFFECTIVE DATE. The Financial Rules become effective as from the date of issue. Amendments made by the Director-General become effective as from the date of issue.

040. INTERPRETATION. In case of doubt as to the meaning of any of the financial rules, the Director-General will rule thereon.

1 See item 4.3.3 of the Board's report.
100. Responsibility and Authorities

110. Responsibility. The Director-General, by virtue of the authority vested in him as the chief technical and administrative officer of the Organization, is responsible to the Health Assembly for the implementation of the Financial Rules.

120. Delegation of Authority. The Director-General may delegate, together with authorization for re-delegation, such of his powers as he deems necessary to secure effective administration of these Rules.

200. The Budget

210. Preparation. Appropriate responsible officials shall submit annual programmes of work and necessary estimates to Administration and Finance in such manner and at such time as may be requested.

211. Such programmes of work and estimates submitted by Directors of Regional Offices of the Organization will be accompanied by recommendations of the Regional Committees where applicable.

220. Consolidation. Administration and Finance will consolidate into a single presentation the programmes of work and necessary estimates as required by Regulation 5 of the Financial Regulations.

230. Supplementary Estimates. Appropriate responsible officials will submit supplementary estimates together with explanatory statements to Administration and Finance. Such supplementary estimates will be presented as far as possible in the same manner as the budget.

240. Allotments

241. Appropriations are not available for incurring obligations and making expenditures until after an allotment therefrom has been issued in writing by the Director-General.

242. Appropriate responsible officials will submit requests for allotments for specific purposes in writing to Administration and Finance.

243. Administration and Finance will ensure that such allotments as are issued are in accordance with the appropriation resolution and with the policies of the Health Assembly and the Executive Board.

244. Officials to whom allotments are issued are responsible to the Director-General for the correct use of such allotments.

250. Obligations

251. Only those officials designated in writing by the Director-General are authorized to incur obligations against allotments.

252. Obligations may be incurred only for the purpose indicated on the allotment and may not exceed the amount of the allotment.

253. No obligations shall be incurred without prior certification by Administration and Finance that funds are available in the appropriate allotment to be charged.

254. Proposals to incur obligations must be made in writing and be fully documented. They must specify the purpose of the proposed expenditure and the allotment to be charged.

255. Administration and Finance will be responsible for examining the proposed obligations to ensure that:

(a) funds are available;
(b) the Rules and Regulations of the Organization are being observed;
(c) the financial situation of the Organization will not be prejudiced.

256. Revisions to an obligation shall require the same treatment as the original obligation.

300. Control of Expenditures

310. Payments shall be made only for services rendered or deliveries completed. Advance payments will be made only on the approval of the Director-General.

320. Payments will not be effected unless supporting documents are certified by the appropriate officers confirming that:

(a) services have been rendered or delivery has been completed in accordance with the terms of the contract;
(b) the amount is correct and in accordance with the terms of the contract.

330. Should Administration and Finance feel there is any reason why payment of any claim should be withheld, such claim will be referred to the Director-General.
340. Payment vouchers and all supporting documents will be retained in appropriate files as an integral part of the official accounts of the Organization.

400. Imprest Cash

410. Imprest Cash advances of an amount to be fixed in each case will be made where necessary to officials designated by the Director-General.

420. Officials to whom an Imprest Cash Account or advance is issued are responsible for the advance and must at all times be in a position to account for it.

500. Advances

510. Travel advances may be made upon request to officials to whom official travel authorizations have been issued. Such advances are to be used in accordance with the provisions of the travel rules and must be accounted for when the travel is completed.

520. Salary advances may be made to staff members under certain exceptional circumstances, subject to the approval of the Director-General.

600. Management of Funds

610. Administration and Finance is responsible for the management, receipt and disbursement of all funds of the Organization.

620. Funds of the Organization will be deposited only in banks or institutions designated by the Director-General.

630. Administration and Finance will administer all banking accounts operated by the Organization including those opened for trust and other special purposes, maintaining a proper cash account in which all receipts and payments shall be recorded in chronological order. A separate cash account shall be kept for each bank account, as well as for sums deposited with other institutions.

640. Panels of signatories shall be designated by the Director-General and all cheques drawn on the Organization's accounts must be signed by two officials of the appropriate panels. For offices away from headquarters one such signature should normally be that of a senior official of the operation.

650. No interest will be payable on sums deposited with or retained by the Organization. Should any interest accrue on investments made on behalf of a third party, the amount of such interest will be paid only if so requested in advance and upon such conditions as may be agreed by the Director-General.

700. Accounts

701. Administration and Finance is responsible for establishing and maintaining all official accounts of the Organization.

702. Obligations will be recorded in the accounts of the financial year in which they are incurred.

703. Receipts will be credited to the account of the financial year in which the remittance is received.

704. Expenditures will be recorded in the accounts of the financial year in which they are made.

705. The accounts will comprise the general accounts, budget accounts and treasury accounts from which the periodic financial statements will be prepared.

706. All accounts shall be supported by documentation to be retained in appropriate files as integral parts of the official accounts of the Organization.

710. General Accounts

711. All income and expense will be recorded in the general accounts by means of a double-entry accounting system. These records will include:

(a) a journal showing all transactions in chronological order ;
(b) a general ledger ;
(c) subsidiary records showing in detail the classification of income and expense.

720. Budget Accounts

721. Administration and Finance will maintain records showing:

(a) the amounts appropriated by the Health Assembly ;
(b) the total allotments made against such appropriation ;
(c) the unallotted balance of the appropriation.
722. Administration and Finance will maintain allotment accounts showing:
   (a) the original allotments and any adjustments;
   (b) the amount of obligations incurred and obligations liquidated;
   (c) the amount of expenditures;
   (d) the unobligated balance of allotments.

723. Obligations and expenditures will be recorded in the accounts in accordance with a uniform system of classification established by the Director-General.

730. Treasury Accounts

731. Treasury accounts will comprise:
   (a) Cash accounts, showing all receipts and disbursements of the Organization;
   (b) Trust and other special cash accounts, the management of which is subject to special treatment;
   (c) Members' contribution records showing the amounts assessed, received and unpaid.

740. Financial Statements

741. Administration and Finance will furnish:
   (a) Periodic statements of cash on hand;
   (b) Periodic statements of budgetary status showing:
      (i) allotments made;
      (ii) unliquidated obligations;
      (iii) expenditures;
      (iv) unobligated balances.
   (c) Periodic special statements showing, inter alia:
      (i) the operations and financial position of the Working Capital Fund;
      (ii) the position of other special funds;
      (iii) outstanding contributions.
   (d) As early as possible each year a detailed balance sheet as at the 31 December immediately preceding. In addition to this balance sheet there shall be produced:
      (i) summarized statement of income and expense;
      (ii) budget statement showing appropriations voted, allotments approved and expenditures made;
      (iii) statement of outstanding obligations as at 31 December represented by goods supplied and services rendered up to and including that date for which an account payable is established in the accounts; such outstanding obligations may include orders for goods or services which have been accepted in writing for shipment or delivery by 31 December or for which exists written evidence that shipment has been effected prior to and including 31 December;
      (iv) statement of outstanding obligations not represented by goods supplied or services rendered up to and including 31 December, which shall include all offers not accepted in writing or where there is no written evidence that shipment has been effected, which are charged to the appropriations for the succeeding year;
      (v) statement of trust and other special funds;
      (vi) statement of working capital fund;
      (vii) statement of both stores and cash losses which have accrued during the year indicating how these have been dealt with in the accounts;
      (viii) statement of ex gratia payments.

750. Property

751. The cost of all property acquired other than real property will be immediately charged as an expense.

752. Property records will be maintained of all real property, non-expendable and expendable supplies and equipment, however acquired and from whatever source, containing full details.

753. An annual physical inventory will be taken of all assets, supplies and materials on hand. A copy of this inventory will be furnished to the external auditors.

800. Procurement

810. All purchases and contracts of over US $1,000 shall be made by advertising, except in one of the following circumstances:
   (a) when urgent requirements cannot be delayed by advertising;
(b) when purchase or contract is for articles or services the price and nature of which are fixed by legislation;
(c) when only one source of supply is available;
(d) when standardization of equipment or interchangeability of parts must be secured;
(e) when purchase is for a patented or trademarked article, perishable supplies or other supplies or services for which it is impracticable to secure competitive bids;
(f) when otherwise authorized by the Director-General.

820. Invitations for tenders shall be advertised in such fashion as to permit full and free competition.

830. Orders for articles or services above the value of US $50 shall be in writing, giving full details.

900. Internal Audit

901. Administration and Finance is responsible for establishing and maintaining an adequate internal audit of the financial transactions and such other operations of the Organization as may be determined by the Director-General.

1000. Working Capital Fund

1010. The term "Unforeseen Expenses" means expenses arising from, or incidental to, the carrying out of a programme in accord with the World Health Assembly approved policies, which expenses were not foreseen when the estimates were made.

1020. The term "Extraordinary Expenses" means expenses for items or objects outside the scope of the budget estimates, that is to say, outside the programme on which the estimates were based.

Annex 14

AMENDMENTS TO STAFF RULES

The Director-General, in virtue of the powers conferred on him in the Provisional Staff Regulations, amended the Staff Rules, with effect as from 2 June 1949. These amendments were confirmed by the Executive Board at its fourth session, as follows:

780. Computation of Payment of Salary

The following additional rule has been inserted after 782:

782.1 A full pay period will be defined as the first to the last day of any calendar month. Staff members taking up an appointment after the first of the month will have their salary computed on a day to day basis for the rest of that month as set forth in Rule 782 and will have their salary computed on a regular monthly basis from the beginning of the next calendar month.

940. Home Leave

941. Entitlement

The following additional rule has been inserted after 941.4:

941.5 A staff member may be authorized to go on home leave to a place in his home country other than his normal place of residence, provided this will not involve the Organization in any additional expense.

1 See item 4.4.1 of the Board’s report.
2 Staff Regulation 30, Off. Rec. World Hlth Org. 13, 361
1000. Provident Fund and Retirement and Pensions Fund—Provisional

1030. Withdrawal

1030.1 This staff rule has been amended as follows:

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, if he has served with the Organization at least six months, to the Organization’s contribution on his account to the Provident Fund.


Annex 15

UNITED NATIONS JOINT STAFF PENSION FUND 1

Points on which Agreement has already been reached with the United Nations

1. WHO accepts the Regulations for the United Nations Joint Staff Pension Fund 2 as applicable to itself and to its employees as a Member Organization.

2. The effective date of participation of WHO shall be 1 May 1949.

3. Every fulltime member of the staff of WHO shall be subject to the Regulations if he is employed under a contract for one year or more when he has completed one year of employment, provided that he is under sixty years of age at the time of entering such employment and his participation is not excluded by his contract of employment, and provided further that he does not fall under the resolution of the Executive Board of WHO excluding from admission to the United Nations Pension Fund those members of the staff who have been seconded to WHO from a national government and who continue to contribute to, or actively participate in, a national pension scheme. Staff members eligible for admission to the Pension Fund under the above provision who were in service of WHO on 1 May 1949 shall be participants in the Fund as of that date.

4. The date of the participation in the staff pension plan shall not be prior to 1 February 1946.

5. The amounts standing as at 1 May 1949 to the credit of staff members under 1 above in the Provident Fund and in the Retirement and Pension Fund (Provisional) of the Organization, shall be transferred to the United Nations Pension Fund as of the effective date of participation. The amounts so transferred shall be treated as provided in the Pension Fund Regulations for Provident Fund contributions.

6. WHO shall pay into the Joint Staff Pension Fund

(a) A sum equal to 75% of the amounts accumulated in its Provident Fund up to and including 31 August 1948;

(b) 8% of the pensionable emoluments of staff members participating in the Fund as of 1 May 1949, for the period from 1 September 1948 up to and including 30 April 1949;

(c) 14% of the pensionable emoluments of such staff members as from 1 May 1949.

7. The period in respect of which the amounts provided under 5 and 6 (a) and (b) above are transferred, shall be counted as contributory service under the Pension Fund Regulations.

8. This Agreement shall be irrevocable. WHO shall be deemed to have defaulted the Agreement when for any reason it fails to continue the contributions on account of its employees.

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1 See item 4.4.2 of the Board’s report.
2 Off. Rec. World Hlth Org. 17, 73
REPORTS ON THE JOINT COMMITTEE ON HEALTH POLICY.
UNICEF/WHO

The reports of the Joint Committee on Health Policy, UNICEF/WHO on its first three sessions are reproduced below. The reports on these sessions by the WHO members of this committee have already been published in the *Official Records of the World Health Organization*—their report on the first two sessions being printed in *Official Records* No. 14, as Annex 10; that on the third session, in *Official Records* No. 21, as Annex 4.

REPORT ON THE FIRST SESSION

The Joint Committee on Health Policy of UNICEF/WHO held two meetings at the Palais des Nations, Friday 23 July and Saturday 24 July 1948. The following attended:

**UNICEF:**
- Dr. Rajchman, *Chairman of Executive Board*;
- Mr. Heyward (alternate for Mrs. Sinclair);
- Dr. Schober (alternate for Dr. Debré);
- Mr. Wu;
- Mr. Pate, *Executive Director*, also in attendance.

**WHO:**
- Dr. Evang, *Vice-Chairman, Executive Board*;
- Dr. Mackenzie;
- Dr. Stampar;
- Dr. van Zile Hyde;
- Dr. Borčić and Dr. Forrest, also in attendance as joint secretaries of first session.

At its first meeting the Committee elected Dr. Mackenzie as Chairman and provisionally appointed Dr. Debré as Vice-Chairman. It was unanimously agreed that the Chairman should have the right to vote.

The first meeting was devoted to general discussion of the functions of the Joint Committee and of the UNICEF medical projects, with special reference to new proposals. It was agreed that Dr. Borčić and Dr. Forrest would prepare statements on the various questions of policy.

At its second meeting, the Committee adopted the following resolutions concerning its terms of reference and its general policy:

1. **Machinery of the Committee**

   The Joint Committee on Health Policy of UNICEF/WHO

   **RESOLVES** that

   (1) Future meetings shall be called by the Presiding Officer of the previous meeting, in consultation with the Director-General and the Executive Director;

   (2) The expenses of each meeting shall be met by the organization acting as host;

   (3) Expenses of members of the Committee shall be paid according to the rules of their own organizations.

2. **Terms of Reference**

   The Joint Committee on Health Policy of UNICEF/WHO, having noted the resolution of the [First] World Health Assembly on the United Nations International Children's Emergency Fund 1 and the Resolution of the Executive Board of UNICEF, 22 July 1948, on Relations with WHO 2

   **DECIDES** that

   (1) These two documents are compatible;

   (2) The word "regulate" on paragraph (2) of the World Health Assembly resolution implies that this Committee shall act as the advisory medical body on the understanding that its advice will be followed by UNICEF in accordance with its general policy;

   (3) The medical programmes undertaken by the Fund will proceed only on the recommendation of this Committee, in order to guarantee that all medical activities shall be carried out in accordance with the international authority in this field;

   (4) The advice to be given under "Medical recommendations", paragraph d) of the UNICEF resolution, would include advice on public-health, medical and sanitary administration;

   (5) These two resolutions, as interpreted above, form a satisfactory basis for the work of the Joint Committee on Health Policy of UNICEF/WHO.

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1 In regard to the programme of BCG vaccination as already established, the Health Assembly recognizes the existence of special circumstances, notably the agreements which have been concluded between the Danish Red Cross signing also on behalf of its Norwegian and Swedish associates, certain governments and UNICEF and directs the attention of the proposed Joint Committee on Health Policy to these circumstances.

2 UN document E/901, 21
3. Programmes and Projects to combat Syphilis in Expectant Mothers and to Children up to Eighteen Years of Age

The Joint Committee on Health Policy of UNICEF/WHO, having examined the health projects directed towards combating syphilis in expectant mothers and [in] children up to 18 years of age,

(1) DELEGATES its responsibility in this field to the Chairman of the Joint Committee, the Director-General and the Executive Director pending the next meeting of this committee;

(2) DIRECTS the Chairman of the Joint Committee, the Director-General and the Executive Director to consult the Expert Committee on Venereal Infections of the World Health Organization as soon as possible, placing before that committee all requests and relevant documentation;

(3) DIRECTS the Chairman of the Joint Committee, the Director-General and the Executive Director, on the basis of the relevant decisions of WHO and its technical expert committees, to advise UNICEF on the following matters:

(a) with respect to requests from governments, the question of whether it is advisable from a technical standpoint to finance a demonstration or other programme;

(b) the technical standards required in these programmes;

(c) the techniques of medical and sanitary administration which should be adopted;

(d) the advisability of initiating projects which have reference to a section of a population or country in which special problems exist;

(e) the types and quantities of technical supplies and equipment needed to implement the programme for expectant mothers and for children up to 18 years of age;

(f) assistance to governments for the production and procurement of penicillin;

(g) the provision of technical assistance to implement these programmes;

(h) the follow-up of these programmes.

It should be noted that the Expert Committee on Venereal Diseases of the Interim Commission of WHO endorsed the overall programme against venereal diseases in Poland.\(^1\)

4. Malaria

The Joint Committee on Health Policy, UNICEF/WHO, having examined the health projects of UNICEF in the field of malaria,

(1) DELEGATES its responsibilities in this field to the Chairman of the Joint Committee,

(2) DECIDES,

(a) that the resolution of the Executive Board of UNICEF, by which an allocation of $300,000 has been made in respect of malaria should be placed as soon as possible before competent experts of WHO for their advice as to how the above allocation can best be utilized for the benefit of the pregnant mothers and of the children up to the age of 18 in the area covered by the resolution, either in conjunction with existing national campaigns, or as WHO campaigns, or as separate projects;

(b) that the malaria control project presented to UNICEF in the survey report on countries in the Far East other than China should also be placed before the same experts so that both projects be co-ordinated;

(c) that the Director-General and the Executive Director should frame, on the basis of the above advice, concrete proposals bearing on the implementation of the projects so recommended;

(d) that the proposals should be placed before the Joint Committee at its next meeting.

5. The Far East

The Joint Committee on Health Policy of UNICEF/WHO, having examined the report of the survey mission to the Far East other than China

(1) DIRECTS ATTENTION to its resolutions on programmes and projects to combat syphilis in expectant mothers and [in] children up to eighteen years of age;

(2) DIRECTS ATTENTION to its resolution on malaria;

(3) DIRECTS ATTENTION to its resolutions on BCG and tuberculosis;

(4) DIRECTS ATTENTION to its resolution on training programmes;

(5) RECOMMENDS that the Mission to the Far East should be staffed, by agreement between the Director-General and the Executive Director, so that

(a) the plans of operation for individual countries proposed for the approval of the UNICEF Executive Board are technically adequate in accordance with the recommendations of WHO;

(b) the Mission is able to provide the necessary technical advice and international supervision;

(6) DIRECTS THE ATTENTION of the Director-General and the Executive Director to the desirability of working in co-operation with the regional offices of WHO.

\(^1\) Off. Rec. World Hlth Org. 8, 66
6. Training Programmes of Health Personnel

The Joint Committee on Health Policy of UNICEF/WHO, (1) DECIDES that individual fellowships should be administered by WHO on behalf of UNICEF; (2) DIRECTS the Director-General and the Executive Director to take the necessary steps to implement this decision and to report thereon to the next session of this Committee; (3) DIRECTS the Director-General and the Executive Director to explore the question of joint financing of fellowships and report to the next meeting of the Committee; (4) DECIDES that in other training programmes, where the control of the training of groups or individuals is the responsibility of the donor governments, the interest of WHO lies in the distribution of this training and DIRECTS the Executive Director to transmit to WHO full and up-to-date information on these projects so that there may be adequate co-ordination of governmental requests to the two international bodies concerned; 5. DIRECTS the attention of the Technical ad hoc Committee on Fellowships of the United Nations to these decisions.

7. BCG Campaigns and Future Projects

The Joint Committee on Health Policy of UNICEF/WHO, having taken note of the present arrangements whereby the BCG campaigns are managed,

RESOLVES

(1) That the present arrangements continue on a temporary basis, for already existing programmes, until the second session of this Committee; (2) That the reports of the quarterly Joint Committee on BCG (Committee 2) should be made available to the session of this Committee immediately following, to the Executive Boards of UNICEF and WHO, and to the Expert Committee on Tuberculosis of WHO; (3) That the future BCG programmes as envisaged in the various UNICEF documents and demonstration programmes should be studied by the Director-General and the Executive Director so that (a) advice in accordance with the recommendations of WHO shall be available to UNICEF as soon as possible, and (b) the Director-General and the Executive Director shall report on this subject to the next session of this Committee when the whole question will be reviewed; (4) That the Director-General and the Executive Director present and report to the next session of this Committee, giving their recommendations on the mechanism of control of BCG programmes and demonstration campaigns, with a view to simplification where possible.

REPORT ON THE SECOND SESSION

Held on 19 and 20 October 1949 at UNICEF Headquarters in Paris

The following attended:

UNICEF:
Dr. R. Debré
Dr. L. Rajchman
Mr. E. J. R. Heyward
Dr. Y. T. Wu

WHO:
Dr. M. Mackenzie
Dr. A. Stampar
Dr. van den Berg
Dr. H. van Zile Hyde

Secretary:
Dr. B. Boroč (WHO/UNICEF)

Also present:
Dr. Bonne (WHO), Dr. D. Borensztajn (UNICEF), Mr. A. E. Davidson (UNICEF), Dr. W. P. Forrest (WHO), Dr. T. Guthe (WHO), Dr. J. Holm (UNICEF), Dr. J. B. McDougall

For the report on this session by the WHO members of the joint committee, see Off. Rec. World Hth Org. 14, 49.

3. BCG Campaign

The Joint Committee on Health Policy of UNICEF/WHO, having examined the progress report on the BCG campaign, notes with satisfaction the progress of the work and

3.1 RECOMMENDS

(a) that present arrangements should continue; (b) that UNICEF should make available funds adequate for the completion of programmes started by the Joint Enterprise.

[JC.2/UNICEF/WHO/3]
21 October 1948
3.2 Report on Visit to Copenhagen

The Joint Committee on Health Policy of UNICEF/WHO took note of this report and having taken into consideration
(a) that the agreements entered into by the Joint Enterprise with the various governments contain provision by virtue of which the campaigns may be continued with locally produced vaccine when such vaccines are by mutual agreement recognized as equivalent to the vaccine supplied by the Joint Enterprise;
(b) that UNICEF has requested the Expert Committee on Biological Standardization of WHO to certify the equivalency of such vaccines;

RECOMMENDS
(a) that the Director-General of WHO be invited to request the Expert Committee on Biological Standardization of WHO to consider at its next meeting the entire problem of the standardization of BCG vaccine;
(b) that, in addition, surveys of production methods be made by WHO in all centres of production of BCG vaccine, similar to that already carried out at the State Serum Institute in Copenhagen and that requested by the Pasteur Institute in Paris.

3.3 Report of the Tuberculin-Testing and BCG Vaccination Sub-Committee

The Joint Committee, having noted the report of the Special Sub-Committee on Tuberculin-Testing and BCG Vaccination, 
RECOMMENDS that the recommendations of this sub-committee be followed in the BCG campaigns.

3.4 Report of the Sub-Committee on Streptomycin

The Joint Committee examined the report of the Sub-Committee on Streptomycin and noted
(a) that several UNICEF recipient countries have applied for allocations of streptomycin;
(b) that funds are or may be made available by UNICEF to meet such requests;

RECOMMENDS
(1) that streptomycin be supplied by the governments under the following conditions:
(a) that it shall be distributed only to institutions, medical centres and teaching hospitals regularly concerned with the study, diagnosis and treatment of tuberculosis;
(b) that such institutions should have a minimum of 50 beds;
(c) that facilities should be available for convalescents;
(d) that the period of observation of each treated case from the beginning of treatment should be not less than six months;
(e) that there should be a uniform reporting system;
(f) that all above to be in accordance with the detailed recommendations as contained in the report of the Sub-Committee on Streptomycin;
(2) that responsible technicians in the countries concerned be offered suitable facilities to become acquainted with the most up-to-date methods for the utilization of streptomycin in countries where such streptomycin centres exist;
(3) that full co-operation between these centres in the exchange of information, biological material and technical personnel be expedited in every possible manner;
(4) that WHO should assume full responsibility for technical aspects of this project as soon as possible.

3.5 Proposed Simplified Machinery for Medical Control of the Campaigns in European Countries

The Joint Committee on Health Policy of UNICEF/WHO, having examined the proposal for simplified medical control of BCG campaigns, 
RECOMMENDS that Group No. 2 (Sub-Committee on Tuberculin-Testing and BCG Vaccination) be integrated with Group No. 3,* in consequence of which the quarterly meetings of Group No. 2 need no longer take place.

3.6 The Reporting of Statistical Results of BCG Campaigns

The Joint Committee on Health Policy of UNICEF/WHO
NOTES with interest the medical research aspects of the BCG campaign, and
RECOMMENDS that the attention of the Executive Director [Director-General] of WHO be drawn to the unique opportunity that exists in the present BCG campaign for answering many questions of basic importance in the control and epidemiology of tuberculosis through intensive and continuing study in connexion with these campaigns.

3.7 Progress Report of Pilot Station for BCG in Paris

The Joint Committee on Health Policy, UNICEF/WHO
NOTES with satisfaction the report on the BCG Pilot Station in Paris and
RECOMMENDS that the attention of the Expert Committee on Biological Standardization of WHO be drawn to the importance of this work in the standardization of BCG vaccine, with a view to the possible continuation beyond the period of UNICEF.

3.8 Proposed Meeting of the Group No. 3 on BCG in Copenhagen.

The Joint Committee on Health Policy of UNICEF/WHO
NOTES with approval that there should be a meeting of Group No. 3 in Copenhagen in December.

* The Group No. 3 is composed of: The Sub-Committee on Medical Projects (Group No. 1), the Sub-Committee on Tuberculin-Testing and BCG Vaccination (Group No. 2) and of the leaders of BCG campaigns in various countries.
4. Anti-Syphilis Campaigns in Europe and Far Eastern Countries

The Joint Committee on Health Policy of UNICEF/WHO

NOTES

(a) the action taken in connexion with the Polish anti-syphilis plan;

(b) the guiding principles set forth in the report of the WHO ad hoc V.D. Expert Committee on proposed penicillin programmes in nine European countries and the projects for three Far Eastern countries;

RECOMMENDS

(a) that these guiding principles be followed as far as possible by WHO and UNICEF in the development of European Programmes and by the Chief of Mission to the Far East in his negotiations;

(b) that priority be given to applications from countries where a structure for venereal-disease control exists, permitting a mass attack on syphilis; or where there are problems of endemic syphilis, or where it is desirable to encourage the development by governments of broader venereal-disease programmes;

REQUESTS that the Director-General of WHO and the Executive Director of UNICEF take action to implement programmes, subject to the above recommendations, in Bulgaria, Finland, Hungary, and Yugoslavia, and to conduct in Albania, Czechoslovakia, Greece, Italy and Roumania, surveys requested by the governments with a view to development and subsequent implementation of the programmes in conformity with the recommendation of the WHO Expert Committee on Venereal Diseases.

5. Penicillin

The Joint Committee on Health Policy of UNICEF/WHO

RECOMMENDS that WHO give technical assistance to UNICEF in the procurement of penicillin, with special reference to the quality and standard thereof.

6. Far Eastern Programmes (excluding China)

6.1 Co-operation between UNICEF Mission and WHO Regional Office(s)

The Joint Committee on Health Policy of UNICEF/WHO

TAKES NOTE of the recommendations for co-operation.

6.2 Malaria Projects

The Joint Committee on Health Policy of UNICEF/WHO

NOTES the guiding principles set forth in document JC2/UNICEF-WHO/2 (Malaria Pro-
jects in Far Eastern Countries other than China),

RECOMMENDS

(a) that these guiding principles be followed as far as possible by the Chief of Mission for the Far East in his negotiations regarding malaria-control demonstrations;

(b) that the services of a competent malaria-logist be made available to the Chief of Mission of the Far East;

(c) that so far as possible all malaria-control projects of WHO/UNICEF in any one area should be amalgamated, due consideration being given to the necessity for projects which will increase food production;

(d) that the requests already submitted by governments be referred to the Chief of Mission for negotiations in the light of the guiding principles outlined above;

REQUESTS the Director-General of WHO and the Executive Director of UNICEF to take requisite action to implement the above recommendations.

6.4 Fellowships

The Joint Committee on Health Policy of UNICEF/WHO

RECOMMENDS an early completion of the programme of UNICEF fellowships under WHO administration which was recommended at the first session of the Joint Committee on Health Policy of UNICEF/WHO.

7. Plan of Operations for UNICEF Aid to North China

The Joint Committee on Health Policy of UNICEF/WHO

APPROVES the proposal contained in the report of the WHO/UNICEF Medical Officer in charge of the Mission to North China, and REQUESTS the Director-General of WHO and the Executive Director of UNICEF to carry out this programme, including the provision of medical supplies and the training of local personnel and technical experts along the lines laid down in this report.

8. Fellowships

The Joint Committee on Health Policy of UNICEF/WHO, having examined the report on group training sponsored by UNICEF in 1948 and the plans for 1949,

APPROVES the programme for 1949 and

RECOMMENDS that the WHO proposal for additional facilities for the training of maternal and child health personnel be implemented by the organization by UNICEF of group training in the United Kingdom.
9. Insect Control Campaign with a View to reducing Infant Mortality

The Joint Committee on Health Policy of UNICEF/WHO

notes with interest the proposal to assist governments who would apply to UNICEF for aid in implementation of improved methods of Insect Control and

RECOMMENDS this proposal to the Director-General of WHO and the Executive Director of UNICEF, who are requested

(a) to obtain as soon as possible the technical opinion of the Expert Committee on Insecticides of WHO, and

(b) to emphasize the principle that the use of insecticides is only one part of the general campaign to improve the general sanitation.

10. Other Business

10.1 Date and Place of Next Meeting of the Joint Committee

It was agreed that the date and place of the next meeting should be left to the discretion of the Chairman, the Director-General of WHO and the Executive Director of UNICEF.

REPORT ON THE THIRD SESSION6

Representatives:

UNICEF
Dr. Rajchman
Dr. Bugnard (alternate)
Dr. Lindt (alternate)
Dr. Schober (alternate)

WHO
Dr. Mackenzie (Chairman)
Dr. van den Berg (alternate)
Dr. Hyde
Dr. Stampar

Secretary:
Dr. B. Borčić

Secretariat:

UNICEF
Mr. Pate
Mr. Davidson
Dr. Watt
Dr. King

WHO
Dr. Chisholm
Dr. Goodman

1. The Joint Committee on Health Policy met at Geneva from April 12 to April 14.

2. The Report and the minutes of the second session of the Joint Committee on Health Policy were approved.

3. The Committee adopted the provisional agenda.

4. BCG Campaigns

The Committee considered the progress reports on the BCG campaigns of the Joint Enterprise and welcomed the presence of Dr. Ustvedt, Deputy Director of the Joint Enterprise for Europe, who was able to supplement the written report with more recent information. The campaign in general was proceeding rapidly in Europe, and several campaigns were expected to be concluded before the end of the year, in Czechoslovakia, Finland, Hungary and Poland. Campaigns were commencing in a number of countries—Austria, Morocco, Lebanon and India. The Board took note of the applications of the governments of Ecuador, Bolivia, Israel and Iran for BCG campaigns. Surveys are now under way in Latin-American countries by representatives of WHO and the Joint Enterprise to collect all data required in formulating recommendations concerning BCG production and application in these countries.

5. The Committee considered the name “International Tuberculosis Campaign” adopted by the Scandinavian Red Crosses for the Joint Enterprise, and concluded that the name was not appropriate to the action being undertaken, since the work is limited to tuberculin-testing and BCG vaccination. Accordingly the Committee determined that the name “Joint Enterprise” should be retained, but indicated that the Executive Director of UNICEF and the Director-General of WHO, after consultation with their public relations officers, and in consultation with the Chairman of the Executive Board of UNICEF, might agree upon a name which might be more descriptive than “Joint Enterprise” for public information purposes.

6. BCG Pilot Station and BCG Research Unit

The progress report on the BCG Pilot Station in Paris was noted by the Committee.

The Committee also took note of the work being undertaken by the BCG Research Unit in Copenhagen.

7. Visits to BCG Producing Institutes

The Committee took note of the reports on the visits of WHO experts to BCG-producing institutes...
in Madras (India), Paris, and Algiers. It was pointed out that, under the UNICEF agreements with the various countries, the use of locally produced vaccines by the Joint Enterprise required a certificate from WHO certifying that the locally-produced vaccine was equivalent to the Copenhagen vaccine. The Committee accordingly requested the Director-General of WHO to refer the report on the visits to the WHO Expert Committee on Biological Standardization, with the understanding that the Director-General of WHO would later communicate with the Executive Director of UNICEF with respect to certification for the institutes concerned.

8. Meeting of Group 3

8.1 The Secretary of the Committee reported on the proposed meeting for Group No. 3 in Copenhagen. This group consists of; the Joint Panel on BCG Vaccination and Tuberculosis; Testing and expert group; the chiefs of the Joint Enterprise in the various countries where BCG campaigns are being conducted; the national representatives responsible for the conduct of the campaigns in the different countries, and the members of the UNICEF Medical Sub-Committee.

8.2 The purpose of this meeting is to discuss current programmes, and it is planned to be held in the summer of 1949 in Copenhagen. It was pointed out that the date of the meeting of the Joint Panel had to be co-ordinated with the meeting of the WHO Expert Committee on Tuberculosis, and the Committee requested that this co-ordination should be worked out.

8.3 The Committee recommended that the meeting should be limited to countries which had acquired considerable experience in mass application of BCG, but the final decision was left to the Joint Enterprise.

9. Streptomycin

The Committee took note of the progress report on streptomycin centres, and in the light of the very stringent conditions which had been imposed by the WHO Expert Committee in connexion with the utilization of the small amounts of streptomycin furnished by UNICEF, concluded that these conditions should be reviewed by the Expert Committee. The Committee also discussed the question as to whether UNICEF was limited in the amounts of streptomycin that might be supplied if the appropriate conditions were observed, and concluded that there had been no intention to make any limitations.

10. Anti-Syphilis Campaigns

The Committee also took note of the progress report on the anti-syphilis campaigns in Bulgaria, Finland, Hungary and Yugoslavia. These campaigns were commenced early in 1949, the campaign in Poland having been initiated in 1948. WHO venereal-disease expert consultants visited these countries and lectured to various professional groups of physicians and medical officers of health. Practical demonstrations of penicillin therapy and laboratory procedures were also given. The Committee took further note of the surveys carried out by WHO venereal-disease experts in Italy and Slovakia and the programme proposals resulting from these studies, and that consultations were to take place in the near future with the health authorities in Roumania, Albania and Greece for the development of programme proposals in accordance with principles established by the WHO Expert Committee on Venereal Diseases as approved by the second session of the Joint Committee on Health Policy. The Committee also noted the assistance given by WHO to UNICEF in carrying out the recommendations of the Joint Committee with regard to procurement of penicillin, with particular reference to the quality of the drug, and the procurement of laboratory equipment.

11. Insect and Malaria Control Campaigns and Demonstrations

The Committee took note of the progress report on insect and malaria control.

12. Group Training Programmes

The Committee took note of the progress report on group training, and indicated its approval of the way in which such training courses had been conducted, although attention was drawn to the necessity of assuring that the language and qualifications of students would enable those participating to benefit fully from the opportunities provided. It was also suggested that greater attention should be given to the length of such courses, particularly in the United Kingdom, and that the administrative arrangements require greater co-ordination.

13. Individual Fellowships

The Committee took note of the progress report on individual fellowships, which related primarily to fellowships for the Far-Eastern areas. It was suggested that particular attention be given to the desirability of placing Fellows in training centres within their own region in so far as suitable centres are available.

14. Far East Programme

The Committee took note of the progress report on the Far East. Dr. Watt, Chief of UNICEF Mission in the Far East, also presented an oral report. The Committee learned with interest that in general there seemed to be a diminishing need for the feeding programmes which had been first discussed, and that the two largest health problems were malaria and tuberculosis. In addition there was considerable interest in the establishment of training centres in some countries and a great interest in fellowships from a number of other countries. Venereal disease and yaws would also be the subject of proposals by governments. In connexion with these programmes, Dr. Watt recommended the addition of WHO specialists to
deal with the particular programmes as they were developed. The delay in the development of plans of operations had been due partly to the disturbed conditions, partly to the necessity of reconsidering the original recommendations made to Dr. Parran, and partly to the larger allocations which made possible the consideration of different type projects. The Committee expressed the hope that concrete projects would be quickly developed and established.

15. Tuberculosis Diagnosis

The Committee approved in principle the proposals contained in the report on the provision of equipment for the diagnosis of tuberculosis.

16. Health Programmes financed from UNRRA Special Fund

16.1 The Committee approved the proposals in the field of maternal and child health, relating to the BCG research programme, relief to Palestine refugees, paediatric fellowships, and the survey of UNRRA penicillin plants, to be financed from the UNRRA Special Fund.

16.2 The Committee considered and approved the proposal to finance from the UNRRA Special Fund a joint study with the United Nations statistical service on the wastage of human life. It was pointed out that emphasis should be given to studies relating to children, pregnant women and nursing mothers.

16.3 The Committee then approved the proposal contained in document JC3/UNICEF-WHO/24, and agreed that additions to the headquarters staff of the section on maternal and child health (of WHO) might be financed from the UNRRA Special Fund.

16.4 The Committee also approved the proposal under which funds would be advanced from the UNRRA Special Fund for the procurement of equipment for penicillin plants. This refers to plants which had been furnished by UNRRA to Yugoslavia, Poland and Czechoslovakia and which were not yet in operation. It was pointed out that the funds made available for this purpose would be reimbursed to the UNRRA Special Fund in dollars by the countries concerned, and that upon reimbursement would again become available for child health projects.

17. Penicillin Plants

The Committee also considered that portion of the report which dealt with a proposal for UNICEF to finance supplemental equipment for the penicillin plants. It was indicated that the penicillin plants were in some cases of an outmoded type, producing only amorphous penicillin, and that additional funds from UNICEF might provide equipment to produce crystalline penicillin which had wider uses, particularly in connexion with syphilis. The Committee concluded that it would recommend to the Executive Board of UNICEF that it consider applications from governments for the purchase of this equipment, with the understanding that the Executive Board of UNICEF would have to determine its propriety from the point of view of UNICEF's general policy. The Committee also recommended combined representations by the two Directors in order to facilitate the granting of the necessary export licences.

18. International Congress on Paediatrics

The Committee discussed the proposal to have UNICEF finance participation by doctors in the International Congress on Paediatrics, and also of the establishment of a training course which would take advantage of the presence of eminent paediatricians to pass on their knowledge and experience. It was pointed out that the International Congress on Paediatrics would not take place until July 1950, and that UNICEF's participation in such an enterprise was rather distant from the programmes with which it was usually concerned. However, in the light of the request which was before the committee for its consideration and the possible benefits which might ensue, the Committee concluded that the two Directors should study this proposal and formulate recommendations which would be submitted to the Executive Boards of the two organizations.

19. Maternal and Child Health Services

The Committee considered the recommendations of the Expert Committee on Maternal and Child Health concerning school health services; maternal and child health centres; child guidance clinics; dental health services; maternity and children's hospitals, premature baby units, and child health institutes; handicapped children; skin diseases of children, including yaws; training of doctors, nurses and auxiliary medical personnel.

The Committee decided that requests from governments for special projects falling under health policies listed above should be acted upon by UNICEF, and that the plans of operations accompanying such a request would require the approval, from the technical point of view, of the Director-General of WHO, subject to the usual procedure.

The Committee was informed that the cost of financing such programmes is being defrayed at present from the countries' allocations, and that the specific projects would be part of a planned country programme in the field.
In connexion with the consideration of the programme for handicapped children, the Committee welcomed the presence of Mrs. Alva Myrdal, Director of the Department of Social Affairs of the United Nations, who expressed the view that the development of an integrated programme was desirable in which UNESCO, WHO and UNICEF might each play a useful part.


The Committee considered the Yugoslav programme for the anti-mycotic campaign and approved the proposal.

21. Middle East Health Programme

The Committee approved the proposals presented by Dr. Cottrell, WHO Medical Officer in the Middle East, for the expansion of the health programme in the Middle East. The additional funds requested were for an extension of the work in the fields of sanitation, water supplies, fly and malaria control, hospital supplies and equipment, and laboratories. The funds necessary to carry out this programme are derived from the general allocations already made by UNICEF for its Middle East programme.

22. Proposals on the China Programme

The Committee heard the presentation by Dr. King of the proposals for China, and took note of the decision of the Executive Board of UNICEF on these proposals, which reads as follows:

The Board approves the general outline of a programme for China submitted by the Administration as a basis for discussion by the Chief of Mission with competent authorities in China, with the reservation that the advice of the Joint UNICEF-WHO Committee on Health Policy is to be sought on the medical programmes.

In view of the policy of the Board that internal expenses be borne by the country receiving assistance, the Administration is authorized to finance in part internal expenses only if, under present disturbed conditions in China, it is the only means of assuring continuity in the operations in China and working out a satisfactory future programme. If this arrangement is made, it is not to be held as a precedent, and wherever possible should be financed through the importation of useful supplies.

The Committee recognized that these proposals were of an exceptional nature, as they had been offered by the Executive Board of UNICEF in advance of any requests from the Chinese Government.

The Committee approved in principle the health programmes proposed, i.e., training programme for child health and welfare, tuberculosis control, kala-azar control and fly control. These programmes will be discussed further with the Chinese authorities and their implementation will require the approval of the Director-General of WHO and the Executive Director of UNICEF.

23. Proposals for Latin America

The Committee considered the report presented on health projects in Latin America and received the views of Dr. Soper. The committee considered the proposal submitted by the Director of the Pan American Sanitary Bureau regarding the programmes for child health protection in Latin America and recommended that the Director-General and the Executive Director of UNICEF consult with the Director of the Pan American Sanitary Bureau with the aim of developing procedures which will enable child health projects in Latin America to go forward in conformity with the principles of the UNICEF Executive Board and of the Joint Committee on Health Policy.

24. International Children’s Centre

The Committee took note of the proposal to establish an international children’s centre. It confined itself to an informal exchange of views, since the proposal had not yet been officially presented to the Joint Health Policy Committee or to WHO.

25. Co-operative Relations between UNICEF and WHO

25.1 The Committee considered documents relating to the means whereby co-operation between UNICEF and WHO might be strengthened. It considered, among other things, the questions of transfer of funds from UNICEF to WHO and of WHO acting as agent for UNICEF in the health field.

25.2 The Committee recommended that the Executive Director of UNICEF and the Director-General of WHO consider the usefulness of joint UNICEF/WHO missions in areas in which health programmes constituted the predominant health activity, and adopted the procedural and policy statements following:

Appendix A

CO-OPERATION WHO/UNICEF

For the purpose of carrying out the intent of paragraph 4 (c) of the Charter of UNICEF the following principles will immediately govern the co-operative relationship between WHO, as the United Nations specialized agency recognized as the directing and co-ordinating authority on international health work, and UNICEF, with regard both to health programmes approved by

* This reads:

To the maximum extent feasible, the utilization of the staff and technical assistance of specialized agencies, in particular the World Health Organization or its Interim Commission, shall be requested with a view to reducing to a minimum the separate personnel requirements of the Fund. (UN resolution 57(I)).
the Joint Committee on Health Policy and any new health programmes which may be developed for its consideration:

(a) When international health experts are required for assisting governments in drawing up plans of operation for UNICEF health programmes, it will be the responsibility of WHO to make available to governments such experts, upon the invitation of the countries concerned.

(b) The Director-General of WHO will study and approve plans of operations for all health programmes which fall within the policies laid down by the JHPC and for which countries may request supplies from UNICEF.

(c) All international expert health personnel agreed with governments as necessary for the implementation of any health programme will be made available by WHO.

(d) UNICEF's role in health programmes, is in accordance with its charter, to furnish, under its agreements with governments, the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization.

(e) WHO's role in carrying out the foregoing arrangements is subject to the provisions of its Constitution and the limitations its resources, but beyond this it will provide the services which will be reimbursed by UNICEF.

(f) UNICEF will inform governments of the foregoing arrangements.

Appendix B

PROCEDURE OF THE JOINT HEALTH POLICY COMMITTEE

The Executive Board [of WHO] at its third session adopted the following resolution:

The Executive Board requests the Chairman of the Joint Committee on Health Policy UNICEF/WHO to place on the agenda of its next meeting the item, "Consideration of the procedure of the Joint Committee".

In the resolution accepted by the [First] World Health Assembly, in paragraph (2), it is laid down:

(2) the same committee should regulate all health programmes and projects of UNICEF already initiated or to be initiated in the future.

In the first report of the JHPC, dated 28 July 1948, it is explained [p. 39] that "the word 'regulate' in paragraph (2) of the First World Health Assembly's resolution implies that this Committee shall act as the advisory medical body on the understanding that its advice will be followed by UNICEF in accordance with its general policy", and that "the medical programme undertaken by the Fund will proceed only on the recommendations of this committee, in order to guarantee that all medical activities shall be carried out in accordance with the international authority in this field."

The terms of reference laid down for the Joint Health Policy Committee by the Executive Board of UNICEF are:

that "the Joint Committee on Health Policy be a temporary body to operate only until all health activities of the International Children's Emergency Fund shall have been taken over by the World Health Organization or are terminated;"

that "the same committee should regulate all health programmes and projects of the International Children's Emergency Fund already initiated or to be initiated in the future;"

that "in order that there shall not be undue limitation on prompt action under these programmes, the committee should delegate to the Directors-General, in case of emergency, the responsibility for the functions described."

(Resolution of World Health Assembly, 17 July 1948).

To accept the principle that all medical programmes and projects be approved only on the recommendation of such committee.*

To accept the principle that the implementation of all such medical programmes and projects be in accordance with expert advice given by the World Health Organization.

That in the light of the trustees relationship of the International Children's Emergency Fund to its funds, and its agreements with the governments concerned, the International Children's Emergency Fund has administrative and financial responsibility for the operations in accordance with the medical recommendations of the Joint Committee.

To look to the Joint Committee of the two organizations to work out the detailed application of the foregoing principles.

The Joint Health Policy Committee was established by the two organizations as a mechanism to implement the policy of co-ordination which has been laid down by the World Health Assembly and the Executive Board of UNICEF.

With respect to the technical soundness of particular programmes it was contemplated that the expert committees of WHO would be called upon for their advice, subject, of course, to the decisions of the WHO Executive Board. Where appropriate and agreed upon between the two organizations, it was understood that the WHO Secretariat would be available to assist on specific problems as arose.

The Committee may establish a list of accepted policies.

* In regard to the programme of BCG vaccination as already established, there are special circumstances as also noted in the resolution of the World Health Assembly.
Up to date, the following medical programmes have been authorized by the Committee:

1. the BCG campaigns;
2. the streptomycin campaign;
3. the campaign to combat syphilis in expectant mothers and in children up to eighteen years of age;
4. certain malaria projects;
5. certain training and fellowship programmes;
6. a medical programme for training local personnel in North China.

As the latest policy of UNICEF is to allocate a certain lump sum to countries, it will be the countries' concern to decide for which programmes this money should be spent. A country may decide to spend all the money allocated to it on feeding programmes. A country may select, for example, No. 2 and No. 4, the streptomycin campaign and antimalarial projects. Only the countries themselves can decide upon their needs; they will indicate which medical programmes they prefer, but they can only spend money for health programmes accepted by the JCHP.

Once a country has decided to spend its money on a specific medical programme, in accordance with the procedures of UNICEF which contemplate the preparation of a plan of operations for each programme to be financed by UNICEF, no utilization of funds will be approved until a plan is submitted by the country concerned to the Administration and approved by the Director-General of WHO on behalf of WHO. The manner in which the plan will be considered will be in accordance with the necessities of the case. It may be possible to approve a particular programme simply by correspondence, consultations may take place at Geneva or other points where expert consultation would be appropriate, or, when necessary, by visits of experts to the particular country with its consent.

Since the funds for medical programmes are now contained in the general allocations made by UNICEF for each country, where allocations have already been made no further action will be necessary by the Programme Committee or the Executive Board after final concurrence has been given with respect to a particular medical project. In cases where new action is required by the Programme Committee and the Executive Board on health programmes involving new technical policies and for which approval has not yet been given by the Joint Health Policy Committee, such programmes will be submitted, except in unusual circumstances, to the Joint Committee on Health Policy before action by the Programme Committee and the Executive Board. WHO will have the responsibility of technically following up the medical programmes and reporting on them in accordance with such arrangements as may be agreed upon between the country concerned, UNICEF, and WHO at the time of the acceptance of the particular project. The financial and administrative responsibility will remain with UNICEF.