ABBREVIATIONS

The following abbreviations are used in the *Official Records of the World Health Organization*:

- **ACC**: Administrative Committee on Co-ordination
- **CIOMS**: Council for International Organizations of Medical Sciences
- **ECAFE**: Economic Commission for Asia and the Far East
- **ECE**: Economic Commission for Europe
- **ECLA**: Economic Commission for Latin America
- **FAO**: Food and Agriculture Organization
- **ICAO**: International Civil Aviation Organization
- **ICITO**: Interim Commission of the International Trade Organization
- **ILO**: International Labour Organisation (Office)
- **ITU**: International Telecommunication Union
- **OIHP**: Office International d’Hygiène Publique
- **PASB**: Pan American Sanitary Bureau
- **PASO**: Pan American Sanitary Organization
- **TAA**: Technical Assistance Administration
- **TAB**: Technical Assistance Board
- **TAC**: Technical Assistance Committee
- **UNESCO**: United Nations Educational, Scientific and Cultural Organization
- **UNICEF**: United Nations Children’s Fund
- **UNKRA**: United Nations Korean Reconstruction Agency
- **UNRWA/PRNE**: United Nations Relief and Works Agency for Palestine Refugees in the Near East
- **WFUNA**: World Federation of United Nations Associations
- **WMO**: World Meteorological Organization

PRINTED IN SWITZERLAND
The Seventh World Health Assembly, held in the Palais des Nations, Geneva, from 4 to 21 May 1954, was convened in accordance with resolution WHA6.41 of the Sixth World Health Assembly and resolution EB12.8 of the Executive Board (twelfth session).
EXPLANATORY NOTE

In this volume the resolutions are reproduced in the serial order in which they were adopted by the Health Assembly. However, in order to facilitate the use of the volume in conjunction with the *Handbook of Resolutions and Decisions* (second edition), they have been grouped by title in the table of contents under the *Handbook* subject-headings. There has also been added, beneath each resolution, a reference to the section of the *Handbook* containing previous resolutions on the same subject.

The following reference list of sessions of the Health Assembly and Executive Board shows the resolution symbol applicable to each session and the *Official Records* volume in which the resolutions are to be found.

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MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

Delegations of Member States

AFGHANISTAN

Delegates:
Dr A. ZAHIR, Deputy Minister of Health *(Chief Delegate)*
Dr A. RAHIM, Director, Malaria Institute, Kabul

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Delegate:
Dr G. SEGURA, Director, International Health Affairs, Ministry of Health

Adviser:
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AUSTRALIA

Delegates:
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Mr R. L. HARRY, Permanent Delegate to the European Office of the United Nations
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Alternates:
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Delegates:
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Mr K. STROBL, Chief, Legal Section, Directorate-General of Public Health, Federal Ministry of Social Affairs
Dr W. GUTENBRUNNER, Director, Department of Epidemiology, Federal Ministry of Social Affairs

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Delegates:
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Dr A. N. DUREN, Inspecteur général de l'Hygiène au Ministère des Colonies

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Dr P. J. J. VAN DE CALSEYDE, Directeur général de l'Hygiène au Ministère de la Santé publique et de la Famille

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Delegate:
Dr J. M. ARAMAYO, Minister of Hygiene and Public Health

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Delegates:
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Dr A. Mendonça e Silva, Secretary of Public Health for the State of Rio de Janeiro

Alternate:
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Delegates:

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Dr U Maung-U, Deputy Director of Health Services (Maternity, Child and School Health Division)

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Delegates:

Dr You Chhin, Médecin de l’Assistance médicale (Chief Delegate)

Dr Ngo-Yok-Su, Médecin de l’Assistance médicale

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Delegates:

Dr F. G. Robertson, Parliamentary Assistant to the Minister of National Health and Welfare (Chief Delegate)

Dr P. E. Moore, Director, Indian and Eskimo Health Services, Department of National Health and Welfare

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**CEYLON**

Delegates:

Sir Claude Corea, High Commissioner for Ceylon in the United Kingdom (Chief Delegate)

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Delegates:

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Delegates:

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Mr A. Donnadieu, Consul-General in Geneva

**CUBA**

Delegates:

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Dr P. Nogueira, Director, Marianao Health Unit

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Dr O. Andersen, Professor of Paediatrics, University of Copenhagen (Deputy Chief Delegate)

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Dr M. VOLKERT, Chief of Department, Statens Seruminstitut, Copenhagen

DOMINICAN REPUBLIC
Delegate:
Dr R. BERGES SANTANA, Under-Secretary of State for Public Health

ECUADOR
Delegate:
Dr C. GRUNAUER TOLEDO, Director-General of Health

EGYPT
Delegates:
Dr M. H. ABUL ELA, Under-Secretary of State, Ministry of Public Health (Chief Delegate)
Dr M. M. SIDKY, Director-General, Department of Technical and Administrative Inspection, Ministry of Public Health
Dr M. O. SHOIB, Director, Division of International Health, Ministry of Public Health

Advisers:
Dr C. E. EL WAKIL, Lecturer, Faculty of Law, University of Alexandria
Mr A. OSMAN, Third Secretary, Department of International Organizations, Ministry of Foreign Affairs
Dr S. EL FAR, Director-General, Quarantine Service, Ministry of Public Health

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Delegate:
Dr R. C. BUSTAMANTE, Under-Secretary of State for Health and Welfare

ETHIOPIA
Delegate:
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Delegates:
Professor F. KLOSE, Director, Health Department, Federal Ministry of the Interior (Chief Delegate)
Dr F. KOCH, Adviser, Federal Ministry of the Interior (Deputy Chief Delegate)
Dr F. BERNHARDT, Director, Legal Division, Public Health Department, Federal Ministry of the Interior

Advisers:
Dr H. VON BEHRING, Chief, Public Health Service, Land Hessen
Dr H. HEIGL, Principal Medical Officer, Schleswig-Holstein

FINLAND
Delegates:
Professor N. PESONEN, Director-General, State Medical Board (Chief Delegate)
Dr L. A. KAPRIO, Medical Counsellor; Chief, Public Health Section, State Medical Board (Chief Delegate)
Mr O. J. VALLILA, Counsellor of Legation and Permanent Delegate to the International Organizations in Geneva
Mr I. TAPIOLA, Secretary, Finnish Legation, Berne

Adviser:
Miss M. BOMAN, R.N. Matron

FRANCE
Delegates:
Professeur J. PARISOT, Professeur d'Hygiène et de Médecine sociale; Doyen de la Faculté de Médecine de Nancy (Chief Delegate)
Dr D. BOIDÉ, Directeur de l'Hygiène publique et des Hôpitaux au Ministère de la Santé publique et de la Population
Dr E. AUJALEU, Directeur de l'Hygiène sociale au Ministère de la Santé publique et de la Population

Alternates:
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1 Until 10 May
2 From 10 May
M. J. Foessel, Administrateur au Ministère des Finances

Advisers:
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M. S. Hessel, Secrétaire d'ambassade
Mlle A. Lissac, Secrétaire d'ambassade ; Délégué permanent adjoint auprès de l'Office européen des Nations Unies

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Delegate:
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Dr P. Salgado, Pédiatre consultant au Ministère de la Santé publique

HASHEMITE KINGDOM OF JORDAN
Delegate:
Dr S. Amin, Assistant Under-Secretary for Health

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Delegate:
Dr J. Sigurjónsson, Professor of Hygiene, University of Iceland

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Dr B. B. Dikshir, Surgeon-General, Government of Bombay

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Dr C. V. Ramchandani, Assistant Director-General of Health Services

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Delegates:
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Dr A. Naficy, Professor of Internal Diseases, Medical Faculty, Teheran University (Deputy Chief Delegate)
Dr A. Diba, Director, Department of International Health Relations, Ministry of Health

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Delegates:
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Dr A. Pachachi, Secretary, Iraqi Embassy, Washington

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Mr T. J. Brady, Assistant Secretary, Department of Health

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Dr S. Syman, Assistant Director-General, Ministry of Health

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Mr T. Tessitori, High Commissioner for Hygiene and Public Health (Chief Delegate)
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Professor V. Puntoni, Director, Institute of Hygiene, University of Rome
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Professor B. De Maria, Deputy High Commissioner for Hygiene and Public Health
Mr. U. De Leoni, Chief, Secretariat of the High Commissioner for Hygiene and Public Health
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Mr A. Ferrero, Consul-General and Permanent Delegate to the Specialized Agencies in Geneva
Mr F. Ripandelli, Attaché, Consulate-General in Geneva
Mr S. Callea, Consulate-General in Geneva

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Delegates:
Dr Ryu Ozawa, Chief, Statistics Division, Ministry of Health and Welfare (Chief Delegate)
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Adviser:
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Dr S. Hayek, Director of Technical Services, Ministry of Health

LIBERIA

Delegates:
Dr J. N. Tobga, Director-General of National Health Services (Chief Delegate)
Mr J. Emery Knight, Ambassador of Liberia to France

LUXEMBOURG

Delegates:
Dr L. Molitor, Directeur de la Santé publique (Chief Delegate)
Dr A. Faber, Président du Collège médical

Alternate:
M. J. Sturm, Chargé d'affaires à Berne

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Delegate:
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Adviser:
Mr J. G. De Werra

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Delegates:
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M. R. Bickert, Consul général à Genève
NETHERLANDS

Delegates:
Dr C. Van Den Berg, Director-General for International Health Affairs, Ministry of Social Affairs and Public Health (Chief Delegate)
Dr H. W. Julius, Professor of Hygiene and Microbiology, State University of Utrecht (Deputy Chief Delegate)
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Dr C. J. M. Mol, Member of Parliament
Miss H. C. Hessling, Division for International Health Affairs, Ministry of Social Affairs and Public Health

NEW ZEALAND

Delegate:
Dr H. B. Turbott, Deputy Director-General of Health

Alternate:
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NICARAGUA

Delegate:
Dr E. Selva Sandoval, Consul-General in Barcelona

PAKISTAN

Delegates:
Dr M. Jafar, Director-General of Health; Joint Secretary, Ministry of Health and Works (Chief Delegate)
Dr S. M. Ali, Director of Health Services, Bahawalpur

PANAMA

Delegate:
Dr A. Bissot, Jr, Director-General, Department of Health, Ministry of Labour, Welfare and Health

PARAGUAY

Delegate:
Dr R. Acosta Fleytas, Secretary-General, Ministry of Health

PERU

Delegate:
Dr A. Lynch, Chief, Division of Hygiene and Health Education, Ministry of Health and Welfare

PHILIPPINES

Delegates:
Dr P. J. Garcia, Secretary of Health (Chief Delegate)
Dr A. C. Regala, Special Assistant, Department of Health

PORTUGAL

Delegates:
Dr A. da Silva Travassos, Director-General of Health, Ministry of the Interior (Chief Delegate)
Dr A. A. de Carvalho-Dias, Senior Inspector of Health, Office of the Director-General of Health, Ministry of the Interior
Dr G. J. Janz, Assistant Professor of Hygiene, Institute of Tropical Medicine, Lisbon

Alternate:
Dr B. A. V. de Pinho, Senior Inspector of Health, Office of the Director-General of Health, Ministry of the Interior

REPUBLIC OF KOREA

Delegate:
Dr H. I. Paik, Chief, Bureau of Preventive Medicine, Ministry of Health
MEMBERSHIP OF THE HEALTH ASSEMBLY

SAUDI ARABIA

Delegates:
Dr R. PHARAON, Ambassador of Saudi Arabia to France and Minister Plenipotentiary in Madrid (Chief Delegate)
Dr A. CHOUMAN, Director-General of Preventive Medicine, Ministry of Health

Alternate:
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Delegates:
Dr J. A. PALANCA Y MARTÍNEZ FORTÚN, Director-General of Health (Chief Delegate)
Mr J. DE ERICE Y O'SHEA, Minister Plenipotentiary; Consul-General and Permanent Delegate to the International Organizations in Geneva (Deputy Chief Delegate)
Dr G. CLAVERO DEL CAMPO, Director, National School of Public Health

Alternate:
Dr F. PÉREZ GALLARDO, Professor at the National School of Public Health
Mr L. DE VILLEGAS Y DE URZÁIZ, Secretary at the Consulate-General and Deputy Permanent Delegate to the International Organizations in Geneva

SWEDEN

Delegates:
Dr A. ENGEL, Director-General, Royal Medical Board (Chief Delegate)
Mr S. AF GEIJERSTAM, Under-Secretary of State, Ministry of the Interior and Health
Dr M. TOTTIE, Expert on Venereal Diseases, Royal Medical Board

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Miss M. RABO, Assistant Director, College of Post-Graduate Nursing
Mr T. C. BJOERCK, Permanent Delegate to the European Office of the United Nations

SWITZERLAND

Delegates:
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Professeur E. GRASSET, Directeur de l’Institut d’Hygiène et de Bactériologie de l’Université de Genève
Dr H. BüCHEL, Médecin cantonal, Zurich

Advisers:
M. S. CAMPICHE, Juriste au Département politique fédéral
Professeur G. FLÜCKIGER, Directeur de l’Office vétérinaire fédéral

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Delegates:
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Dr Dia E. EL-CHATTI, Director, International Health Affairs; Chief, Ophthalmic Division, Ministry of Health (Deputy Chief Delegate 2)
Mr N. SATI, Director, Administrative Affairs, Ministry of Health
Dr G. JALLAD, Director, Office for Maternal and Infant Welfare, Ministry of Health

Advisor:
Dr F. CHEIKH EL ARD, Public Health Administrator

THAILAND

Delegates:
Dr S. DAENGSVANG, Deputy Director-General, Department of Health, Ministry of Public Health (Chief Delegate)
Dr P. INDRAMBARYA, Regional Health Officer

TURKEY

Delegates:
Dr N. KARABUDA, Under-Secretary of State, Ministry of Health and Welfare (Chief Delegate)
Dr T. ALAN, Chief, International Relations Section, Ministry of Health and Welfare

UNION OF SOUTH AFRICA

Delegates:
Dr B. M. CLARK, Deputy Chief Health Officer, Department of Health (Chief Delegate)
Mr D. B. SOLE, First Secretary, Embassy of the Union of South Africa, Paris

1 Until 14 May
2 Chief Delegate from 14 May
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Delegates:

Sir John Charles, Chief Medical Officer, Ministry of Health (Chief Delegate)
Sir Eric Priddie,1 Chief Medical Officer, Colonial Office
Dr Wilson Rae,2 Colonial Office
Mr W. H. Boucher, Assistant Secretary, Ministry of Health

Advisers:

Sir Andrew Davidson, Chief Medical Officer, Department of Health for Scotland
Mr E. M. T. Firth, Under-Secretary, Ministry of Health
Mr J. F. Hunt, Deputy Accountant-General, Ministry of Health
Dr M. T. Morgan, Medical Officer, Port of London
Mr A. E. Joll, Deputy Registrar-General, General Register Office
Dr W. P. D. Logan, Chief Medical Statistician, General Register Office
Mr J. C. Wardrop, Permanent Delegation to the European Office of the United Nations

UNITED KINGDOM OF LIBYA

Delegate:

Dr S. Tokdemir Daoud, Director of Medical Services, Province of Tripolitania

Adviser:

Dr C. Noger, Acting Director-General of Public Health

UNITED STATES OF AMERICA

Delegates:

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Dr L. A. Scheele, Surgeon General, Public Health Service, Department of Health, Education and Welfare
Dr H. M. Erickson, Oregon State Board of Health, Portland

Alternates:

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Miss C. C. Laise, Division of International Administration, Department of State

URUGUAY

Delegate:

Mr J. Nogueira, Minister Plenipotentiary; Permanent Delegate to the United Nations Organizations in Europe

VENEZUELA

Delegate:

Dr F. Castillo-Rey, Deputy Director of Health, Ministry of Health and Welfare

VIET NAM

Delegates:

Dr H. Marcel, Directeur général de la Santé et des Hôpitaux (Chief Delegate)
Dr Nguyên-Bình-Nghiên, Médecin à l'Hôpital Nam Viet, Saigon

1 Until 11 May
2 From 11 May
MEMBERSHIP OF THE HEALTH ASSEMBLY

YEMEN
Delegates:
Mr I. EL-JORAFI, Secretary in the Yemen Legation, Cairo (Chief Delegate)
Mr A. EL-HAMDANI, Secretary in the Yemen Legation, Cairo

YUGOSLAVIA
Delegates:
Mr M. MARKOVIĆ, Chairman, Social Affairs and Health Commission of the Federal Executive Council (Chief Delegate)
Professor A. ŠTAMPAR, President of the Yugoslav Academy of Sciences and Arts, Zagreb (Deputy Chief Delegate)
Dr V. DIJUKANOVIC, Secretary for Health, Federal Executive Council

Alternates:
Mr R. BEROVIC, Professor at the University of Belgrade
Mr R. PLEIĆ, Counsellor, Secretariat for Foreign Affairs

Representatives of Associate Members

FEDERATION OF RHODESIA AND NYASALAND
Dr D. J. M. MACKENZIE, Director of Medical Services, Nyasaland

MOROCCO (FRENCH ZONE)
Dr G. SICAULT, Directeur de la Santé publique et de la Famille
Dr Elhoussine TERRAB, Délégué du Grand Vizir à la Santé publique

SPANISH PROTECTORATE ZONE IN MOROCCO
Dr M. EL MEHDI BEN HAMED, Villa Nador Hospital
Dr J. DIAZ MARIN, Director, Institute of Hygiene, Tetuan

TUNISIA
Dr M. BEN SALEM, Ministre de la Santé publique

M. A. BOUHAJEB, Ministre honoraire de la Santé publique
Dr A. MESTIRI, Médecin inspecteur, Chef du Service de l’Assistance médicale gratuite au Ministère de la Santé publique
M. B. JAIFI, Chef de Service au Ministère de la Santé publique
Dr J. DAIRÉ, Médecin inspecteur, Chef du Service du Contrôle sanitaire aux Frontières au Ministère de la Santé publique

Observers for Non-Member States

COLOMBIA
Dr L. GONZÁLEZ BARROS, Permanent Delegate to the European Office of the United Nations and the Specialized Agencies in Geneva

HOLY SEE
Rev. Father H. M. DE RIEDMATTEN, Information Centre of the International Catholic Organizations, Geneva
Dr R. BIOT, Director, Institute of Endocrinology and Psychology, and Secretary, Medical Studies Group, Lyons

SAN MARINO
Dr E. GRANELLI, Minister Plenipotentiary

Representatives of the Executive Board

Dr Melville MACKENZIE, Chairman
Dr H. HYDE, Rapporteur

Representatives of the United Nations and Specialized Agencies

UNITED NATIONS
Mr A. PEIT, Director of the European Office
Mr A. LETHBRIDGE, Chief, Administrative and Financial Services, European Office
Mr L. GROS, Representative in Europe of the Department of Social Affairs
Mr B. PICKARD, Liaison Section (Non-Governmental Organizations), European Office
Mr M. MILHAUD, Chief, European Office, Technical Assistance Administration

1 Until 19 May
2 Chief Delegate from 19 May
3 Dr Mackenzie represented Southern Rhodesia until 14 May, date of admission of the Federation (see resolution WHA7.13).
4 Until 10 May
PERMANENT CENTRAL OPIUM BOARD
Mr L. ATZENWILER, Secretary of the Permanent Central Opium Board and the Drug Supervisory Body

UNITED NATIONS CHILDREN’S FUND
Mr B. RAJAN, Chairman, Programme Committee

OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES
Mr A. A. HOVEYDA, Chief, Liaison Section

UNITED NATIONS KOREAN RECONSTRUCTION AGENCY
Sir Arthur RUCKER, Chief, European Regional Office
Mr J. R. NYGAARD, Executive Officer, European Regional Office

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST
Dr L. FINDLAY, Chief, Health Division

TECHNICAL ASSISTANCE BOARD
Mr D. OWEN, Executive Chairman
Mr P. R. A. OBEZ, Secretary

INTERNATIONAL LABOUR ORGANISATION
Mr L. ALVARADO, Assistant Director-General
Mr M. A. DJAMALZADEH, Principal Member of Division, International Organizations Division
Dr W. N. TAYLOR, Occupational Safety and Health Division
Dr H. A. DE BOER, Occupational Safety and Health Division
Mr J. ORIZET, Co-operation and Handicrafts Service

FOOD AND AGRICULTURE ORGANIZATION
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Mrs M. DILLON, Administrative Officer, Geneva

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Mr R. ATTYGALLE, Programme Specialist

INTERNATIONAL CIVIL AVIATION ORGANIZATION
Mr E. WARNER, President of the Council

WORLD METEOROLOGICAL ORGANIZATION
Dr G. SWOBOĐA, Acting Secretary-General
Mr J. R. RIVET, Deputy Secretary-General
Mr K. LANGLO, Chief, Technical Division

Representatives of Intergovernmental Organizations

COUNCIL OF EUROPE
Mr A. H. ROBERTSON, Political Directorate

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Representatives of Non-Governmental Organizations in Official Relationship with WHO

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Dr J. BURTON, Medical Director

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Professor J. MAISIN, Chairman of the Executive Committee (Also representing the International Union against Cancer)
Mr R. PATERSON, Vice-Chairman of the Executive Committee
INTERNATIONAL ACADEMY OF FORENSIC AND SOCIAL MEDICINE

Professor M. De Laet, Honorary President of the Praesidium (Also member of the Delegation of Belgium)

INTERNATIONAL ASSOCIATION FOR PREVENTION OF BLINDNESS

Professor A. Franceschetti, Geneva

INTERNATIONAL ASSOCIATION OF CATHOLIC NURSES AND MEDICO-SOCIAL WORKERS

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Miss Callou, Secretary-General

INTERNATIONAL COMMITTEE OF THE RED CROSS

Mr J. Duchosal, Secretary-General
Dr G. A. Dubois, Adviser, Medical Commission

INTERNATIONAL CONFERENCE OF SOCIAL WORK

Miss J. Duyvis-Courvoisier, Chief Welfare Officer

INTERNATIONAL COUNCIL OF NURSES

Miss M. M. Bihet, President

INTERNATIONAL DENTAL FEDERATION

Dr G. H. Leatherman, Secretary-General
Dr C. L. Bouvier, Geneva

INTERNATIONAL FEDERATION FOR HOUSING AND TOWN PLANNING

Mr C. E. Burklin, Geneva

INTERNATIONAL HOSPITAL FEDERATION

Mr W. F. Vetter, Member of the Study and Research Committee on Hospital Planning and Construction

INTERNATIONAL LEPROSY ASSOCIATION

Dr R. Chaussinand, Paris

INTERNATIONAL PAEDIATRIC ASSOCIATION

Professor F. Bamatter, Geneva

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES

Dr Luise Frankenstein (Also representing the International Union for Child Welfare)

INTERNATIONAL UNION AGAINST CANCER

Professor J. Maisin

INTERNATIONAL UNION FOR CHILD WELFARE

Mr G. Thélin, Secretary-General
Dr Luise Frankenstein, Assistant Head, Research Department

LEAGUE OF RED CROSS SOCIETIES

Dr G. Alsted, Director, Health Bureau
Dr Z. S. Hantchef, Assistant to the Executive Secretary

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

Dr Ada C. Reid, President

UNION OSE

Dr L. Gurvic, Permanent Delegate to the World Health Organization; Honorary Secretary-General
Professor T. Gordonoff, Berne
Dr H. Fajerman, Paris

WORLD FEDERATION FOR MENTAL HEALTH

Dr J. R. Rees, Director
Dr E. E. Krapf, Chairman of the Executive Board
Dr Mary I. Rees

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS

Mr J. A. F. Ennals, Secretary-General
Dr E. H. Musil, Director, Health Section, Austrian Association for the United Nations
Mr M. H. K. Irwin, United Nations Association of Great Britain and Northern Ireland
Miss C. J. Bernet, Secretary, WHO Seminar

WORLD MEDICAL ASSOCIATION

Dr J. Maystre, Liaison Officer with WHO, Geneva
Dr L. H. Bauer, Secretary-General
Miss M. L. Natwick
Dr D. Knutson, President of the Swedish Medical Association
Dr L. W. Larson
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Dr J. N. Togba (Liberia)

Vice-Presidents:
Dr Y. Bauji (Lebanon)
Sir Claude Corea (Ceylon)
Ambassador F. Hurtado (Cuba)

Secretary:
Dr M. G. Candaú, Director-General

Deputy Secretary:
Dr P. Drolle, Deputy Director-General

Committee on Credentials
The Committee on Credentials was composed of delegates of the following countries: Australia, Chile, Federal Republic of Germany, Finland, India, Italy, Lebanon, Liberia, Mexico, United States of America, Venezuela, Yemen.
Chairman: Mr F. García-Oldini (Chile)
Rapporteur: Dr H. M. Erickson (United States of America)
Secretary: Mr F. Gutteridge, Legal Office

Committee on Nominations
The Committee on Nominations was composed of delegates of the following countries: Brazil, Canada, Cuba, Egypt, Federal Republic of Germany, Finland, France, Indonesia, Ireland, Japan, Lebanon, Pakistan, Philippines, Portugal, Spain, Switzerland, Syria, United States of America.
Chairman: Dr F. J. Brady (United States of America)
Rapporteur: Dr E. de Paiva Ferreira Braga (Brazil)
Secretary: Dr M. G. Candaú, Director-General

Main Committees
Under Rule 33 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Programme and Budget
Chairman: Dr E. Aujaleu (France)
Vice-Chairman: Dr E. de Paiva Ferreira Braga (Brazil)
Rapporteur: Dr L. A. Kaprio (Finland)
Secretaries: Dr H. S. Gear, Assistant Director-General, Department of Central Technical Services; Dr V. A. Sutter, Assistant Director-General, Department of Advisory Services

Administration, Finance and Legal Matters
Chairman: Dr M. Jafar (Pakistan)
Vice-Chairman: Dr P. J. Garcia (Philippines)
Rapporteur: Mr B. Sorensen (Denmark)
Secretary: Mr M. P. Siegel, Assistant Director-General, Department of Administration and Finance

Legal Sub-Committee
Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)
Vice-Chairman: Mr L. A. D. Geeraerts (Belgium)
Rapporteur: Mr H. B. Calderwood (United States of America)
Secretary: Mr A. Zarb, Chief, Legal Office

Working Party on International Quarantine
Chairman and Rapporteur: Dr M. T. Morgan (United Kingdom of Great Britain and Northern Ireland)
Vice-Chairman: Dr E. de Paiva Ferreira Braga (Brazil)
Secretary: Dr L. H. Murray, Chief, International Quarantine Section

1 Owing to the departure of the Chairman and the Vice-Chairman on 18 May, the Committee at its fifteenth meeting elected Mr D. B. Sole (Union of South Africa) as Acting Vice-Chairman for the remainder of the session.
PART I

RESOLUTIONS AND DECISIONS
RESOLUTIONS AND DECISIONS

WHA7.1  Establishment of Main Committees

The Seventh World Health Assembly

1. ESTABLISHES a Committee on Programme and Budget;
2. ESTABLISHES a Committee on Administration, Finance and Legal Matters.

Handb. Res., 2nd ed., 4.1.5  Adopted at the first plenary meeting, 4 May 1954

WHA7.2  Terms of Reference of the Main Committees

The Seventh World Health Assembly

DECIDES that:

(1) the terms of reference of the Committee on Programme and Budget will be to:
   (a) review the Annual Report of the Director-General;
   (b) consider whether the annual programme follows the general programme of work for 1953-56;
   (c) recommend the budgetary ceiling for 1955, after examination of the main features of the programme;
   (d) review and recommend the programme for 1955;
   (e) recommend the completed Appropriation Resolution for 1955 after inserting the amounts relating to Part II, for the operating programme, in the text of the resolution, including the amounts for Part I, organizational meetings, and Part III, administrative services, as recommended by the Committee on Administration, Finance and Legal Matters, and
   (f) study such other items as are referred to it by the Health Assembly;

(2) the terms of reference of the Committee on Administration, Finance and Legal Matters will be to:
   (a) review the financial position of the Organization, including:
       (i) the Financial Report and the Report of the External Auditor for the financial year 1953;
       (ii) the status of contributions;
       (iii) the status of the Working Capital Fund, Assembly Suspense Account and Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
   (b) recommend the scale of assessments for 1955;
   (c) recommend the Working Capital Fund Resolution for 1955, including the amount in which it shall be established;
   (d) review the parts of the budget for 1955 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget;
   (e) consider the text of the Appropriation Resolution and report thereon to the Committee on Programme and Budget, and
   (f) study such other items as are referred to it by the Health Assembly;

— 17 —
(3) when item (c) under paragraph (1) is being considered in the Committee on Programme and Budget there shall not be a meeting of the Committee on Administration, Finance and Legal Matters, and that when item (d) under paragraph (2) is being considered in the Committee on Administration, Finance and Legal Matters there shall not be a meeting of the Committee on Programme and Budget; and finally, that

(4) item (c) under paragraph (1) shall not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters has completed its work on item (b) of paragraph (2).

Adopted at the third plenary meeting, 6 May 1954

WHA7.3 Award of the Léon Bernard Foundation Medal and Prize

The Seventh World Health Assembly

1. NOTES the report of the Léon Bernard Foundation Committee;¹

2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1954;

3. AWARDS the medal and prize to Professor Jacques Parisot; and

4. PAYS TRIBUTE to Professor Parisot for his outstanding contribution and practical achievements in the field of social medicine.

Adopted at the fifth plenary meeting, 6 May 1954

WHA7.4 Budget Level and Effective Working Budget for 1955

The Seventh World Health Assembly

1. RESOLVES that the budget level for 1955 shall be US $10,999,360, to be financed by assessments against Members after deducting casual income available for 1955 of $950,000; and, further,

2. RESOLVES that the effective working budget for 1955 shall be US $9,500,000.

Adopted at the seventh plenary meeting, 14 May 1954 (third report of the Committee on Programme and Budget, as amended)

WHA7.5 Campaigns against Smallpox

The Seventh World Health Assembly,

Considering that Article 2 (g) of the Constitution provides that a function of the Organization shall be “to stimulate and advance work to eradicate epidemic, endemic and other diseases”; Considering the study made by the Executive Board ² in accordance with resolution WHA6.18,

REQUESTS the Director-General:

(1) to continue studies on the most effective methods of smallpox control, particularly with reference to those countries where the disease is endemic;

(2) to urge health administrations to conduct, wherever possible and necessary, campaigns against smallpox as an integral part of the public-health programmes;

¹ Annex 1
(3) to provide within budgetary limitations the assistance requested by national administrations to further their smallpox control programmes; and

(4) to report to the Eighth World Health Assembly on the progress made and the results obtained.

*Handb. Res., 2nd ed., 1.3.15*  
*Adopted at the sixth plenary meeting, 14 May 1954*  
*(section 3 of the second report of the Committee on Programme and Budget)*

**WHA7.6 Functions of the World Health Organization in respect of Conventions on Addiction-Producing Drugs**

The Seventh World Health Assembly,

Being desirous of determining more precisely, within the World Health Organization, the exercise of the functions conferred upon the Organization through or by the United Nations under the various international agreements providing a control régime for addiction-producing drugs,

DECEDES as follows:

(1) decisions as to the classification of substances under the following international agreements shall be taken by the Director-General upon receipt of the appropriate expert advice:

(a) Articles 8 and 10 of the Second Opium Conference Convention of 19 February 1925, as modified by the Protocol signed at Lake Success on 11 December 1946;

(b) Article 11 of the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 13 July 1931, as amended by the Protocol signed at Lake Success on 11 December 1946; and

(c) Article 1 of the Protocol of 19 November 1948 bringing under international control drugs outside the scope of the Convention of 13 July 1931 for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, as amended by the Protocol signed at Lake Success on 11 December 1946;

(2) the Director-General shall inform the Executive Board of all decisions taken by him hereunder;

(3) decisions as to questions concerning the application or interpretation of the said Conventions and Protocols or future similar instruments, in so far as they concern the World Health Organization, and as to any changes in the functions of the Organization under the control régime, shall be taken by the World Health Assembly upon advice given by the Executive Board in accordance with Article 28 (d) of the Constitution, except that in case of urgency the Board may take such action as it deems appropriate, subject to confirmation by the World Health Assembly.

*Handb. Res., 2nd ed., 1.5.1*  
*Adopted at the sixth plenary meeting, 14 May 1954*  
*(section 3 of the first report of the Committee on Programme and Budget)*

**WHA7.7 1931 Convention on Narcotic Drugs: Interpretation of “Convertible Substances”**

The Seventh World Health Assembly,

Having considered resolution EB13.R10,

DECIDES that, so far as the functions conferred upon the World Health Organization by the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs are concerned, a substance will be considered by the World Health Organization as “convertible” where the
ease of conversion and the yield obtained constitute a risk to public health, and that in cases where there is
uncertainty as to whether a substance will fall under this definition, the substance will be considered as
"convertible" rather than as "not convertible".

WHA7.8 Procedure for Selection of Recommended International Non-Proprietary Names for Drugs

The Seventh World Health Assembly,

Having examined the procedure for the selection of recommended international non-proprietary
names for drugs moving in international commerce and the general principles for guidance in devising
international non-proprietary names, adopted by the Executive Board at its twelfth session in accordance
with resolution WHA6.15 of the Sixth World Health Assembly;

Noting the report of the Board (resolution EB13.R4) and the Director-General on the application
of the system;

Recognizing that the results do not provide an adequate basis on which to review the merits of the
system or the need for further clarification,

REQUESTS the Director-General

(1) to proceed, after consultation with the Expert Committee on the International Pharmacopoeia,
to a re-examination of the rules governing the establishment of international non-proprietary names for
drugs, the procedure followed for their adoption, and the measures to be adopted for their protection; and

(2) to report in that connexion to the fifteenth session of the Executive Board and to the Eighth
World Health Assembly.

WHA7.9 General Programme of Work for a Specific Period

The Seventh World Health Assembly,

Having reviewed the general programme of work for the period 1953-56; 2

Considering that this programme still provides an appropriate framework for the planning of the
detailed annual programme of the Organization,

1. REQUESTS the Director-General to plan the annual programme for 1956 and 1957 within this general
   framework;

2. REQUESTS the Executive Board to continue to keep the matter under review; and, further,

3. REQUESTS the Executive Board to study the effect of continuing projects on the planning of detailed
   annual programmes.

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2 Off. Rec. Wld Hlth Org. 32, Annex 10. The programme, originally adopted for the period 1952-55, was renewed by the
   Fifth World Health Assembly for the period 1953-56.
WHA7.10  Organizational Study on Programme Analysis and Evaluation

The Seventh World Health Assembly,

Having considered the report on programme analysis and evaluation presented by the Executive Board;¹

Believing that it is desirable for the Director-General and the Board to continue the study of this matter,

REQUESTS the Executive Board at its fifteenth session to prepare, for the Eighth World Health Assembly, a report on this study, taking due note of the discussion in the Committee on Programme and Budget at the Seventh World Health Assembly.

Handb. Res., 2nd ed., 1.12  Adopted at the sixth plenary meeting, 14 May 1954 (section 1 of the second report of the Committee on Programme and Budget)

WHA7.11  Extension of Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

 Whereas on 29 September 1950 an agreement² was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) on the basis of principles established by the Third World Health Assembly;

 Whereas the duration of this agreement was extended until 30 June 1954, or until the dissolution of the Agency if this should take place before that date, by resolution WHA6.25, adopted by the Sixth World Health Assembly on 20 May 1953;

 Whereas the United Nations General Assembly at its eighth session adopted resolution 720 (VIII), in which authorization is given to UNRWA to adopt a provisional budget for the fiscal year ending 30 June 1955;

 Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWA,

 The Seventh World Health Assembly

 AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1955, or until the dissolution of the Agency if this should take place before that date.

Handb. Res., 2nd ed., 8.1.6  Adopted at the sixth plenary meeting, 14 May 1954 (section 2 of the second report of the Committee on Programme and Budget)

WHA7.12  Election of Members Entitled to Designate a Person to Serve on the Executive Board

The Seventh World Health Assembly,

After consideration of the nominations of the General Committee,³

ELECTS the following Members entitled to designate a person to serve on the Executive Board:

Burma, Chile, France, Japan, Saudi Arabia and the Union of South Africa.

Handb. Res., 2nd ed., 4.2.2  Adopted at the sixth plenary meeting, 14 May 1954

¹ Off. Rec. Wld Hlth Org. 52, Part III
³ See the report of the General Committee.
WHA7.13 Admission of the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization

The Seventh World Health Assembly

Admits the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Federation of Rhodesia and Nyasaland in accordance with Rules 106 and 107 of the Rules of Procedure of the World Health Assembly, the associate membership of Southern Rhodesia consequently lapsing.

WHA7.14 Host Agreement with the Government of Egypt

The Seventh World Health Assembly

1. Notes with satisfaction the statement made by the Government of Egypt to the effect that it has withdrawn point 5 of the notes exchanged between the Egyptian Government and the World Health Organization in connexion with the Agreement concluded on 25 March 1951 between the World Health Organization and the Government of Egypt concerning the privileges, immunities and facilities to be accorded to the World Health Organization in Egypt, and

2. Requests the Director-General to inform the Government of Egypt of the action taken by the World Health Assembly.

WHA7.15 Scales of Assessment for 1955, 1956, 1957 and 1958

The Seventh World Health Assembly

1. Resolves that the WHO scale of assessment for 1954 shall be applicable to 1955, except that (a) the minimum assessment of Members shall be 0.04 per cent. instead of the present five units and (b) the assessment of Nepal shall be the minimum assessment;

2. Recommends to the Eighth World Health Assembly that the United Nations scale of assessment for 1954, as adjusted to the World Health Organization membership, be adopted for 1956 and 1957 in the following manner:

   (1) one half the adjustments necessary to make the revision shall be effected for the 1956 scale;

   (2) the remaining adjustments shall be effected for the 1957 scale; and

   (3) the per capita ceiling principle shall be applied only to the extent to which it is applied in the United Nations 1954 scale of assessment;

1 For text of the Host Agreement and of the notes exchanged, see Off. Rec. Wild Hlth Org. 35, Annex 7 and Appendix. On 16 December 1953 the Director-General received a letter from the Government of Egypt informing him that by Act No. 556 of 30 November 1953 it had withdrawn point 5 of the notes. The letter noted that point 5 constituted no more than a specific application of the provisions of Section 31 (1) of the Agreement, which recognized the Government's right to take any measure necessary for the security of Egypt. That right had been, as far as necessary, reaffirmed.
3. REQUESTS the Director-General, when circulating to Members the proposed programme and budget estimates for 1956, to include a table showing both the scale of assessment which would be applied and the amount of individual contributions which would be called for if the provisions of the preceding paragraph were applied to the budget for 1956 as proposed by the Director-General; and, further,

4. RECOMMENDS that in establishing the scale of assessment to be used in 1958 the Health Assembly further adjust the WHO scale to take into account the latest available United Nations scale of assessment.

Handb. Res., 2nd ed., 7.1.2.1

WHA7.16 Future Scales of Assessment

The Seventh World Health Assembly

1. RECOMMENDS that the Eighth World Health Assembly give consideration to methods for assessing Members which participate in the work of the Organization only for the amount of the effective budget in 1956 and subsequent years, any assessments of the other Members to be over and above this amount;

2. REQUESTS the Executive Board to ascertain the views of the Member States in this connexion, to study the replies and to submit a report to the Eighth World Health Assembly; and

3. INVITES the Member States which have not been actively participating in the work of the Organization to resume full participation at the earliest date.

Handb. Res., 2nd ed., 7.1.2.1

WHA7.17 Assessment of China

The Seventh World Health Assembly,

Noting that there has been no significant improvement in China's financial situation since the adoption of resolution WHA6.6 by the Sixth World Health Assembly;

Believing that the special provisions made with regard to the assessment of China (sub-paragraphs (2) and (3) of part II, paragraph 1 of that resolution) should be extended,

DECIDES

(1) that, until China's financial situation has improved, a payment of an annual sum of not less than $10,000 shall be considered adequate to avoid the application of Article 7 of the Constitution;

(2) that, notwithstanding the provisions of Financial Regulation 5.6, this annual payment by China shall be credited to income for the year concerned rather than to the arrears of earlier years; and

(3) that the balance of the arrears of China for prior years, together with the amount remaining unpaid for the year concerned, shall be subject to future arrangements, when the financial condition of this country improves.

Handb. Res., 2nd ed., 7.1.2.5
REQUEST concerning the Contribution of the Spanish Protectorate Zone in Morocco

The Seventh World Health Assembly,

Having noted the proposals concerning the contribution of the Spanish Protectorate Zone in Morocco,1

1. REFERS this question to the Executive Board;

2. REQUESTS the two interested governments to provide the Board with all necessary information as to their respective points of view; and

3. REQUESTS the Executive Board to submit a report on this subject to the Eighth World Health Assembly.

Handb. Res., 2nd ed., 7.1.2.2

Adopted at the ninth plenary meeting, 18 May 1954
(section 9 of the second report of the Committee on Administration, Finance and Legal Matters)

STATUS OF COLLECTION OF ANNUAL CONTRIBUTIONS AND OF ADVANCES TO THE WORKING CAPITAL FUND

The Seventh World Health Assembly,

Having considered the report of the Director-General on arrears of contributions as at 30 April 1954;

Noting that certain Members made no payments on their arrears during 1953,

1. DRAWS to the attention of those Members resolution WHA6.31, inviting their particular attention to the decision which provides "that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the convening of the World Health Assembly in 1955, the Assembly may consider, in accordance with Article 7 of the Constitution, whether or not the right of vote shall be granted to such a Member";

2. CALLS upon Members to take appropriate action to liquidate their arrears of contributions during 1954; and

3. REQUESTS all Members to provide regularly in their annual budgets for their contributions to the World Health Organization and to pay such contributions as early as possible after 1 January of the year in which they are due.

Handb. Res., 2nd ed., 7.1.2.4

Adopted at the ninth plenary meeting, 18 May 1954
(section 4 of the second report of the Committee on Administration, Finance and Legal Matters)

1 These were as follows:

Draft resolution submitted by the delegations of Spain and the Spanish Protectorate Zone in Morocco:

The Seventh World Health Assembly

DECIDES, in virtue of resolution WHA6.37, that the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member, shall be fixed by the Executive Board.

Amendments to the above draft submitted by the delegation of France:

1. Add the following preamble:
   "Considering that for 1955 the contribution of Morocco, Associate Member, has been fixed at three units";

2. Replace the words "the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member" by the following:
   "the amount to be contributed by the various zones in Morocco";

3. Insert after the words "the Executive Board" the following:
   "on the proposal of the Director-General and in agreement with the Governments concerned, taking into account their relative demographic, economic and social factors".
WHA7.20  Arrears of Contributions in respect of the Office International d’Hygiène Publique

The Seventh World Health Assembly

NOTES the report of the Executive Board on action taken by the Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique.\(^1\)

Handb. Res., 2nd ed., 6.3.3.3

Adopted at the ninth plenary meeting, 18 May 1954
(section 10 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA7.21  Working Capital Fund for 1955

The Seventh World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1954 be established for 1955 in the amount of US $3 385 369, plus the assessments of Members joining after 30 April 1954;

2. AUTHORIZES the Director-General:

   (1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1955, pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions become available;

   (2) to advance such sums in 1955 as may be necessary to meet unforeseen or extraordinary expenses and to increase the relevant Appropriation Section accordingly, provided that not more than US $250 000 is used for such purposes, except that with the prior concurrence of the Executive Board a total of US $500 000 may be so used; and

3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made, under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources.


Adopted at the ninth plenary meeting, 18 May 1954
(section 5 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA7.22  Publications Revolving Fund

The Seventh World Health Assembly

1. NOTES the report of the Executive Board on the status of the Publications Revolving Fund;\(^2\)

2. NOTES that the Executive Board will consider the status of this fund at its fifteenth session; and

3. REQUESTS the Board to report to the Eighth World Health Assembly on this subject.

Handb. Res., 2nd ed., 7.1.5.1

Adopted at the ninth plenary meeting, 18 May 1954
(section 6 of the second report of the Committee on Administration, Finance and Legal Matters)

\(^1\) Off. Rec. Wld Hlth Org. 52, Annex 9

WHA7.23  Special Fund for World Health Seals

The Seventh World Health Assembly

1. NOTES the report of the Executive Board on the sale of World Health Seals and the status of the fund (resolution EB13.R32);
2. NOTES that several countries have not yet reported on their sales for 1953 and prior years;
3. REQUESTS these governments to report their sales and remit the Organization's share of the proceeds; and
4. AUTHORIZES the Director-General to continue the sale of seals to such countries as have requested them for 1955.

Handb. Res., 2nd ed., 7.1.5.2  Adopted at the ninth plenary meeting, 18 May 1954 (section 7 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA7.24  Establishment of Executive Board Special Fund

The Seventh World Health Assembly,

Considering Article 58 of the Constitution, which provides that "a special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies";

Having noted the recommendation of the Executive Board that this be established as a separate fund;

and

Noting that sufficient cash funds are available in the Assembly Suspense Account to finance the establishment of such a fund,

1. DECIDES to establish a separate fund to be known as the "Executive Board Special Fund";
2. AUTHORIZES the Director-General to transfer the sum of US $100,000 from the Assembly Suspense Account to finance the establishment of this fund; and
3. AUTHORIZES the Executive Board to use this fund to meet emergencies and unforeseen contingencies, any amounts used under this authorization to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

Handb. Res., 2nd ed., 7.1  Adopted at the sixth plenary meeting, 14 May 1954 (section 2 of the first report of the Committee on Administration, Finance and Legal Matters)


The Seventh World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1953 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 54; and

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,1


Handb. Res., 2nd ed., 7.1.7  Adopted at the sixth plenary meeting, 14 May 1954 (section 1 of the first report of the Committee on Administration, Finance and Legal Matters)

1 Annex 2
WHA7.26  Sessions of Regional Committees at Regional Headquarters

The Seventh World Health Assembly,

Having noted the comments of the regional committees and the recommendation of the Executive Board on the holding of sessions of regional committees at regional headquarters; 1 and

Considering that, in accordance with Article 48 of the Constitution, regional committees are responsible for determining the place of each meeting,

RECOMMENDS that, in deciding on the place of their meetings, regional committees should consider holding them from time to time at the site of the regional office, taking into account the costs involved for the Organization and the Member States concerned.

Handb. Res., 2nd ed., 5.3.5    Adopted at the ninth plenary meeting, 18 May 1954
(section 1 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA7.27  Payment of Travel Expenses of Representatives to Sessions of Regional Committees

The Seventh World Health Assembly,

Having considered resolution EB13.R27 on the payment of travel expenses of representatives to sessions of regional committees,

1. NOTES that the Executive Board has withdrawn the recommendations on this subject contained in resolution EB11.R50; and

2. DECIDES that these expenses shall not be reimbursed by WHO.

(section 2 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA7.28  Rights and Obligations of Associate Members in Regional Committees

The Seventh World Health Assembly,

Having considered the comments of regional committees 2 on the rights and obligations of Associate Members as defined in resolution WHA2.103, which were made in pursuance of resolution WHA6.38, together with the recommendation of the Executive Board that no change in the existing rights and obligations should be made pending further study of this subject (resolution EB13.R29);

1. DECIDES to make no change in the rights and obligations of Associate Members at the present time; and

2. REQUESTS the Executive Board to continue its study of this question.

(section 8 of the second report of the Committee on Administration, Finance and Legal Matters)

**WHA7.29** Place of Eighth World Health Assembly

The Seventh World Health Assembly,

Having noted the resolution of the Executive Board (EB13.R59) on the invitation of the Government of Mexico to hold the Eighth World Health Assembly, and the session of the Executive Board which follows, in Mexico City, and the subsequent report submitted by the Director-General,¹

1. expresses its appreciation of the invitation extended by the Government of Mexico;
2. decides that the Eighth World Health Assembly shall be held in Mexico in 1955; and
3. requests the Director-General to enter into an appropriate agreement with the Government of Mexico in connexion with the convening of both the Eighth World Health Assembly and the session of the Executive Board which follows, and to report thereon to the Executive Board at its fifteenth session.

Handb. Res., 2nd ed., 4.1.3.4

*Adopted at the ninth plenary meeting, 18 May 1954*  
*(section 3 of the second report of the Committee on Administration, Finance and Legal Matters)*

**WHA7.30** Revision of Rules of Procedure of the World Health Assembly

The Seventh World Health Assembly,

Having considered the revised Rules of Procedure of the Health Assembly proposed by the Executive Board at its thirteenth session;

Noting that several Members have proposed additional changes requiring further detailed consideration as to both form and substance,

1. requests the Director-General to transmit the revised Rules to Members and Associate Members and to invite them to give their views and suggestions on any items relating thereto, in time for submission to the Executive Board at its fifteenth session; and
2. requests the Executive Board to prepare a report on this subject for the Eighth World Health Assembly.

Handb. Res., 2nd ed., 4.1.1

*Adopted at the tenth plenary meeting, 20 May 1954*  
*(section 4 of the fifth report of the Committee on Administration, Finance and Legal Matters)*

**WHA7.31** Technical Discussions at Future Health Assemblies

The Seventh World Health Assembly,

Reaffirming the opinions expressed in the introduction to resolution WHA6.60; and

Recognizing that the technical discussions serve one of the most useful purposes of the Health Assembly, providing an opportunity for the growth and development of understanding of common problems,

1. decides that technical discussions should be continued in connexion with the Health Assembly;
2. requests the Executive Board and the Director-General:
   (1) to allot adequate time for ample presentation and free discussion, taking into consideration the fact that this time should not be in conflict with other meetings of the Health Assembly;

¹ In this report the Director-General stated that there had been no further developments since the thirteenth session of the Executive Board.
(2) to continue the use of experts to prepare papers well in advance for the benefit of the participants;
(3) to study, with the co-operation of the Regional Directors, whether regional meetings dealing with the same subjects should be held;
(4) to take the necessary steps for the documentation of the discussions to be transmitted to the participants and to the Member States;
(5) to appoint a chairman well in advance;
(6) to keep the same subject, "Public-Health Problems in Rural Areas", for technical discussions at the Eighth World Health Assembly, and to study with the Mexican Government the possibility of field visits in connexion with the discussions; finally

3. DECIDES that the subject to be discussed during the Ninth World Health Assembly shall be "Nurses: Their Education and their Role in Health Programmes".

Handb. Res., 2nd ed., 4.1.2

Adopted at the tenth plenary meeting, 20 May 1954

WHA7.32 Additional Use of the Spanish Language

The Seventh World Health Assembly,

Recognizing the desirability of facilitating to the greatest possible extent the participation of Spanish speaking Members in the activities of the World Health Organization;

Considering that it is desirable to take additional steps with the view of ultimately providing for Spanish to become a working language of the Assembly and the Executive Board,

1. REQUESTS that as from 1955 the Director-General make arrangements to have Spanish translations made of all Official Records of the World Health Organization, the final minutes of the Executive Board, and the reports of expert committees;

2. DECIDES that all resolutions and other formal decisions of the Health Assembly and of the Executive Board be established in both working languages and in Spanish.

Handb. Res., 2nd ed., 1.14.1; 4.2.5.2

Adopted at the tenth plenary meeting, 20 May 1954

(section 1 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA7.33 Regional Committee for the Eastern Mediterranean

The Seventh World Health Assembly,

Having examined the situation existing in the Eastern Mediterranean Region and the necessity for convening the Regional Committee in order to satisfy the legitimate health needs of Member States and to ensure judicious and effective application of the provisions laid down in the Constitution;

1 See appendices to minutes of fourteenth meeting of the Committee on Administration, Finance and Legal Matters for statements by the Chairman of that committee and the Chairman of the Working Party on Meetings of the Regional Committee for the Eastern Mediterranean.
Considering the decisions set forth in paragraphs 1 and 3 of resolution WHA6.47,

1. **EXPRESSES** its regret that the two sub-committees contemplated in this resolution were not able to meet in 1953 as planned;

2. **DECIDES** that the Regional Committee for the Eastern Mediterranean should provisionally carry out its duties through being divided into two sub-committees and in accordance with the following rules:
   
   (1) each of the Member States of the Region, in accordance with its declared wishes, shall be seated in one or other of the two sub-committees;
   
   (2) the voting rights of the Member States concerned shall be exercised in only one of the sub-committees, the Member States being permitted to attend either of the sub-committees and participate in the deliberations thereof;
   
   (3) each sub-committee shall draw up its own method of procedure, the Regional Director proposing draft rules for consideration at the first meeting of the sub-committees;
   
   (4) the procedure adopted shall not be inconsistent with the general rules of procedure followed by the Health Assembly;
   
   (5) for elections, whenever required, a secret ballot shall be taken, by postal vote if necessary, the ballot papers from each sub-committee being sealed in a cover and both sealed covers opened at a time and place to be fixed by the Regional Director and announced by him to the members of both sub-committees;
   
   (6) while it is recommended that it is desirable that the two sub-committees meet preferably at the same place and on the same dates but at different hours, it should not be made a condition of the holding of the sessions of the sub-committees;
   
   (7) the conclusions arrived at by either sub-committee shall be made available to the other sub-committee within as short a period as possible;
   
   (8) in order to co-ordinate the opinions of the sub-committees, the following procedure shall be adopted: a person designated by each sub-committee, with the authorization of the respective sub-committees, shall meet together with the Regional Director in order to harmonize as far as may be necessary the decisions of the sub-committees and to present a final report, and the decisions arrived at shall be forwarded to the Executive Board with the details of voting, if any;
   
   (9) if for any reason one or other of the sub-committees should be unable to meet on the date and at the place notified, the other sub-committee’s opinions shall be forwarded to the Director-General;
   
   (10) both sub-committees shall consider the same agenda, prepared by the Regional Director and covering the whole Region;

3. **DECIDES** that the above provisional régime shall be terminated if at any time all Member States in the Region agree to suspend the provisional arrangements suggested and to work on the usual basis of a regional committee (in this event the session of the regional committee shall be convened according to the usual provisions);

4. **EXPRESSES** the hope that some of the Member States in the Region will join both sub-committees in order to strengthen the work of the World Health Organization in the Eastern Mediterranean Region; and, finally,

5. **REQUESTS** the Director-General and the Regional Director to take the necessary measures in order to implement this resolution.

*Adopted at the tenth plenary meeting, 20 May 1954*  
*(section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters)*
**WHA7.34 Appropriation Resolution for the Financial Year 1955**

The Seventh World Health Assembly

RESOLVES to appropriate for the financial year 1955 an amount of US $10,999,360 as follows: ¹

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>192,380</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>90,310</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>41,800</td>
</tr>
<tr>
<td><strong>Total — Part I</strong></td>
<td></td>
<td>324,490</td>
</tr>
<tr>
<td><strong>PART II: OPERATING PROGRAMME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>1,715,853</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>4,932,245</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>1,342,736</td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td></td>
<td>135,757</td>
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<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td>8,126,591</td>
</tr>
<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Administrative Services</td>
<td></td>
<td>1,048,919</td>
</tr>
<tr>
<td><strong>Total — Part III</strong></td>
<td></td>
<td>1,048,919</td>
</tr>
<tr>
<td><strong>TOTAL — Parts I, II AND III</strong></td>
<td></td>
<td>9,500,000</td>
</tr>
<tr>
<td><strong>PART IV: RESERVE</strong></td>
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<td></td>
</tr>
<tr>
<td>9. Undistributed Reserve</td>
<td></td>
<td>1,499,360</td>
</tr>
<tr>
<td><strong>Total — Part IV</strong></td>
<td></td>
<td>1,499,360</td>
</tr>
<tr>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td></td>
<td>10,999,360</td>
</tr>
</tbody>
</table>

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1955 in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1955 to the effective working budget established by the World Health Assembly, i.e. Parts I, II and III.

¹ For analysis of these appropriations under chapters, see Annex 3.
III. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of $22,091 available from the transfer of the assets of the Office International d'Hygiène Publique

(ii) the amount of $20,835 representing assessments on new Members from previous years

(iii) the amount of $313,264 representing miscellaneous income available for the purpose

(iv) the amount of $556,810 available by transfer from the cash portion of the Assembly Suspense Account

(v) the amount of $37,000 available by transfer from the Publications Revolving Fund

Total $950,000

thus resulting in assessments against Members of $10,049,360.

IV. The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections.

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1955 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1955.

VI. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1955 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1955.

Handb. Res., 2nd ed., 2.1

Adopted at the tenth plenary meeting, 20 May 1954
(section 3 of the fourth report of the Committee on Programme and Budget)

WHA7.35 Programme and Budget for 1955

The Seventh World Health Assembly,

Having decided that the effective working budget for 1955 should be $811,100 less than that proposed by the Director-General in his programme and budget estimates;

Considering that it is essential to provide, within the reduced effective working budget, for the statutory increases of the Organization, the further development of certain regional offices and the further steps envisaged towards making Spanish a full working language;

Realizing that the Technical Assistance funds which may ultimately become available to the World Health Organization in 1955 will not be known until late in 1954;

Appreciative of the generous financial assistance provided in the past by the UNICEF Executive Board in meeting the costs of international health personnel which could not be provided by the World Health Organization within its limited financial resources,

1. DECIDES that the reduction in 1955 of $811,100 should be effected in Appropriation Section 5;

2. REQUESTS the Director-General to defer the implementation of new 1955 projects under the regular budget to the extent necessary to effect the total reduction of $811,100, maintaining a satisfactory balance between major subject headings;
3. **NOTES** with satisfaction that the UNICEF Executive Board, at its meeting in March 1954, took the following decision concerning conditions governing approval of projects jointly assisted by WHO and UNICEF:

   "The Executive Director was directed by the Executive Board to withhold action until the next Board session on any jointly assisted projects which might be deleted from the proposed 1955 WHO budget";

4. **REQUESTS**, in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor;

5. **REQUESTS** the Director-General, when adjusting the 1955 programme, to provide for half the cost of the international health personnel in projects for which UNICEF has been reimbursing these costs in 1954;

6. **REQUESTS** the Director-General, to the extent possible in the light of available resources, to re-transfer, by concentrating on priority I projects, to Technical Assistance funds those projects which, in 1954, are being financed from regular funds; further

7. **REQUESTS** the Director-General to submit to the Executive Board at its fifteenth session a report reflecting the adjustments made to the 1955 programme pursuant to this resolution; and, finally,

8. **RECOMMENDS** that as far as practicable for future years the Director-General develop the regular programme and Technical Assistance programme in such a way as to keep them completely separate.

*Handb. Res., 2nd ed., 2.1*  
*Adopted at the tenth plenary meeting, 20 May 1954  
(section 4 of the fourth report of the Committee on Programme and Budget)*

**WHA7.36 Form of Presentation of Annual Programme and Budget Estimates**

The Seventh World Health Assembly,

Having considered a report by the Executive Board on the future form of presentation of the annual programme and budget estimates of the Organization;¹

Considering that the World Health Organization has entered into an agreement with the United Nations to conform, as far as may be practicable, to standard practices and forms recommended by the United Nations;

Recalling the instructions of the Third World Health Assembly on the presentation of the annual programme and budget estimates of the Organization "in a form specially adapted to the character and requirements of the Organization" (resolution WHA3.107);

Bearing in mind resolution 411 (V) of the General Assembly of the United Nations, which requests specialized agencies, *inter alia*, to provide in their regular budget documents information concerning the estimates for expenditure of Technical Assistance funds, as well as other extra-budgetary funds;

Reaffirming the criteria established by the Fourth World Health Assembly, and by the Executive Board at its eighth and tenth sessions (resolutions EB8.R28 and EB10.R11), to be followed by the Director-General in planning the annual programme and budget estimates, with respect to:

(i) the form of presentation of the annual programme and budget estimates of the Organization (resolution WHA4.56),

(ii) the concentration of effort and resources (resolution WHA4.10),

¹ *Off. Rec. Wld Hlth Org. 52*, Annex 15
(iii) the co-ordination of international health programmes, such as rehabilitation of the physically handicapped (resolution WHA4.18), and
(iv) the co-ordination of planning of UNICEF/WHO programmes (resolution WHA4.74);

Believing that the modified form of presentation of the annual programme and budget estimates of the Organization outlined in the report of the Executive Board conforms (subject to the country schedules included in Annex 2 showing for the two preceding years, as well as for the year under review, the total costs together with the total number of posts for each project) to the special requirements of the Organization, including the provision of Article 2(a) of the Constitution that the Organization should "act as the directing and co-ordinating authority on international health work",

1. REQUESTS the Director-General, in planning the proposed programme and budget estimates of the Organization for 1956 and future years:

(1) to continue to be guided by the approved general programme of work covering a specific period (Article 28 (g) of the Constitution);

(2) to present an appropriately balanced world health programme reflecting regional health programmes which include information indicating the integration of internationally assisted health projects proposed in respect of individual countries within each region, giving consideration to the recommendations and comments of the regional committees concerned;

(3) to prepare his programme and budget estimates in such a way that he will be able to present to the Executive Board and the World Health Assembly separate proposals as to the activities under the regular budget on the one hand and those financed by extra-budgetary funds on the other, provided that the amounts shall not be added together;

(4) to continue to examine requests from governments for assistance in the health field with a view to the development and implementation of projects which can be continued by the governments after the withdrawal of international assistance;

(5) to continue to co-operate with UNICEF and other agencies providing assistance in the international health field and with the governments concerned, in order to develop appropriate international health programmes;

(6) to indicate by countries the additional amounts expected to be contributed by the governments in local currencies (expressed in US dollars) in respect of the proposed health programmes; and

2. DECIDES that the future form of presentation of the annual programme and budget estimates of the Organization shall follow the pattern adopted for the proposed programme and budget estimates for 1955 with the modifications recommended by the Executive Board, except that the country schedules included in Annex 2 shall show for the two preceding years, as well as for the year under review, the total costs, together with the total number of posts, for each project.

Handb. Res., 2nd ed., 2.3

Adopted at the tenth plenary meeting, 20 May 1954
(section 4 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA7.37 Procedure for the Consideration by the Executive Board of the 1956 Programme and Budget Estimates

The Seventh World Health Assembly,

Recalling the decision of the First World Health Assembly,¹ based on the recommendation of the Interim Commission,² instructing the Executive Board "to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Executive Board";

¹ Off. Rec. Wld Hlth Org. 13, 316
² Off. Rec. Wld Hlth Org. 12, 25-26
Considering that it would be useful to have prepared for the Eighth World Health Assembly a detailed analysis of the financial aspects of the Director-General's proposed programme and budget for 1956;

Believing that such an analysis can best be made by a small group,

INSTRUCTS the Executive Board to establish a Standing Committee on Administration and Finance, to consist of seven of its members, to make a detailed analysis of the financial aspects of the proposed programme and budget for 1956 for the use of the Board.

Handb. Res., 2nd ed., 4.2.6 ; 2.4

Adopted at the tenth plenary meeting, 20 May 1954
(section 2 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA7.38 Procedure for the Consideration by the Eighth World Health Assembly of the 1956 Programme and Budget Estimates

The Seventh World Health Assembly

1. REQUESTS the Executive Board, in studying the procedure for consideration of the 1956 programme and budget estimates at the Eighth World Health Assembly, to consider the desirability of recommending that the Assembly give the following instructions to the main committee to which it assigns responsibility for considering the proposed programme and budget for 1956:

   (1) The committee, immediately upon its organization, should establish a working party to make a detailed examination of the Director-General's programme and budget estimates for 1956;

   (2) The working party should start its work promptly and produce its report as early as possible; and

   (3) The main committees should not begin debate on the total programme and budget, including the budgetary ceiling, until after receipt and consideration of the report and recommendations of the working party; further,

2. REQUESTS the Executive Board, if it finds it desirable to recommend the establishment of such a working party, to prepare recommendations on the size, the method of appointment of its members, and its terms of reference, taking into account the experience and procedures of United Nations organs performing functions similar to those to be entrusted to the working party.

Handb. Res., 2nd ed., 4.1.5 ; 2.4

Adopted at the tenth plenary meeting, 20 May 1954
(section 3 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA7.39 Legislative Developments in the Technical Assistance Programme

The Seventh World Health Assembly,

Having considered a report on legislative developments in the United Nations Expanded Programme of Technical Assistance;¹

Noting that certain proposals to be considered by the Economic and Social Council will be examined by the Administrative Committee on Co-ordination later in May 1954,

¹ See Annex 4.
1. **DECEDES** to defer consideration of the amendments to the basic resolution on Technical Assistance 222 (IX) of the Economic and Social Council, as envisaged in resolution WHA6.9, until developments in the management of the programme have taken definite form;

2. **REQUESTS** the Executive Board at its fifteenth session to examine the question again; and

3. **REQUESTS** the Director-General to submit to that session a report on further developments.

*Handb. Res., 2nd ed., 3*

Adopted at the tenth plenary meeting, 20 May 1954  
*section 6 of the fourth report of the Committee on Programme and Budget*

**WHA7.40  Modifications in the Technical Assistance Programme for 1954**

The Seventh World Health Assembly,

Having considered resolution EB13.R39 of the Executive Board, on the financial problems which face the World Health Organization in implementing the programme planned for 1954;

Noting the actions taken by the Director-General to alleviate the financial problems in 1954 by applying, *inter alia*, to the greatest extent possible, measures in accordance with the policy established by the Executive Board in resolution EB11.R57 and approved by the Sixth World Health Assembly in resolution WHA6.9;

Noting the reaffirmation by the Executive Board in resolution EB13.R39 of the policy laid down in resolution EB11.R57.4 as applicable to the 1954 situation;

Noting that, as a result of the review of the programme undertaken early in 1954, it became necessary to request a loan from Technical Assistance funds in an amount of $185,000 against future earmarkings and allocations to the Organization in 1954, which loan has been granted;

Noting that, as a result of an increase in the 1954 earmarking to WHO from Technical Assistance funds at the 28th meeting of the Technical Assistance Board, the Director-General found it possible to implement from Technical Assistance funds approved projects which had earlier been transferred for financing under the regular budget in an amount equivalent to the advance of $250,000 made by him from the Working Capital Fund, thus rendering unnecessary the consideration of a supplementary budget to reimburse the Working Capital Fund;

Having considered a report by the Director-General, pursuant to resolution EB13.R39, on the modifications effected in the planned overall programme for 1954,

1. **APPROVES** the arrangements made by the Executive Board and the Director-General in so arranging for the use of all resources available to WHO in 1954 as to produce as little disruption of the planned programme as possible; and

2. **APPROVES** the modifications effected in the planned programme for 1954 as reported by the Director-General.

*Handb. Res., 2nd ed., 3.2*

Adopted at the tenth plenary meeting, 20 May 1954  
*section 5 of the fourth report of the Committee on Programme and Budget*

**WHA7.41  Technical Assistance Programme for 1955**

The Seventh World Health Assembly,

Noting that the amount of Technical Assistance funds expected to be made available to the Organization from year to year is subject to fluctuations resulting from the voluntary nature of contributions;

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1 See Annex 5.
Believing that the financial problems which have been encountered in the past will continue to arise until such time as the financial arrangements governing the Technical Assistance programme are placed on the basis of beginning projects only when funds are in hand to assure their completion;

Considering that the fluctuations from year to year in the amount of Technical Assistance funds made available to WHO disrupt planned programmes under all resources of the Organization, are inimical to the steady planning and implementation of individual projects, and retard the approved general programme of work for a specific period;

1. REQUESTS the Director-General to do everything possible to develop the programmes financed from the regular budget of WHO and from Technical Assistance funds in such a way as to separate them as completely as possible¹ in order that adjustments in one programme will not necessitate consequential adjustments in the other programme;

2. REQUESTS the Director-General, to the extent practicable, to include in the estimates of expenditure from Technical Assistance funds provisions for the fellowship requirements of appropriate individual projects (including individual fellowships), irrespective of the source from which other costs relating to such projects be financed, subject to the consent of the governments and the approval of the Technical Assistance Board;

3. AUTHORIZES the Director-General to implement the programme in priorities (categories of urgency) as proposed by him and to the extent of available resources;

4. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme, including any necessary modification thereof, in order to adjust it to the amount of funds made available;

5. REQUESTS the Executive Board to report to the Eighth World Health Assembly on any such modification made; and

6. AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.

Adopted at the tenth plenary meeting, 20 May 1954
(section 7 of the fourth report of the Committee on Programme and Budget)

**WHA7.42 Local Costs in respect of International Project Personnel under the Regular Budget**

The Seventh World Health Assembly,

Having considered the recommendation of the Executive Board concerning local costs in respect of international project personnel under the regular budget (resolution EB13.R44);

Noting the recommendation of the Fifth World Health Assembly that the Technical Assistance Committee of the Economic and Social Council "consider the possibility of removing the requirement for governments to provide lodging and travel per diem in the country" to experts assigned to projects financed under the United Nations Expanded Programme of Technical Assistance for Economic Development (resolution WHA5.59);

Recognizing that the contributions made by governments in local currencies towards the overall costs of projects in their respective countries exceed, in most cases, the amounts provided by the World Health Organization for such projects,

1. AGREES that the requirement for governments to provide lodging and other subsistence allowances (including travel per diem within the country) to experts assigned to field projects financed under the regular budget should be removed and that this should be effected by the adoption of a transitional arrangement;

¹ Except for the provision in paragraph 2 [Note appended to the resolution when adopted by the Health Assembly]
2. AUTHORIZES the Director-General in respect of the regular programme:
   (i) to defer the starting of the implementation of all new regular projects planned to be started in 1955 for a further period of approximately two months, as may be necessary to ensure the availability in 1955 of funds to enable the Organization to provide lodging and other subsistence allowances to international staff assigned to such new projects;
   (ii) to discontinue the requirement that the government concerned should provide lodging and other subsistence allowances (including travel per diem within the country) to experts assigned to new projects planned to start in 1955;
3. REQUESTS the Director-General to make such provision as may be appropriate to cover these costs in respect of all regular projects in the programme and budget estimates for 1956 and future years; and, further,
4. REQUESTS the Director-General, in respect of the Expanded Programme of Technical Assistance, to inform the Technical Assistance Committee and the Technical Assistance Board of this decision, with a view to harmonizing this procedure and making it uniform.

Handb. Res., 2nd ed., 7.1.8
Adopted at the tenth plenary meeting, 20 May 1954
(section 2 of the fifth report of the Committee on Administration, Finance and Legal Matters)

WHA7.43 Local Costs in respect of International Project Personnel under the Technical Assistance Programme

The Seventh World Health Assembly

NOTES the existing position on the payment of local costs in respect of international project personnel under the United Nations Expanded Programme of Technical Assistance.

Adopted at the tenth plenary meeting, 20 May 1954
(section 3 of the fifth report of the Committee on Administration, Finance and Legal Matters)

WHA7.44 Appointment of External Auditor for the Years 1955-1957

The Seventh World Health Assembly

RESOLVES that Mr. Uno Brunskog be appointed External Auditor of the accounts of the World Health Organization for the three financial years 1955 to 1957 inclusive, to make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence.

Handb. Res., 2nd ed., 7.1.6.2
Adopted at the tenth plenary meeting, 20 May 1954
(section 2 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA7.45 Cost-of-Living Adjustments

The Seventh World Health Assembly,
Noting that a system of cost-of-living adjustments is still under review by the United Nations and that the United Nations General Assembly has postponed further action on this matter,
DEFERS consideration of this question until such time as the United Nations General Assembly has taken action.

Handb. Res., 2nd ed., 7.2.6.2
Adopted at the tenth plenary meeting, 20 May 1954
(section 3 of the third report of the Committee on Administration, Finance and Legal Matters)
WH.A7.46 Appointment of Representatives on WHO Staff Pension Committee

The Seventh World Health Assembly

1. RESOLVES that the member of the Executive Board designated by the Government of the Union of South Africa be appointed as member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Japan be appointed as alternate member, the appointments being for a period of three years;

2. DECIDES that any member or alternate member of the WHO Pension Committee appointed by the Assembly may, in case of necessity, be represented at meetings of the WHO Pension Committee or the Pension Board by the person who is his alternate on the Executive Board.

Handb. Res., 2nd ed., 7.2.7.3

Adopted at the tenth plenary meeting, 20 May 1954
(section 4 of the third report of the Committee on Administration, Finance and Legal Matters)

WH.A7.47 Annual Report of the United Nations Joint Staff Pension Board

The Seventh World Health Assembly

NOTES the annual report of the United Nations Joint Staff Pension Board for 1952, which was referred to the World Health Organization by the Secretary-General of the United Nations in accordance with Article 35 of the Regulations of the United Nations Joint Staff Pension Fund.

Handb. Res., 2nd ed., 7.2.7.2

Adopted at the tenth plenary meeting, 20 May 1954
(section 5 of the third report of the Committee on Administration, Finance and Legal Matters)

WH.A7.48 Amendments to Staff Rules

The Seventh World Health Assembly

NOTES the amendments to the Staff Rules which were reported by the Director-General and confirmed by the Executive Board at its twelfth and thirteenth sessions.¹

Handb. Res., 2nd ed., 7.2.8.2

Adopted at the tenth plenary meeting, 20 May 1954
(section 1 of the fifth report of the Committee on Administration, Finance and Legal Matters)

WH.A7.49 Accommodation for Headquarters Office

The Seventh World Health Assembly,

Having considered the supplementary report of the Building Committee, transmitted by the Executive Board, on the cost of the extension of the Palais des Nations to provide accommodation for WHO Headquarters,²

1. APPROVES the actions taken by that committee;

² Off. Rec. Wld Hlth Org. 52, Annex 18
2. NOTES that the unused balance of the credits voted by the Fourth and Fifth World Health Assemblies has, in accordance with resolution WHA4.40, been transferred to the Assembly Suspense Account;

3. NOTES with satisfaction that WHO has been provided with permanent accommodation for its headquarters office, the cost of which has been fully met;

4. CONSIDERS the task entrusted to the Building Committee as completed; and

5. REAFFIRMS its thanks to the Government of Switzerland for its contribution to the costs involved.

Handb. Res., 2nd ed., 7.3.2

Adopted at the tenth plenary meeting, 20 May 1954
(section 6 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA7.50 Relations with UNICEF

Considering that the projects that have been carried on by WHO jointly with UNICEF are among the most important activities of WHO and have contributed greatly to the improvement of maternal and child health on a wide basis;

Believing that the co-operative relationship which has proved to be so effective should be maintained and strengthened;

Considering that WHO, as the directing and co-ordinating agency in international health, is the best source of technical knowledge and competence within the international field;

Recognizing that UNICEF, originally an emergency organization, has recently been put on an indefinite basis;

Noting that UNICEF has been instructed by the General Assembly of the United Nations to:

"... as appropriate, obtain from inter-governmental and non-governmental organizations having a special interest in child and family welfare the advice and technical assistance which it may require for the implementation of its programmes;" 1

Noting that under this general policy UNICEF is now reimbursing WHO for certain of the technical personnel provided by WHO for joint projects under provisions of the agreement reached by the UNICEF/WHO Joint Committee on Health Policy in 1949; 2

Recognizing the importance of maintaining a proper balance within the WHO programme as between maternal and child care programmes and other numerous public-health needs and governmental requests;

Recognizing that the different systems of financing and budgeting within UNICEF and WHO create disturbing uncertainties in planning,

The Seventh World Health Assembly

1. EXPRESSES its gratitude to UNICEF for its close co-operation and active support to WHO in strengthening national health services with particular reference to services for children and mothers;

2. REAFFIRMS the principle enunciated by the Fifth World Health Assembly to the effect that:

"... WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future;" 3

3. DECIDES that WHO must maintain a balanced public-health programme;

4. REQUESTS the Director-General to include in future programmes for joint UNICEF/WHO activities only projects for which he is sure that the technical personnel engaged by the Organization can be remunerated;

1 General Assembly resolution 417 (V), para. 6 (d)
2 See Off. Rec. Wld Hlth Org. 22, 47, Appendix A.
3 Resolution WHA5.71, para. 3
5. REQUESTS the Executive Board to determine, in agreement with the UNICEF Executive Board, the conditions under which certain joint projects could be implemented in the event of the finances required exceeding the ordinary resources of the Organization; and, further,

6. REQUESTS the Executive Board to report on this matter to the Eighth World Health Assembly.


Adopted at the tenth plenary meeting, 20 May 1954
(section 2 of the fourth report of the Committee on Programme and Budget)

WHA7.51 Decisions of the United Nations General Assembly and Economic and Social Council

The Seventh World Health Assembly

NOTES the report of the Director-General on decisions of the United Nations General Assembly at its eighth session and the Economic and Social Council at its sixteenth session which relate to the activities of WHO, including administrative and financial questions.


Adopted at the tenth plenary meeting, 20 May 1954
(section 8 of the fourth report of the Committee on Programme and Budget)

WHA7.52 Research

The Seventh World Health Assembly,

Considering the programme for 1955;

Recognizing that public-health research and co-ordination of basic health research are an essential function of the World Health Organization;

Confirming the policies on research established by the Second World Health Assembly (resolution WHA2.19) and by the Executive Board at its eighth session (resolution EB8.R34);

Noting that the Executive Board, in its resolution EB13.R78, has requested the Director-General, in preparing his proposed revision of the programme of work for a specific period for consideration by the Executive Board, to emphasize in regard to research those aspects which are particularly international in character;

Realizing the world shortage of highly trained medical research personnel and the high cost of personnel and equipment required in many fields of modern medical research;

Recognizing that basic research is normally most satisfactorily developed in national and local institutions, which may be assisted by grants from WHO for research contributing to WHO programmes;

Recognizing that, exceptionally, WHO may be forced to implement research programmes itself by consequence of its own projects,

1. REQUESTS the Executive Board and the Director-General to take note of previous resolutions in developing programme policies of the Organization;

2. URGES that Member States with suitable research resources should co-operate with WHO in research programmes applicable to the field of international health; and

3. REQUESTS the Director-General to keep in close touch with other specialized agencies interested in research in fields related to health, and to keep the Executive Board and the Health Assembly informed of any development in this connexion which may be of importance to WHO.

Handb. Res., 2nd ed., 1.4.1

Adopted at the tenth plenary meeting, 20 May 1954
(section 9 of the fourth report of the Committee on Programme and Budget)
WHA7.53  Environmental Sanitation

Recognizing that more leadership is required from the World Health Organization in the field of environmental sanitation,

The Seventh World Health Assembly

requests the Executive Board, at its next session, to consult with the Director-General on the best means of stimulating Member States to give due prominence to projects in environmental sanitation, when formulating requests for assistance from the World Health Organization.

Handb. Res., 2nd ed., 1.7  Adopted at the tenth plenary meeting, 20 May 1954 (section 1 of the fourth report of the Committee on Programme and Budget)

WHA7.54  Annual Report of the Director-General for 1953

The Seventh World Health Assembly,

having reviewed the Annual Report of the Director-General, on the work of WHO in 1953,¹

1. commends the Director-General for the work performed; and

2. approves the manner in which the activities of the World Health Organization were carried forward in 1953.

Handb. Res., 2nd ed., 1  Adopted at the tenth plenary meeting, 20 May 1954 (section 10 of the fourth report of the Committee on Programme and Budget)

WHA7.55  Reports of the Executive Board on its Twelfth and Thirteenth Sessions

The Seventh World Health Assembly

1. notes the reports of the Executive Board on its twelfth² and thirteenth³ sessions; and

2. commends the Board on the work it has performed.

Handb. Res., 2nd ed., 4.2.5.2  Adopted at the tenth plenary meeting, 20 May 1954

WHA7.56  International Sanitary Regulations: First Report of the Committee on International Quarantine

The Seventh World Health Assembly,

having considered the first report of the Committee on International Quarantine, the second report of the Expert Committee on Yellow Fever and the report of its Working Party, established to deal with these reports,⁴

I. 1. adopts the report of the Working Party;

2. decides that no amendments to the provisions of the International Sanitary Regulations should be made at this stage;

¹ Off. Rec. Wld Hlth Org. 51
² Off. Rec. Wld Hlth Org. 49
³ Off. Rec. Wld Hlth Org. 52 and 53
⁴ See footnote to paragraph IV of this resolution.
3. REFERS the International Sanitary Regulations to the Committee on International Quarantine with a view to a revision of the yellow-fever provisions of these Regulations;
4. REQUESTS the Director-General to take the action necessary to enable this review to be carried out by the Eighth World Health Assembly;
5. RECOMMENDS that interested governments should not apply paragraph 2 of Article 70 of the Regulations pending the decision of the Eighth World Health Assembly concerning changes in the provisions with regard to yellow fever to be proposed to it by a future Committee on International Quarantine assisted by yellow-fever experts (these recommendations will not affect local areas in which yellow fever, should it occur, can only be transmitted by Aedes aegypti, provided the terms of paragraph 2 of Article 70 apply to such areas, it being understood that health administrations will vaccinate against yellow fever all persons proceeding from endemic zones and arriving in such local areas on an international journey to a yellow-fever receptive area);
6. DECIDES that the delineation of yellow-fever receptive areas shall be as shown in the report of the Working Party;

II. DECIDES that the Regulations for the Committee on International Quarantine shall be as shown in the first report of the Committee on International Quarantine, as amended by the report of the Working Party, and that these Regulations shall enter into force forthwith;

III. REQUESTS the Director-General to prepare an up-to-date statement showing the position of countries and territories under the International Sanitary Regulations, to be submitted to each World Health Assembly for information;

IV. 1. AUTHORIZES the publication, preferably in a single volume, of:
   (a) the first annual report of the Director-General on the working of the International Sanitary Regulations,
   (b) suggestions for improvement and proposed amendments to the text of the International Sanitary Regulations,
   (c) the first Report of the Committee on International Quarantine and its annexes,
   (d) the resolution of this Assembly (WHA7.56);
   2. REQUESTS the Director-General to transmit this document to all governments;

V. 1. NOTES the report of the working party on the preparation of a manual on the hygiene and sanitation of airports; and
   2. APPROVES the recommendation of the Working Party that resolution WHA4.82 and resolutions EB8.R22 and EB9.R49 be interpreted to mean that the manual shall serve as recommendations for the guidance of health administrations in the operation of airports open to international traffic, and that the word "standards" be interpreted in this sense.

Adopted at the tenth plenary meeting, 20 May 1954

WH7.57 Reservations to the International Sanitary Regulations (WHO Regulations No. 2) in respect of Overseas and Outlying Territories

The Seventh World Health Assembly

1. ADOPTS the report of its Working Party on the reservation to paragraph 2 of Article 17 and to subparagraphs (a) and (b) of paragraph 2 and paragraph 3 of Article 56 of the International Sanitary Regulations, submitted by the Government of the Netherlands on behalf of Surinam; and

2. ACCEPTS the reservation.

Adopted at the tenth plenary meeting, 20 May 1954

1 Off. Rec. Wld Hlth Org. 56, which contains, in addition to the documents mentioned in (a) to (d) below, the report of the Working Party, the second report of the Expert Committee on Yellow Fever, and other relevant documentation.
2 Off. Rec. Wld Hlth Org. 56
PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Seventh World Health Assembly appointed a Committee on Credentials consisting of delegates of the following twelve Members:

Australia, Chile, Federal Republic of Germany, Finland, India, Italy, Lebanon, Liberia, Mexico, United States of America, Venezuela, Yemen.

First plenary meeting, 4 May 1954

(ii) Composition of the Committee on Nominations

The Seventh World Health Assembly appointed a Committee on Nominations consisting of delegates of the following eighteen Members:

Brazil, Canada, Cuba, Egypt, Federal Republic of Germany, Finland, France, Indonesia, Ireland, Japan, Lebanon, Pakistan, Philippines, Portugal, Spain, Switzerland, Syria, and United States of America.

First plenary meeting, 4 May 1954

(iii) Verification of Credentials

The Seventh World Health Assembly recognized the validity of the credentials of the following delegations:

Members
Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Burma, Cambodia, Canada, Ceylon, Chile, China, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Greece, Haiti, Hashemite Kingdom of the Jordan, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Korea, Laos, Lebanon, Liberia, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United Kingdom of Libya, United States of America, Venezuela, Viet Nam and Yugoslavia;

Associate Members
Federation of Rhodesia and Nyasaland, Morocco (French Zone), Spanish Protectorate Zone in Morocco, and Tunisia.

First and sixth plenary meetings, 4 and 14 May 1954

(iv) Election of Officers of the Seventh World Health Assembly

The Seventh World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

Dr J. N. Togba (Liberia), as President of the Seventh World Health Assembly;
Dr Y. Bauji (Lebanon), Sir Claude Corea (Ceylon) and Dr F. Hurtado (Cuba), as Vice-Presidents.

Second plenary meeting, 5 May 1954

1 The credentials of the delegations of Bolivia, Guatemala, Uruguay and Yemen were provisionally recognized at the first and sixth plenary meetings.
(v) **Election of Officers of the Main Committees**

The Seventh World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

**COMMITTEE ON PROGRAMME AND BUDGET**
Chairman: Dr E. J. Aujaleu (France)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**
Chairman: Dr M. Jafar (Pakistan)

*Second plenary meeting, 5 May 1954*

The main committees subsequently elected the following officers:

**COMMITTEE ON PROGRAMME AND BUDGET**
Vice-Chairman: Dr E. de Paiva Ferreira Braga (Brazil)
Rapporteur: Dr L. A. Kaprio (Finland)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**
Vice-Chairman: Dr P. Garcia (Philippines)
Rapporteur: Mr B. Sørensen (Denmark)

(vi) **Establishment of the General Committee**

The Seventh World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following nine countries as members of the General Committee: ¹

Brazil, Indonesia, Ireland, Japan, Philippines, Spain, Syria, United Kingdom of Great Britain and Northern Ireland, and United States of America.

*Second plenary meeting, 5 May 1954*

(vii) **Adoption of the Provisional and Supplementary Agenda**

The Seventh World Health Assembly adopted the provisional agenda prepared by the Executive Board at its thirteenth session and, subsequently, the supplementary agenda.

*Second and sixth plenary meetings, 5 and 14 May 1954*

¹ In accordance with Rule 29 of the Rules of Procedure, the General Committee consisted of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees and the delegates of these countries.
PART II

PROCEEDINGS

PLENARY SESSION AND COMMITTEES
AGENDA ¹

[A7/1 and A7/15—1 March and 12 May 1954]

1. Opening of the session by the President of the Sixth World Health Assembly
2. Establishment of the Committee on Credentials
3. Election of the Committee on Nominations
4. Election of President and three vice-presidents
5. Adoption of the procedure for consideration of programme and budget estimates for 1955
6. Establishment of the Committee on Programme and Budget
   Election of Chairman
7. Establishment of the Committee on Administration, Finance and Legal Matters
   Election of Chairman
8. Establishment of the General Committee
9. Adoption of the agenda
10. Presidential address
11. Adoption of procedure for technical discussions
12. Review and approval of reports of the Executive Board, twelfth and thirteenth sessions
13. General review of the report of the Director-General on the work of WHO in 1953
14. Admission of new Members and Associate Members, if any
15. Amendments to the Constitution of the World Health Organization on membership of the Executive Board: item proposed by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland
16. Equitable geographical distribution in membership of the Executive Board: item proposed by the Government of the Republic of the Philippines
17. Election of Members entitled to designate a person to serve on the Executive Board
18. Award of Léon Bernard Foundation Prize
19. Presentation of the Darling Foundation medals and prizes
20. Approval of reports of the main committees
21. Technical discussions at future Health Assemblies
22. Other business
23. Closure of Seventh World Health Assembly

¹ Adopted at the second and sixth plenary meetings
² Item referred to the Committee on Administration, Finance and Legal Matters
³ Item referred to the General Committee
6. COMMITTEE ON PROGRAMME AND BUDGET

6.1 Election of Vice-Chairman and Rapporteur
6.2 Review of work during 1953: Annual Report of the Director-General
6.3 General programme of work for a specific period
6.4 Review and approval of the regular programme and budget estimates for 1955

WHO PARTICIPATION IN THE EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE

6.5 Report on the Expanded Programme of Technical Assistance
6.6 Modifications in the programme for 1954
6.7 Programme for 1955

OTHER PROGRAMME MATTERS

6.8 Consideration of the first report of the Committee on International Quarantine

6.8.1 International Sanitary Regulations: Reservations from the Government of the Netherlands in respect of Surinam

6.9 Campaign against smallpox
6.10 Selection of recommended international non-proprietary names for drugs: application of procedure and guiding principles adopted
6.11 1931 Convention on Narcotic Drugs: interpretation of the term “convertible substances”
6.12 Report of the Executive Board on the organizational study relating to programme analysis and evaluation
6.13 Suggestion for a future organizational study by the Executive Board (continuation of study on programme analysis and evaluation)

CO-ORDINATION AND EXTERNAL RELATIONS

6.14 Decisions of the sixteenth session of the Economic and Social Council and Eighth General Assembly affecting WHO's activities
6.15 Extension of agreement with United Nations Relief and Works Agency for Palestine Refugees in the Near East

7. COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

7.1 Election of Vice-Chairman and Rapporteur
7.2 Establishment of Legal Sub-Committee
7.3 Review of work during 1953: Annual Report of the Director-General
7.4 Financial problems in 1954

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1 Item referred to the Working Party on International Quarantine, which reported direct to the Health Assembly in plenary session (see p. 145).
2 Supplementary item, added to the agenda under Rule 10 of the Rules of Procedure and referred to the Working Party on International Quarantine.
7.5 Review of programme and budget estimates for 1955
   (a) Adequacy of the estimates for holding the Eighth World Health Assembly, meetings of the Executive Board and meetings of the regional committees
   (b) Adequacy of the estimates for Administrative Services
   (c) Text of the Appropriation Resolution for the financial year 1955
7.6 Form and presentation of the annual programme and budget estimates

WORLD HEALTH ASSEMBLY
7.7 Consideration of amendments to the Rules of Procedure of the Health Assembly
7.8 Selection of the country or region in which the Eighth World Health Assembly will be held

REGIONAL MATTERS
7.9 Report on the situation regarding the Regional Committee for the Eastern Mediterranean
7.10 Sessions of regional committees at regional headquarters

CONSTITUTIONAL AND LEGAL MATTERS
7.11 Admission of new Members and Associate Members, if any
7.12 Amendments to the Constitution of the World Health Organization on membership of the Executive Board : item proposed by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland
7.13 Rights and obligations of Associate Members in regional committees
7.14 Report on withdrawal of point 5 of the notes exchanged in connexion with the Host Agreement between the Government of Egypt and WHO

FINANCIAL AND ADMINISTRATIVE MATTERS
7.15 Report of the Executive Board on study of the scale of assessment
7.16 Assessment of China
7.17 Scale of assessment for 1955
7.18 Status of collection of annual contributions and of advances to the Working Capital Fund
7.19 Review of status of the Assembly Suspense Account
7.20 Establishment of Executive Board Special Fund
7.21 Working Capital Fund Resolution for 1955
7.22 Report on Publications Revolving Fund
7.23 Special Fund for World Health Seals : report on operation of the fund
7.24 Report on arrears of contributions due in respect of OIHP
7.25 Appointment of External Auditor (for the financial years 1955 to 1957)

7.27 Local costs in respect of international project personnel:
7.27.1 Under the regular budget
7.27.2 Under the Technical Assistance Programme

7.28 Payment of travel expenses of representatives to meetings of regional committees

7.29 Consideration of a system of cost-of-living adjustments

7.30 Report on revision of the Staff Rules as confirmed by the Executive Board

7.31 United Nations Joint Staff Pension Fund
7.31.1 WHO Staff Pension Committee: appointment of representatives to replace members whose period of membership expires
7.31.2 Annual report of the United Nations Joint Staff Pension Board for 1952

7.32 Accommodation for the headquarters office: report on the cost of the new building and on measures taken pursuant to resolution WHA6.36

7.33 Report on co-ordination with the United Nations and specialized agencies on administrative and financial questions
1. Opening of Session by the Acting President, Vice-President of the Sixth World Health Assembly

The Acting President (translation from the Spanish): On behalf of the Seventh World Health Assembly, I have the honour to extend an official greeting to the eminent persons who have accepted the invitation to attend the opening meeting of this Assembly: Mr Adrian Pelt, Director of the European Office of the United Nations at Geneva and representative of the Secretary-General; Mr Edmond Ganter, President of the Grand Conseil of the Republic and Canton of Geneva; Mr Charles Cornu, Procureur général; Mr Maurice Thévenaz, President of the Administrative Council of the city of Geneva; Mr Jules Ducret, President of the Municipal Council of the city of Geneva; Mr J. Rens, Deputy Director-General of the International Labour Office; Mr G. Swoboda, Acting Secretary-General of the World Meteorological Organization; Mr G. Myrdal, Executive Secretary of the Economic Commission for Europe; and Dr Risquez-Iribarren, representative of the Director of the Intergovernmental Committee for European Migration.

Representatives of the Executive Board, Dr Candau, members of the Secretariat, delegates, guests and observers, ladies and gentlemen: I feel it a great privilege to extend you a cordial welcome to the Seventh World Health Assembly. This privilege has fallen to me because, under Article 16 of the Constitution and Rule 26 of the Rules of Procedure of the Assembly, I had the honour to be appointed by the President, Dr Khater, who is prevented by serious ill health from attending. I wish in particular to give a warm welcome to the delegation of the Yemen, a new Member of the Organization which is joining us here for the first time.

I note with pleasure the large attendance of Members who wish to share in the efforts being made to establish peace on firm foundations, such as a higher standard of living of the human race achieved by the satisfaction of essential needs and the improvement of environment.

At the very moment the Health Assembly is meeting, the Palais des Nations has lost its peaceful aspect, and delegates who have been here before will notice that various arrangements have been made which may entail a change in their habits. At the same time as our Assembly there is being held the conference to examine Asian problems. Let us hope it will lead to the settlement of questions which are important for peace and international collaboration. Again, interested observers will have an opportunity of following closely the work of the Assembly.

Since the middle of 1953 Dr Marcolino Gomes Candau has been entrusted with the delicate task of Director-General. It is therefore for the first time that he is submitting for the consideration of the Assembly the report on his wise and competent management. In the past year new progress has been made by the World Health Organization. A better planning of activities and definition of projects, and their more realistic execution as part of a general policy, have contributed very effectively to the achievement of the Organization's objectives. Nevertheless, the financial position is still unfavourable. This the Assembly will be able to note when examining the reports of the Director-General and the Executive Board, and it can endeavour to secure an increase in the contributions from governments to prevent any slowing-down of the Organization's rate of progress. Indeed, one of the Assembly's
main tasks is to control the financial policy of the Organization by examining and approving its budget and thus to determine the general future policy to be followed and the appropriate instructions to be given to the Executive Board.

I would express the hope that the friendly relations existing between members of the various delegations will be even closer than in the past and that the work of the Seventh World Health Assembly, which I now declare officially open, will be crowned with success.

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

The Acting President (translation from the Spanish): I now invite Mr Adrian Pelt, Director of the European Office of the United Nations and representative of the Secretary-General of the United Nations, to address the Assembly.

Mr Pelt, Director, European Office of the United Nations (translation from the French): Mr President, Dr Candau, gentlemen, in greeting you this morning on the occasion of the opening of the Seventh World Health Assembly, I have very special reasons for welcoming you, on behalf of the Secretary-General of the United Nations, to this hall and building. As you are aware, not only are you sharing the conference rooms and offices of the Palais des Nations with the international administrations which normally occupy them, but the United Nations is now also offering hospitality to a great international conference dealing with certain Asian questions the results of which cannot fail to exercise a profound influence on the peace of the world. When the Secretary-General placed the services and the technical facilities of the Palais at the disposal of that conference, he instructed me to make sure that the meeting in question should in no way prevent the great international organizations such as your own, with which the United Nations has concluded an agreement entitling them to use the building, from holding their customary meetings, including their annual conferences. The Palais is accordingly now occupied to an extent never before known in its existence. The holding of the conference created a series of problems which the European Office of the United Nations would have found it very difficult to solve but for the active collaboration of, among other persons, your Director-General and his staff, who from the outset showed understanding and gave us their support. I should like to express publicly today, on behalf of the Secretary-General and in my own name, our very sincere gratitude to Dr Candau and his fellow-workers. The fact remains, however, that we are a little cramped in the Palais, spacious though it is, and we have been forced to ask you to put up with some inconvenience, for which I apologize in advance. At the same time I think I can assure you that everything possible has been done to enable your work to be carried on with the usual speed and efficiency.

In conclusion, Mr President, I would express the wish that the Seventh World Health Assembly will obtain all the success you are entitled to expect.

The Acting President (translation from the Spanish): Thank you, Mr Pelt, for addressing us on this occasion.

3. Establishment of the Committee on Credentials

The Acting President (translation from the Spanish): I would now invite the Assembly to consider item 2 of the provisional agenda, Establishment of the Committee on Credentials. Rule 21 of the Rules of Procedure of the Assembly, which deals with this matter, reads as follows:

A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

In accordance with this rule I would propose to the Assembly the following list of countries: Finland, Federal Republic of Germany, Italy, Lebanon, Mexico, Yemen, Liberia, Venezuela, United States of America, India, Australia and Chile.

Are there any objections? As there are none, I consider the Committee on Credentials to be elected.

4. Election of the Committee on Nominations

The Acting President (translation from the Spanish): Let us now consider item 3 of the agenda, Election of the Committee on Nominations. Here
Rule 22 of the Rules of Procedure applies. It reads as follows:

At the beginning of each regular session, the Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

The practice in previous Assemblies has been for the President to submit to the Assembly a list of Members as in the case of the Committee on Credentials. Nevertheless, Rule 22 states that the Committee on Nominations must be elected; in that case we should have to apply Rule 68, which provides that "All elections shall be held by secret ballot". I am prepared to continue the practice of previous Assemblies if there is no objection from any member of the Assembly.

I call on the delegate of Belgium and would ask him to come to the rostrum.

Professor Dé Læt (Belgium) (translation from the French): Mr President, ladies and gentlemen, in view of the importance of procedure in the transaction of our business, and more particularly in creating and maintaining that spirit of mutual comprehension and complete harmony to which you, Sir, referred in your address a moment ago, we do not think that the adoption en bloc of a list is at the outset conducive to this spirit or consistent with this principle. It is precisely for this reason that Rule 22 of the Rules of Procedure of the Assembly laid down that the members of the Committee on Nominations should be elected. Consequently, Sir, in the general interest, I ask that the rule be applied and a vote taken.

The Acting President (translation from the Spanish): I have noted the remarks of the delegate of Belgium and appreciate his wishing to abide strictly by the Rules of Procedure of the Assembly instead of following the practice previously adopted. We will therefore proceed to elect the Committee on Nominations by secret ballot as stipulated in Rule 68.

Some delegations, however, have not yet submitted their credentials, and in order that the Assembly may vote for delegations whose credentials have been recognized as being in good and due form, the Committee on Credentials will have to meet and to let us know what the position is.

Again, a small number of countries has been hitherto represented in the Committee on Nominations; some have even served on this Committee as often as five times. It is quite possible that these countries which have already taken considerable part in the work of the Assembly may wish to allow other countries an opportunity of doing so. There are in fact twenty-nine States which have not yet been members of the Committee. In view of these considerations, I shall ask the Director-General to be so good as to distribute to the Assembly a list showing the Members which have served on the Committee on Nominations at previous Assemblies. I shall also invite the Assembly to adjourn until the Committee on Credentials informs us which are the delegations whose credentials are in due form.

I will now read out again the members of the Committee on Credentials and ask them to meet immediately: Finland, Federal Republic of Germany, Italy, Lebanon, Mexico, Yemen, Liberia, Venezuela, United States of America, India, Australia and Chile—these are the twelve Member States comprising this Committee.

The meeting was suspended at 10.45 a.m. and resumed at 12 noon.

5. Adoption of First Report of the Committee on Credentials

The Acting President (translation from the Spanish): The meeting is now resumed. I call upon the Rapporteur of the Committee on Credentials to submit its first report.

Dr Erickson (United States of America), Rapporteur, read the first report of the Committee on Credentials.¹

The Acting President (translation from the Spanish): The first report of the Committee on Credentials is before the Assembly. There being no objections, I declare the report approved.

6. Election of the Committee on Nominations (resumed)

The Acting President (translation from the Spanish): The list of countries which are entitled to vote and to be elected has been read to you. We will now proceed in accordance with Rule 68 which provides that "All elections shall be held by secret ballot". To facilitate the work of the Assembly, delegates may perhaps consider it advisable to nominate the countries to be voted on.

If the Assembly is agreeable, the Chair could submit a list; that would speed up the work, since certain Members might agree to their names going forward and the election would then apply to a smaller number of countries. Is there any objection to this procedure?

The delegate of Belgium has the floor.

¹ See page 424.
Professor De Laet (Belgium) (translation from the French): Mr President, ladies and gentlemen, I fear that my recent remarks have been misunderstood. Rule 22 of the Rules of Procedure states that this committee shall be elected; and in the case of an assembly such as the present one, such an election implies that each delegation shall express its desires as regards the composition of the committee. This precludes, to my mind, the submission of a list, no matter how long. Consequently, I feel that the normal procedure is for each delegation to indicate eighteen countries which will provide a delegate to serve on the Committee on Nominations. The votes recorded will, in accordance with the method laid down in the Rules of Procedure, show which delegations have been elected.

The Acting President (translation from the Spanish): Are there any other remarks? There being no further remarks, I shall now ask the Assembly for its opinion on this matter. Do you wish that each delegation should immediately record its vote or that first of all a list of countries to be voted on should be submitted?

I would ask those delegates who wish a vote to be taken immediately without a list of countries being presented to raise their cards.

Will delegates who wish a list to be established before voting please raise their cards?

Are there any abstentions?

The result of the Assembly's decision is as follows: for an immediate vote, 34; against, 15; abstentions, 4; total, 53 votes.

Will Professor De Laet kindly come to the rostrum to assist during the voting? I would ask Dr Hurtado, of Cuba, to be good enough also to act as teller.

If all delegations have received their voting papers, I would point out that there are eighteen members to be elected, and consequently only eighteen names may be entered on the paper. The voting procedure will be in accordance with Rule 68, which I have already read out, and Rule 70, which reads as follows:

When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of persons or Members to be elected, there shall be additional ballots to fill the remaining places, the voting being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Member. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.

In accordance with this rule, delegates of Member States will be called upon in turn to come to the rostrum to deposit their voting papers.

A secret ballot was taken, the names of the Member States entitled to vote being called in the English alphabetical order.

The Acting President (translation from the Spanish): Has any Member of the Assembly not had an opportunity of voting?

There being no objection, I would ask the tellers to count the votes.

The meeting will be suspended while the votes are counted, that is, for about three-quarters of an hour; delegates will be invited to resume the sitting by a signal given by the electric bell.

The meeting was suspended at 12.45 p.m. and resumed at 2.40 p.m.

The Acting President (translation from the Spanish): The meeting is resumed.

I wish particularly to thank Professor De Laet and Dr Hurtado for their excellent work, and I invite Professor De Laet to inform us of the results.

Professor De Laet (Belgium) (translation from the French): Mr President, ladies and gentlemen, on behalf of the tellers I have the honour to inform you of the results of the ballot which has just been taken. Number of votes cast, 60; number of votes valid, 60. The absolute majority for election at the first ballot is therefore 31.

Votes obtained: Cuba, 34; Spain, 34; Syria, 31; Egypt, 29; Japan, 27; Portugal, 27; Brazil, 26; Finland, 25; Indonesia, 25; Belgium, 24; France, 23; Philippines, 23; Ireland, 22; Lebanon, 22; Pakistan, 22; United Kingdom of Great Britain and Northern Ireland, 22; Burma, 19; Iran, 19; Canada, 18; Denmark, 18; Liberia, 18; Argentina, 17; Federal Republic of Germany, 16; India, 16; Afghanistan, 15; Switzerland, 15; Saudi Arabia, 15; Australia, 14; Italy, 13; Norway, 13; Costa Rica, 12; Luxembourg, 12; United States of America, 12; Austria, 11; China, 11; Israel, 11; Thailand, 11; Yugoslavia, 11; Netherlands, 10; Panama, 10;
Paraguay, 10; Sweden, 10; Union of South Africa, 10; Ceylon, 9; Chile, 9; Dominican Republic, 9; Laos, 9; Mexico, 9; Iceland, 8; New Zealand, 8; Ecuador, 7; Iraq, 7; United Kingdom of Libya, 7; Haiti, 6; Turkey, 6; Uruguay, 6; Viet Nam, 6; El Salvador, 5; Hashemite Kingdom of Jordan, 5; Venezuela, 5; Nicaragua, 4; Peru, 4; Yemen, 4; Guatemala, 3; Cambodia, 2; Korea, 2; Monaco, 2.

Consequently three countries, Cuba, Spain and Syria, have obtained an absolute majority at the first ballot.

Under the Rules of Procedure of the Assembly, a second ballot must be taken in which the maximum number of names to be voted on is twice the number of places to be filled. There are fifteen places to be filled, which limits to thirty the number of countries on which a fresh vote must be taken. These countries have been indicated by the number of votes obtained. They are: Egypt, Japan, Portugal, Brazil, Finland, Indonesia, Belgium, France, Philippines, Ireland, Lebanon, Pakistan, United Kingdom of Great Britain and Northern Ireland, Burma, Iran, Canada, Denmark, Liberia, Argentina, Federal Republic of Germany, India, Afghanistan, Switzerland, Saudi Arabia, Australia, Italy, Norway, Costa Rica, Luxembourg, United States of America.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Professor De Laet.

In accordance with Rule 70 of the Rules of Procedure of the Assembly, Cuba, Spain and Syria have obtained the majority required and consequently these countries are considered as duly elected.

Still in accordance with Rule 70, we must now proceed to hold a secret ballot to elect the other fifteen members, and under that rule this ballot must refer exclusively to twice the number required, that is, to the thirty countries obtaining the largest number of votes in the previous ballot.

I should like the names of these thirty countries to be read out once more to the Assembly so that all Members may take note of them and fill the fifteen places exclusively from this list.

The names of the thirty countries were repeated in English.

The ACTING PRESIDENT (translation from the Spanish): Professor De Laet and Dr Hurtado have done excellent work and have made their contribution to this first meeting; we will therefore ask other members of the Assembly to be good enough to come to the rostrum and help with this ballot. Will Sir Arcot Mudaliar (India) and Dr Diba (Iran) kindly come forward?

If Members have had sufficient time to consider their choice, we will again hold a secret ballot. Let me remind delegates that they must enter fifteen names only on their voting papers.

A second secret ballot was taken, the names of the Member States entitled to vote being called in the English alphabetical order.

The ACTING PRESIDENT (translation from the Spanish): Will the tellers please count the votes? While they do so, the meeting will adjourn.

The meeting was suspended at 3.20 p.m. and resumed at 4.35 p.m.

The ACTING PRESIDENT (translation from the Spanish): The meeting is resumed.

The tellers have done excellent work and have made their report exactly at the appointed time. Perhaps Sir Arcot Mudaliar will inform us of the results of the ballot.

Sir Arcot Mudaliar (India): Mr President, at the second ballot the total number of votes polled was 57; number of votes declared invalid, 1; number of votes declared valid, 56; majority required, 29.

The following twelve countries, having secured the majority, are declared elected: Brazil, 38; Egypt, 37; Canada, 35; United States of America, 35; Japan, 34; Philippines, 33; Portugal, 32; Finland, 32; Ireland, 32; Lebanon, 30; France, 29; Pakistan, 29.

Under Rule 70 "if the number of candidates obtaining such majority is less than the number of persons or members to be elected, there shall be additional ballots to fill the remaining places, the voting being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled". Under this rule the following six countries will be balloted for, for the third time: Switzerland, 28; Indonesia, 27; United Kingdom of Great Britain and Northern Ireland, 27; Liberia, 27; Federal Republic of Germany, 27; Burma, 25. Of these six countries, three only have to be elected at the third ballot.

The following countries, not having secured the number of votes, are eliminated: Denmark, Belgium, Saudi Arabia, Australia, Iran, Argentina, Italy, India, Norway, Costa Rica, Afghanistan, and Luxembourg.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Sir Arcot, for your report on the result of the voting.
Fifteen Member States are now elected. It is therefore necessary to elect a further three from among the six who have obtained the greatest number of votes. Further voting papers will be distributed. May I remind delegates that they have to vote for three countries only from the following list: Switzerland, Indonesia, United Kingdom of Great Britain and Northern Ireland, Liberia, Federal Republic of Germany, Burma. Three out of these six countries are to be elected.

Will Dr Regala (Philippines) and Dr Clark (Union of South Africa) be so good as to come to the rostrum and act as tellers?

A third secret ballot was taken, the names of the Member States entitled to vote being called in the English alphabetical order.

The Acting President (translation from the Spanish): Will the tellers please count the votes?

The meeting will be adjourned for twenty minutes. After resuming, once the Committee on Nominations is elected, we shall have other items of the agenda to consider. It is quite possible that there will be sufficient time for a meeting of the Committee on Nominations, and I would request delegates from all countries who have been appointed to that committee to be present.

The meeting was suspended at 5 p.m. and resumed at 5.40 p.m.

The Acting President (translation from the Spanish): I thank the tellers for their work and would ask Dr Clark to read out the results of the ballot.

Dr Clark (Union of South Africa): Mr President, fellow delegates, the result of the third ballot is conclusive. Number of Members entitled to vote, 66; absenteees, 13; abstentions, none; papers null and void, none; number of Members present and voting, 53; number required for a simple majority, therefore, 27. The results of the voting are: Switzerland 34; Federal Republic of Germany, 29; Indonesia, 27. These three, therefore, are elected. The other results are: Liberia, 25; United Kingdom of Great Britain and Northern Ireland, 24; Burma, 12.

The Acting President (translation from the Spanish): Thank you. The Committee on Nominations is therefore now elected.

7. Procedure for Consideration of the Programme and Budget Estimates for 1955

The Acting President (translation from the Spanish): We shall now consider the next item on the agenda, Procedure for consideration of the programme and budget estimates for 1955. We must also decide now what main committees of the Health Assembly there will be, so that the Committee on Nominations will know the number of chairmen it must elect. In considering this point we must follow resolution EB13.R24, adopted by the Executive Board at its thirteenth session. In addition, a note has been received from the delegation of the United Kingdom of Great Britain and Northern Ireland which is contained in a document (A7/8) distributed this morning. The object of the United Kingdom proposal would seem to be to amend or modify the resolution recommended by the Executive Board in the sense that the United Kingdom proposal would retain the two main committees, but would postpone, until later, the determination of the terms of reference of each of these committees. I think therefore that we must first vote on the proposal of the United Kingdom.

The delegate of Norway has the floor.

Dr Evang (Norway): Mr President, fellow delegates, in view of the fact that we have already lost much time, I do feel that we should now try to speed up the business of the Assembly, and I therefore have some hesitation in joining the United Kingdom delegation in their amendment. We all know that the matter before us is very important, because the main task of this Assembly, as of all Assemblies, is to consider and decide upon the work which we are going to do in the next year—within the framework, of course, of the financial limitations, etc. Through a system of trial and error the World Health Assemblies, as many of you will know, have been able to develop a procedure to handle this important and difficult business, and for the last two years we have had two main committees—one committee on programme and budget, another on administration, finance and legal matters—and in a joint meeting of those two committees we have been able to decide upon the ceiling of the budget. On the whole this procedure has worked well, in my opinion, and I have not really heard any strong criticism of the system. In the resolution before us—resolution EB13.R24, which is found on page 9 of Official Records No. 52—we are invited to accept a procedure which in certain respects differs from the procedure which we have been following for the last two years with great success.

Now I do not suggest that we should spend much time discussing this in all its aspects: I would only invite you to look at one point in the resolution, namely, paragraph 2, item (4), which is found at the bottom of page 9 of Official Records No. 52. This
item reads as follows: The Committee on Administration, Finance and Legal Matters shall—and I quote:

review the parts of the budget for 1955 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget.

And this part of the resolution must be seen in relation to item (3) of paragraph 1, under which the other committee, the Committee on Programme and Budget, is entrusted with the task of recommending the budgetary ceiling for 1955, after examination of the main features of the programme.

This suggestion would mean that the Committee on Administration, Finance and Legal Matters would, all by itself, handle these two important parts of the programme and budget. There are four parts really of our programme, as you know: the Organizational Meetings, the Central Technical Services, the Advisory Services and the Administrative Services. It is my feeling, Mr President, that the Committee on Programme and Budget would not be able in a responsible way to fulfil its task of recommending a budgetary ceiling unless the Committee had an opportunity also to deal with these two important parts of the budget. It is because the Organizational Meetings and the Administrative Services are not only the tools through which we work and with which we work; they are really the life and blood of this organization. The type, the number of organizational meetings, the number and qualifications of our administrative staff will, of course, decide what programme we can carry through.

The simplest way of meeting this so that all delegates—and many delegations send only one delegate—can really take part in the discussion, is to arrange for a joint meeting of the two committees when these two items are being considered by the Committee on Administration and Finance; and it seems to me that we might already today reach agreement on an amendment which I would like to propose to you, Mr President, an amendment to the last paragraph, paragraph 3, of the resolution before us (you will find this paragraph at the top of page 10 of the same document, Official Records No. 52). In this paragraph 3 it is arranged that there shall be a joint meeting of the two committees when the ceiling of the budget is considered and decided upon. My amendment would, as I said, open an opportunity for another joint meeting when these other two items are considered. So that instead of reading as it does now:

DECEDES that when item (3) under paragraph 1 is being considered in the Committee on Programme and Budget there shall not be a meeting of the Committee on Administration, Finance and Legal Matters,

paragraph 3 would read as now, but with the following addition:

and that when item (4) under paragraph 2 is being considered in the Committee on Administration, Finance and Legal Matters there shall not be a meeting of the Committee on Programme and Budget.

The ACTING PRESIDENT (translation from the Spanish): We shall continue the discussion on this point. Are there any other delegates who wish to speak? The delegate of the United Kingdom of Great Britain and Northern Ireland has the floor.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, it was not the intention of my delegation to provoke a discussion on the actual items to be referred to the two main committees which this Assembly has to establish. Its sole purpose was to allow just a little breathing-space on account of the extremely complex nature this year of the budgetary situation. My delegation felt that that situation was one which could not be properly dealt with unless, in the committee to which the matter of the budgetary ceiling is referred, delegates could also take into consideration certain very important factors bearing on the budgetary situation which would in ordinary course be dealt with in the other committee. The resolution which my delegation has proposed simply suggests that today the Assembly should establish its two main committees, and that without any allocation of items at the moment to each of those committees. The question of how best to deal with the discussion on the budgetary ceiling could be dealt with by the General Committee at its first meeting. That is all.

The ACTING PRESIDENT (translation from the Spanish): If no other delegate wishes to speak on this point we will vote on the proposal submitted by the United Kingdom of Great Britain and Northern Ireland.

The delegate of Australia has the floor.

Mr Harry (Australia): Mr President, the Australian delegation hopes very much that the proposal of the United Kingdom delegation will be adopted. We feel, as the delegate of the United Kingdom said himself, that the budgetary situation this year is even more complex than in previous years—if that
is possible. We feel that it would be most valuable if we could have another day or two, or at least another day, before deciding definitely how the items relating to the budget, and particularly to the budget ceiling, are to be allocated. If, however, the decision should be that the terms of reference of the two main committees are to be established immediately, the Australian delegation would be in favour of transferring the question of the budgetary ceiling from the Committee on Programme and Budget to the Committee on Administration, Finance and Legal Matters. We feel that that question cannot be dissociated from the question of contributions, particularly this year, and therefore we would favour those two matters being dealt with together in whichever committee should be decided; and clearly if they are to be dealt with in one committee it must be in the Committee on Administration, Finance and Legal Matters.

Mr President, my delegation feels that ultimately this question of budgetary ceiling must be dealt with by the plenary Assembly. If possible, we would have preferred that it should be considered as a preliminary question; however, we appreciate that this year that is not possible and that it must be given consideration along with the question of contributions. For the reasons I have outlined we strongly support the United Kingdom's suggestion.

The Acting President (translation from the Spanish): Thank you, Mr Harry. Does any other member wish to speak?

I should like to know the decision of the Assembly on this point and I would therefore ask those delegates who are in favour of the United Kingdom proposal to raise their cards.

Will those delegates who are against the proposal kindly raise their cards?

Are there any abstentions?

The result of the voting is as follows: for United Kingdom proposal, 32; against, 8; abstentions, 11. Resolution EB13.R24 of the Executive Board is therefore rejected.

I would ask the Committee on Nominations to note that two chairmen have now to be elected: the Chairman of the Committee on Programme and Budget, and the Chairman of the Committee on Administration, Finance and Legal Matters. The other points in the United Kingdom proposal will be discussed by the General Committee of the Assembly in order to determine which committee shall be responsible for studying them.

Will the Committee on Nominations be so good as to meet in Room XI at 6.15 p.m., that is, in fifteen minutes? I am sorry to have to call for this sustained effort today, but it is very necessary for the Assembly to appoint its officers and to set up its General Committee so that it can get on with its work.

As the Assembly Rules of Procedure require that documents shall be handed to delegates at least two hours before a plenary meeting, the report of the Committee on Nominations will be distributed early tomorrow morning to each delegate in his hotel so that another plenary meeting can be held at 10 a.m.

The Chair wishes to thank all delegations for the interest they have shown and the effort they have made in a meeting which has lasted rather longer than usual. The meeting is closed.

The meeting rose at 6 p.m.
observed that documents to be discussed in the Assembly must be distributed at least two hours before the meeting opens. I consider therefore that the correct procedure has been strictly adhered to.

The report of the Committee on Nominations comprises two parts: one addressed to the Assembly, and the other in which the Committee makes special recommendations to the Committee on Programme and Budget and to the Committee on Administration, Finance and Legal Matters.

I would now ask Dr Braga, the Rapporteur of the Committee on Nominations, to come to the rostrum and read out the first part of the report of that Committee.

Dr Braga (Brazil), Rapporteur, read the first part of the report of the Committee on Nominations.1

The ACTING PRESIDENT (translation from the Spanish): I wish to thank the Chairman, the Rapporteur and the members of the Committee on Nominations for the admirable work they have accomplished, and especially for the time they devoted to that work after a very heavy day. They remained here in the Palais until late at night to reach a decision. This is evidence of the wise choice the Assembly made in electing its Committee on Nominations.

I would now invite the Assembly to discuss separately each of the points contained in the first part of the report of the Committee on Nominations. Are there any objections to this procedure?

We will proceed, then, to discuss the first point, concerning the election of the President of the Seventh World Health Assembly.

Election of the President of the Health Assembly

The ACTING PRESIDENT (translation from the Spanish): May I recall the text of Rule 68, which was also mentioned at yesterday’s meeting: “All elections shall be held by secret ballot.” Nevertheless, I would beg the Assembly to be so good as to follow its previous practice in electing the President by acclamation, and not to apply Rule 68 on this occasion.

In accordance with this practice, I suggest that the Assembly elect Dr J. N. Togba. Is there any objection? (Applause)

I thank the Assembly and declare that Dr J. N. Togba has been elected by acclamation. May I ask Dr Togba to take the presidential chair.

Dr Togba took the presidential chair.

The PRESIDENT: Fellow delegates, I feel highly honoured by this great gesture of yours in electing me by acclamation as your President for the Seventh World Health Assembly. I feel unable to handle this great task and responsibility; however, with your support throughout the meetings, it will be possible for us to have a successful Assembly. I thank Dr Bustamante very much and congratulate him on the great work he performed yesterday in bringing this particular item to a successful end.

Election of Vice-Presidents

The PRESIDENT: We shall now proceed with the other items on the agenda. The first of course is the election of the three vice-presidents. In keeping with Rule 68 of our Rules of Procedure, all elections have to be made by secret ballot. However, as you are in a very kind mood this morning, I would request you to do the same as you have done for me, and elect these members by acclamation as vice-presidents of this Assembly. The names you have before you are: Dr Y. Bauji, of the Lebanon, Sir Claude Corea, of Ceylon, and Dr F. Hurtado, of Cuba. If there are no objections to this recommendation, I would like to invite these gentlemen to take their places as vice-presidents. (Applause)

My congratulations to Dr Bauji, Sir Claude Corea, and Dr Hurtado on their election as the three vice-presidents of this Seventh World Health Assembly.

Election of Chairmen of the Main Committees

The PRESIDENT: We shall now continue with the next item as submitted by the Committee on Nominations, that is, the election of a chairman for the Committee on Programme and Budget. Dr E. Aujaleu, of France, has been recommended by your Committee on Nominations as Chairman of the Committee on Programme and Budget. (Applause)

Thank you. I gather from that that you have accepted Dr Aujaleu as Chairman of the Committee on Programme and Budget.

Now, the chairmanship of the Committee on Administration, Finance, and Legal Matters. Dr. M. Jafar, of Pakistan, has been recommended as Chairman. (Applause)

I gather from this that you have accepted Dr Jafar as Chairman of the Committee on Administration, Finance, and Legal Matters.

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1 See page 426.
Establishment of the General Committee

The President: We now come to another important item on our agenda, the election of members to the General Committee. The names as recommended by your Committee on Nominations are: Brazil, Indonesia, Ireland, Japan, the Philippines, Spain, Syria, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

The Chair would like to know the wish of the Assembly. Do you accept these names, or are there other names that you would like to propose?

If there are no objections, and since there are no other proposals, I would like to inform the delegates of Brazil, Indonesia, Ireland, Japan, the Philippines, Spain, Syria, the United Kingdom of Great Britain and Northern Ireland, and the United States of America that they have been elected by you as members of the General Committee. (Applause)

May I also remind you that by this election we have, in keeping with our Rules of Procedure and the Constitution, elected fifteen members to the General Committee, those members being the President, the three vice-presidents, the chairmen of the two main committees, and the nine members whom you have just elected.

2. Adoption of the Agenda

The President: The next item on our agenda, then, is the adoption of the agenda, item 9 of the provisional agenda.

In keeping with Rule 10 of our Rules of Procedure, supplementary items may be added to our agenda not later than five days after the opening of this session, and if any such item is submitted by a Member it will be added to the supplementary agenda. From time to time it has been customary here to issue corrections to the agenda, so that if there are any items missing from the present document you will receive them separately. I wonder therefore if at this time there is any objection to our adopting the agenda as submitted to you?

If there is no objection, our agenda is adopted.¹

3. Review and Approval of the Reports of the Executive Board, Twelfth and Thirteenth Sessions

The President: The next item is the review and approval of the reports of the Executive Board, item 12. These reports will be found in Official Records Nos. 49, 52 and 53, which deal with the twelfth and thirteenth sessions of the Executive Board. The Executive Board is represented at this Assembly by its Chairman, Dr Melville Mackenzie, and its Rapporteur, Dr H. Hyde. Dr Mackenzie will now present the report of the Executive Board.

Dr Mackenzie, representative of the Executive Board: Mr President, colleagues, during its two sessions since the last World Health Assembly the Executive Board has considered agenda items totalling 106 and has passed 114 resolutions. The discussions on the various items on the agenda are contained in the minutes of the Board, which have already been circulated to Member governments, and the resolutions are before you in Official Records Nos. 49, 52 and 53. It will be my duty, with the other representative of the Board, Dr Hyde, to be available during the plenary sessions of the Assembly and the work of its committees in order, as occasion demands, to bring to your notice the views of the Board on any of the items you desire. For this purpose Dr Hyde will attend the meetings of the Committee on Administration, Finance and Legal Matters, whilst I will do the same at those of the Committee on Programme and Budget.

After five years the work of the World Health Organization has steadily and properly increased in importance and complexity. The thirteenth session of the Board had a very heavy agenda—I believe the heaviest so far—and the response of the members to their increasing responsibilities was excellent, not only in the hard work involved but in the willing co-operation which invariably existed at meetings. Only very rarely was it necessary to proceed to a vote, and on the exceptional occasions on which this was done a large majority was obtained. The Assembly will therefore realize that the report of the Board as presented was, except in one or two relatively minor points, unanimous.

In this connexion I should like to make special reference to the two Vice-Chairmen, Dr Hurtado and Dr Maclean, and the Rapporteurs, Dr Hayek and Dr Hyde. I also wish on behalf of the Board to convey the Director-General our warm thanks, not only for the constant help we received, but also for his sympathetic understanding of the many problems with which the Board was faced.

On the technical side the Board reviewed the reports of the Expert Committees on Malaria, Poliomyelitis, Rabies, Venereal Infections and Treponematoses, Yellow Fever, Environmental Sanitation, Alcohol, Public-Health Administration, Rheumatic Diseases,
Drugs Liable to Produce Addiction, Biological Standardization, International Pharmacopoeia, Mental Health, and Plague, as well as the report of the UN/WHO Meeting of Experts on Mental-Health Aspects of Adoption, the FAO/WHO Expert Committee on Nutrition, the UN/IL/O/UNESCO Expert Committee on the Mentally Subnormal Child, the UNICEF/WHO Joint Health Policy Committee, the report of the Committee on International Quarantine, and the report on the International Conference of National Committees on Vital and Health Statistics.

Other questions coming before the Board included measures for strengthening occupational health activities, regulations concerning the protection of workers and the general public against roentgen and isotopic radiations, standardization of laboratory tests of foods, selection of international non-proprietary names for drugs, a campaign against smallpox, a dental-health programme, the approval of centres producing yellow-fever vaccine, the International Children's Centre in Paris, and technical discussions at future Health Assemblies. Finally, the Board was concerned with a considerable number of technical problems arising out of the reports of the various regions.

The Board also reviewed a request from the League of Arab States for the establishment of a form of understanding and co-operation with the World Health Organization and, noting that co-operative relations had already been initiated, requested the Director-General to continue this understanding and co-operation.

With regard to the Regional Committee for the Eastern Mediterranean, the Board, having heard government representatives of Israel and Egypt, examined the present situation. While recognizing the necessity for the Regional Committee to meet in order to satisfy the legitimate health needs of Member States, the Board felt unable itself to carry the matter forward and, in transmitting to the Health Assembly a report by the Director-General on the matter, invited the Assembly to study further possible procedures.

The Executive Board considered a number of applications from non-governmental organizations for official relations and, on the basis of the criteria laid down and later reviewed and interpreted by the Sixth World Health Assembly, decided to establish such official relations with: the International Committee of Catholic Nurses and Medico-Social Workers; the Medical Women's International Association, and the Union OSE (World-wide organization for child care, health and hygiene among Jews).

With regard to the proposed programme and budget for 1955, I should draw the Assembly's attention to an important change in the nature and scope of the report of the Executive Board in this matter. It was felt that, in view of the questions which have arisen in the Assembly in the past, the report might usefully give the background material which led the Board to make certain recommendations on the proposed programme and budget estimates for 1955. In addition to information which bears on the current estimates, the Board has therefore included brief historical summaries of the development of important administrative decisions taken by the Board, as well as tables and charts which demonstrate some significant aspects of the growth of the Organization, and the proposed programme and budget.

After detailed study, the Board found the programme of the Director-General to be well conceived, fully within the competence of the Organization to carry out creditably and effectively within the budget year, and consistent with the general programme of work for a specific period adopted by the World Health Assembly.

The Board hoped that the Health Assembly would be able to provide the funds necessary to finance the total programme. It recognized, however, that the reduction in casual income, the heavy international responsibilities being carried by many Members, the self-imposed restrictions on contributions of certain Members, and the attitudes expressed in previous Health Assemblies and other international organizations, could be taken to indicate that some Members may be reluctant to support the total figure proposed. For this reason, the Board gave special attention to the factors leading to the increase and studied with care the effects that reductions in the total figure would have upon the programme. The major areas of increase, and therefore the possible areas of reduction, are discussed in the report.

It was the opinion of the Board, after its review of the budget for 1955, that the proposed programme
would be seriously impaired by any reduction in the Director-General's budget unless:

(1) the UNICEF Executive Board agrees to reimburse WHO for the technical personnel assigned to UNICEF/WHO projects;

(2) there were full assurance that Technical Assistance would provide funds to cover specific country projects provided for in the proposed regular budget;

(3) further steps towards the increased use of Spanish are postponed.

Particular attention should be drawn to the preliminary report on programme analysis and evaluation carried out by the Board (Official Records No. 52, page 35). The primary object was to establish a systematic procedure to determine how and to what degree an assistance project achieves its defined purpose. Stress was laid on the fact that such a procedure could not replace national health planning. It cannot establish priorities and cannot be a substitute for sound judgment of the relative value of different types of project. It was agreed, however, to accept the framework of evaluation in the report as a general guide and, in view of the complexities and implications, to recommend to the World Health Assembly that it should request the Executive Board to continue the study of programme analysis and evaluation and submit a report to the Eighth World Health Assembly.

The Executive Board studied the changes in the scale of assessment used by the United Nations and discussed various methods by which such a scale could be adapted to the particular needs of the World Health Organization. A number of suggestions were made and after considerable discussion it was decided to put forward for the Assembly's consideration alternative methods of adjusting the present scale of assessment.

Other administrative and financial questions dealt with by the Board included the place of meetings of regional committees, the payment of travel expenses of representatives to regional committee meetings, the Rules of Procedure of the Health Assembly and the Executive Board, the status of annual contributions, the status of advances to the Working Capital Fund, a recommendation regarding an Executive Board special fund, the revision of the Staff Rules, the report of the Building Committee on headquarters accommodation, and considerations regarding organizational and administrative arrangements in connexion with the Programme of Technical Assistance.

Finally, concerning the place of the Eighth World Health Assembly, the Board unanimously recommended the acceptance, subject to an appropriate agreement, of the invitation extended by the Government of Mexico for the Eighth World Health Assembly to meet in Mexico in 1955.

This, then, is an outline of the main points dealt with by the Executive Board at its twelfth and thirteenth sessions. I think it is fair to say that the work was done smoothly, rapidly and efficiently.

The President: Thank you, Dr Mackenzie, for this splendid report which you have presented to the Assembly.

I see the delegate of Spain wishes to speak.

Mr De Erice (Spain) (translation from the Spanish): Mr President and delegates, the Spanish delegation wishes first of all to pay a public tribute to the Executive Board for the excellent work it has accomplished during these sessions, the reports of which have been examined by the delegates here present. In particular, my delegation would also like to express its admiration and its gratitude to Dr Mackenzie for his statement.

Considering the question from a more legal point of view, and in its immediate practical implications, the Spanish delegation would ask the Assembly not to lose sight of the fact that among the resolutions of the Executive Board which are to be approved, there is one, resolution EB13.R24, which was annulled and replaced yesterday by the proposal put forward by the delegation of the United Kingdom of Great Britain and Northern Ireland. In other words, resolution EB13.R24—a very important one, since not only does it decide which committees are to be set up, but it also more or less determines which matters are to be dealt with by each committee, and in fact directly governs all the work of the Assembly—this resolution was yesterday amended by the United Kingdom proposal which, if I understood it correctly, mentions only the establishment of the two committees, but does not state that these committees must deal with the individual points which delegates will find on page 9 of Official Records No. 52.

The President: I regret to inform you that it is not the proper time now for general discussion. In accordance with our agenda, we have a general discussion beginning this afternoon, so you may continue then after we have completed the items on our agenda for the present time.

Mr De Erice (Spain) (translation from the Spanish): Thank you, Mr President. I should merely like to remind delegates that in registering their approval,
they should take into account the modification made by the proposal of the United Kingdom which was adopted yesterday.


The President: We shall now continue with the next item on our agenda, General review of the report of the Director-General on the work of the World Health Organization, in accordance with Article 18(d) of the Constitution. You will find this report in Official Records No. 51.

I now call on the Director-General.

The Director-General (translation from the French): Mr President, ladies and gentlemen, it is exactly a year since, from this same rostrum, I thanked you for the great honour you had just conferred upon me in appointing me Director-General of the World Health Organization. In the oath I took on that occasion, I solemnly swore to discharge my functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions from any government or other authority external to the Organization.

Today, in submitting my report to you on the work of the Organization in 1953, I shall not refer at any length to what was accomplished in the course of the past year, but will rather give some of the impressions I have formed during the twelve months which have elapsed since my appointment. I shall confine my attention strictly to the interests of the Organization and the immense populations which place such high hopes in it. I will give you my views on the progress we have made, the difficulties we have to face from day to day, and the means we have at our disposal for overcoming them.

During this year I have been able to familiarize myself with the detailed functioning of the instrument you have placed in my hands. I have come to know better the delicate machinery of the Organization's Headquarters. I have also seen WHO in action in several of our regions. I can now assure you that our Organization is established on solid foundations, not only here in Geneva, but also in the regions, where WHO is engaged, so to say, in a hand-to-hand struggle with disease.

In the first place, I wish to give you my views on the idea of regionalization itself. This was talked about, in fact talked about a great deal, some years ago. There were those who thought that a young organization like ours could not afford such a luxury. Others did not wholly subscribe to the principle itself; they feared that, in the long run, regionalization might destroy the world character of the Organization, that is to say, the very spirit which had led to its creation. I do not hesitate to assert today that the experience of these past five years has fully justified the views of those who favoured the most extensive decentralization. Having worked as long at Headquarters as in one of our regions, I for my part am firmly convinced that most of the results we have obtained we owe to decentralization.

Among the obstacles we have had to surmount I shall mention one which caused us constant anxiety during the formative years of the Organization: the recruiting of a highly qualified staff whose work calls not only for exceptionally wide technical knowledge, but also for a full understanding of the problems of international relations. I imagine that perhaps we somewhat overrated the difficulty of this problem. In any case this difficulty has now been overcome and the problems we have to deal with are only those which normally occur in any organization which is seeking staff.

We now have behind us the years which were essential for the "running in" of our Organization. We now know the direction we wish to take, and we also know what means are at our disposal to achieve the aims we have set ourselves. This knowledge of our objectives and of the means we must employ could only be acquired at the cost of some hesitation and errors which could largely be ascribed to the extreme youth of the Organization.

What we are sure of now is that the aid we give to governments, if it is to be effective, must form part of a general plan prepared by the various countries for the purpose of building up or improving their social, economic and administrative structure. Of course, governments who solicit our aid do not all have the same needs, and we receive very different kinds of request. Nevertheless, these requests are dictated by the same anxieties, and our replies are in turn inspired by a common principle, that defined by my predecessor, Dr Brock Chisholm. Our task is above all to help each country to pass through the stage which is immediately necessary for the harmonious development of its health services. No one can build on sand, and the first requirement must be to enable the various countries to establish their health administration on solid foundations. In this respect one of the essential factors is the training of health and medical personnel.

Requests for assistance received by us are not only varied but also very numerous, and far more are submitted than we can accede to. Thus we are unfortunately obliged to make a choice and to lay
down criteria to guide us in this choice. First of all we give preference to projects which we are sure will prove decisive factors in promoting the general health development of the country in question. Secondly, we must be certain that, when we have completed our work, the action undertaken will be followed up and completed by the government we have assisted. As you are aware, our financial resources are very limited; we can therefore do no more than encourage development by acting as demonstrators. We must also have the assurance that the money and effort invested will not have been wasted. At the same time we must never forget that the essential function of the Organization is to co-ordinate and harmonize all health activities throughout the world. We must concentrate all our efforts on avoiding duplication of work and other sources of waste. The health needs of the world are immense. Innumerable acts of goodwill are expressed in mutual aid programmes and the resources employed by governments and institutions are considerable.

To do battle against an enemy so omnipresent and so diverse in character as is disease, we require infinitely more than the will to victory; as in all battles we must have spread out before us a plan of operations. The heavy task incumbent on our organization is precisely to ensure that all resources mobilized in the cause of health are employed in the most economical and effective manner. Therefore, and this is the logical consequence of what I have just said, it is essential to give high priority to projects involving co-operation with the United Nations, the specialized agencies and the voluntary organizations. In the course of our work we must constantly bear in mind this truth, that improved health is an integral and fundamental part of the economic and social development of a country.

This is obviously not the place to describe in full detail all that we accomplished in 1953 or propose to carry out in the coming year. However, generally speaking, I have every hope that, thanks to the means at the disposal of Headquarters and of the regional offices, the various countries can count on WHO to an increasing extent to improve their epidemiological services without which they would be unable to protect their people against the outbreak of epidemics; to develop their vital-statistical services, which enable them to estimate the extent of the problems they have to face; to inform them of the progress being made every day in medical science; and finally to help them to benefit from improvements in technique.

In the coming years, we shall continue to create and develop rural health services in collaboration with the governments. We shall arrange conferences, seminars or other meetings which cannot fail to prove valuable. This will be done not only on the national level, but also regionally, so as to ensure the co-operation of all countries whose problems are closely related. We shall also make it our duty to help as far as possible in improving environmental sanitation. In this aspect of sanitation, to which we are constantly devoting more attention, the fundamental problem is, as you are aware, the training of qualified staff. We also hope to foster, in close collaboration with governments, the operation of vast campaigns against endemic diseases. We know these diseases like old enemies; we know what should be done to combat them effectively. Let us mobilize all possible resources for this purpose.

The first observation that occurs to one, when considering all the forms of assistance I have just mentioned, is that they only have a real chance of success if they are planned with constant reference to the common interests of several countries in the same region, or even in different regions. This point of view, moreover, has frequently been expressed in recent meetings of the regional committees which I had the pleasure of attending. There is no doubt that countries are realizing that it is in the true interest of each one to consider the interest of all.

To sum up, I would say we have reached a real turning-point in the history of WHO. Through the force of circumstances we first passed through a stage of emergency measures, and then through that of improvising short-term programmes. We have now arrived at the period when WHO is fully equal to the task for which it was actually created. I mean by that the moment has finally come where we can only regard our action in the form of long-term programmes, thoroughly and accurately prepared. This implies continuity in the programmes, and thus security as regards funds. And that brings me to the most important problem we have to face: the problem of the budget. You are aware of the prolonged and extremely serious financial difficulties which we had to surmount recently. The crisis occurred because we were suddenly deprived of the indispensable means of financing a programme that was continually expanding. We counted on receiving certain funds and we were disappointed. At the same time we came within an ace of losing our most precious possession: the confidence of governments in the Organization's ability to fulfil its engagements. This situation, Mr President and delegates, must not occur again. I told you a few moments ago that we have long since passed the stage of improvisation, of hasty and limited measures,
to enter into a period of action carefully and deliberately thought out. We should now be able to dispose of the means to carry out the policy we have chosen. WHO cannot place its work on a solid and durable foundation if a part of its world-wide programme has to depend on resources which may or may not be forthcoming.

A heavy task has been entrusted to this organization, one requiring a long time for its accomplishment. What do the past few years signify in comparison with what lies before us? Very little indeed. We must think in terms of WHO's future. WHO should be able to contemplate with confidence the magnitude of the task it has to accomplish. What WHO needs is, in short, the means to achieve full development.

That is why, while the bitterness caused by our very recent difficulties is still fresh in our minds and while we are conscious of the danger that we may again have to say "no" or "wait" to urgent appeals, I ask that our budget for 1955 be increased. WHO, I repeat, cannot be left dependent on uncertain resources.

Mr President and delegates, I cannot conclude without expressing my disappointment at seeing this year again certain vacant seats in this Assembly. Nevertheless, I cherish hopes, for some governments which up to the present have kept aloof from the specialized agencies have quite recently decided to participate in their work. I hope firmly and sincerely that the day is not far distant when all Member States will again take an active part in the work of our organization. In this field of health, as in other fields of social and economic life, no real positive result can be obtained unless all the peoples of the earth pool their knowledge, their experience and their resources in order to alleviate the burden of suffering humanity.

We medical men, who have a practical and positive outlook, are listening, as if to the beating of a heart, to the echoes of the discussions going on a short distance away among men who have it in their power to give to a fearful world the serenity of peace. If this true peace were established, if the armaments race were finally halted, there is nothing to prevent the realization of the wishes expressed by the General Assembly of the United Nations at the end of last year that a large proportion of the savings on sums now spent on engines of destruction should be devoted to improving the economic and social conditions of the under-developed countries. You can imagine what prospects such a development would open up for our organization, which would then find its sphere of action enlarged and the attainment of its objectives coming nearer. I hope and believe that men are sufficiently wise to decide, once and for all, that the only enemies worth fighting are disease, want, and ignorance.

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The President : Thank you very much, Dr Candau, for the splendid introduction which you have made to your report. Before adjourning this plenary meeting I wish to invite the attention of members to the fact that those who wish to speak should submit their names to the Director-General or his assistant in order that a list may be prepared to give them an opportunity of participating in the general discussion.

The meeting rose at 11.20 a.m.

THIRD PLENARY MEETING

Wednesday, 5 May 1954, at 3 p.m.

President: Dr J. N. Togba (Liberia)

1. Recommendations of the General Committee on the Programme of Work

The President: We will now start our afternoon session. At the meeting of the General Committee following the plenary session this morning, the General Committee came to the following agreement, which I shall read for your benefit.

Arrangements for Technical Discussions

The President: The General Committee recommends that, as has been done in previous years, the Assembly authorize the President to designate a general chairman of the technical discussions and to propose names for the chairmen of the three discussion groups. If the Assembly has no objection to this principle, which has been used in the past, I would like to propose the names. Is there any objection to that?

As I see no hands raised in objection, I would like to propose the following: Professor A. Stampar, of Yugoslavia, as general chairman of the technical discussions. Is there any objection?

As there is none, may I congratulate you, Dr Stampar, on being appointed general chairman of the technical discussions.
Dr Stampar (Yugoslavia) : Mr President, I accept conditionally your appointment. I believe and I expect that the time allotted for the technical discussions will be changed, so that sufficient time will be available for a proper technical discussion as expected.

The President: Thank you, Dr Stampar, for accepting the nomination and appointment as chairman of the technical discussions. The view expressed by you will, I am sure, be taken into consideration by the members of the Assembly.

I would like also to nominate chairmen for the three discussion groups, with your permission. The chairman of the first group will be Dr Braga of Brazil; for the second group, Lieutenant-Colonel C. K. Lakshmanan of India; and for the third group, Dr Jui-Heng Liu of China. If there are no objections, may I congratulate these three gentlemen on having been appointed, and accepted by you, as chairmen of the three discussion groups of the technical discussions.

The General Committee recommends further that the opening general session of the technical discussions take place on Saturday, 8 May, at 9 a.m., in Room XII, to be followed from 10.30 to 12 noon, and during the afternoon of the same day, by group discussions. There will be other group meetings if necessary, on Monday, Tuesday and Wednesday, 10, 11 and 12 May, from 8.30 a.m. to 10 a.m. Finally there will be a closing general session on Friday, 14 May, at 8.30 a.m., in Room XII, during which the report to the Assembly on the technical discussions will be adopted. This, as I said, is the other recommendation of your General Committee. As I hear no comment from the floor I shall proceed.

It is left with Dr Stampar to explain to the participants in the discussions in his address on Saturday, 8 May, at 9 a.m., how he proposes to organize the discussions. Dr Stampar, that responsibility is yours, beginning on Saturday.

All members are invited to participate in the technical discussion groups, and as many of your representatives as you wish may do so. You may register for whichever group you wish, at the appropriate time. The forms will be provided by the Secretariat.

Allocation of Agenda Items

The President: With reference to the agenda, the General Committee recommends that the allocation of items as shown in the provisional agenda be accepted, including the allocation to the Committee on Administration, Finance and Legal Matters of item 14 (Admission of new Members and Associate Members) and item 15 (Amendments to the Constitution of the World Health Organization on membership of the Executive Board).

As there is no objection, I shall proceed. The General Committee recommends that item 16 (Equitable geographical distribution in membership of the Executive Board) be allocated to the General Committee as also item 21 (Technical discussions at future Health Assemblies).

As there is no objection, I will pass to the next recommendation.

Procedure for Consideration of the 1955 Programme and Budget Estimates

The President: The General Committee considered also the implications of the decisions taken yesterday by the Assembly in adopting the resolution proposed by the United Kingdom delegation concerning the establishment of two committees and the consideration by these committees of certain items connected with the budget ceiling.

The General Committee recommends the following:

1. The mandate of the Committee on Programme and Budget would be to:

   (1) review the Annual Report of the Director-General;
   (2) consider whether the annual programme follows the general programme of work for 1953-56;
   (3) recommend the budgetary ceiling for 1955, after examination of the main features of the programme;
   (4) review and recommend the programme for 1955;
   (5) recommend the completed Appropriation Resolution for 1955 after inserting the amounts relating to Part II (operating programme) in the text of the resolution, including the amounts for Part I (organizational meetings) and Part III (administrative services) as recommended by the Committee on Administration, Finance and Legal Matters;
   (6) study such other items as are referred to it by the Health Assembly.

2. The mandate of the Committee on Administration, Finance and Legal Matters would be to:

   (1) review the financial position of the Organization, including:
       (a) the Financial Report and the Report of the External Auditor for the financial year 1953;
       (b) the status of contributions;
       (c) the status of the Working Capital Fund, Assembly Suspense Account, Publications
Revolver Fund, and any other funds which have a bearing on the financial position of the Organization;
(2) recommend the scale of assessment for 1955;
(3) recommend the Working Capital Fund Resolution for 1955, including the amount in which it shall be established;
(4) review the parts of the budget for 1955 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget;
(5) consider the text of the Appropriation Resolution and report thereon to the Committee on Programme and Budget; and
(6) study such other items as are referred to it by the Health Assembly.

3. When item (3) under paragraph 1 is being considered in the Committee on Programme and Budget there shall not be a meeting of the Committee on Administration, Finance and Legal Matters.

4. Item (3) under paragraph 1 shall not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters has completed its work on item (2) of paragraph 2.

These are the recommendations with reference to the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters. Are there any objections? Dr Evang, Norway.

Dr Evang (Norway): Mr President, yesterday I suggested an amendment to paragraph 3, and I must admit that I am not quite clear as to what happened to that amendment. It has not been circulated today as a paper to the delegations—which was my intention—and it was not mentioned by the General Committee. I wonder, Mr President, whether the General Committee has considered the amendment and what was their opinion? If it has not been considered, or if the General Committee has not found that they could recommend it, I would ask the members of the delegations kindly to consider the matter.

My amendment is very simple. It brings us back to the procedure which we accepted in the two last Assemblies, when we handled the programme and budget in a very successful way, and it is based on the wise attitude taken by all the national health administrations which we represent. In all countries I know of it is a matter for the health administration—for the people technically qualified in the field of health—to draw up a programme of what they would like to do in the field of health in the coming year in

their own country. After the health administration has done that with great care—as we all know, because it takes a great deal of our time in all our countries—we submit the programme through the constitutional channels which have been established, and through the administrative channels, to see whether it is possible for the country to appropriate the money for these purposes. In this process, as you all know, we may have certain difficulties in convincing the people in our own ministries (and especially in the Ministry of Finance, in the Treasury) that this is a programme worth while carrying out. But legislative and appropriating bodies all over the world ask us first to tell them what we think we are able to do.

This Assembly, very wisely, has accepted the same procedure. We fought that battle several years ago. Because there were some members of a previous Assembly who were of another opinion, the opinion expressed by the delegate of Australia from this platform yesterday, namely, that we should first ask the Ministry of Finance, to tell us how much money we can have, and after that has been done, we should kindly, within this framework, form our programme. That is, of course, all wrong and it should never be accepted. My amendment is intended to prevent us from moving in that direction, because if this amendment is not introduced two very important budget items will not be handled by the Committee on Programme and Budget in the same way as the other items regarding the programme and budget. Therefore, Mr President, I would like very much to have a clarification on this point. And in case my amendment has not been considered, or even if it has been considered and rejected, I would like to put forward again, as a formal proposal, the amendment to paragraph 3.

The President: Thank you, Dr Evang. I am pleased to inform you that according to the Secretariat your proposal was circulated to the various members, and it is now being placed before members of this Assembly as your proposal. It is for them to decide which method they would like to choose, that proposed by you or the other put forward previously.

Fellow delegates, you have before you document A7/11, containing the Norwegian amendment. If you have left this particular document at your hotel, it can be supplied to you by members of the Secretariat. If you have difficulty in obtaining it, I shall read it for your benefit:

Procedure for consideration of the 1955 programme and budget estimates, amendment to resolution EB13.R24 proposed by the delegate of
Norway: Add at the end of paragraph 3 the following—

and that when item (4) under paragraph 2 is being considered in the Committee on Administration, Finance and Legal Matters, there shall not be a meeting of the Committee on Programme and Budget.

You undoubtedly will want to consider this, Dr Evang and fellow delegates, as an amendment to the recommendations of the General Committee. Is this amendment as proposed by the delegate of Norway accepted?

The delegate of Italy, Professor Canaperia.

Professor Canaperia (Italy) (translation from the French): Mr President, before discussing the proposal put forward by the delegate of Norway, it would be advisable to have the relevant document. It appears that this document has not yet been distributed and that it cannot be found in the Secretariat. I think it would be desirable before discussing the matter to have the document in question.

The President: I am pleased to inform Professor Canaperia that this particular document was distributed to our hotels, along with other documents, this morning, according to the Secretariat. I see many hands and heads indicating that such is not the case. Perhaps it was overlooked by you in reading over your documents, since you were so interested in other matters. But as it is the general feeling of this body that it has not had an opportunity to look over the document, perhaps it would be better to wait until later, possibly today or tomorrow, before considering it.

The delegate of France.

Dr Boidé (France) (translation from the French): Mr President, I think the position is a little obscure and I would like to know what is the intention of the amendment just submitted. Yesterday we took a vote after a resolution had been put forward by the United Kingdom of Great Britain and Northern Ireland, and resolution EB13.R24 of the Executive Board was rejected. Consequently I am not sure as to the position of the amendment just put forward by the delegate of Norway.

The President: May I call the attention of the delegate of France to the fact that yesterday the resolution of the Executive Board was rejected. In the light of the resolution which you passed yesterday, the General Committee prepared an agenda or definition of the activities of the Committee on Programme and Budget and of the Committee on Administration, Finance and Legal Matters; the proposal of the delegate of Norway is simply an amendment to this report or recommendation of the General Committee. Are you satisfied?

Dr Boidé (France) (translation from the French): Mr President, I am grateful for your remarks and for the clarification, but I must confess to being even more confused. Yesterday, an amendment to a resolution of the Executive Board was submitted to us, and you now inform us that the amendment relates to a resolution drawn up by the General Committee this morning. I should really like some light on the matter; at present I am completely mystified.

The President: I now call upon the Director-General. Perhaps he can make it clearer for you.

The Director-General: Mr President, I will try. Yesterday, Mr President, the United Kingdom delegation presented a resolution which merely avoided the plenary meeting allocating to the committees the several subjects on the agenda to be discussed. It was a general resolution only—creating the committees without allocating the items. At that time the President ruled that the resolution of the United Kingdom was approved and the resolution of the Board was lost.

This morning the General Committee had to analyse the several items of the agenda and to allocate them to the two main committees. What the General Committee did was to accept the suggestions presented to you today on the question of how the scale of assessment should be discussed—before or after the ceiling, and so forth—and repeated in its recommendations the allocation of the several items as it appeared in the resolution of the Board, with the two modifications presented now. When Dr Evang of Norway suggested an amendment to the resolution of the Executive Board, he was suggesting an amendment to a resolution that was defeated. This was why, when Dr Evang had gone back to his place, the President explained to the meeting that he was taking the amendment of Dr Evang as an amendment to the recommendations of the General Committee, and not to the resolution of the Executive Board. I think that there will be legal implications if you try to re-open the discussion on the resolution of the Board that was considered as rejected yesterday. That is the present situation.

The President: Thank you, Dr Candau. I wonder if Dr Boidé of France is now clear about the situation? He appears to be satisfied. Sir Arcot Mudaliar, India.
Sir Arcot MUDALIAR (India) : Mr President, when during the course of the discussion yesterday the delegate of the United Kingdom moved a particular proposition, I expected some remarks from the representatives of the Executive Board in support of the position that the Board had taken. Unfortunately neither of the representatives was prepared to interfere in the course of the discussion and, as the matter was left to the General Committee, I fully hoped that the spirit of the amendment that was moved by Dr Evang would be seriously considered by the General Committee and that a happy solution would result. In that anticipation, I did not wish to participate in the discussion and prolong it further. To my surprise, however, the General Committee does not seem to have taken any note of the amendment—and the spirit of the amendment—of Dr Evang, nor does it seem to have recalled the very reasonable precedents that had been created in the work of the World Health Assembly in the last few years. Those precedents have been excellently explained by Dr Evang. After a series of conferences we came to the conclusion that one of the most important things was the effect of establishing the budgetary ceiling at a very early stage in the discussions of the World Health Assembly. In order to make this positive and irrevocable by the time the plenary session is held, it was suggested that the budgetary ceiling should be discussed by a joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters. I have been on these committees ever since the beginning of the WHO in 1948, and I well remember the year before last participating, as Chairman of the Committee on Administration and Finance, in the discussions that followed. The reason is obvious—if only one committee were to consider this matter, all the discussions would be repeated at the plenary session because another section of the Assembly would not have had an opportunity to contribute their views.

Dr Evang has very rightly said that the consideration of the budgetary ceiling by the Committee on Administration and Finance would be like putting the cart before the horse. The members of that committee know nothing of the programme and yet we expect them, as financial experts, to tell us exactly what the ceiling should be. That seems to me an anomaly. If that were the case, the Secretariat and the Executive Board could have fixed their ceiling, and it would not be necessary for the Committee on Administration and Finance to fix one. The ceiling is proposed in view of the programme that has to be undertaken. That programme may be curtailed by the joint meeting of the Committee on Programme and Budget and the Committee on Administration and Finance. If the budgetary ceiling was not of the essence of the activity of the Committee on Programme and Budget I fail to see why that committee should be called the Committee on Programme and Budget. It seems to me that we are taking a very serious responsibility on ourselves in changing a formula that has been found after considerable hesitation and discussion and with a great deal of unanimity of opinion. I repeat that the least that we can do is to support the amendment of Dr Karl Evang, whatever may be the legal complications. If, as the Director-General has stated, there be any legal complications, they may probably be settled easily and this discussion can be continued after settling them. Otherwise I think we are setting back the hands of the clock.

Once again may I repeat that I was exceedingly surprised that the representatives of the Executive Board should not have placed this fact before the Health Assembly in the manner in which I had hoped that they would.

The President : Thank you, Sir Arcot. The Director-General.

The Director-General: Mr President, I believe that members have not in their hands the recommendation of the General Committee that was read by you. The question of the budgetary ceiling for 1955 is not the same point as the one raised by Dr Evang. The recommendation of the General Committee gives, under paragraph 1, item (3), as one of the mandates of the Committee on Programme and Budget to "recommend the budgetary ceiling for 1955, after examination of the main features of the programme". It is further recommended that when this item "is being considered in the Committee on Programme and Budget there shall not be a meeting of the Committee on Administration, Finance and Legal Matters".

The point raised by Dr Evang refers to resolution EB13.R24, which appears on page 9 of Official Records No. 52, paragraph 2 (4) of which asks the Committee on Administration, Finance and Legal Matters to:

... review the parts of the budget for 1955 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget.

The suggestion of Dr Evang is that when this item is discussed by the Committee on Administration, Finance and Legal Matters, no meeting will be held
by the Committee on Programme and Budget. This is the amendment that Dr Evang is proposing now, as an amendment to the recommendation of the General Committee.

The President: Thank you, Dr Candau. The delegate of the United Kingdom.

Mr Firth (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, I would just like to say that we ourselves have only just received the amendment of Dr Evang of Norway, and we have not yet had the benefit of seeing in writing the recommendation of the General Committee meeting of this morning. Would it help, without in the least holding things up, if we were able to have the two documents before us, and in the meantime ask the General Committee to look at the matter again in the light of Dr Evang’s amendment, with a view to making a report, perhaps in time for consideration at the next plenary meeting tomorrow, when we shall all have seen both the documents and had time to consider them together.

The President: Thank you. Is it then the wish of the Assembly that we circulate the recommendation of the General Committee along with the amendment of Dr Evang, in order that you may consider this particular item tomorrow?

Dr van den Berg, of the Netherlands.

Arrangements for Technical Discussions (resumed)

Dr van den Berg (Netherlands): Mr President, fellow delegates, I am not referring to the point we have just discussed, but to another point in the information given by you, Mr President, on the activities of the General Committee. You have given some information on the procedure for the technical discussions. I do not quite understand if we are dealing now with item 11 of the agenda, or if it is your intention to deal with this item of the agenda later on. If it is really intended to deal now with item 11 of the agenda (Procedure for the technical discussions) then I should like to make one remark concerning this procedure.

The first year we had the technical discussions they were arranged so that we had the technical discussions at the same time as meetings of the Committee on Administration, Finance and Legal Matters. That proved to be very unsatisfactory, because many delegates who would have liked to attend the technical discussions were prevented from doing so because they had to be present in the Committee on Administration, Finance and Legal Matters. Then for two years we had the very satisfactory situation that there were no meetings nor any committee during the technical discussions. Now, again, it has been suggested, as I have seen in Annex A to circular letter 11.1954 (Proposed programme of work for the Seventh World Health Assembly) that the Committee on Administration, Finance and Legal Matters should have a meeting during the technical discussions. Mr President, I think that that would be as unsatisfactory as it was some years ago, and therefore I should like to suggest that during the technical discussions there should be no meeting of the Committee on Administration, Finance and Legal Matters.

I should like to add one word about this problem. I think there is a principle involved in this arrangement, namely, that the Committee on Administration, Finance and Legal Matters is not a committee of financial experts only. Until now we have always had the privilege of having in this committee many highly qualified technical people. I remember Sir Arcot Mudaliar, Dr Evang (to refer only to people who have been speaking today), and Dr Auja-leu, who is now the Chairman of the Committee on Programme and Budget. Very often they have attended meetings of the Committee on Administration, Finance and Legal Matters. I hope, in the future, we shall always have the privilege of having many technical people at this committee. If the technical discussions were held at the same time, I am afraid that we should no longer have that privilege. Therefore, to my mind, this is a decision which involves a very important principle.

The President: Thank you, Dr van den Berg. I am informed that the report of the General Committee will be circulated within ten minutes. And further, I would like to point out to Dr van den Berg that the General Committee took into consideration the points he has just raised. The General Committee took into consideration the fact that we do not want the technical discussions to overlap with meetings of the principal committees. The technical discussions will start on Saturday, and during that day there will be no work for the two main committees. Also if it is necessary for the discussions to continue they can do so on Monday, Tuesday and Wednesday from 8.30 a.m. to 10 a.m., and during those times no other meetings will be held.

Procedure for Consideration of the 1955 Programme and Budget Estimates (resumed)

The President: The representative of the Executive Board has asked for the floor. Dr Hyde.
Dr Hyde, representative of the Executive Board: Mr President, delegates, our good friend Sir Arcot Mudaliar asked why the spokesmen for the Board had not commented on the resolution that it put before you. I would like to point out, Mr President, that the Board placed this resolution before the Assembly as a matter of service, as a suggestion as to how it might wish to proceed. It is a rather complicated resolution, particularly for those who have not lived intimately with the procedures of the Assembly. The proposal that was made yesterday was that only the simple necessary fact of establishing the main committees should be determined so that the Assembly could proceed with the election of the Chairmen of those committees, and should be given time to study the content of this resolution, some questions having been raised about it. It is, as you have seen, somewhat complicated. It was our understanding that the substance of the matter was referred to the General Committee. It was with some gratification that we found that the General Committee had taken the resolution and had referred it back to the Assembly; and that the resolution, therefore, was still before the Assembly as the major suggestion for procedure in this very complicated matter.

If I may, Sir, I would like to comment briefly on Dr Evang's point. In the item to which he calls our attention (paragraph 2 (4)), the Board has proposed that the Committee on Administration, Finance and Legal Matters 'review the parts of the budget for 1955 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget', recognizing, therefore, quite fully that the Committee on Programme and Budget is the committee concerned with establishing the budget ceiling and the programme: this paragraph provides merely for an advisory opinion from the experts on administration for the organizational meetings and so forth, so that the Committee on Programme and Budget might have before it the recommendations of the experts in regard to those matters when considering the total budget. So, Sir, I would say that, speaking for the Board, I feel that this resolution has been given due attention, is still being given due attention, and that the Board hopes that it will be helpful to the Assembly in guiding it through this complex matter.

The President: Thank you, Dr Hyde. The delegate of Norway.

Dr Evang (Norway): Mr President, I would just like to second the motion made by the delegate of the United Kingdom that, in view of the importance of this subject and of the fact that there still seems to be some confusion, the members of the Assembly should be given an opportunity of seeing in writing the recommendations of the General Committee and the amendment which my delegation has proposed, and that then we finish the discussion on this item.

The President: Thank you, Dr Evang. I gather that you would like to postpone further consideration of this particular item until tomorrow. But first, I wonder if Sir Claude Corea would like to say something further on this item now, or if he wishes to wait until tomorrow.

Sir Claude Corea (Ceylon): Mr President, I intended a little while ago to intervene for one purpose only. I myself have no objection whatsoever to the postponement of this item until tomorrow, but I wonder whether there is any necessity for postponement if only for consideration of the amendment of the delegate of Norway. We have heard the part of the resolution from the General Committee dealing with this matter read out by the President; and he has indicated clearly that the General Committee recommends that "when item (3) under paragraph 1 is being considered in the Committee on Programme and Budget there shall not be a meeting of the Committee on Administration, Finance and Legal Matters." Now the amendment proposed by the delegate of Norway is exactly the same thing, except that, as it was made not today but yesterday, it is in a different form. He refers in his amendment to item (4) in paragraph 2 of the resolution which came from the Executive Board; but in effect the two are identical. The purpose of the amendment by the delegate of Norway is to ensure that when the budgetary ceiling and the programme are being considered in the Committee on Programme and Budget there shall be no meeting of the other committee dealing with similar matters. One can understand the reasoning behind the desire that the same matter should not be considered in two places, so Dr Evang proposes that when one committee is considering it the other committee shall not meet. That is just what the General Committee has recommended, so that it would appear that there is no conflict at all, and that the General Committee has given effect to the desire of the delegate of Norway. I do not think the General Committee can be greatly blamed for ignoring the delegate of Norway because it took into consideration and gave effect to his desire—only by adopting a different formula which has the same effect. Whether it is necessary, therefore, to postpone the discussion I do not know, but I think there is no difference
between the General Committee’s intention and that of the delegate of Norway. That is a point which I want to place before the delegates for consideration.

The President: Thank you, Sir Claude. You have now been given a copy of the recommendation of the General Committee with reference to the items that have been read out, and I wonder if you are desirous of making a decision now or if you still wish to postpone it until tomorrow? What is the wish of the meeting? Since I understand that all copies have not yet been distributed, I think we might now postpone this matter and carry on with the other items as recommended by the General Committee.

Programme of Work of the Health Assembly

The President: Under “Programme of Work of the Assembly” the General Committee recommends that, except for the days when technical discussions take place, the Assembly should start at 9.30 a.m. and work until 12 noon, at which time the General Committee will hold its daily meeting. For the afternoon meetings the General Committee recommends that the Assembly start at 2.30 p.m. Is there any objection to these recommendations of the General Committee?

As I see no sign to the contrary, I take it that you have accepted this.

The General Committee examined the programme of work proposed by the Director-General and communicated to governments by circular letter recently, together with the corrigendum issued concerning the hours of meeting of the technical discussions. The General Committee recommends that this programme of work be accepted as a guide, it being understood that it will have to be adapted to the progress of the work and any other circumstances. In this connexion I would like to add that, owing to the date of arrival of one of the recipients of the Darling Foundation medals and prizes, it is recommended that the award of the Léon Bernard Foundation prize and the presentation of the Darling Foundation medals and prizes take place not on Thursday morning, as indicated in the programme of work, but in a plenary meeting to be held on Thursday afternoon. We understand that one of the recipients cannot get here tomorrow morning but will be with us in the afternoon, and therefore the General Committee and your President recommend that you accept this change in the programme.

As I see no objection to this I take for granted that it is accepted by you.

Finally, the General Committee recommends to the Assembly that the present plenary meeting, which will be devoted, after the presidential address, to the general discussion on the report of the Chairman of the Executive Board and the report of the Director-General, should have a recess at 5 o’clock and resume at 5.30, and that, depending on the number of speakers who may wish to address the Assembly this afternoon, it shall close at 7 o’clock. So far we have about six members who have asked for the floor this afternoon following the presidential address.

This I suppose meets with your approval?

Having dealt with the recommendations of the General Committee, I have the great honour at this time, as your newly elected President, to offer a few remarks.

2. Presidential Address

The President: Dr Candau, representatives of the Executive Board, representatives of the United Nations and its specialized agencies, fellow delegates. It is with appreciation and humility that I accept the great honour and heavy responsibility you have placed upon me. Through this gesture you have once again demonstrated to the world that in this organization the concept of democracy is being translated into action without regard to size or development of country, to race, colour or creed.

Through this election you have not only honoured Liberia, but the African Region as a whole. If my memory serves me correctly, this is the first worldwide organization which has a true African as its President, and therefore on behalf of Liberia and all Africans, wherever they may be, I would like to thank you all for exercising your constitutional right and for showing the world that people are the same regardless of origin.

Liberia, as you undoubtedly know, was the seventh country to ratify the Constitution of the World Health Organization, and there may be a symbolic significance in the fact that it is a Liberian who is the President of the Seventh World Health Assembly.

The prestige attached to the post I now occupy—and the challenge it involves—can be adequately measured only by recalling here the names of those who have been presidents of previous Health Assemblies: Dr Stampar, Dr Evang, the Rajkumari, Dr Khater. I am keenly aware of the limitations which will make it difficult for me to live up to the traditions which they have set for the presidency of our Assembly. All I can say is that I shall do everything in my power to advance the cause to which this great organization is devoted.

I should like at this time to pay a tribute to my predecessor, who contributed so much to the success
of the last Health Assembly. It is regrettable that because of ill health he had to leave Geneva before the completion of his term. I, personally, miss him this time and wish him a speedy return to health.

I would also like to thank my good friend, Dr R. C. Bustamante, a representative of another small country, for having so ably conducted the opening meetings of this Assembly.

It is also highly gratifying for me to have been chosen to preside over the first Assembly after the appointment of Dr Candau, our Director-General, whose report you are about to examine. I should like to congratulate him on this magnificent work, and it is my hope that the Assembly will show its appreciation by approving the programme and budget he has prepared for 1955.

I am sure that the task of this Assembly will be greatly facilitated by the reports of the Executive Board, which my friend Dr Mackenzie so ably presented this morning. I am sure that you would want me to thank him on your behalf, as well as the Rapporteur of the Board, Dr Hyde.

I would like to make a very few personal remarks about the important agenda which is before the Seventh World Health Assembly. As you know, Liberia has, during the past six years, constantly supported the Organization's work. It has unconditionally subscribed to the great principles contained in our Constitution. Foremost among these principles is the very definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Another essential objective of WHO is formulated in Article I, Chapter I, which reads: "The objective of the World Health Organization...shall be the attainment by all peoples of the highest possible level of health."

It is by virtue of these principles that WHO has, in the last six years, been giving considerable assistance to a great number of countries in order to enable them to improve the health conditions of their people. Now, fellow delegates, we must realize the very great obstacles our organization is facing, and it is the responsibility of the Assembly to do everything in its power to assist the Director-General in overcoming these obstacles, which might otherwise interfere with WHO's future development.

It is indeed a fact that in the last few years, and particularly in 1953 and this year, WHO could not, because of financial complications, meet a great number of requests made by our Member States. There is now a danger that if this situation persists some of the governments, in their discouragement, might look to other organizations for the type of help only WHO can give. There is also a very serious risk that, unless immediate steps are taken to bring greater stability into our financial situation, our organization may rapidly lose the prestige it has been able to build up among the peoples of the world. In this connexion all of us must bear in mind the comments of our own Director-General on the possible effects of the crisis created by the lack of financial means for the carrying out of the Organization's constitutional responsibilities. "WHO cannot", says Dr Candau in the introduction to the programme and budget estimates for 1955, "relinquish its role of leadership in the carrying out of any type of international health work in association with voluntary organizations. To do so would not only be harmful to WHO, it would also destroy the effectiveness of WHO in helping to achieve the very purposes for which the various voluntary organizations were created. It is indeed in the interests of the latter to take advantage of the technical skill and administrative competence of WHO, the established agency which has the responsibility for planning, directing, co-ordinating and appraising international health work."

So much for the budgetary problem on our agenda. Among other important questions this Assembly is going to deal with, I would like to mention briefly the problem which has arisen in the Eastern Mediterranean Region. I hope that we shall be able to solve that problem in a friendly manner without creating political difficulties, which should always remain outside our Assembly. I am pleased to inform you that during my recent visit to that region I was very happy to see that the Regional Office in Alexandria has been able in the last few years to assist effectively the various Member States, despite the fact that no Regional Committee has met since 1950.

You have all received a resolution, proposed by various governments, which contains certain proposed amendments to our Constitution. I hope that you have carefully studied the problems involved in these amendments, and that the Assembly will take the wise decision at the appropriate time.

There is a deep symbolic significance in the fact that this session of our Assembly coincides with the holding of the Asian Conference in this same Palais des Nations. I am sure that this remarkable coincidence will heighten in all of us our sense of responsibility by further underlining the role our organization can and must play in the creation of a secure world.

Today the spotlights of the world are turned on what has become known as the Geneva Conference.
Millions of people in all walks of life in all countries, torn by new fears resulting from the discovery of yet another and even more destructive atomic weapon, are hoping and praying that the statesmen now gathered in this city will take the first concrete step towards international understanding and cooperative peace. The importance of such a move, as it affects the endeavour WHO has been engaged in for six years, is clear to all of us. For one thing, a really sincere rapprochement between the now divided parts of the world should undoubtedly bring our organization closer to the goal of universal membership, which is an indispensable condition for the success of our long-range programme. Furthermore it can reasonably be expected that a substantial relief in international tension would also alleviate the tremendous economic burdens all nations now carry as a result of ever-increasing armaments. Each country would then at last be able to devote a greater proportion of its national revenue to constructive purposes, and the improvement of health can surely be considered as a fundamental factor in the raising of the general welfare of the people.

It is precisely this close relationship between health and prosperity which defines the role an organization like WHO must play and the responsibilities it must assume in the cause of peace. If indeed it is true that any success met in this renewed attempt to bridge the political gap separating West and East will directly benefit the work of WHO, it is equally true that each step we take together towards the betterment of world health is also part of our search for world peace. Indeed, recent history has shown us that on the national as well as the international level any advance made in the political field is nullified unless accompanied by similar advances in the social and economic fields. Science, with its miraculous inventions, has brought the ends of the earth together. In the shrunken world which has become our planet today, peace and prosperity are indissolubly linked. Because of the tremendous possibilities offered by modern science and technology, the inevitability of want and disease has become an obsolete notion in all parts of the world.

Thus the task which lies before this Assembly is far greater—and of far greater import—than just to make another move against any particular disease or even a group of diseases. Within our own particular sphere of action, we have to restore the confidence of the growing number of people who despair of man's ability to take his destiny in his own hands, and to use the marvellous gifts of his brain for his good instead of his destruction. We have to prove to the people of the world that whatever geographical, political, religious, social or economic group they belong to, they can solve their problems in terms not of what they believe is best for their individual countries, but only of what will benefit the world as a whole. By actually demonstrating how new discoveries in modern medicine can be and are put to the service of man wherever he lives, we shall give the most forceful encouragement to those whose responsibility it is to decide whether the new forms of energy will spell the doom of mankind, or whether they will open up an era of prosperity, security, and peace unparalleled in history.

As I think of the six previous Assemblies, all of which I had the privilege of attending, they appear to me to have constituted slow but steady advances in man's perennial battle against poverty and disease, which have already wrought more havoc than could be caused by some of the new and dreadful weapons which threaten our existence today. I sincerely hope the Seventh Assembly, which meets at this crucial moment, will have the courage, imagination and wisdom to take the decisions which will enable mankind to take another step towards world health and happiness, and that in so doing it will help to restore to people everywhere full confidence in their future and the future of their children.

3. General Discussion on the Reports of the Director-General and the Executive Board

The President: We shall now continue with the other items on our agenda by taking up, first, the general discussion. I have on the list as the first speaker the delegate of Yemen.

Mr El-Hamdani (Yemen): Mr President, honourable delegates, it gives us, members of the Yemen delegation, participating for the first time in the deliberations of the World Health Assembly, great pleasure to offer our sincere thanks to the Organization, and to its parent organization, the United Nations, and our earnest wishes for continuous success in its great human task.

It also gives our delegation pleasure to mention the aid rendered to our country by the Organization, particularly by the Regional Office for the Eastern Mediterranean, that is, the assistance given us at the time of the epidemic which broke out in some parts of the Yemen in 1951, assistance which truly deserves our country's thanks and appreciation. As a result of this prompt measure, the epidemic was checked from spreading.

It is admitted, Sir, that health is the best means of preserving world peace, the aim for which the United Nations was created, for by promoting health we can
hope to increase economic progress and improve social conditions, without which world peace will be unattainable.

The Yemen, as a Member of the United Nations, is happy to partake in the proceedings of the Organization, for her participation is in accord with her desire and love for the realization of the most important factor in the maintenance of peace, namely the preservation of perfect health and the alleviation of human woes.

The people of the Yemen are happy in the knowledge that their Government, under the august direction of His Majesty the King of the Yemen, who is most eager for the progress of his country and its association with the free world, is participating today in the deliberations of the World Health Assembly and co-operating with the free and peace-loving nations in strengthening the most important pillar of peace—health.

The Yemen delegation takes this opportunity of offering its thanks to the President for his warm welcome, and while repeating its thanks to the Organization and to the United Nations, expresses its earnest wishes that our efforts may be realized, so that all nations may enjoy the highest possible standard of health, that humanity may obtain better living conditions, and that the world may thus preserve peace and happiness.

The President: Thank you, Mr El-Hamdani. I now call on the delegate of Syria.

Dr Dia El-Chatti (Syria): Mr President, ladies and gentlemen, we must all feel the significance, suggested in the Annual Report, of this Seventh Assembly as the turning point in the life of the Organization during its passage out of the rapid growth of infancy to a stage of development at a confident, even pace.

To the Syrian Republic, this event is particularly gratifying. As the sixth nation to join the World Health Organization, she was one of the first to affirm, without hesitance, her faith in its future.

The achievements of WHO in 1953, we feel, have been presented with clarity in the Director-General’s Report, which presents a well-defined picture of health conditions throughout the world. At this point, we emphasize our sturdy faith in the objectivity, sincerity and understanding of the Director-General; and with this in mind, we should like to highlight one or two points in the Report which are of vital interest to us.

There is reference to the serious and prolonged financial crisis that led to savings on many items. Though such overall savings may be justified, we regret the effect on the sacred item of education. In 1952, the Organization granted 1147 fellowships, but in 1953 could not grant more than 894, which represents a 22 per cent. cut.

The grant of fellowships, compared with the sending of teams of experts, is an immensely more effective, durable, and broader contribution to the development of health services. Those returning after study on fellowships share the benefit of education received outside, and form a reservoir to be drawn on for the maintenance of a balance between the extent or number of projects and the number of persons qualified to put them into operation.

Because social contact is such a large element in public-health work, we further suggest that another goal for the grant of fellowships be the expansion of the fund of native experts, who already understand the background and ways of their people, leading to smoother relations, efficiency, and accurate judgement in their work.

We have no doubt as to the value of international teams, to which the results of their fine work bear the best witness. Although the team members and advisers are qualified generally for their work, they have rarely a deep understanding of the all-important social milieu. Nor have they the time, during their hurried visits, to study or evaluate the phenomena to which they are exposed.

Therefore fellowships, of an international character in particular, are worthy of high priority among budget items.

In his Annual Report, the Director-General touches briefly on a point of primary concern to Syria. The report states simply that “neither the Regional Committee for the Eastern Mediterranean nor the two sub-committees proposed by the Sixth World Health Assembly were able to hold meetings in 1953”.

May I pause at this point to reiterate that we, delegates to the World Health Assembly, and those working intimately with the World Health Organization, are concerned not with the formation of political policy nor with political manoeuvres, but with lifting up the level of health of our people. The continuing struggle in the Near East has thrown up so much dust in the eyes of people in the rest of the world that when they try to examine clearly other facets of the Region, they cannot because of the political haze.
We are not here to play upon or sway the political sympathies of individual delegates, but we do want, on behalf of the many millions in our Region, to appeal to the spirit of the service of mankind to which we are dedicated, and to the combined conscience of this Assembly.

The handicap of not having had committee meetings since 1951 has been tremendous. Results of these regional conferences are of paramount and personal importance to almost every inhabitant of the Eastern Mediterranean and the lack of these meetings is taking an unnecessary toll. Urgent projects, almost without exception, have been postponed year after year until we saw the light and accepted other less urgently needed projects as well. We have had no effective vote and rarely an effective voice to call for projects on behalf of the health of our people.

To resolve the special problem of the Eastern Mediterranean committee meetings, the Sixth World Health Assembly passed a resolution benefiting the people of the Region and in harmony with the well-clarified basic aim of the Organization. That resolution called for the setting-up of sub-committees A and B. A full account of the destiny of that resolution is presented in the report of the Executive Board on its thirteenth session. It comprises a few pages, fascinating from a historical point of view.

In short, the fate of the resolution was determined not by a majority of Member States, nor by the Assembly. Its fate was written by one lone Member, but it was sealed by a laconic directive sent to Headquarters from a European government “... that neither of the sub-committees should be convened”. On the day that cabled message was received, the order was issued to postpone the meetings. Such a gathering of Member States, the results of which affect at least 150 million people, was scuttled by one Member State with one million inhabitants, together with another Member which has only an indirect interest in the area. We ask this Assembly to support the wish of the Sixth World Health Assembly by translating that wish into a well-defined resolution.

I should like to bring now to your attention the resolution of the Executive Board, at its thirteenth session, to extend the term of the Regional Director for seven months beyond 30 June 1954, the end of his term. This is a resolution which, unless I am misled by the Constitution, is properly among the prerogatives of the Regional Committee. Indeed, on the agenda for the regional sub-committees’ meeting of 1953 was the nomination of a regional director. The Syrian delegation feels that the legality of such a resolution not emanating from the Regional Committee must be challenged. Although this resolution may be convenient for Headquarters, because they may feel it does away with the urgent need for our regional meetings, it is not at all convenient for us. I am inclined to feel, indeed, that as long as such resolutions are available, our regional meetings are that much farther from materializing. You will realize that this Assembly constitutes our only effective forum.

The President: Thank you, Dr El-Chatti. I now call on the delegate of Yugoslavia.

Dr Stampar (Yugoslavia): Mr President, fellow delegates, this Assembly marks the end of the period of eight years of our work since the establishment of our organization, including the preparatory work begun in February 1946 in accordance with the resolution of the Economic and Social Council of the United Nations. In an attempt to summarize that period I propose to divide it into three different and distinct phases.

The Interim Commission which operated for nearly two years might be regarded as our romantic period, inspired by the favourable developments at the International Health Conference held in New York in June and July 1946. On that occasion delegates of what could then be considered a large number of countries, including even those which were not Members of the United Nations, gathered there, manifesting our endeavour to make our organization universal. Despite the relatively small means we had at our disposal our programmes, which were of limited number, were carried on with faith in the further progress and expansion of the scope of our activities. However, that romantic period came to an end already in 1948, when favourable developments towards making our organization a universal one were stopped owing to the position taken by some countries.

Then came what we may call the realistic period of our activities. We gradually began to extend our activities in many ways and many territories, both on our own initiative and at the request of some Members of the Organization. Though our resources were still limited as compared with the programme we had in view, nevertheless the Organization achieved noteworthy progress in many fields. The decision of the United Nations to establish the Programme of Technical Assistance for under-developed countries gave rise to new hopes, for it promised a notable expansion of our activities as well as possibilities for their realization. It encouraged our optimism, associated with the hope that Technical Assistance would become a permanent institution of
the United Nations with resources that would not be liable to reduction. Meanwhile, the cuts in the Technical Assistance Programme which took place, primarily owing to delays in the payment of contributions, initiated a critical period in our development. The Report of the present Director-General, as well as his introduction to that report, represents an important document calling for congratulations to the Director-General on its correctness, accuracy and sincerity. From that report, as well as from the report of the Executive Board, it is evident that the cuts in Technical Assistance funds have assumed such proportions as to reduce a great deal of activities, some of which have been carried on thanks only to our utmost efforts.

On account of the Technical Assistance Programme many of our activities were intensified and promises were given to different countries as to future action. All that encouraged a justified hope of further achievements, aroused interest for our activities, and imposed new sacrifices on behalf of receiving countries, both as to their contributions and the necessary expenditures to maintain expert teams sent to them. At the beginning some countries greatly benefited from the Technical Assistance Programme. Very soon, however, that aid was subject to curtailment which resulted in the post-pomement and deletion of the programmes which had been planned. In that way, I am afraid, the prestige of our organization has been very much affected and its recovery will take a long time. In some cases it will be hardly possible. It must be borne in mind that some Members of the Organization might even start to develop a feeling of distrust towards the Organization, despite cases where results of lasting value have been achieved, as in the fields of prevention of communicable diseases, medical education, sanitary engineering, demonstration centres, expert committees, etc., although some of these examples of constructive work cannot be attributed exclusively to our organization. Undoubtedly many fellowship awards, as well as efforts towards the strengthening of national health administrations, have always been very much appreciated. An encouraging sign, however, is the endeavour of certain Members of the United Nations in the United Nations General Assembly and in the Economic and Social Council to establish Technical Assistance funds on a permanent basis which would not be liable to fluctuations and frequent and sudden changes, so as to ensure uninterrupted activities in the field of world health.

I am taking the opportunity to stress the fruitful and beneficial co-operation between the Organiza-tion and UNICEF, which has become a permanent agency of the United Nations. It must be stated at once that with respect to financial resources, and especially in collecting material contributions, UNICEF has been more successful than our organization, and it seems to me that UNICEF, at the time when its destiny was not clear, passed the critical stages more easily. We have to admit that some of our programmes could be saved only thanks to the availability of funds, supplies and equipment provided by UNICEF. The question arises why UNICEF has been in this respect more successful than we are. Of course, it is good for international health work that co-operation with UNICEF has been developed to such a satisfactory degree and that certain differences of opinion have been clarified. In this connexion I would like to bring to your attention the fact that besides the technical assistance services rendered by our organization and UNICEF there are in the field of world health other types of technical aid provided by sources of different origin and conducting parallel activities for which it might be desirable to establish a better co-ordination.

In connexion with the financial situation as presented in the reports of the Director-General and of the Executive Board, considerable improvements can be noticed in the regularity of payment by Members of their assessed contributions. That certainly is a favourable sign, which is to be a very important point in our decisions at the present session. The question is whether to adopt the request of the Director-General that the regular budget of our organization be increased by one and a half million dollars or to reject it. Rejection would undoubtedly be a blow to the advancement of our activities. On the other hand, if we accept it the question arises as to whether the Members of the Organization will pay their contributions with the same punctuality as hitherto, if no adequate solution is found which would allow part of the contribution to be paid in national currency.

If the proposal of the Director-General and the Executive Board is rejected we shall have either to empower the Executive Board or take action ourselves in order to introduce certain changes in the system of our administrative organization and consequently develop our activities on a different basis. Every one of us must have thought about these problems. With the establishment of the Regional Committee and the Regional Office for Africa we have practically accomplished the process of regionalization, which in my view has always been the only correct method to adopt. However, we have to be conscious of the fact that we have not
been very successful in delimiting the territories of all the regional offices and the respective committees. In connexion with that a whole series of questions of a political character were raised in our discussions, thus interposing elements which should have been avoided. During the last session, for instance, a great deal of time was wasted in discussing to which countries certain islands were to be assigned, although that does not fall within the competence of the Organization. We have had the same experience with the Regional Committee for the Eastern Mediterranean, which until now has not been able to resume its normal activities as provided under the Constitution. In my opinion questions of such a character do not fall within the competence of a purely technical organization such as this one is, and I feel that this should be emphasized time and again. Likewise, the last time we entered into heated debate concerning the relations with non-governmental organizations one could not tell that we were on purely technical grounds.

Furthermore, I should like to say a few words about the technical discussions which were introduced four years ago as one of the items on the agenda of our annual Assembly. Most of you, I am sure, vividly remember our first technical discussion devoted to the problem of medical education. That discussion was very successfully prepared thanks to the efforts of Professor Grzegorzewski and his collaborators. It brought results of lasting value, for it stimulated health administrations and medical educational institutions to approach that problem, which definitely affects the progress and right applications of medicine. Later on, when expanded to the health education of auxiliary personnel, the problem was covered in its broader aspects, resulting in the holding of many conferences and sessions of expert committees and the sending of missions of experts to different countries with the objective of disseminating new knowledge on preventive, curative and social medicine. It is no exaggeration to state that those activities greatly influenced the convening of the conference on medical education sponsored by the World Medical Association, which was held in London in August 1953. The meetings held in Nancy, Göteborg and South-East Asia have had an equally remarkable effect, as well as the meeting which is being prepared by the Pan American Sanitary Bureau.

The second technical discussion was also a great success, thanks to the report of Professor Winslow on the economic factors in medicine and human health, which has won great popularity and has been commented on throughout the world. Although the two following technical discussions were from the technical point of view as good as the first, interest in that type of discussion has recently declined, so that the Executive Board has felt sceptical about their value. The delegation which I am representing here made a proposal to the General Committee at the last Assembly putting up, as a topic for technical discussion at the present Assembly, rural health in its general and special aspects. You have certainly had circulated to you the relevant basic documentation to be used for that discussion. I hope very much that thus we may resume the studies on the same subject which were initiated and organized by the Health Organization of the League of Nations some twenty years ago, although a considerable period has elapsed since the problems of rural health were on the agenda, regardless of the considerable advances which have been achieved in that field. If the world is considered as a whole it must be admitted that this problem has lost nothing of its acuteness and that studies and solutions in that field should be approached with more intensity. Despite certain negative points in the technical discussions which are practically unavoidable, it is my feeling that those discussions are an important part worthy of consideration at the annual Assembly, at least at adequate intervals which would permit of better technical preparations for discussion of that kind. For preparing the present technical discussions only a limited time was available; however, the experts who have been in charge of the preparation of the work have done their best.

In addition, I should like to return to my proposal of 1948 concerning our administrative and expert organization. In my view the staff employed has always been too numerous. The central administration should confine itself to activities in only very important matters of world health, while the work of expert committees and better participation all over the world should be encouraged. Of course, this is a very delicate question, but I should say that we have never attached enough importance to it. Certainly efforts concerning programme evaluation and analysis merit appreciation; however, no reliable data are yet available and a method which will take us by safer routes has to be elaborated. Here it should be said that propaganda methods should be avoided and that we should stick to a realistic evaluation. I am afraid that our administration, notably the financial one, is too complicated, and that a great deal of both our resources and our time are consumed by it. Bureaucracy in any international organization is in a position to do harm. In all such organizations the spirit of friendly
co-operation, full co-ordination and an international family feeling has to be both achieved and secured. Bureaucracy always wants more space, is always in need of new rooms, and finally results in discarding and disuniting even expert activities.

Finally, I wish to stress the importance and responsibility of the members of the Executive Board. The members of the Executive Board form a separate body whose position and role in our organization are determined by the Constitution. Therefore I wonder whether it is good that, soon after leaving that body—which actually in the interval between the Assemblies carries the main responsibilities for the proper functioning of our organization—ex-members of the Board should take on the duties of staff members in our organization. Therefore I should appreciate it very much if the Director-General would kindly assure us, either here or in committee, that this practice is to be abandoned except in cases when a reasonable period of time has elapsed after the expiration of their term as members of the Executive Board.

I cannot close my remarks in connexion with the general discussion without expressing to you all my thanks for the kind attention you have accorded me.

The President: Thank you, Dr Stampar.

The meeting was adjourned at 5 p.m. and resumed at 5.30 p.m.

4. Recommendations of the General Committee on the Programme of Work (resumed)

Procedure for Consideration of the 1955 Programme and Budget Estimates (resumed)

The President: We now continue with our plenary session. We were considering the recommendations of the General Committee pertaining to the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters, and the point was made by several delegates that they had not received the recommendations of the General Committee. It is about two hours now since this particular document was distributed to you and I presume that by now you have absorbed its contents.

You also have before you the amendment proposed by the delegate of Norway. If there are no contrary views expressed by members of the Assembly, I will take it for granted that, having studied these two documents, you are now willing to accept them.

Is there any objection to our accepting the recommendations of the General Committee as amended by the delegate of Norway? If there are no contrary views, I take it that you now understand and accept the recommendations.

5. General Discussion on the Reports of the Director-General and Executive Board (resumed)

The President: We shall now continue with the general discussion. Sir John Charles, United Kingdom of Great Britain and Northern Ireland, has asked for the floor.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, to greet you, Sir, as President is a happy formality which the protocol expects but which our frequently renewed acquaintance over more than four years transforms into a personal pleasure. There is also the satisfaction, the feeling that once again the direction of this Assembly is in the hands of one who knows its procedures and personalities intimately, and is not unaware of its atmosphere and the meteorological changes which can affect it, and knowing those possibilities can anticipate and prevent them. Finally, there is for many of us some little reflected glory because a member of our own particular branch of the medical profession, a distinguished practitioner of the art and science of public health, has achieved this signal honour.

And to you, Mr Director-General, may I address a few words of congratulation which my temporary absence from the Assembly prevented me from saying last year at the time of your appointment. It is a good thing that at this moment the affairs of the Organization should be in the hands of one who by vocation and training is a member of that fraternity of hygienists who, while accepting that all medicine is one, would proclaim that preventive medicine is the better half. I hope in all sincerity that your period of office will be happy and successful and of infinite benefit to the cause of world health.

The public-health background of both President and Director-General is significant in the light of the little more I have to say. The Constitution of the Organization contains in Article 2 a formidable list of fields of opportunity in health and medical care. But however we may be attracted by the contents of that potential box of Pandora, we should realize that the greatest treasures it can offer are the fundamental principles of preventive medicine and sanitary science, from whose application has developed every successful system of national public health—and in saying this I hope my friends in the fields of mental health and hygiene and the education of the public, to whom we must steadily look for more and more assistance, will not regard themselves as excluded persons but rather as full partners.

It is now 120 years since in my own country a great pioneer, Edwin Chadwick—not a doctor, I would
of the Government of Cuba, of the health organi-
convey to this distinguished Assembly the greetings
fellow delegates, once again we have the honour to
find shade and comfort under the leaves of the oak-
immediate benefit, but that their grandchildren should
into the fruits of their labours. We are like the Romans
words. Other men have laboured and we are entered
planning and the emergency, a certain degree of
taken time and perseverance. For short-term
feverishness can be allowed; for such long-term
planning as WHO is now embarking upon, patience
were the foundations and without them we
have been building upon sand. The old ways
and objectives of the public-health pioneers have
have much to commend them. There are few short cuts,
few quick solutions in these matters, which will give
in the end the same record of sustained and surviving
effectiveness.

There are some, no doubt, who regard the problems
of modern Britain, or even the Britain of 100 years
ago, as remote and incapable of comparison with
their own, and to such I would say we have had, and
still have, not dissimilar problems and have taken
steps to solve them. We, too, have met the great
plagues at one time and another and have conquered
them—leprosy, malaria even, the plague, typhus,
typhoid, smallpox and cholera. We are still battling
with others. Sometimes the remedy has been and is
a purely medical one; more often, a combination of
medical knowledge, legislative activity and adminis-
trative capacity involving many persons, many
crafts, many types of experience. But it has always
taken time and perseveration. For short-term
planning and the emergency, a certain degree of
feverishness can be allowed; for such long-term
planning as WHO is now embarking upon, patience
and constant unremitting endeavour are the watch-
words. Other men have laboured and we are entered
into the fruits of their labours. Other men in their
turn will harvest our fruits. We are like the Romans
of old who placed acorns in their pockets and
planted them here and there, not for their own
immediate benefit, but that their grandchildren should
find shade and comfort under the leaves of the oak-
trees of the future.

The President: Thank you, Sir John. I now call
Ambassador Hurtado, of Cuba.

Ambassador Hurtado (Cuba) (translation from the Spanish): Mr President, Mr Director-General,
fellow delegates, once again we have the honour to
convey to this distinguished Assembly the greetings
of the Government of Cuba, of the health organi-
izations, the medical profession in general, and all the
people of our country, who so greatly admire and
appreciate the benefits being rendered to humanity
through the efforts of the World Health Organization
on behalf of human life and welfare.

Another year of work has brought an added year
of experience and a new opportunity for appraising
more clearly the extent of the problems that the
Organization seeks to solve. This seventh session
of our World Health Assembly is also the first to
be held during the administration of the new Director-
General, Dr Marcolino Candau, that eminent
specialist whose first year of leadership of the
Organization has added new and praiseworthy
achievements to his own past record of success in
public-health work, and to whom it is my privilege
to express the warmest congratulations of the
public-health workers of Cuba, among whom he has
so many friends.

In the few minutes available to us, we wish to
touch briefly on certain points that we have
considered of special importance, or at least those
that have strongly commanded our attention in
recent years.

Regionalization and the policy of decentralization.
The policy that first predominated within the Organi-
zation was one of world-wide control—what might
more graphically be termed a panoramic view of
world health—which went so far as to oppose the
very existence of regional organizations and raised
the threat of their being totally absorbed by the world
organization, thereby endangering their long and
traditional role and record of achievement in the field
of public health. Let us recall for a moment the
debates of that historic meeting in New York and
those that followed. Inevitably, through adherence
to the irrefutable principle of division of work, the
concept of regionalization gained foothold and
thereby finally emerged, with full structural strength,
the various regions that make up the Organization
today.

We must recognize, in the first place, that the term
"region" does not rest on uniform criteria, whether
geographical, historical, or socio-political, and that
in very few of the existing regions is the spirit of
unity felt fully, a fact which explains the vast differ-
ences that perpetuate problems very difficult to solve
in regions where some of the members do not feel at
home. This is an accidental situation that we are
going through at the present time, and one that gives
rise, we repeat, to problems affecting the general
development of the Organization.

Apart from such accidental factors, which might
be called the political problems of regionalization,
there also occurs what we believe to be an excessive and distorted emphasis on the need for regionalization, which is especially apparent in the field programmes. Here we find an exaggerated tendency towards what I would call "regional inflation", defended by a vague expression of the need for decentralization, and leading, in rapid geometric progression, to a separation from the central organization, which is being weakened in important functions. In a word, we wish to warn that it is dangerous to stray so far from the central agency, which should retain the function of giving general orientation to all regions and retain the function of giving general orientation to our organization on an essentially technical basis.

Our country—situated in a region with its own very distinct geographical characteristics and historical background, and which upholds continental unity in health matters in a manner we believe would affect the unity of the world organization.

Defence of our technical personnel. We have more than once stressed that the World Health Organization and its Secretariat do not represent the superministry of public health of a future theoretical and unattainable world government, and that, accordingly, public-health ministries in every country must obviously continue to fulfil their own functions, within the framework of their own legislation. But in speaking of health administration, of ministers and officials, in that connexion, one must speak also of technical responsibility, which in turn rests upon the contributions of science. It is essential to aid the work of the scientists and to respect their findings and advice, which are based on scientific truth. It matters not that these change, that our knowledge today may be superseded by that gained tomorrow—scientific truth should always be the sole criterion for changing those findings and, in our field particularly, public-health action should reflect the advances of science.

Our respect and admiration are due to the men of science who spend perhaps their entire lives within the laboratory, endeavouring to fathom often impenetrable mysteries. At times, and more frequently of late, the scientific investigator, like the miner who wrests treasure from the depths of the earth, discovers the actual existence of a virus, isolates and identifies it in terms of etiological medicine, and clearly describes its life cycle and course of development within the human organism, bringing the facts of pathogenesis to light. And on this progressive knowledge of combined etiopathogenic development is based the epidemiological control of countless diseases. At the same time, further progress is being achieved through the study of environment, as a result of the participation required from experts in many related fields, particularly that of sanitary engineering. Obviously then, the public-health worker of today is a person who must combine the talents of many different experts.

These introductory statements may perhaps seem out of place, but they are nevertheless based on our experience within the WHO Executive Board, where we have unfortunately seen a clear dividing line frequently, and in our opinion erroneously, drawn between the scientist, the technician, and the health administrator, not without protest on our part. An example comes to mind in connexion with the manner of handling expert committee reports. After being carefully prepared by scientific authorities, specialists in their fields, these reports and recommendations are brought to the attention of a heterogeneous body such as the Executive Board, where they are discussed, approved, and passed for publication with the highly surprising note that the opinions expressed are those of the experts in question and not those of WHO. It is this situation that justifies the title I have given to the present section, namely, "Defence of our technical personnel".

We believe, in effect, that once an expert committee report has been considered and approved by the Executive Board, the recommendations it contains should be endorsed by the Organization, as the juridical body that upholds the work of its technical experts. To do otherwise is to fail to appreciate the full value of the scientific findings of those experts. If this be not the case, then by what other opinion should the Organization be guided in the application of its principles? How long are we patiently to stand by while a member of the Executive Board, speaking at great length on an expert committee opinion, makes unfortunate incursions into the strictly technical aspects of public-health science?

We have already taken up too much of this distinguished Assembly's time. Our intention has been merely to point to certain general matters that may be the subject of specific motions within the committees. Many comments and observations would be required were we to attempt an evaluation of the present status of Technical Assistance, especially in the dual aspect of development of programmes and its significance in the general structure.
of our organization. We shall reserve comment for the time when these specific questions are discussed by the Assembly.

Let us all hope that this Seventh World Assembly, guided by the highest of motives, will lead us closer to our ultimate objective—that of health as defined in the Constitution of our organization.

The President: Thank you, Ambassador Hurtado.

This brings to a close my list of names. However, we still have about an hour to continue, so if there is anybody else who wishes to speak I would appreciate their coming forward now to participate. Is there any other speaker for today?

As there is nothing else before us, I now declare this meeting adjourned.

The meeting rose at 6.5 p.m.

FOURTH PLENARY MEETING

Thursday, 6 May 1954, at 9.30 a.m.

President: Dr J. N. Togba (Liberia)

1. General Discussion of the Reports of the Director-General and Executive Board (continued)

The President: We now continue with our consideration of the reports of the Executive Board and Director-General, and our general discussion. I call on the delegate of Saudi Arabia.

Dr Pharaon (Saudi Arabia) (translation from the French): Mr President, fellow delegates, my remarks will be very brief, but I would not like to let pass this opportunity of paying a tribute to His Excellency Dr Khater, who presided over the Sixth World Health Assembly, and of expressing my very great regret at not seeing him among us this year. Dr Bustamante, whom he asked to preside over the first part of this session’s business in his stead, acquitted himself of his task with the tact and wisdom we have come to expect of him.

As for yourself, Mr President, the confidence the Assembly has placed in you gives me very great pleasure because it is a tribute to the loyalty and integrity of a man who has served the Organization faithfully and disinterestedly from the time of its foundation. We have not the slightest doubt that in carrying out the important functions entrusted to you, you will continue, as in the past, to place at the disposal of the Organization those great qualities of active intelligence and loyalty which you have always shown and which have won for you the sympathy and esteem of all.

I have read very carefully the report of the remarkable work of the Executive Board and I would take this opportunity of paying tribute to its Chairman and members.

It is also my pleasure and duty to congratulate Dr Candau, the Director-General, on his outstanding work during his first year of office. Our gratitude is due to Dr Candau, his colleagues, and the Secretariat as a whole.

As for Dr Shousha, Director of the Regional Office for the Eastern Mediterranean, I would here like to pay a formal tribute to the notable work done by him during this last year in spite of exceptionally difficult circumstances. My Government has always been grateful to him for the understanding he has shown whenever he has had to consider one of its many health problems.

And now, Mr President, may I be allowed to deal briefly with two subjects in the Director-General’s report which have particularly engaged the attention of my delegation.

The first is a subject covered by Annex A to the International Sanitary Regulations. I hasten to assure the Assembly that it is not at all my intention to raise a problem which would be out of place at this moment. I wish merely to make a declaration on behalf of my Government in connexion with resolution WHA4.75 of the Fourth World Health Assembly. When it adopted that resolution, the Assembly recognized that “the provisions of Annex A are of a transitional nature” (I emphasize the word “transitional”) “applicable only until such time as the health administration for Saudi Arabia is fully equipped to deal with all sanitary problems connected with the Pilgrimage within its territory”.

In his report on the working of the International Sanitary Regulations,1 the Director-General was

1 Off. Rec. Wld Hith Org. 56, 17
able to state: "The Government of Saudi Arabia has constructed a large quarantine station near Jeddah, and the greater part of the construction work was completed by June 1953". Certain reservations were, however, made in that same report to the effect that it was not "expected that all the buildings would be fully equipped, furnished, and in operation for the 1953 Pilgrimage season". I am now in a position to state that during the 1953 season our health services were able to deal admirably with the delicate and complex task entrusted to them and proved their work to have been effective. This fact, moreover, was confirmed by the commission which was required, in special circumstances, to give an opinion on the Saudi Arabian Government's declaration concerning the satisfactory hygienic conditions of the Pilgrimage that year. Since then, much has been accomplished. Premises have been suitably arranged and adequately fitted out; staff has been increased and provided with the most modern and most appropriate equipment. We have, therefore, every reason to believe that what we have accomplished corresponds to the requirements as mentioned in the preamble to resolution WHA.4.75 of the Fourth World Health Assembly where it is stated that the provisions are applicable only until such time as "the health administration for Saudi Arabia is fully equipped to deal with all sanitary problems connected with the Pilgrimage within its territory". It is for this reason that I have been instructed by my Government to request the present Assembly to take the necessary steps to place this matter before the Executive Board during the next year so that a commission may be sent out to assess on the spot the extent and efficacy of the arrangements made. The Executive Board will then be in a position to implement the decision of the Assembly and recommend that the latter cease to apply provisions recognized by it as being transitional only.

The second matter is the problem, now chronic, of the meetings of the Regional Committee for the Eastern Mediterranean. Circumstances which it is useless to reiterate here have made it impossible for this committee to meet. I have no intention of going into the details of those circumstances again now, but the new elements which have been introduced since the last Health Assembly, and which have given rise to many objections, are particularly in our minds and merit some attention.

In its decision, the Sixth World Health Assembly recommended a compromise solution which, it was hoped, would enable the Eastern Mediterranean Region to break the deadlock. Unfortunately, it has not been possible to adopt that solution, and all the sincere and loyal efforts made have been rendered useless. I have no wish, for the moment at least, to take it upon myself to pass judgement in this connexion, and still less to enter into a maze of constitutional considerations, or determine the responsibilities of those who have played a decisive role in the development and regrettable outcome of this question. I will confine myself to an expression of regret that a resolution of the Assembly, adopted by an overwhelming majority, should have been made inoperative and have become a dead letter. I trust that this situation, which is extremely prejudicial to health interests, will not be tolerated any longer, and that the Seventh World Health Assembly will find a realistic and equitable solution.

In conclusion, may I be permitted, Mr President, to welcome the delegation of Yemen, which is with us this year. We rejoice to see that the Organization is continually gaining sympathy and every day giving clearer evidence of its universal character.

The President: Thank you, Dr Pharaon. I now call on the delegate of India.

Sir Arcot MUDAIR (India): Mr President and fellow delegates, my first duty—and a very pleasant duty—is to offer you, Mr President, on behalf of the Indian delegation, our warmest felicitations on your acceding to this high office, the President of the Seventh World Health Assembly. I have had the pleasure and privilege of working with you ever since the first conference held in Geneva in 1948, and I can assure all members present here, particularly the new ones, that your contributions to the discussions of the World Health Assembly have been significant and always helpful and in the best interests of the Organization. Your work on the Executive Board has won for itself admiration from many quarters, and I am indeed most happy that we have honoured ourselves in honouring you and placing you on the presidential body at this Seventh World Health Assembly. I venture to state that in honouring you thus, we have truly fulfilled what the Scottish bard had to say: "A man's a man for a' that". You are a man after the Scottish bard's heart who richly deserves this high honour.

We have listened with great interest to the report of the Executive Board, presented in such a masterly fashion by the Chairman of the Executive Board. I can assure all delegates, having had the opportunity of knowing something of the work of the Executive Board, that the year 1953 was indeed a unique year so far as the activities of the Executive Board were concerned, and the many problems which they had to tackle during this period certainly threw an additional burden of work on the members of the
Board, individually and collectively. We are therefore very happy that the Executive Board has taken all this trouble and pains to get together and straighten out many difficulties which arose in the course of the year and to present to the World Health Assembly a report of such magnificent achievement.

It was no small pleasure for us to listen to the first report of the new Director-General, Dr Candau. We see in him a seasoned administrator who has a quick grasp of all the problems of the World Health Assembly and who has taken not a little trouble to understand the significant features of the work of the World Health Assembly. I do believe that Dr Candau will be in a position to anticipate many of the difficulties that may arise in the future, and with the help of the good team that he has at his command he will be in a position to place before the Executive Board and the World Health Assembly those factors that materially contribute to the success of the work of the World Health Organization.

It is unfortunate, however, that problems have arisen with regard to the financial position of the World Health Organization, problems which are not directly due to the World Health Organization itself. During the year 1953 a certain number of anticipations were not fulfilled, and therefore it was necessary for the Executive Board and the Director-General to so change the policies and some of the projects that had been forecast the year before as to render them, more or less significantly, shorter than they were expected to be. It seems to me that this position of the financial obligations of the World Health Organization merits further consideration at the hands of the delegates to the Assembly. The need to re-examine the whole position is not only urgent but vital. The programme envisaged should not be wholly based on the uncertain possibilities of financial contributions from other sources, and it is necessary for us in looking at the programme to divide it in such a way that it can be classified under two major heads, one part of it being wholly the responsibility of the World Health Organization, the other depending upon such financial assistance as may be possible from other sources.

It would not be out of place here to mention that, in those States where help is made available through other sources or agencies, the World Health Organization should take note of the sources or agencies, and the activities of the World Health Organization should be so dovetailed that the best possible use may be made of the resources available, whether in personnel or in other respects.

But the main consideration of the Director-General and the Executive Board should be under certain circumstances to explore all possible avenues of economy in directions which will not affect the efficiency of the work of the Organization. There is a feeling in some Member States that there is a tendency both at Headquarters and in some of the regional offices to seek to have a top-heavy administration, and some recent additions to the staff would lend colour to such an impression. In the situation in which we find ourselves, all connected with the Organization should not think of the pattern of the most extravagant governmental organization but should consider, and constantly endeavour to see, how far economy can be effected as and when opportunities arise. Much as I should like not to touch on such a subject, I think that the wealth of wisdom that our elder statesman, Dr Stampar, gave expression to yesterday deserves the close attention of the Director-General. I do not for a moment suggest that those who have been recruited to the Secretariat are not persons fully competent to share its task in a very magnificent manner. But it does happen that when persons who have been recently either on the Executive Board or on delegations are accepted on the staff of the Secretariat, an unfavourable impression may perhaps be created in some Member States, for the excellent reason that they may not quite understand why such steps have been taken. I should like in a very friendly manner, if I may, to request our Director-General to take note of what Dr Stampar has said in the wider interests of the Organization as a whole.

Speaking about the problem of the budget and the financial position of the Organization, may I refer to the serious problems arising from the large arrears which some Member States owe to the Organization. The External Auditor in his report has referred to this fact and has stated that on 31 December 1953 the total amount due from some of the Member States was to the extent of $1 103 826. This, I consider, is rather a serious handicap to the work of the Organization. In one region alone the arrears amounted to $704 524. I am sure that some of the Member States may not be aware that they are still in arrears to the World Health Organization, and a little more effort and flap, perhaps by the Regional Organization and the Director of the Regional Office, would help them to recollect that their arrears are still due and they will have to pay them in time. May I in this connexion refer to a resolution which was passed by the World Health Assembly, that at the Eighth World Health Assembly

1 Resolution WHA6.31
those States which are in arrears to the extent of two years’ dues may not have the right of vote. I am sure that, the Executive Board and the Director-General having already drawn the attention of the Member States to this significant fact, no Member State in that position would send a delegation to the Eighth World Health Assembly; and no Member State of the World Health Organization would like to be in the unfortunate position of requiring the World Health Assembly to pass any such resolution.

There is another direction in which some degree of economy may be possible. I refer to the conferences and meetings of non-governmental organizations and other organizations at which the World Health Organization is represented, and also to the conferences and meetings of the United Nations and specialized agencies. I do realize that there is a great necessity for the representatives of WHO to keep in touch with what is proceeding at some of these conferences. At the same time I feel that if the Director-General would devote his attention to the necessity of such representation in some gatherings, and to the possibility of an economic handling in other gatherings, there will be a certain amount of reduction in the expenditure that is to be incurred. I should not have referred to this but for the unfortunate financial position in which we find ourselves today.

Expert committee meetings and seminars are very useful indeed, under certain conditions. If I may quote the words of the Director-General: \footnote{Off. Rec. Wld Hlth Org. 51, vii} “...In order to be really effective, such meetings should be preceded by preliminary studies of health problems and services in the participating countries. It is equally clear that WHO must be prepared to help in translating the general conclusions of a conference or seminar into terms applicable to the needs and resources of the individual countries concerned.” I think that this is a very realistic approach to the need for convening meetings of expert committees after holding seminars, and I am happy indeed that the Director-General has had his attention drawn to this fact. In the holding of such conferences the World Health Organization would do well to stimulate other international organizations and to co-operate with them to the great benefit of all organizations. As an example, may I quote the holding of a conference on undergraduate medical education, sponsored by the World Medical Association but participated in by, and with the co-operation of, the World Health Organization. I think those who attended this conference will bear me out when I say that it was a most successful gathering of medical educators, which greatly helped to focus attention on some of the main points concerning undergraduate medical education.

A reference was made by one of the speakers to the manner in which reports of expert committees were dealt with by the Executive Board. I was under the impression that the whole of this subject had been carefully reviewed and a firm decision arrived at some time ago. The Executive Board does not deal with the detailed recommendations of the expert committees, for the simple reason that it has not got all the available resources, nor is it competent to examine such reports. I find, for instance, that at the last session of the Executive Board fourteen expert committee reports were placed before it, and the subjects ranged from poliomyelitis and rabies to narcotic drugs and alcohol. I venture to submit in all humility that no single member of the Executive Board will be fully familiar with all these four topics at any rate, and for this reason the convention has generally been that these reports are transmitted to the World Health Assembly and to the Member States, except in so far as there may be statements which are outside the scope of the expert committees or statements which may go counter to the position the World Health Organization has with Member States and other specialized agencies. It is only in that respect that a certain amount of editing was sometimes necessary in the reports of the expert committees, not in the main recommendations, but in the obiter dicta that sometimes expert committees meeting for the first time wish to indulge in. I am sure the Executive Board is following that policy and I myself feel that a criticism was not quite warranted.

There is one aspect, however, which it is necessary to take note of. The calling of an expert committee meeting demands a good deal of preparation and study, both for the Secretariat and for the members of such expert committees, and I would strongly urge that expert committees should not be called in a hurry, nor too frequently, unless there is a substantial measure of agreement as to the necessity thereof and unless all the preparation has been made thoroughly in advance.

The promotion of research by the World Health Organization is a subject which merits consideration. The Indian delegation notes with appreciation the remarks of the Director-General in this connexion: “The function of the World Health Organization should be as an international co-ordinator in the control of all communicable diseases and in pro-
moting quicker results by internationally co-ordinated research." I was very happy to read in one of the illustrated journals recently of the work of the World Health Organization in the field of research in influenza. Through the international centres in London and New York, fifty-four different research centres in influenza, spread all over the world, are brought into contact, and frequently the research carried on at one centre is made known to other centres so that there may be no unnecessary effort wasted and significant results may be quickly transmitted to all other centres for other research. This is one of the most excellent methods by which research can be promoted, and I feel that it is the only way in which the World Health Organization can afford to help in research. I do not believe there is any possibility for the World Health Organization to set up any special research bureau other than the co-ordinating research bureaux that there should be for all particular diseases.

In this connexion may I invite the attention of the delegates and the Executive Board to a resolution that was recently passed at a meeting of the UNESCO Executive Board, that similar co-ordinated research should be undertaken in the field of one of the most important and unfortunately one of the most painful of diseases, namely, cancer. There are many centres all over the world where research is being carried on in cancer, but I think a co-ordinating research unit of the World Health Organization in association with the efforts made by UNESCO would be of the greatest significance and would relieve the unfortunate doom cast on many persons suffering from this fell disease.

The Indian delegation heard with interest and pleasure the views of the Director-General on regionalization. The concept of decentralization, to quote his words, has proved "fully justified" and such results as we have achieved are largely due to decentralization. The Indian delegation is particularly happy that after six years of work such a spontaneous tribute to the activities of regional organizations should have been paid, as it was the privilege of the Indian delegation to move and successfully press for regionalization in the very first conference that was held in Geneva in 1948. If, unfortunately, certain trends of a not too happy nature have created difficulties, let us realize that they are not due to any defects of regionalization, but to the tendency to push political phobias into what should be a matter of simple professional advice on matters of health. It is my hope that these questions of allocation of areas to one or other of the regions will be considered on the basis of the promotion of world health and that the political factors associated, if any, will be left to the United Nations and its Council to consider.

Mr President, I note that a resolution is being placed before the Assembly to the effect that the Eighth World Health Assembly should be held in Mexico City. I do not wish to anticipate the decision of the Assembly, but may I say, as one who took an active part in suggesting the conditions of acceptance of any invitations from Member States, that I wish to congratulate the Executive Board and the Director-General on the very clear and unambiguous terms that have been laid down for the acceptance of the invitation; and let me in this connexion offer my sincere thanks to the Mexican Government for the readiness with which they have acceded to those terms. I think the World Health Organization has set an example to other specialized agencies in this respect. I have always pleaded in another place with a specialized agency with which I am connected that it is most unfortunate that meetings of its assembly should be held in different parts of the world, much to the increase of the financial difficulties of the organization. I do not think that it is proper on our part to spend any of the contributions that Member States give in organizing meetings in other parts of the world unless the extra expenditure that is to be incurred is to be met by the government that wishes to sponsor the holding of such a conference. I am emphasizing this aspect so that at a future session there may not be a tendency to quote the unfortunate trends of other organizations as a precedent for the World Health Organization to follow. I have been associated with more than one specialized agency, and I am always proud that the World Health Organization has set an example and never followed a bad example. I hope that privilege will be continued to us, whatever may be the changing varieties of delegations that may come from time to time.

Mr President, I apologize for taking up so much of your time, and with your kind indulgence and that of the house I shall refer to one other subject and close my remarks. You, Mr President, and the Director-General have struck a serious note, a note which must touch everyone of us present here. Here in this very building a momentous session is now taking place which has attracted global attention and to whose conclusions millions of hearts are looking with hope not unmixed with anxiety; the future not only of Asia but of the whole world of humanity hangs in the balance. A writer in a periodical a couple of years ago referred to the tragedy of the world situation in the first half of this century.
He stated that within the first half century more wars were fought and more lives were lost than had been the case in the preceding 800 years of human existence. There had been more human misery, more cruelty, more mass assassination, more ravages against humanity, more loss of the finer trends of human thought and human feeling, than had ever been exhibited in the unfortunate record of humanity since the birth of civilization; and he added that today what we have to fear is not the ignorant, not the illiterate, not the savage, but the highly educated and highly competent technical expert. I wish this prediction were not true, but unfortunately reason rebels against accepting it as untrue. A sad commentary indeed on all our progress in education if it be true. But “hope springs eternal in the human breast”, and we of the World Health Organization who are wedded to the removal of suffering and the promotion of health, who we are dedicated to the service of humanity, of the injured, the wounded, the maimed, to whatever class they belong and whatever ideology they may be supposed to cherish, we of the World Health Organization will pray fervently that all tensions may cease, that the world may once more settle down to forge ahead with armaments of peace, and that the real fight will be against poverty, disease and all its manifold manifestations. We hope and trust that the World Health Organization will always stick to its great ideas, and with that hope, belief and longing the Indian delegation wishes all success to the Seventh World Health Assembly under your wise guidance and leadership, Mr President.

The President: Thank you, Sir Arcot. I now call on the delegate of France.

Professor Parisot (France) (translation from the French): Mr President, gentlemen, when I spoke from this rostrum last year at the beginning of the Sixth World Health Assembly, I expressed our high esteem for Dr Brock Chisholm and his work and our regret at his departure. A year has passed, and today we find the signature of our new Director-General, Dr M. G. Candau, on the first page of the annual report of WHO’s activities.

As Dr Candau mentions and emphasizes himself in his introduction, the period covered by this annual report is divided into two more or less equal parts, the first of which covers the period during which the former Director-General was still in office. Thus the continuity of WHO’s thought and action is symbolically affirmed.

We cannot yet, of course, evaluate the work accomplished by Dr Candau in his capacity as Director-General, but we know with what competence and devotion he served the Organization long before his nomination to his present high office. We have learnt to appreciate his good judgement and modest character. He takes the measure of his task, he is fully conscious of its difficulties, but he goes forward with confidence and courage, and he is—of this we can be quite certain—entirely capable of bringing it to a successful conclusion.

The Executive Board, for its part, has submitted several substantial reports for our consideration. Dr Melville Mackenzie, who has been Chairman of the Board during the past year and who has given us a remarkable account of its work, was, by his experience and personal qualities, particularly well fitted for this delicate task.

We shall have before us at this session a proposal sponsored by France, the United Kingdom of Great Britain and Northern Ireland, Belgium and Italy, and which the Government of the Dominican Republic has recently echoed. It coincides, in fact, with that made by the Italian Government at the First World Health Assembly in 1948 but which then seemed a little premature. The suggestion is that the number of members of the Executive Board be increased from eighteen to twenty-four.

It will be for the Committee on Administration, Finance and Legal Matters to study in detail the constitutional aspects of this proposal (I do not refer to its budgetary implications, which seem to me almost negligible). One fact should be stressed, however: in 1948, at its first Assembly, WHO brought together fifty-four Member States; today they number eighty-one. Does not this increase—which is also an eloquent reminder of the progress made by WHO—justify the establishment of six extra seats on the Executive Board, thereby making that body more widely representative and ensuring its technical efficacy and authority even more definitely than in the past?

The Director-General is obviously and naturally concerned about the Organization’s financial prospects. “I am confident”, he says however, “that the Seventh World Health Assembly will not fail to give to our organization the financial means it needs to carry out the great task the governments of the world have assigned to it”.

In my view, there is no doubt at all that the governments of the world all wish to help WHO carry out its task. But they have also to find the necessary resources. It is to be feared that they may not be able to meet the increase of some $1 800 000 proposed by the Director-General for the 1955 regular budget even if, after careful examination,
they find it possible to approve some reasonable increase in expenditure.

These difficulties are not new to us; we met them in 1953. Nevertheless, the Director-General’s report for that year, far from showing a regression or even a halt in the Organization’s activities, bears witness on every page that progress continued. In such matters, absolute figures are not the only factors to be taken into consideration: with the same resources one may produce vastly different results. The Director-General’s report shows us that, in spite of the regrettably insufficient resources, the Secretariat staff both at Headquarters and in the regional offices has attained a remarkable level of efficiency. We might even draw the Director-General’s attention to the fact that from this point of view—ironically—his annual report has provided us with the very best argument for not sharing his uneasiness with regard to the future of the Organization.

Let us for a moment examine the table of the amounts authorized for use by WHO from 1948 to 1954, as shown in Part II of the Executive Board’s report (Official Records No. 53, page 10). We note that the appropriations for the regular budget have risen, by successive increases, from $4,800,000 in 1948 to $8,497,700 in 1954. Doubtless this progressive increase is inadequate if we compare it with what we should have liked to see; nevertheless, the regular resources of the Organization have been doubled over the six-year period. The wisest course is to draw up our programmes in the light of the resources we may reasonably expect to have at our disposal, and not to accumulate projects the carrying out of which will certainly be beyond our means. Is not this, in fact, the attitude we all adopt in establishing the budgets for our national health services?

In addition to its regular resources, WHO also receives its share of Technical Assistance funds and considerable support from UNICEF. These are important adjuncts, but they have their drawbacks. As regards Technical Assistance, as I urged last year, WHO must “take into account the general policy of the Technical Assistance Board (of which it is a member) and make the concessions which are indispensable for collaboration with the other specialized agencies”. As far as its relations with UNICEF—an autonomous body whose life has now been indefinitely prolonged—are concerned, the rules for collaboration cannot be set by WHO alone, much less the amount of financial aid it wishes to receive. In both cases close and friendly co-operation based on mutual respect and frankness is required if harmonious relations are to be established and constructive action obtained. The French delegation is extremely gratified to see that the Director-General and his staff are actuated by this spirit; we must see to it that we do not ourselves depart from it.

I should like to say a brief word concerning WHO’s regional activities and their part in the general development of the Organization. The French delegation was very favourably impressed by the fact that the Director-General, immediately after taking office, was present in person at the annual meetings of four of the Organization’s regional committees. This step was symbolic of the importance he attaches to regional activities.

I am not quite convinced that our Assembly during its previous sessions has made its interest in regional matters sufficiently clear. We have seen the regional programmes adopted in a few minutes by the Committee on Programme and Budget, without the regional directors even being heard. Probably we all felt that we had said everything we had to say within our respective regional committees; but it is precisely there that the mistake lies.

The role of the Assembly is to rise above regional concepts and attitudes and to integrate regional problems into that whole which we call “world health”. I hope that the Assembly will, at its present session, give regional questions all the attention they deserve from this angle, and that the regional directors will be invited by the appropriate committee to give, not a detailed account of their activities, but what I would call the philosophy behind those activities. We shall all benefit, I am sure, from an exchange of experiences which, although they may be different, are nevertheless comparable since they all tend to the same end.

The specialized technical meetings (expert committees, conferences, seminars, study groups, etc.) suggest another aspect of this integration. During recent years, and as regionalization has progressed, these technical meetings have increased at regional level: in Europe, for example, conferences of the greatest interest have been held on medicine and public health as a whole, on health education of the public, on immunization—to mention only a few of the subjects. It seems to me essential that the headquarters Secretariat should be closely informed as to the results of these regional activities, which complement the work undertaken at the world level, particularly by the expert committees.

The reports of the expert committees appear in the Technical Report Series which, with seventy-five numbers published to date, is in the view of the French delegation one of the most outstanding
achievements of WHO in the field of publications. But what happens in the case of reports of work carried out in the various regions? What is done to ensure their distribution, particularly as between regions? These are questions which deserve very careful attention.

In the regions themselves we also find this principle of integration—integration of the activities of each country with those of the other Members of the same region. The experience gained in carrying out projects in one country is extremely valuable to the other countries of the same region, in so far as their economic and social conditions are comparable. It is for this reason that we should give preference to programmes which are common to a number of countries—particularly in the field of education and training, a subject to which WHO has attached increasing importance over the last few years.

Strengthening of national health services in the first place, but also integration of national projects into a co-ordinated regional programme, expansion of programmes common to several countries in the same region, inter-regional co-ordination within the world organization—these are in the last resort the principles which if applied will, by avoiding the risks inherent in all decentralization, bring out the true significance of WHO's regional organization and ensure its effective operation.

These, Mr President and fellow delegates, are the very general remarks I wished to make on behalf of the French delegation; they will be taken up again in greater detail and in their practical application during the work of our committees.

In conclusion, I would like especially to congratulate the Director-General on the realistic spirit in which he has approached his task; it should enable him, even with limited resources, to ensure the widening influence of the Organization whose direction we have entrusted to him.

The President: Thank you, Professor Parisot. I now call upon the delegate of the Philippines.

Dr Garcia (Philippines): Mr President, honourable Director-General, distinguished representatives of the Executive Board, fellow delegates, I have pleasure at this time in congratulating Dr Joseph Togba on his election by acclamation to the high office of President of the Seventh World Health Assembly. It is indeed a great privilege for me to convey to you the warm greetings of my people and of our President Ramon Magsaysay, who desire the success of the undertakings of this great organization and wish it god-speed.

With the faith of a patient in his doctor the peoples of the world look to us with great expectations, that we may continue to fight diseases, lessen death-rates and bring health, comfort and happiness to the world. This has been the task that we have chosen and my people are one of those who have the utmost faith in us—in this World Health Assembly.

It should be stated at the very start that this is the first time that I have attended a Health Assembly of the World Health Organization. Three outstanding observations impressed me immediately. These are, first, the eager cordiality and willing co-operation which have pervaded our working together up to now; secondly, democracy at its highest spirit and fullest substance in action at the election of Dr Togba to the presidency; and thirdly, the esteem and high regard which this Assembly has shown for my country, the Philippines, by electing her to the Committee on Nominations, the General Committee, and the Vice-Chairmanship of the Committee on Administration, Finance and Legal Matters.

I should hasten to add that in the brief period since the Assembly opened I have had the good privilege and the happy opportunity of making friends with almost all the delegates, a circumstance which, I wish to assure you all, is of inestimable value to me personally and to the country which I represent.

It is a striking coincidence that at the technical discussions which we are going to have, the accent will be placed on rural health, which happens to be the central trend of the public-health programme in my country at the present time. In my country, and I have reason to believe in other countries similarly situated, the national economy is being developed by improving conditions in rural areas in all aspects and with more than the usual, hitherto ineffective, emphasis on health. It is the expectation and hope of my delegation to draw in this matter on the practical and effective experiences of other countries, which can greatly enhance the execution of our programme at home.

We do not discount, nor are we oblivious of, the fact that the price which we must pay for improving health is tremendously high for the economies of many countries, particularly of the less developed ones like ours, to meet. Yet it is precisely in these countries that there is more urgency for developing and strengthening the health services, especially in the industrial and economic areas where health and sanitary conditions are generally poor and health hazards abound. The many countries on which this
premium is imposed are trying hard to raise the amount, but they are finding it necessary to seek assistance and substantial help. Invariably they look to the World Health Organization for this help and assistance.

We feel fortunate that in my country the World Health Organization has been assisting us with our health problems in a satisfactory manner. Recently, with the change of administration in my country, I have been fortunate in my capacity as Secretary of Health to have the technical services of two of the outstanding staff members of the Regional Office for the Western Pacific. I should like at this juncture, on behalf of my Government, to thank the Regional Director for the Western Pacific, Dr I. C. Fang, and the Director-General, Dr Marcolino Candau, for the wonderful services of these staff, who were detailed to my department upon our request.

Reference has been made to the role of preventive and social medicine in a public-health programme. Indeed, we owe an immense debt of gratitude to the men and women who developed and applied these sciences in a practical manner. Was it Professor Winslow who wrote that prevention is not only better than cure, but also cheaper? Which of us would dare assail the truth of this statement? Unfortunately we must still have curative medicine. For as long as men and women and children get sick—and they still do—we are bound to institute curative measures. Therefore, the men and women who develop the art and science of curing the sick are correspondingly deserving of our esteem and regard. It is more and more necessary in the conduct of public-health work to effect a happy marriage between preventive and curative medicine. We can hope to improve health and minimize illness and deaths effectively and economically through that combined or integrated application.

Mr President and fellow delegates, we came to this Assembly presumably—and I use the word "presumably" with misgiving—in the interest of the country which we represent. Be that as it may, it is worth drawing attention to one of the principles stated in the Constitution of the World Health Organization which is basic to the happiness, harmonious relations and security of all peoples: "Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger". There should be, we feel, more than the "around-my-fence" attitude and interest in matters which this Assembly should take up and decide.

Before closing, Mr President, I wish to invite the attention of this Assembly to the proposals submitted by my delegation on the question of equitable geographical distribution in the membership of the Executive Board. The present position is deplorable. Only one member of the Board is from the Western Pacific Region and at no time in the history of the Organization have there been more than two. A rectification of this situation is long overdue. My Government is therefore very anxious that you, Mr President, and the honourable members of the Assembly, should give our proposal your serious consideration if our Organization is to be truly worldwide. I want to convey to you that you have the assurances of my Government's continuing interest and support of the Organization. I only hope that in the near future I shall be able to measure up to the magnificent performance of my predecessor in our country's service to the Organization.

The President: Thank you, Dr Garcia. I now call on the delegate of Israel.

Dr B TESH (Israel): The Government of Israel, through its delegates to the World Health Assembly, has on previous occasions expressed its appreciation of the motives and activities of this organization, emphasizing the inspiration derived by Israel from her co-operation in this truly humane undertaking. Today, Mr President, I wish not only to reiterate our previous declarations and to convey the greetings of my Government and its delegates to the Seventh World Health Assembly, but also to express my own personal pleasure at the privilege of being allowed to participate, for the first time, in the deliberations of this Assembly.

My Government has been following with keen interest the activities of this organization, the recommendations of its various committees, and the resolutions and decisions adopted by the Assembly. We are happy to note from the report of the Director-General that in the year 1953 WHO continued to fulfil its functions in accordance with the principles laid down in the Constitution. We have also noted and welcomed the changing trend in the planning of activities and the greater emphasis laid on long-term programmes rather than on activities designed to meet emergency situations. We are worried, however, about the budgetary restrictions and the cuts made in the programme of Technical Assistance. The effects of these restrictions will be felt acutely in many countries whose national income alone will not allow them to plan and engage in long-term programmes to meet the health needs of their people.

My country has received and continues to receive assistance from this organization. I wish to take
this opportunity to express the gratitude of the Government and the people of Israel for this help which enabled us to meet the situation created by the influx, within the short period of three years, of three quarters of a million refugee immigrants -more than half of whom came from Arab and other Moslem countries. Although the acute emergency is over, we are still faced with the enormous task of planning and implementing a long-term health policy entailing the extension and integration of our medical services, the reorganization of our institutions, and the building-up of a comprehensive public-health service. This we cannot do without continued substantial aid from outside.

In referring to the first six years of our statehood, I cannot but mention a few of the outstanding achievements in the various fields of medical activity. Perhaps the most striking is the progress made in our country in the control of tuberculosis. Through extensive hospitalization, BCG vaccination and country-wide case-finding, we have reached a position where we are able to hospitalize almost immediately every case discovered. Morbidity from tuberculosis during 1953 fell to 1.8 per 1000 of the population, and mortality steadily decreased from 19.2 per 100,000 of the population in 1947 to 10.4 per 100,000 of the population in 1953. No less striking is the position with regard to malaria, which has been practically wiped out with the exception of a small stretch of land on the north-eastern border of the country.

In maternal and child health great progress was made. Infant mortality in 1953 reached the low level of 35 per 1000 live births as compared with 52 in 1949. Control of venereal diseases by case-finding activities and free treatment was also gratifying. The number of cases of venereal diseases in the country is negligible and only 11 cases of congenital lues were recorded in 1953.

In the field of hospitalization great strides have also been made. There are at present 3.2 general beds per 1000 of the population and a number of additional hospitals are under construction.

These and other figures testify to remarkable progress. Yet a great deal remains to be done in the field of endemic diseases, environmental sanitation, nutrition and housing. The mixed population, the differences in the educational and cultural standards of the immigrants place a big strain on our services. We are still lagging behind in the provision of comprehensive services in the rural areas but several integrated rural health centres are planned for the next year. Our programme for public-health nursing is still at the inception stage. For these and other projects, my country needs advice and technical aid.

But, Mr President and fellow delegates, I do not wish to be misunderstood. I do not want to give the impression that my country is only on the receiving end. My Government wishes it to be well understood that we are willing and able to contribute towards the international health programme of the Organization. We are at present contributing, though in a modest way, to the social and educational activities by providing training facilities in our institutions for trainees from various countries. We are ready to expand our contribution and we feel certain that in the medical sphere also we have much to offer. We feel that we can make available training facilities at the graduate as well as at the post-graduate level. My Government requests me to place at the disposal of this organization the services of our Medical School in Jerusalem, the Weizman Institute of Science, the Israel Institute of Technology with its projected department of environmental sanitation, the various departments of clinical specialties such as the department of cardiology and cardiac surgery, our neurosurgical departments, our physiotherapy school and our rehabilitation centre and other highly specialized institutions.

These institutions provide excellent training and research facilities and Israel will welcome trainees from every part of the world who wish to take advantage of these facilities. It is most unfortunate, Mr President, that the situation created by political considerations has so far precluded the utilization of our institutions by the various other Member States of the Region to which we belong by virtue of geographical, ethnical and cultural communion and by the similarity of the health problems involved. Not only is the regrettable lack of co-operation on the part of the Member States prejudicial to the health interests of the Region, but it has in the past led to considerable wastage of funds and hence to a restriction of constructive activities.

Allow me to recall a single example of such lack of co-ordination which resulted from this policy of non-cooperation. A laboratory for the production of BCG was established in Israel with international assistance. A number of experts were trained overseas and full production started early in 1953. This laboratory is capable of supplying the vaccine needs of the whole Region. However, not only was no advantage taken of this service, but another laboratory had to be set up in another country in the Region in order to provide for those needs.
In spite of the non-cooperation of Member States, the regional direction, under the efficient leadership of the Regional Director, has continued to maintain useful contacts and to provide our country with essential services. I want to take advantage of this occasion to express our appreciation to the Regional Director and to the staff of the Regional Office for the Eastern Mediterranean Region.

I should like to conclude by stating that, in spite of many difficulties, we look with confidence towards the future. My Government has accepted unreservedly the principles upon which the Constitution of the World Health Organization is based and in regard to the relationships with our neighbours we bear constantly in mind the third principle in the Preamble which declares: “The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States”.

The President: Thank you, Dr Btesh. I now call on the delegate of Iran.

Dr Naify (Iran) (translation from the French): Mr President, fellow delegates, ladies and gentlemen, as representative of the Imperial Iranian Government, I wish first of all to present my respects to the delegates of Member States of the World Health Organization and, in particular, to Dr Togba, President of this Assembly, who is already conducting our meetings in such a masterly manner, to the Vice-Presidents, and to the members of our General Committee, and offer them my best wishes for success in the work of the Seventh World Health Assembly.

I would also like, on behalf of my delegation and my Government, to congratulate our distinguished Director-General and thank him for his clear and objective report and the magnificent work he has accomplished during his first year of office—work which has given us a new impetus to our activities.

Iran places great hopes in the concerted action of all the nations represented here, all affected to a greater or lesser degree by ills that know no frontiers. We are all well aware that it is within the framework of the World Health Organization, and within that framework alone, that effective action giving lasting results can be organized.

Iran, which was the fourth country to ratify without reservation the Constitution of the World Health Organization, has already benefited on a number of occasions from the assistance and advice of this international body. Four years ago I represented my country for the first time at the first regional conference of the Eastern Mediterranean, and I am glad today to be able to affirm that our links with WHO become closer as the years go by. We have profited greatly, and particularly, I believe, from the widening of our horizons.

One matter is rightly causing disquiet to a number of speakers who have already addressed you. The question is a regional one and is as follows: the Regional Committee for the Eastern Mediterranean has been unable to meet since 1950 because of certain special circumstances. Our delegation fervently hopes that some arrangement will soon be reached by this Assembly that will allow the Members of that vast region in future to discuss together the health problems with which they are particularly concerned.

I am, however, pleased to be able to state that although the Regional Committee for the Eastern Mediterranean has not been able to meet for three years, the Regional Office at Alexandria has not for a moment failed in its task, and for this it is to be wholeheartedly commended. On behalf of my delegation, I take the liberty of paying a tribute and offering our sincere thanks to Dr Aly Tewfik Shousha, our distinguished Regional Director, to the Deputy Regional Director, and to their staff who, by their continuous effort and by the contacts they have maintained with the countries of the Region, have been able to prepare programmes which have contributed largely to improving the health of the peoples of this important part of the world.

Gentlemen, I said just now that in the field of public health we are all affected by greater or lesser ills. I think I may say, however, that Iran is one of the countries which has to face some of the worst difficulties. Its immense area (1 650 000 square kilometres), the extraordinarily unequal distribution of its population of some 20 million, the number of scattered towns and villages (about 45 000), the interminable distances to be covered and the difficulty of communications, create problems for the public-health worker, the epidemiologist and, particularly, for the public-health administrator—problems which one would think insoluble. If it is true that the geography of a country is at the basis of its pathology and is responsible for its epidemiology, the best confirmation of that truth is certainly to be found in Iran.

Confronted by these difficulties, and by many others, our Ministry of Health, assisted by the Government, by the seven-year plan, by private health organizations, by the co-operative organization for public-health activities (Joint Iranian-US Public Health Cooperative), has provided as far as it could free clinics, hospitals, maternity centres and sana-
toria in most regions of the country. For several years a large-scale programme covering public health, control of malaria, tuberculosis and communicable diseases, and a campaign against infant mortality, has been in operation. Intensive smallpox control and a vast campaign of BCG vaccination have also been going on for several years. In short, health takes first place in a plan for dealing with the immense task of general recovery. The activities we have mentioned are only a few examples of our achievements to date.

We are happy to have this opportunity of thanking the World Health Organization and UNICEF for all the help they have given us in this great undertaking.

While listening to the Director-General's report, I noted a few points which are of vital interest to our country. Among others, I would mention the work on rural health services—a subject to which our Government has always given special attention. The Iranian Government is making great efforts to improve the living conditions of the rural population by adopting modern methods for the development of agriculture, industry, education and hygiene.

Another point of importance to us is the training of health personnel. In order to carry out successfully the long-term programmes referred to in the Director-General's report, we need not only equipment but also qualified staff to direct our health centres, research institutes and laboratories. We are not short of manpower, but we lack people with the special education, the particular training required for disease control. We need teams, not to do the work for us but to teach our young medical staff how to do that work. Most of all, we need to be able to send that staff to the best training centres—not those which give theoretical instruction only but those where they can acquaint themselves with the actual practical work, with prophylactic methods. No book, however good, no professor, however eloquent, can ever initiate young doctors into control methods which are entirely within the field of practical work.

The World Health Organization, again, can help us in this work of education, and we are therefore very strongly in favour of the programme of fellowships for young doctors wishing to specialize in public health. Our delegation appreciates full well the Organization's financial difficulties and is ready to discuss this question when it comes up later in the Committee on Programme and Budget.

I will not abuse the patience of this distinguished Assembly, but in concluding I cannot refrain from stressing a coincidence which may have some symbolic significance for all of us. I refer to the tribute paid last week by the medical world to our great scientist and humanist, Ibn Sina Avicenna, a tribute with which I would once more associate myself. I had the privilege of taking part in the magnificent ceremonies held in Teheran to commemorate the thousandth anniversary of Avicenna's birth; in connexion with these ceremonies, an international congress on the work of Avicenna was held, attended by scientists and literary men from all parts of the world. The whole of Avicenna's medical work bears witness to the fact that he was for all of us one of the great forerunners—the man who, ten centuries ago, believed hygiene and prophylaxis to be the most important part of medicine. May this Seventh World Health Assembly find inspiration in the memory and example of that great thinker of whom my country and all the countries of the East are justly proud.

The President: Thank you, Dr Naficy. I now call on the delegate of Venezuela.

Dr CASTILLO-REY (Venezuela) (translation from the Spanish): Mr President, fellow delegates, ladies and gentlemen, in the first place I wish to greet very warmly the President of this Seventh World Health Assembly and to congratulate him most sincerely on his election by acclamation. I would likewise extend congratulations to the Vice-Presidents, and cordial greetings to delegations here present, the Director-General of the Organization, the directors and the technical and administrative staff on whose work the success of meetings such as this so greatly depends.

I trust that the apprehensions regarding financial questions which seem to predominate here will not be realized, and that the Assembly will be able to continue its work unhampered, and successfully complete its various tasks.

If, however, it should be found necessary to reduce activities as has been suggested, my delegation is of the opinion that the programmes for the training of personnel should not be touched; in fact, in the event of economic restrictions, perhaps the best thing the Organization can do is to give the fullest possible assistance to countries whose health services are as yet insufficiently developed by awarding an adequate number of fellowships so as to ensure the training of qualified personnel.

This is the indispensable prerequisite for the permanent success of public-health programmes which, however well studied and planned they may be in themselves, can never make good shortcomings in those responsible for implementing them.
Another activity which should be maintained as far as possible is assistance in the form of the provision for limited periods of technicians to advise on the carrying out of special programmes.

I would like now to refer to a particular point raised by our Vice-President, Ambassador Hurtado of Cuba, in his brilliant speech yesterday in which he warmly defended the technicians. That is all to the good. Nevertheless, unless particular situations have arisen of which I am unaware, and with the reservation that the question requires further and more thorough study, I do not entirely share his view that the study and approval by the Executive Board of expert committee reports are a reflexion on the experts. In my opinion, there must always be a high authority to weigh and evaluate, in their proper perspective, the recommendations put forward by specialists, in order to guard against the approval of recommendations which, although emanating from highly qualified sources and themselves precise and strictly scientific in character, may be unsuitable for application to large masses of people, may fail to take into consideration other more urgent matters, or may be such that the cost of the measures recommended would not be justified by the results obtained.

Such is, in fact, the function in national administrations of directors-general who, although they are technical experts—say rather, because they are technical experts—are able to maintain the necessary balance so that the programmes for which they are responsible are not weakened by lack of proportion between the various elements (which may, for instance, be due to the special prestige of some technical team) and so that the work may be carried out as a functional, harmonious whole with the various teams taking part as, when and to the extent to which they are necessary.

In my view this is precisely the role which the Executive Board should play. Another point therefore arises: it is essential that persons appointed to the Board should be experts in public health, or at least adequately versed in that branch and with experience in directing programmes and handling personnel. I am not attempting to appraise the present position, but merely to make my feeling clear on this particular point.

Mr President, fellow delegates, the Organization is not unaware of progress made by the health administration of my country. I shall not, therefore, abuse your patience, but I would merely remind you that the present Government is deeply interested in the extension and consolidation of the results obtained. These, during the past year, have included the putting into service of various buildings to provide adequate and convenient accommodation for existing institutions such as health units, health centres, general hospitals, tuberculosis and mental sanatoria—buildings which, without undue modesty, may be considered as models of their kind.

In the rural areas, medical services have been extended to all the districts and municipalities of the country and we have now only to reach the more scattered rural populations; this matter is at present receiving our attention since we are convinced that it is our most productive field of operations, from which we must draw the resources in agriculture and livestock on which our existence depends. In this sphere, the Government's firm intention to improve physical conditions is of vital importance.

Mr President, fellow delegates, I offer you my very best wishes for the success of this Assembly to the advantage of the programmes being carried on throughout the world for the protection, improvement and re-establishment of health, and on behalf of my country's delegation I would express to the Director-General our sincere gratitude for the magnificent work he has accomplished during the first year of his present high office.

The President: Thank you, Dr Castillo-Rey. This then brings to an end the list of names that I had for the morning and I wonder if there are other speakers? The delegate of Australia.

Dr Metcalfe (Australia): Mr President, last year a mental health seminar was held in Australia and the participants have asked me to congratulate you, Sir, as Director-General, on the able manner in which the seminar was run, and also to thank Dr Fang for the very efficient manner in which the scheme was carried out.

I would like also to express our appreciation of the very valuable technical publications which from time to time emanate from your organization.

The President: Thank you, Dr Metcalfe. Is there any other speaker? As I see no sign, I wish to thank you for your discussions this morning. We now adjourn.

The meeting rose at 11.5 a.m.
1. Announcements

The President: We will now resume our meeting. At the General Committee meeting this morning two recommendations were made, and I shall read them for your benefit. The General Committee recommends that, if time permits, the two main committees should hold their first meetings this afternoon, after the closure of the present plenary meeting, in order to elect their officers so that they can start their work tomorrow morning.

The second recommendation of the General Committee is that the consideration of the report of the Committee on International Quarantine (agenda item 6.8) should be dealt with by a working party established by the Assembly, and that this working party should report to the Assembly in plenary session. If there are no objections to this procedure, the working party will be composed of those delegations who express a wish to participate in it. Further recommendations will be made by the General Committee in due course as to the schedule of meetings of this working party. All members of the Assembly are invited to participate in the working party on International Quarantine, and its time of meeting will be announced in the Journal.

2. Award of Léon Bernard Foundation Prize

The President: We will now proceed with our items dealing with the award of medals and prizes.

Award of the Léon Bernard medal and prize, item 18 of the agenda. According to the terms of Article 2 of the Foundation Statutes, the Léon Bernard Foundation Prize is awarded “to the author of a work in the field of social medicine, consisting either of a contribution to knowledge or a practical achievement”. Article 5 of the Statutes provides that the work must be “either published or executed within five years preceding the award of the prize or submitted in manuscript to the World Health Organization”.

May I call the attention of the Assembly to the report of the Léon Bernard Foundation Committee, and may I ask the Chairman of that Committee, Dr Melville Mackenzie, to read the report. Dr Melville Mackenzie, Chairman of the Léon Bernard Foundation Committee, read the report of the Committee.

The President: Thank you, Dr Mackenzie. For the benefit of those who have not received the document, I will read the draft resolution:

The Seventh World Health Assembly

1. NOTES the report of the Léon Bernard Foundation Committee;
2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1954;
3. AWARDS the medal and prize to Professor Jacques Parisot; and
4. PAYS TRIBUTE to Professor Parisot for his outstanding contribution and practical achievements in the field of social medicine.

I wonder if any member of the Assembly has any objection to our adopting this resolution as read out? (Applause)

It seems that we are of one accord. It gives me a great deal of pleasure to invite Professor Jacques Parisot to the platform to receive the award and prize. (Applause)

Professor Parisot, delegates, ladies and gentlemen, this is the fifth occasion on which the Léon Bernard Foundation Prize has been awarded since the award was established exactly 20 years ago. When I read you the names of the four previous prizewinners, you will agree that the award of this prize has been reserved for really outstanding achievement in the field of social medicine. The names are: Dr Wilbur A. Sawyer, Dr René Sand, Professor C.-E. Winslow and Dr Johannes Frandsen. Today Professor Jacques Parisot takes his place in this most distinguished group and, in adding his name to those of the others I have mentioned, I feel that we are fully maintaining the tradition of excellence previously set.
Professor Parisot was born in 1882. After brilliantly completing his medical studies his first interest was in a career as pathologist. In 1911 he was appointed Professeur agrégé at the Faculty of Medicine in his native city of Nancy, where he taught medical pathology. After the 1914-18 war he began to devote some of his energies to the control of tuberculosis, in which he had become interested as a result of Léon Bernard's teaching, and in 1920 he became definitely conscious of his real vocation in the field of social medicine. In 1927 Professor Parisot became titular holder of the Chair of Hygiene and Social Medicine and he immediately set about creating the Nancy Institut régional d'Hygiène, with its threefold mission of health activities, research, and teaching, thus foreshadowing a formula the value of which is today universally recognized. By the establishment of the departmental Board of Social Hygiene, of which Professor Parisot is still the President, he was enabled to extend his health and social activities progressively from tuberculosis control, which was his first interest, to the control of venereal diseases, to maternal and child health activities, to mental-health activities and to health education. Above and beyond the control of disease—but with that as his basis—was the broad aim of the creation of that "state of complete physical, mental and social well-being" which twenty years later was to be enunciated in the Constitution of the World Health Organization as the definition of health.

It is not possible in the time at my disposal to enumerate the very long list of Professor Parisot's decorations and official titles. Nor can I do more than mention a very few of the most characteristic features of his life-work, which includes forty years' teaching of medicine and hygiene and several hundreds of personal publications.

In 1949 Professor Parisot, then nearing the end of his professorial career, was appointed to the highest post, that of Dean of the Faculty of Medicine, Nancy. He has been instrumental in reorganizing and modernizing this medical school, and he has endeavoured to build in such a way as to leave to those who come after him an establishment worthy of its renown. He has also set about creating a centre for the occupational and social rehabilitation of physically handicapped persons, in the establishment of which the Faculty of Medicine and the social security organizations co-operate with the administrations concerned—a further example of co-ordination of effort.

Although Professor Parisot made his whole career at Nancy, his activities and particularly his influence have extended to the national and international levels. He became, and still is, adviser to the French Ministries of National Education and of Public Health and Social Security. He is a member of the most important technical committees. Among those of which he is chairman may be mentioned the Standing Committee for the Study of Hygiene and for Health and Social Activities, the governing body of the National School of Public Health, the Administrative Council of the National Institute of Hygiene, the French Committee on Social Service, and the Technical Committee on Health and Social Services and Social Security Organizations. These important posts, which enable Professor Parisot to play a decisive role in the health and social policy of the country as a whole, correspond to his threefold vocation of teacher, investigator, and creative worker.

He is also adviser to the Ministry of Foreign Affairs, for in addition to his local, regional and national activities Professor Parisot has made an inestimable contribution in the field of international health activities. As Léon Bernard's alternate, Professor Parisot represented France on the Health Committee of the League of Nations from 1929 onwards. In 1934 he succeeded Léon Bernard on that committee, and in 1937 he became its Chairman. From 1934 to 1939 he was closely associated with the activities of the International Labour Office.

In Europe and in the United States of America he has accomplished a number of technical missions and participated in various study groups and conferences. As chief of the French delegation to the International Health Conference in New York, on 22 June 1946 he signed the Constitution of the World Health Organization. He has led the French delegation to the World Health Assembly each year since 1948. In the same field, he was designated by the French Government to serve on the WHO Executive Board, of which he was unanimously elected Chairman in 1951. The Director-General of the World Health Organization has also invited him to sit on a number of expert committees, in particular the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, and the Expert Committee on Health Education of the Public.

Professor Parisot's life-work is thus a magnificent example of how achievements in public health and social medicine realized in a comparatively small geographical area—in this case in one of the ninety departments of France—assert their beneficial effects over a wide field on both national and international planes.
If I may draw a lesson from Professor Parisot’s career, it is that local, regional and national undertakings can only be effective in so far as they are part of a world-wide programme, and that, on the other hand, world-wide programmes, if they are to be successful and fruitful, must have national, regional and local roots.

Professor Parisot, I have the honour and pleasure of awarding you the Léon Bernard Foundation Medal and Prize.

Professor PARISOT (translation from the French): Mr President, by virtue of the Assembly’s decision you have just handed to me the Léon Bernard Prize and you have been kind enough to refer in very flattering terms to my main work in the field of hygiene and social medicine. I thank you, and I also take the opportunity which this occasion offers of officially reiterating my warm congratulations on your election, which is the happy outcome of your work and of the goodwill you have inspired.

Ladies and gentlemen, the Léon Bernard Prize is without doubt the highest distinction a medical man can receive in a career devoted to public health and social progress, since its award confirms the verdict of competent elements in a world organization. I therefore value it very specially, for it indicates not only a flattering appreciation of my work by the members of the Foundation Committee who put forward the proposal, but also the unanimous assent of the delegates of this Assembly who approved the proposal. The honour conferred by the award is, moreover, enhanced by the eminence of the colleagues who have received it in the past.

It was at its meeting of 4 May 1939 that the League of Nations Health Committee, which was instrumental in creating this Foundation in memory of one of its most distinguished members, awarded the prize for the first time to Dr Wilbur Sawyer, Director of the International Health Division of the Rockefeller Foundation. In so doing it honoured at one and the same time the man who obtained the victory over yellow fever, and the great Foundation which for a number of years had co-operated in many of the Committee’s undertakings. The World Health Organization has now inherited the right to award the prize, and since 1951 the recipients have been successively Dr René Sand, Dr Winslow and Dr Frandsen. It is a great honour for me to have my name associated with those of such distinguished colleagues. Dr Frandsen has accomplished a great and valuable work in Denmark, the results of which can provide wise guidance for training our students and planning our activities. Praise is due to him for this work, and I would also thank him for his kindness to me personally. Professor Winslow, from the time of the Health Organisation and the period when, at Yale University, I became interested in the work of the John Pierce Laboratory which he directed, has always shown me a friendliness which is warmly reciprocated; his universal reputation as an eminent public-health administrator and active protagonist of health education and of social medicine was still further enhanced by his recent monograph on The Cost of Sickness and the Price of Health and by his lecture to the Fifth World Health Assembly on the economic value of preventive medicine.

It is with deep emotion that I come to the name of René Sand. By his death not only Belgium but the whole world is deprived of an eminent teacher and an enlightened sociologist whose qualities of mind and heart made him a veritable apostle of social medicine who was listened to, respected and honoured in all countries and in all circles. But his death also broke the ties which had bound us together for thirty-five years, both in sincere friendship and in community of thought, opinions and activities. Three years ago, when from this same rostrum the President of the Assembly, the Rajkumari Amrit Kaur, handed the Léon Bernard Foundation Prize to René Sand, she recalled the various stages of his brilliant career, the part he played in innumerable commissions and international conferences in the fields of health and education, in health and hospital administration, in social service and its schools, his role at the university, his creative work—in particular, the founding of the Brussels Institute of Hygiene and Social Medicine—and his scientific contribution in articles and publications which serve as works of reference everywhere. His collaboration with me on the Health Committee of the League of Nations was as fruitful as his co-operation with WHO in its expert committees on professional and technical education and as general rapporteur of the technical discussions at the Fourth World Health Assembly. Entrusted two years ago by WHO and the Rockefeller Foundation with a survey of social services in the United Kingdom and in France, we were to discuss the conclusions reached with him at a committee of which I was chairman, at the Ministry of Public Health; a few days before the meeting, with brutal suddenness, we received the news of his death. Many tributes were paid to René Sand and his work, in particular by WHO in its Chronicle. In associating myself with that tribute, and in assuring our Belgian friends of our faith-

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fulness to his memory, I am certain I am interpreting the wishes of all here present.

The honour bestowed on me has, however, another significance in my eyes: it has also the spiritual significance that attaches to a memory, the memory of the master and friend of whom I was colleague and later successor on the Health Committee. You, ladies and gentlemen, at each award of the prize hear a short account of the exact reasons for this Foundation dedicated to Léon Bernard. You will, I am sure, understand the desire and the sense of sacred duty which today lead me to evoke the figure of this great man so that you may know him better, so that you may see him against the background of the Health Organisation of the League of Nations which has now been revived in a new and greatly expanded form in the World Health Organization. Both organizations, created in the same spirit, remain linked together in our eyes either by activities which one has inherited from the other or by the men who served in both.

Léon Bernard was born in 1872 in Lorraine. He studied medicine in Paris, where his intellectual qualities and capacity for hard work enabled him to rise quickly and brilliantly to the rank of "médecin des hôpitaux", and in 1910 of "professeur agrégé" in general medicine. In the first phase of his scientific career his work was varied, betraying the original turn of mind, always in search of new and useful outlets and anxious to become conversant with the various branches of medical science, with the clinical as well as the laboratory aspects. Although he was increasingly interested in tuberculosis he wished, before devoting himself particularly to that subject, to provide himself with a solid foundation for such specialization. As he wrote later: "A man who wishes to engage in some specialized branch of medicine must be thoroughly permeated, as it were, with general medicine". This is a principle which applies even more today, at a time when all kinds of medical specialities are developing, and your expert committees on professional education have rightly insisted on it. Léon Bernard’s studies on the clinical and therapeutic aspects of tuberculosis, and on case-finding and prevention of the disease, have now become classics. Because of his enormous contribution to the prevention of this disease—especially the protection of children—he was entrusted in 1917 with the task of directing and organizing the tuberculosis-control campaign which was part of the large-scale social health programme started in France at the end of the war. Appointed titular professor of hygiene and preventive medicine in 1920 and President of the Conseil supérieur d’Hygiène, his reputation in that field increased both nationally and internationally, not only on account of his teaching and scientific studies, but also on account of his practical work. Nevertheless, phthisiology remained his favourite subject. He greeted the discovery of BCG by his friends Calmette and Guérin with enthusiasm and defended it ardently and convincingly; he also established the fundamental principles, which still hold good today, on which rational tuberculosis control must be based. In 1928 he was appointed to the first French Chair of clinical tuberculosis. His wide experience in hygiene and phthisiology and his abilities as organizer and promoter enabled him to make of this clinic a focus for all those in national or international life who were interested in these vital problems.

In addition, being a man with a deep sense of duty and great goodness of heart as well as a distinguished physician, he actively supported the social services and the various forms of assistance to the sick. As one of his closest colleagues, our friend Professor Robert Debré, wrote: "Léon Bernard, possessed of a brilliant mind and master of the right and eloquent phrase, made the relief of human suffering his constant goal; he gathered around him a veritable constellation of students and friends who knew that his somewhat cold exterior hid a never-failing devotion and a character of unswerving integrity".

It was for these reasons that Léon Bernard, delegated by the French Government to the Health Committee of the League of Nations, worked for that body from the time it was established and became one of its most eminent members. From 1921 on, he was a member of the Epidemic Commission, which was set up as an emergency measure by the League of Nations and which was the earliest form of the Health Organisation. Subsequently, he took an active part in its development in various fields, among which were the control of malaria and the various communicable diseases—biharziasis, leprosy, tuberculosis, syphilis—biological standardization, health statistics, international nomenclature of causes of death, housing, nutrition, control of narcotic drugs, maternal and child health, etc.

It would be a mistake to imagine that in the twenty years of its activity the Health Organisation restricted itself almost exclusively to the continent of Europe. Although this was true of the first phase, concerned as it was with the sanitary and epidemiological conditions due to the war, its work was later rapidly extended to many other parts of the world. For example, in co-operation with the
Office International d'Hygiène Publique and by setting up its own offices (in particular the Singapore station in the East), it organized a world-wide network of rapid epidemiological information and the whole of that valuable documentation, progressively consolidated and developed, which made it possible for the World Health Organization to expand still further this service for protecting the world against epidemics. It also gave considerable assistance to China through its various missions and experts; its studies on nutrition, which were rapidly extended, were begun in Japan. Its important work for the benefit of rural populations included studies and also conferences on health and medical assistance in rural areas in Europe, Asia, Africa and Latin America, work which culminated in 1939 in a conference on rural life, the title of the conference indicating that while protection of health would of course be considered, account would be taken of all social and economic factors.

Among his colleagues at that time, whose names will conjure up for you some of the great scientists and technicians of the period — Ricardo Jorge, Jitta, Husamettin Kural, Luttrario, Bastianelli, Tsurumi, Sir George Buchanan, Cantacuzene, Chagas, Welch and Cumming who, as President of the Pan American Sanitary Bureau, brought with him the collaboration of the countries which at that time already made the Bureau an important body — with Dr Madsen, the distinguished Chairman, and Dr Rajchmann, the Director and moving spirit of the Organization, Léon Bernard enjoyed a considerable reputation. He played a leading part in the commissions on medical education, together with Jadassohn, Taute, Roussy, Hamel, Gorter and Tandler, and particularly in the commission on education in hygiene and preventive medicine and that of the directors of schools of hygiene, of which he became chairman. "Without the training of qualified technicians" he said when opening the first meeting of these commissions, "no public health is possible; without the collaboration of a medical profession inspired by a new consciousness of the aims and methods of preventive medicine, the work of such technicians will be incomplete and negative; without the consent of the mass of the people, hygiene will appear as nothing more than a collection of troublesome theories and formalities and will remain a dead letter. The three aspects of the problem are interwoven and our efforts will be successful only if their interdependence is respected."

Do not these words, dating from 1924, still embody today the main lines which WHO follows in the activities which it carries on on such a wide scale and so effectively by all the means at its disposal—expert committees, conferences, technical discussions, the vast development of assistance given to training in the form of fellowships and teaching missions?

Léon Bernard not only played an eminent role in France, but in almost every part of the world he successfully pleaded in favour of modern methods of teaching medicine, of health protection and of social progress—always in the service of humanity. It is therefore understandable that on his death in 1934, the Health Committee of the League of Nations decided to perpetuate his memory by founding the prize which bears his name.

Ladies and gentlemen, amid the far greater devastation caused by the last war and the immensely greater needs, including the need to fight for the abolition of unequal living conditions which are not only an injustice but also a cause of insecurity in the world today, and in presence of the powerful methods and techniques which progress has placed at our disposal, the World Health Organization was created and its efforts have been directed and developed along lines dictated by these new needs and possibilities. Some of the activities of the former Health Organisation which I have enumerated you will have recognized as having been inherited by the present organization but now continued and expanded, and supplemented by the many new activities which have been undertaken.

WHO's effectiveness and progress depend to a very large extent on the wide measure of co-operation it commands—co-operation on a scale never before attained—and on the universality of the field in which it functions with ever-increasing effect. Decentralization and regionalization, together with local and general co-ordination of rational technical assistance appropriate to existing needs, are characteristics which none of the preceding organizations possessed. Need I go on, gentlemen? What can I say of the World Health Organization that you do not already know as well as I, since all of us here contributed to its creation, saw its beginnings and are now endeavouring, by dedicating to it the best of our minds and hearts and the experience we have gained, to ensure its successful development?

Fellow delegates, on account of my association, first with the Health Organisation of the League of Nations and then with WHO—like many other colleagues I am happy to greet those, in the Secretariat, on the Executive Board, in this Assembly and elsewhere in the world, who are engaged in activities which are a gratifying continuation of those of the
past—I have endeavoured, by paying a tribute to some of the distinguished technicians who were among the great pioneers of international health and by outlining certain achievements in various fields, to establish a link between the work of yesterday and the work that is going forward today, and to emphasize the importance of continuity of effort if action is to lead to durable results.

This rapid and all-embracing glance at the undertaking which began in 1920 with the Health Organisation of the League of Nations and which led to the present great and powerful group of United Nations specialized agencies of which, working in close co-operation with the rest, WHO is one of the corner-stones, gives us some idea of the efforts made, the progress recorded and the results obtained—all proof of rapid and increasing achievement and which, already fulfilling our hopes, make us look to an even brighter future. Our policy is not one of long and often vain discussion but, enlightened and inspired by valuable technical studies, it is realistic and contributes with increasing effectiveness to the well-being of all peoples in all parts of the world.

Paradoxical as it may seem, the history of the past forty years shows—and it is the lesson of experience and no mere abstract philosophizing—that the world, devastated by wars that are the result of the breakdown of international co-operation in the political field, is enabled to live and build again thanks to international co-operation in the health, social and economic fields. If such were needed, would not this fact provide us with a new and powerful stimulus to increase our activities and strengthen our united efforts in carrying out the Organization’s eminently humane task?

Today, circumstances have brought about a situation whereby the representative of a young African republic which is rapidly rising both economically and socially, holds the office of President of this Assembly and has handed to a university professor of old Europe the prize with which you have honoured him. Does not this symbolize the progress and unity we work and hope for, the attempt, not by political but by purely human, loyal, fruitful alliance, to bring to all men more health, well-being and prosperity in their lives, and also greater happiness and security in a peaceful world?

In these particularly distressing times when people who at the bottom of their hearts wish to draw closer together have difficulty in finding a common meeting-ground, what better could they find than our work, which brings together so much knowledge and goodwill? Is it not from this common endeavour that a new conception of life will spring and spread throughout the world, capable, it may be hoped, of overcoming one day the old and still formidable cult of force and national egoism?

The President: Thank you, Professor Parisot.

3. Presentation of the Darling Foundation Medals and Prizes

The President: We now come to the next awards, the presentation of the Darling Foundation medals and prizes, agenda item 19. For your information, the Regulations of the Foundation state that the Darling Foundation Committee shall award a prize to be known as the “Darling Foundation Prize” to “the author of an original work on the pathology, etiology (epidemiology), therapy, or prophylaxis of malaria, recommended by the WHO Expert Committee on Malaria”. The regulations further state that “the Darling Foundation Committee, after considering the nomination of the Expert Committee on Malaria, shall have the power to decide finally . . . on the award and shall recommend to the Executive Board of the World Health Organization the mode of presentation of the medal and the prize”.

In accordance with this last provision of the Regulations of the Foundation the Executive Board, at its session last January, considered the question of presentation of the Darling Foundation awards and decided, in a resolution (EB13.R76) to be found in Official Records No. 52, that the medals and prizes should be presented by the President of the Seventh World Health Assembly during a plenary session of this Assembly. The Board further agreed with the suggestion of the Darling Foundation Committee that should the recipients, or one of them, be unable to attend the Assembly in person, each award should be presented to the head of the national delegation of the recipient’s country, who would later present it to the recipient himself.

In keeping with the above statement I have now the pleasure of presenting, at the request of the Darling Foundation Committee, the medals and prizes of the fourth Darling Foundation award. On this occasion an award is being made to each of two noted scientists in the field of malaria.

Dr G. Robert Coatney, who is a citizen of the United States of America, was born in May 1902, and is now on the staff of the Laboratory of Tropical Diseases in the National Microbiological Institute of the Public Health Service of that country. He holds the B.A. and M.A. degrees of the University
of Nebraska and a Ph.D. degree of Iowa State. He started his career as professor of biology and zoology in Nebraska from 1926 to 1928. He was then appointed protozoologist in the Public Health Service of the United States, to which he is still attached. His scientific work has dealt with blood protozoa and particularly with malaria parasites and with the chemotherapy of malaria, in connexion with which he has published a large number of important works.

As Dr Coatney is unable to attend the Assembly in person, the award is to be presented to the head of the national delegation of the recipient's country, who will later present it to the recipient himself. I would, therefore, request the chief delegate of the United States of America to come forward and receive the medal and prize on Dr Coatney's behalf.

Dr Keefer, it is with great pleasure that I present you with this medal and prize, to be later awarded to Dr Coatney. My congratulations to him.

Dr Keefer (United States of America) : Mr President, members of the Assembly of the World Health Organization, ladies and gentlemen, it is with appreciation and pleasure that I accept this Darling Foundation Medal and Prize for Dr G. Robert Coatney of the National Institutes of Health of the United States Public Health Service, for his outstanding contributions to the chemotherapy relating to the prophylaxis and treatment of malaria.

It has been my good fortune to know Dr Coatney for a number of years and to follow his careful investigations in malaria. It is impossible to assess the total benefits to mankind and to world health that have flowed from his careful studies. Suffice it to say that they have been very great indeed. Upon our return to the United States this Darling Foundation Medal and Prize will be presented to Dr Coatney in a ceremony of proper solemnity, and I assure you that Dr Coatney will be informed of the dignity and the solemnity of this occasion which I was unable to attend. So, Mr President, on behalf of Dr Coatney I express appreciation to the Foundation for this award.

The President: Thank you, Dr Keefer, for receiving the award on behalf of Dr Coatney.

It is now my pleasure to make the award to Professor George Macdonald.

Professor George Macdonald is a British subject, born in June 1903. He has a degree of M.D. and D.T.M. of the Liverpool School of Tropical Medicine and Hygiene and has a diploma of public health of the University of London. He started his career as a research worker in Sierra Leone in 1924 and followed this with similar work in India and Assam between 1929 and 1937. After a short assignment to malaria control in Ceylon, he joined the Royal Institute of Tropical Hygiene in London, of which he has been the Director since 1945. He has been professor of tropical medicine in the London School of Hygiene and Tropical Medicine since 1946. His scientific work deals generally with tropical hygiene and public health and in particular with epidemiology and the control of malaria.

I would now ask Professor George Macdonald to come to the rostrum. (Applause)

Professor Macdonald, it is with pleasure that I present you with this medal and prize of the Darling Foundation. Please accept my personal congratulations.

Professor Macdonald : Mr President, delegates, the conquest of the world's most formidable disease has attracted great people and great organizations. Samuel Taylor Darling, in whose memory you, Sir, have just given me this award, was a great man. At a time when, in a flash of enthusiasm at the beginning of this century, it might have been thought that we knew enough, Samuel Taylor Darling set up a tradition of continuing inquiry and research constantly focused on one single primary objective—the control of disease, particularly the control of malaria. He carried that standard aloft until his untimely death in the service of the League of Nations. In that way he set the form of the attack against malaria and against some other tropical conditions for much of this century. He is commemorated by some material matters, notably by a small stone in very beautiful surroundings at Brummana in the Lebanon, and in this award which you have just given me. But he is particularly commemorated in the minds of all people who believe that the improvement of the health of tropical peoples depends on continuing scientific inquiry.

So the World Health Organization, when it passed its resolution some seven years ago to attempt the elimination of malaria as a public-health problem throughout the world, made itself pre-eminent amongst the organizations which have attempted to control this disease. It was a brave resolution—a brave resolution possible only to an organization which was young and was feeling its strength. But the passage of events since that time has shown that it did not overestimate its strength, and the campaigns which have been nurtured, sponsored and encouraged by this organization have gone a very long way already to achieving that object, having eliminated malaria as a public-health problem from very great tracts of the world, and have de-
monstrated that the achievement of the full ambition is a perfect possibility.

It is a great honour to be given this award in the name of Samuel Taylor Darling and by the World Health Organization. I accept it humbly as a representative of the many scientific workers who have the same ambition.

Sir, I wish this organization success in this and the other tasks which it has set itself, and I thank you most sincerely for this honour which you have given to me.

The President: Thank you, Professor Macdonald, and my congratulations to both you and Dr Coatney on having received these awards of the Darling Foundation, and also to Professor Parisot on having received the Léon Bernard Award.

4. General Discussion of the Reports of the Director-General and Executive Board (continued)

The President: We now come to the next item on our agenda, that is, the continuation of the general discussion. I have before me on my list the name of Tunisia, so I will call on the representative of Tunisia.

Dr Ben Salem (Tunisia) (translation from the French): Mr President, fellow delegates, on the occasion of Tunisia's celebration of the second anniversary of its admission as an Associate Member of the World Health Organization, I am very happy to have the opportunity of thanking this great international body for the assistance it has given to my country.

I wish to offer my country's greetings to the Federal authorities of the Swiss Confederation and to the authorities of the city which has extended us such perfect hospitality. In greeting, on behalf of my Government, all the distinguished delegates of the Member States of WHO, I would offer them our very best wishes for the success of the work of the Seventh Health Assembly.

As chief of the Tunisian delegation, and in my personal capacity also, I take particular pleasure in congratulating the President of this Assembly on his election and in expressing to our Director-General and to all the Organization's officials our gratitude for the work accomplished this year and for the projects planned for the coming year.

I would like, too, to welcome the delegation of Yemen very warmly to this Assembly.

Finally, may I offer our very sincere congratulations to the recipient of the 1954 Léon Bernard Foundation Prize on the unanimity with which the choice was made. I am sure I am interpreting the feelings of all delegates when I declare my conviction that it is entirely fitting that this coveted distinction should be solemnly conferred on someone so distinguished and respected as Professor Jacques Parisot, in surroundings that are now historic and associated with the names of many great and learned men.

Tunisia, which is particularly interested in all matters concerning malaria, also takes great pleasure in the honour conferred upon Professor George Macdonald and Dr Robert Coatney, with all of whose works we are well acquainted.

At the beginning of each World Health Assembly it is customary to take stock, and to look back at the road already covered, to fix our aims and the best methods of achieving them—in short, to review the past in order better to prepare ourselves for the future.

More authoritative voices than mine have emphasized and will emphasize our justifiable satisfaction with the various reports presented by the Director-General and by the Executive Board, and I do not wish to waste your time by entering into details here of the various problems which appear to me to be of particular interest to Associate Members and which are to be studied in the appropriate committees. Nevertheless, it will not be considered surprising that we should link together certain questions such as, for example, the possible increase in our obligations by the adoption of new methods for the assessment of contributions on the one hand, and the continuing status quo with regard to our rights on the other.

Today, however, I would like to use my time here at the rostrum to express the gratitude of my country to the Organization for the considerable help received in the field of technical assistance and individual and group fellowships. This is already having a very beneficial effect on the carrying-out of our national public-health programmes. Among the various health problems to be dealt with in Tunisia, the programmes for mass BCG vaccination and for the control of eye diseases have been stimulated and co-ordinated by the technical, financial and moral assistance so generously given by the Organization.

As a general rule a member can be said to be unworthy of a group if the motive for joining is a desire to obtain advantages rather than to contribute, with the enthusiasm which is due, to the work of the whole and thereby to try to add to its glory. Mindful of her long and proud past, conscious of the present, and hopeful of the future, Tunisia wishes to take her place within this great and noble institution.
Owing to its exceptional geographical situation, many of the great scientific and cultural movements of history have passed through Tunisia and even found refuge there, and the adaptability of its people has enabled them effectively to assimilate these various elements. At the time when scientific concepts were only just beginning to spread, cities like Tunis and Kairouan were able to give an impetus to the extension of medical science towards the west because there were in such cities men of goodwill capable of great personal devotion and able to accomplish what they had made their mission.

If out of respect for the past we review some of the glorious names it evokes, we find among others those of Avicenna’s disciples, Constantine the African, Ishaq Ibn Souleyman, Ahmed Ibn Al Djazar and the whole line of medical tradition of the Eskollis. From the time when the famous Ishaq Ben Omran was teaching at the “House of Wisdom” in Kairouan to the writing of the Kouttab el athibba and the Kouttab afeدب essaha by Sherif El Edrissy Eskolli, Tunisia was making its contribution to the development of medical and pharmaceutical science.

In the earliest humanist period Tunisia made a valuable contribution to the teaching in the European schools of Salerno, Córdoba and Montpellier; it is natural that it should now take a lively interest in modern medical concepts and it is not surprising that the latest pages of our medical annals contain famous names and that today it is from Tunisia that the incomparable works of Charles Nicolle circulate all over the world.

Today there is a medical elite which is constantly renewed by young men worthy of its traditions, animated by a glowing confidence in the future and proud to collaborate with enthusiasm in the work of the World Health Organization. This group has been drawn to the Organization because the latter’s generous concepts create a favourable atmosphere for collective, humanitarian and effective work.

In her desire to make a valid contribution to the search for that set of circumstances called health, which constitutes the real treasure of life, Tunisia is strengthened by the warm and enlightened interest of her sovereign, H. H. al-Amin I, who guides with skill all activities directed towards the medico-social development of the country.

It is because the World Health Organization acts as the medium for comparison, co-ordination and generalization, to the benefit of all, of the results obtained by each of its Members, that most of the peoples of the world are actively associated with the work of this Assembly and are combining their efforts for the attainment of greater physical, mental and social well-being. This is—let there be no doubt about it—a supreme act of faith in humanity and of hope and belief in the possibility and necessity of creating a better world.

The President: Thank you, Dr Ben Salem. I now call on the delegate of Ceylon.

Sir Claude Corea (Ceylon): Mr President, fellow delegates, as I bring you the greetings of my country I want to take this opportunity to say how deeply conscious I am personally, for myself and for my country, of the honour done to me by the Committee on Nominations in recommending me, and by you in electing me, to be one of the three vice-presidents. It is a gesture of goodwill and friendliness which will be greatly appreciated by my country and I should therefore like to thank you very much.

May I also take this opportunity to join all those who have preceded me in offering our sincere congratulations to you, Mr President, on the high honour to which you have been elected unanimously. I think we all take pride in your presiding over the destinies of this Assembly, and we should like to extend to you our heartiest of good wishes for a successful period of office.

I have been very deeply impressed by the remarks made by the Chairman of the Executive Board and also by the report submitted by the same Board. I think we owe a deep debt of gratitude to the Executive Board for guiding the affairs of this Assembly during the past year, and I am sure we all feel deeply grateful to them for the work they have done. In the very short time our Director-General has been in office he has not only shown how wise was the choice that was made only a year ago, but he has certainly put all the countries, Members of this organization, deeply in his debt by the vigorous activity he has undertaken in the discharge of his very onerous duties.

The Director-General has had the duty of building up what must be considered as a composite and comprehensive scheme of health and sanitation service, which is a crying need in most of the regions of Asia and Africa; but the build-up of proper medical and hygienic organizations is a task much beyond the capacity of the resources, both financial and technical, of most countries in these regions. In order to meet that gap he has been conscious of these needs, and has directed his attention to dealing with those essential needs. For this I think the people of that region particularly are deeply grateful and for the energy with which he has carried out the work affecting it. I include in this his able
staff and all the great scientists he has collected around him; and particularly I would refer to the valuable work done in the Regional Office by the Regional Director for South-East Asia, who has shown great capacity and understanding in dealing with the problems of that area. We are deeply grateful for all this.

My country itself has benefited by the activities of this organization, and from the beginning we have realized its great purpose in the world and continue to support it to the fullest of our ability.

I hesitate a great deal to make these few remarks in this general discussion, conscious as I am of the limitations of a pure layman in a gathering of such eminent and distinguished medical scientists, but perhaps there are one or two matters which, coming from a layman, might represent as it were the point of view of the man in the street, the man for whom this organization exists, the man on whose behalf the Organization works. I think it is sometimes useful to look at the point of view of the toad under the harrow, for we are apt sometimes to get lost if we fail to realize what are the essential needs, the human needs, of the people on whose behalf we work. From that point of view, I should like to put forward just two matters for your consideration, even at this late stage of the general discussion.

In the first place we should remind ourselves that, in this same building at this very time, as has been mentioned by previous speakers, there is a search going on for peace in our time, to fulfil the agonized yearning of the hearts of the peoples of the world. And as we wish those engaged in that task every success in this great effort—an effort to which only recently eminent statesmen in our region also contributed in no small measure—as we think of this, we have to remind ourselves that this organization itself has a place in that search for peace (for it is an organization of the kind which can contribute as much as, if not more than, many other organizations by removing causes of misery and discontent, and by creating goodwill amongst the eighty-two odd nations of the world represented here). We have to remind ourselves that this organization can materially contribute to the achievement of this rather elusive peace of the world, and that this can be done only by contributing sufficient strength to the Organization. That is the point which I would like to stress at this juncture, for we—those of us who have read the report of the Director-General for 1953—could not fail to be impressed by one particular matter, and that is the reference to the financial crisis through which the Organization has passed, and which it faces today.

There is no doubt that the Organization has contributed a great deal to the advancement of the health of the world. It is not necessary to support that statement by referring to special matters; these are within the knowledge of all of us. But I want to state as a fact that we realize that the Organization has made a very full contribution to the realization of the improvement of the health of the world.

At the same time we must not forget that the governments of the world are doing their utmost in their spheres to improve the conditions of health in their own countries, so that these governments and the peoples of the world are helping themselves, are straining every nerve, are contributing their financial resources to the utmost of their power, in order to improve conditions of health. It is not as if the peoples and countries were waiting for this organization to do everything. Governments have realized and the people have accepted that the Organization's primary purpose is to assist countries to establish adequate health services and to provide the necessary measures for the attainment of the health of their peoples. But when we realize these two factors we are also at the same time faced with the conviction that we are only touching the very fringe of the subject: we see before us the appalling amount of disease and distress that exists in the world despite everything that has been done in the past; and it is at this time that the Director-General draws our attention to the fact that there are difficulties with regard to the carrying out of even the meagre programme which has been already accepted.

Now is that not a matter which should deserve our consideration at this stage? For I was rather disappointed and somewhat alarmed by the expression of certain views during these two days on this very matter, and it is this which has prompted me to intervene in the general discussion. Statements have been made questioning the need for the increase of activity for the year 1955. The opinion has been expressed that we might cut down considerably the rather paltry additional sum of nearly a million and a half dollars that is to be spent in the year 1955, and this at a time when we are so conscious of the grave situation in regard to health matters that exists in the world in general, and particularly, speaking for ourselves, in Asia, where we find half the world's population. Nine million dollars is considered adequate and any increase on that is considered unnecessary—when we think of the fate of two thousand million people whose interests have to be served by this sum which we vote here annually.

I think something has to be done to strengthen the Organization so that the good work that has
been started may be carried on; so that people who expect this organization to fly to their aid with healing in its wings may not be disappointed and hope in vain; so that we may not add a moment more to the existing misery and increase the discontent which is so rampant in the world today, not only because of disease but also because of poverty and ignorance. These are the actualities of the situation which we should not forget, and on this occasion I should like to plead with you to pay attention to this financial problem with the realization of the situation that we have to face. We are conscious of the difficulties of each country in providing finances for this work, but perhaps the whole of the amount voted for this organization for one year’s expenditure is voted for destructive purposes to be expended, perhaps in one day, in a scheme carried out in one place. That is a measure of the interest, may I say, which we take in the crucial importance of the activities of the World Health Organization.

There are two matters I should like to refer to you for your consideration. I support wholeheartedly the plea put forward by a previous speaker for an increase in the grant for fellowships, particularly to those countries which do not have facilities for the education in health matters of their peoples. I should also like to plead for an increase in the teaching missions that are sent by the Organization to different countries—not the sending of experts to be retained in countries for long periods, but to those countries which have now advanced to a certain extent in their health services and which themselves can provide fairly efficient opportunities for health education. These teaching missions should be sent for short periods in order to enable the nationals of those countries to obtain specialized knowledge in certain matters.

May I also draw your attention to the need for some increased attention to the matter of cancer? We have heard of what is being done in international research, and that is an excellent matter to be supported; but with regard to the increase of cancer in certain countries, that is a matter which will require the attention, the urgent attention, of the Organization. In some of our countries we have specialized help like the Colombo Plan, in some other places we have the Point Four programme of the United States, and in all places we have United Nations assistance. But in the case of the Colombo Plan it extends only to certain areas and countries; in the case of Point Four it does not operate everywhere because of certain requirements and certain conditional prerequisites which some countries are not prepared to accept or are unable to accept. Therefore there is the greater need for the creation of some fund which will help those countries which, while getting technical aid, are unable to use that technical aid offered by the World Health Organization because they have not got the finances to provide the materials required. These countries have to be helped if we are going to remove the causes of sickness within a reasonable time, and that is an important matter for our consideration.

I trust that in all these matters, more than everything else, the financial aspect will be considered with the greatest concern and that no effort will be made to cut down the programme, the increased programme which we have had placed before us for the next year.

The President: Thank you, Sir Claude.

This brings to a close the names of those who were on my list. However, if there is anyone else who wishes to speak we shall be happy to have you come forward and participate in the general discussion. Is there any other speaker? If not, then this brings to a close our general discussion on the reports of the Executive Board and the Director-General. The meeting is now adjourned.

The meeting rose at 4.10 p.m.
continue until 6 p.m. and that, if the business of this meeting is not concluded by 6 p.m., we should have a further plenary meeting at 9 p.m. The General Committee also considered the inclusion in our agenda for today of consideration of the budgetary ceiling in the light of Rule 51 of the Rules of Procedure of the Health Assembly, which reads thus:

The reports of all committees established to consider items of the agenda shall, before being submitted to a plenary meeting for final disposition, be referred to the General Committee, or to a drafting committee appointed by it, for co-coordinating and editing. Such reports, including draft resolutions, shall, after being examined by the General Committee, be circulated, in so far as practicable, at least twenty-four hours in advance of the plenary meetings at which they are to be considered.

The General Committee believes that, in view of the time available, it will not be practicable to adhere strictly to the 24-hour rule set out in this article. If the Assembly therefore has no objection, the inclusion of the item on the budget ceiling on the agenda of the present meeting is confirmed. Rule 51 of our Rules of Procedure contains the phrase "in so far as practicable". If we feel it is practicable to have twenty-four hours' notice before considering an item, that can be done, but in view of the fact that we are somewhat behind our schedule, it is not practicable for us to postpone to some other time the consideration of the budget ceiling. All of us—or most of us—were in the Committee on Programme and Budget that took into consideration the budget ceiling, so it is not a new item to us. Thus if there is no objection your President will include this item on our agenda today.

Is there any objection? As I see no sign to that effect, then the item is included in the agenda for our consideration today.

2. Adoption of Second, Third and Fourth Reports of the Committee on Credentials

The President: The first item on our agenda is the adoption of the second and third reports of the Committee on Credentials. Will the Rapporteur of the Committee on Credentials come forward, please?

Dr Erickson (United States of America), Rapporteur, read the second and third reports of the Committee on Credentials.1

The President: Thank you, Dr Erickson.

You have heard the second and third reports of the Committee on Credentials. Is there any objection to our adopting these reports? If there is none, then these reports are adopted.

Shortly before our present plenary meeting, the Committee on Credentials had another meeting, and of course it did not have time to distribute a report of that meeting for your information. Therefore, I will ask Dr Erickson, the Rapporteur of the Committee on Credentials, to give an oral report and if it meets with your approval the report, which will be the fourth report of the Committee, will then be put into a document and circulated to the Assembly.

Dr Erickson (United States of America), Rapporteur, read the fourth report of the Committee on Credentials.1

The President: You have heard the fourth report of the Committee on Credentials. Are there any objections to our adopting this report?

If there are none, then this report is adopted, it being, of course, understood that it will be put into a formal document and circulated to you.

3. Adoption of the Supplementary Agenda

The President: The next item on the agenda is the adoption of the supplementary agenda, document A7/15. The title of the proposed supplementary item reads: "International Sanitary Regulations: Reservations from the Government of the Netherlands in respect of Surinam".

Are there any objections to our having this as a supplementary agenda item?

Rule 10 of our Rules of Procedure reads as follows:

Subject to the provisions of Rule 9 regarding new activities, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of the session.

Consequently the General Committee examined the supplementary agenda at its fourth meeting, that is to say, as soon as possible after the first five days of the Health Assembly had elapsed. The General Committee recommends that the one item on the supplementary agenda be allocated to the Working Party on International Quarantine.

If there are no objections to our adoption of this supplementary agenda item, then we shall refer it

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1 See page 425.
to the Working Party on International Quarantine. I see there are no objections.

4. Equitable Geographical Distribution in Membership of the Executive Board: Election of Members Entitled to Designate a Person to Serve on the Executive Board

The President: The next items are "Equitable geographical distribution in membership of the Executive Board" (item 16 of the agenda) and "Election of Members entitled to designate a person to serve on the Executive Board" (item 17). The relevant document is A7/14.

The Assembly decided at its third plenary meeting to allocate to the General Committee item 16 of its agenda, Equitable geographical distribution in membership of the Executive Board. The General Committee examined this item before proceeding to item 17, Election of Members entitled to designate a person to serve on the Executive Board. As a result of its study, the General Committee addresses to the Assembly the recommendations contained in document A7/14 which reads thus:

The General Committee,

Having considered, at its fourth and fifth meetings held on Monday and Tuesday, 10 and 11 May 1954, the proposal made by the Government of the Philippines (document A7/3) concerning the geographical distribution of the Members entitled to designate a person to serve on the Executive Board;

Taking note of the provisions of Rule 88 of the Rules of Procedure of the Assembly, which does not provide an absolute method whereby a mathematical formula can be adhered to so as to ensure a predetermined geographical distribution,

BELIEVES that at this time the General Committee can only express its sympathy with the request which has been made by the Government of the Philippines and, in accordance with Rule 88 of the Rules of Procedure,

SUBMITS for the consideration of the Assembly the following nominations: Saudi Arabia, Chile, Japan, Union of South Africa, Burma, Portugal, France, Cuba, Spain.

The Committee recommends the following six Members which in the Committee's opinion would, if elected, provide a balanced distribution of the Board as a whole: Saudi Arabia, Japan, Union of South Africa, Burma, Chile, Portugal.

According to Articles 18 (b), 24 and 25 of the Constitution and Rules 86, 88, 89, 90 and 91 of the Rules of Procedure of the Health Assembly, governing the election of Members to designate a person to serve on the Executive Board, it is clear that we have to elect six Members, and furthermore, that these six Members must be elected from the list of nine Members which figure in the General Committee's report. I would therefore remind the Assembly that any ballot paper with more or fewer than six names, or which contains the names of Members not mentioned in the list of nine given in the document, will be deemed null and void.

Before proceeding to the nomination of the two tellers and to the election, I should like to ask if any delegate has any observation or remark to make at this time.

The delegate of Yugoslavia.

Dr Stampar (Yugoslavia): Mr President, fellow delegates, first of all I must apologize if I am perhaps taking too much of your time, but I will do my best to be brief. On reading document A7/14 I found myself in disagreement with the proposals made by the General Committee. It is perfectly clear that, according to our Constitution, the General Committee must take into consideration a proper geographical distribution when proposing Members entitled to designate persons to serve on the Executive Board. I must say that this document does not take care of the proper geographical distribution at all.

First of all I am going to speak about the nine Members included in the list, because the Assembly is entitled to choose six out of the nine, so it is perfectly free to elect them according to the delegations' points of view. It seems to me that the nine Members as proposed do not form a proper geographical distribution at all. First of all—to speak about Europe—it seems to me that one part of Europe is completely left out of this list: that is south-east Europe, which includes many Members of this organization. At the same time the list includes three Members from Western Europe. It seems to me that I am right in saying that this kind of proposal is not the right one. I am particularly anxious to say that among these countries proposed for election there are even Members who do not pay their contributions regularly for the maintenance of our activities. If such Members are elected to designate their representatives to the Executive Board, they will of course not take care of their obligations to our organization, and I think that that is extremely important. The time has come for the Health Assembly to deal with this matter. We cannot allow Members to be several years in arrears with their contributions, and I am very
sorry the General Committee did not take this factor into consideration. Thank you, Mr President.

The President: Thank you, Dr Stampar. May I call the attention of the Members to the fact that a number of names were submitted to the General Committee, and your General Committee, when voting, had before it the question of equitable geographical distribution among the regions, not with reference to particular countries within each region. The General Committee took into consideration equitable geographical distribution, after dealing with the question raised by the Government of the Philippines. Within each region a number of countries were proposed. Yugoslavia was among those names; unfortunately, after several votes, Yugoslavia was eliminated through the usual procedure of voting, and your General Committee drew up the six names that we have seen, which we felt and which we still feel would provide equitable geographical distribution.

You still have before you, then, this recommendation of the General Committee for your consideration and, according to our Rules of Procedure, there is nothing else that can be done at this present time. We have to abide by the recommendation of the General Committee and to vote for six Members to designate a person to the Executive Board from the nine names given.

Dr Stampar has again asked for the floor. Dr Stampar.

Dr Stampar (Yugoslavia): Mr President, fellow delegates, I am very sorry that the President mentioned the country I am representing here. I had not my country in mind at all. Yugoslavia is not particularly interested in serving on the Executive Board because it served on the Board and the Interim Commission for five years; and I think my country did its best to promote the interests of the World Health Organization. I was thinking about one very important part of the European Region, namely, south-east Europe—Greece, Yugoslavia, Turkey. I must underline the fact that this part of the Region has been omitted completely, and I do not think that that is the proper procedure. I must again underline, however, that I was not fighting for Yugoslavia to have a person on the Executive Board. We are fighting for a principle. You can leave us out from the Executive Board as long as you like, but I must fight for the promotion of a proper principle.

In addition to this, I would like also to say that it seems to me that some political considerations are entering into our discussions, into our Assembly deliberations. I am very much afraid that this kind of procedure will do a great deal of harm to our organization. I am sure you will all agree that I have done my best in my life to promote the interests of the Organization.

The President: Thank you very much, Dr Stampar, for your observations. This is of course for the benefit of the new Members (that is, those of you who have not been attending the Assembly from year to year) and also for those of you who may be new to the Executive Board. As Dr Stampar rightly pointed out, Yugoslavia has served on the Board, and so has Turkey and so has Greece. As a matter of fact Greece is now retiring from the Board. I think that the Members of the European Region take into consideration the different sections of Europe in their regional meetings and even in their recommendation to other Members to vote for certain countries to be on the Board, so far as the European Region is concerned.

Dr Karabuda, Turkey.

Dr Karabuda (Turkey) (translation from the French): Mr President, I am entirely in agreement with the statement by the delegate of Yugoslavia, not because Turkey is requesting admittance to the Executive Board but because we feel that the reasons put forward by the delegate of Yugoslavia are logical.

The President: Thank you, Dr Karabuda. Dr Evang, Norway.

Dr Evang (Norway): Mr President, fellow delegates, the President, who as we know is also the Chairman of the General Committee, has just told us that the General Committee had not taken into consideration the question of distribution within a specific region of members of the Executive Board. Now, as we know, certain regions get together on a question like this and agree on one or more countries from the region, which then are submitted as proposals for elections to the Executive Board. Other regions—including the region in question here, Europe—have never followed that procedure. During the period in which I was a member of the Executive Board, it was customary for the Board to contact the various regions and make sure that such a procedure had been followed, thereby preventing suggestions which would be inequitable within any region.

I think we should give the General Committee an opportunity to take this point into consideration. The President has said that we have no other choice now but to go on. Yes, Mr President, there is
another procedure—to refer the matter back to the General Committee for reconsideration.

In my opinion, there is one more reason for doing so, and that is that on this occasion something quite unusual has happened, namely, that one region has lost, as it were, one member of the Executive Board. That has happened before under special, very special, circumstances. But I cannot see that such circumstances are present now. I refer to the European Region, which has two members that are now retiring while only one is included on the suggested list of six. Now in view of the fact that all the inactive Members belong to this region, and that we may perhaps expect some of them to return in the near future, it would make it a great deal more difficult to find room for them again in the Executive Board if Europe now lost one vote. So with all respect to the difficulties which we have been facing in the General Committee, and without criticizing at all the work which has been done, I would most respectfully, if I am seconded, propose that the matter should be referred back to the General Committee for reconsideration.

The President: Thank you, Dr Evang.

We appreciate the comments of the delegate of Norway with reference to the European Region, but may I call his attention to the fact that the General Committee at its meeting discussed at length this problem of equitable geographical distribution; with that in mind it took from a list (a long list) of countries, certain countries which, in its opinion, would provide equitable geographical distribution. On that basis the Committee prepared its recommendation to this Assembly, for you to take a vote. Certainly our recommendation is not the final decision of the Assembly; the decision of the Members present and voting will be the final decision so far as the Assembly is concerned. In accordance with Rule 89 of our Rules of Procedure, the Assembly votes by secret ballot upon the names that are submitted by the General Committee for the selection of six names.

Dr Moore, Canada.

Dr Moore (Canada): Mr President, members of the Assembly, if I interpreted correctly the remarks that the President has just made, he has probably answered the point that I was going to raise. While we appreciate that the General Committee has done an excellent job in nominating the nine countries eligible for election, and has followed the principle of geographical position, our Canadian delegation would not like to accept the nomination of six Members and would propose a vote.

The President: Thank you, Dr Moore, that is in keeping with our Rules of Procedure. You have nine names and it is for you to vote for six out of the nine. We shall therefore, if there are no further comments, proceed to vote on the names of countries that have been recommended by your General Committee. I shall read those names again for your benefit, the nine names first and then the six.

The nine countries recommended are: Saudi Arabia, Chile, Japan, Union of South Africa, Burma, Portugal, France, Cuba, Spain.

The General Committee had a long discussion about equitable geographical distribution, particularly after its attention had been drawn to the fact that while certain regions have the same number of countries, one has a higher number of seats on the Board and others have only a limited number of seats. The General Committee took a vote upon all the names that were submitted and, from the names, selected six which it felt would provide if elected equitable geographical distribution. The six names that have been recommended by your General Committee are: Saudi Arabia, Japan, Union of South Africa, Burma, Chile, Portugal.

For your further information, you will note that the six countries listed come from six different regions: Saudi Arabia from the Eastern Mediterranean Region, Japan from the Western Pacific Region, the Union of South Africa from the African Region, Burma from South-East Asia Region, Chile from the Americas, and Portugal from Europe. So you have six names, six countries from six different regions of our organization. You may now prepare your ballot and vote, writing on your paper six names only. Any paper with less than six or more than six names or with a name other than those given in document A7/14 will be null and void. I would like to call upon the following members to serve as tellers: Dr Moore of Canada and Dr Regala of the Philippines.

According to Rule 27 of our Rules of Procedure, the President, or a vice-president acting as president, shall not have the right to vote. In view of the fact that your President has to vote, he will ask your permission to let the Vice-President act as President during the time of voting. Therefore, if you have no objection, I give the Chair to Dr Bauji of Lebanon.

Dr Bauji (Lebanon), Vice-President, took the Chair.
A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order:

Afghanistan, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Burma, Cambodia, Canada, Ceylon, Chile, China, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Finland, France, Federal Republic of Germany, Greece, Guatemala, Haiti, Iceland, India, Republic of Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Hashemite Kingdom of the Jordan, Republic of Korea, Laos, Lebanon, Liberia, United Kingdom of Libya, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Republic of the Philippines, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Viet Nam, Yemen, Yugoslavia.

The ACTING PRESIDENT (translation from the French): Gentlemen, have you any objections to make with regard to the vote? If there are no objections we will proceed to the count. The meeting is suspended for 20 minutes.

The meeting was suspended at 3.40 p.m. and resumed at 4.10 p.m.

The ACTING PRESIDENT: The meeting is called to order. The result of the voting is:

- Number of Members entitled to vote: 70
- Absent: 1
- Abstentions: 0
- Number of Members present and voting: 69
- Number required for simple majority: 35

The votes obtained are as follows:

- Saudi Arabia: 62
- Chile: 58
- Union of South Africa: 52
- France: 48
- Japan: 47
- Burma: 44

These six are elected; the non-elected are:

- Portugal: 40
- Spain: 38
- Cuba: 25

I thank the Assembly and vacate the Chair in favour of the President.

The President took the Chair.

The PRESIDENT: Thank you, Dr Bauji, for having done such a splendid job in bringing about a successful election. I also thank Dr Moore and Dr Regala for having served as tellers. I want to thank you for making this perhaps one of the shortest elections that we have had for a long time. In the first ballot you brought out more even than you were expected to have brought out, as more Members than were necessary had the possibility of being elected. However, we have the six countries that were read out first as the new Members elected to designate persons to serve on the Executive Board. My congratulations to those countries on their success.

We shall now adopt the resolution reading:

The Seventh World Health Assembly,

After consideration of the nominations of the General Committee,

elects the following Members entitled to designate a person to serve on the Executive Board: Saudi Arabia, Chile, Union of South Africa, France, Japan, Burma.

As there is no objection, we adopt this resolution.

From the use you have made of your constitutional rights today, there is no doubt that we all have in mind the question of equitable geographical distribution, and for that reason the Chair does not feel that we need any special resolution with reference at this particular time to equitable geographical distribution, for you have elected the Members along the lines of equitable geographical distribution.

5. Adoption of First Report of the Committee on Programme and Budget

The PRESIDENT: We now come to the fourth item on the agenda, the adoption of the first report of the Committee on Programme and Budget. Would the Rapporteur of the Committee on Programme and Budget come forward?

Dr Kaprio (Finland), Rapporteur, read the first report of the Committee on Programme and Budget.¹

The PRESIDENT: Thank you, Dr Kaprio.

You have had this document at your hotels and you have also heard it read here. Are there any comments? Any objections to our adopting this report? As there are no objections this report is adopted as read.

¹ See page 428.
6. Adoption of Second Report of the Committee on Programme and Budget

The President: There are times when it is not necessary to have these reports of the various committees read, particularly if Rule 51 of our Rules of Procedure has been met; in Rule 51 there is a clause which states that a document should reach the delegates at least twenty-four hours before the plenary meeting. The second report of the Committee on Programme and Budget ¹ was distributed to you over twenty-four hours ago, as was the first report which you have heard read, and therefore it is not absolutely necessary (because we are pressed for time) to have that report read over. You undoubtedly have studied it; all of you have been to the Committee meeting and certainly know what it is about. Unless you have any particular objection we shall not read this report.

Thank you very much, Dr Kaprio, for having come up to present your report and thank your committee for the good work it has done thus far.

Is there any comment on the second report of the Committee on Programme and Budget? Any objection to our adopting this report? As there is no objection this report is adopted.

7. First Report of the Committee on Administration, Finance and Legal Matters

The President: We now come to the sixth item, First report of the Committee on Administration, Finance and Legal Matters. This report, of course, was also distributed to you, but as this committee has only one report and it is not long and there are so many proposed amendments to it, I would ask the Rapporteur of the Committee on Administration, Finance and Legal Matters to come up and read it.

Mr Sørensen (Denmark), Rapporteur, read the first report of the Committee on Administration, Finance and Legal Matters.²

The President: Thank you, Mr Sørensen, for having presented this report of the Committee on Administration, Finance and Legal Matters.

As is customary, or rather, I should say, as is the rule, matters involving finance, administration and legality usually require quite a bit of discussion and often cause some misunderstanding. Therefore it would undoubtedly be wise for us to consider this report section by section. Furthermore, we have on our list, a list which has been circulated to you, a number of amendments to the report of the Committee on Administration, Finance and Legal Matters. So unless there is any objection, we shall proceed to adopt this report section by section. The report, as you know, is to be found in document A7/19.

The first section of that report is, Financial report and accounts for 1953: report of the External Auditor. Is there any objection to our adopting this section? No objection? It is adopted.

Section 2, Executive Board Special Fund. Is there any objection to our adopting this? None? Adopted.

Section 3, Scales of assessment for 1955, 1956 and 1957. The Chair understands that the proposals in document A7/26,³ which you have before you, are that the three paragraphs contained therein be added to resolution 3 in the first report of the Committee on Administration, Finance and Legal Matters. If this is not correct, I should like the proposers of this resolution to so indicate. The proposers are the delegates of Canada, the Philippines, the United Kingdom, the United States of America, and Brazil. The delegate of Norway.

Mr Evang (Norway): Mr President, first I would just like to ask you a question. I cannot find document A7/26 on the agenda. Has it been decided that we should waive the ordinary rules and take this document up for discussion today?

The President: Dr Evang, your question is in order. This particular document was circulated only just before we met. It was not sent to the General Committee to be added to the agenda for the plenary meeting, and of course up to now we have not waived the twenty-four hour rule in order to be able to have it on the agenda. However, it is up to the Assembly to decide. If the Assembly decides to waive Rule 51 of the Rules of Procedure then it may do so. However, even though Rule 51 has not been complied with, for the benefit of Members, I shall read Rule 50:

All resolutions, amendments and substantive motions for consideration at plenary meetings must be introduced in writing and handed to the President of the Health Assembly. Copies shall be distributed to delegates as soon as possible.

Resolutions, amendments and substantive motions shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. As a general rule, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all

¹ See page 429.
² See page 435.
³ Reproduced in the seventh plenary meeting, section 2, page 128
delegations not later than the day preceding the meeting. The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day.

Since the President believes strongly in having peace and harmony, I would rule that we can take document A7/26 into consideration at this present meeting.

Dr Evang (Norway): Mr President, thank you very much for your clear answer. I would ask you to rule that we postpone the discussion of this document until a future Assembly. It is, as you will see from the document presented to us immediately before this meeting, an independent resolution proposed by certain countries, and to introduce it now as a part of, or addition to, an already existing resolution which has been thrashed out with great difficulty in one of the main committees creates a very complicated situation. As far as the substance of document A7/26 is concerned, it has, in my opinion—and I know also in the opinion of several other delegates—a very complex relationship to an extremely delicate and difficult matter which was discussed at great length in the Committee on Administration, Finance and Legal Matters. To put it on the point of a needle, Mr President, it seems to me that this is trying to introduce a proposal through the back door after an original proposal in the same direction has been clearly defeated in a main committee. Now it is a gentleman's agreement in this Assembly—and I have participated in them all—that, if after great labour a decision has been reached in a main committee, and a majority vote has been taken, only very serious reasons would force a delegation to bring the matter up again before the Assembly in plenary session. It may happen that that is necessary, but if it is done, the relationship to the resolution already carried should always be made quite clear. This has not been done in this case Mr President, and by talking to several delegates during the recess I know that many of them are in some confusion as to what this document really presents, and what the relationship is between the substance of this document and the substance of the other paper before the house. So I do not think that the delegations who are proposing this amendment would suffer in any way if we all had an opportunity to consider this proposal and then take a decision at a future meeting of the Assembly, in a plenary session. We are in no haste at all on this point, Mr President.

The President: Thank you for your observations and your proposal, Dr Evang. Rule 54 of our Rules of Procedure reads

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

I take it for granted that the delegate of Norway has asked for adjournment of this particular item. No? What is your proposal then?

Dr Evang (Norway): Mr President, I am very sorry not to have made my point clear. I have not asked for the adjournment of discussion on document A7/26, because such a discussion has never been started. What I have asked for is your ruling, Mr President, that, as this document has not been presented to the plenary session in accordance with the Rules of Procedure of the World Health Assembly, it cannot be accepted for discussion at this plenary session.

The President: Thank you, Dr Evang. First we will hear from the delegate of Canada.

Mr Hardy (Canada): Mr President, I listened very carefully to the remarks that have just been made by the distinguished delegate of Norway. As he himself pointed out, this question of the method of assessing active and inactive Members has already been discussed at great length in the Committee on Administration, Finance and Legal Matters. The fact that it has been discussed at great length, however, does not appear anywhere in the first report of the Committee; neither is it stated in the report of the Committee that a resolution proposed by the United States of America, the effect of which would have been to assess inactive Members in 1955 over and above the effective amount of the budget, was rejected by a rather small majority. What the five delegations are now proposing is not that a change should be made in 1955 in the method of assessing active and inactive Members; it is rather that this question should be examined again by the Executive Board and that the Eighth World Health Assembly next year should give it favourable consideration. The delegate of Norway has proposed exactly what I just told you, namely, that the Eighth World Health Assembly should examine the question again and it seems that the joint resolution would achieve exactly that purpose. We are not asking for a complete reopening of the debate, all we are asking for is that the joint sponsors, or some of them, be permitted to give the reasons which motivated
the submission of this resolution, and then that, as soon as the other delegations are satisfied that they have said everything they have to say—and we would hope that this would not take too long—a vote be taken on the joint resolution.

The President: Thank you, Mr Hardy. The Chair is faced with a question rightly put forward by the delegate of Norway. It is in keeping with our Rules of Procedure that during any meeting a Member may present a document, and the Chair may, if it so desires, bring this up in the plenary meeting even if the document has been circulated to the Members only a short time before. As the Chair has always felt that we would like to have peace and harmony at all times if possible, instead of setting aside this particular paper, the Chair ruled that we consider it. However, still in the same desire for peace and harmony and since the delegate of Norway has expressed dissatisfaction, the Chair would like to know, before continuing further discussion on document A7/26, if the Members are in favour of not considering it; or if they are in favour of discussing it and then later voting on it.

I see a number of cards raised. The delegate of the United States, on a point of order.

Mr Calderwood (United States of America): Mr President, I believe that you have already ruled under the last sentence in the second paragraph of Rule 50 that there would be consideration of this resolution. That consideration has begun; I see no reason why we cannot proceed with it. If you look at the preceding sentence of the same paragraph, my interpretation (I stand to be corrected by the legal adviser) would be that this resolution could not be put to vote without the notice having been given; but you have ruled, in accordance with the last sentence, that it can be discussed. I think the discussion has commenced.

The President: Thank you, Mr Calderwood. Mr Calderwood happens to be a lawyer, well versed in the legal aspects of these particular matters, and he has rightly pointed out that, in keeping with our Rules of Procedure, since the Chair has ruled that we can discuss this paper we have to abide by that ruling. However, as I have said, even though knowing my rights, I was simply doing it for the sake of having peace and harmony in our midst. But as the point of order has been raised, with due respect to my friend from Norway, we shall have to continue with discussion of document A7/26.

Of course another thing could be done: since we did agree we might have to meet tonight, we could postpone this particular item until our night session if you so desire. Would you like to continue discussion now on this particular item, or would you rather postpone this item until the session at 9 o'clock tonight?

The delegate of Ceylon.

Mr Amerasekera (Ceylon): Sir, it is just a matter of clarification. Rule 50 permits you to authorize discussion and consideration of resolutions but does not permit, I believe (if my interpretation is correct) voting on a resolution that has been allowed for discussion in this Assembly under that rule. May I know, Sir, whether it is permissible after discussion of this resolution to vote on it, as probably we may have to. If not, what is the position of the resolution in the discussion?

The President: I think I shall call upon our legal expert in the Secretariat to give us an interpretation of Rule 50, with reference to discussing a matter that has been ruled on by the Chair and voting upon such an item after it has been discussed.

Mr Zarb, Chief, Legal Office (translation from the French): Mr President, gentlemen, it is Rule 50 which applies to the point under discussion. The last sentence of this rule, laying down the way in which the President may decide what is to become of documents which have not been circulated within the stipulated time-limit, merely confers a prerogative on the President. In the English you have "may" and "permit" and what is permitted, according to this text, is discussion and consideration. Discussion and consideration do not necessarily lead to a decision and, therefore, the provision is only for discussion and examination of texts not submitted within the stipulated time-limit.

The President: Thank you, Mr Zarb. The delegate of Finland.

Dr Kaprio (Finland): Mr President, may I just ask a question: Where are we now? We were having the first report of the Committee on Administration, Finance and Legal Matters, and I understood we came to section 3, Scales of assessment for 1955, 1956 and 1957. There we have one amendment presented by the delegation of South Africa, that is,
document A7/20. If I understood aright, document A7/26 is quite an independent resolution. Therefore I feel we should proceed with the discussion of the first report of the Committee on Administration, Finance and Legal Matters, and that the independent resolution should come later.

The President: Thank you, Dr Kaprio. The delegate of Italy.

Professor Canaperia (Italy) (translation from the French): Mr President, I must confess that in regard to this document I am somewhat puzzled. I support the view expressed by the delegate of Norway that it might be advisable to postpone the question, which has already been discussed at length in another form in the Committee on Administration, Finance and Legal Matters. This solution would perhaps avoid wasting the Assembly's time. In any case, I think that the observation of the delegate of Finland is very relevant. We have not, in fact, before us an amendment to section 3 of the report of the Committee on Administration, Finance and Legal Matters, but an entirely independent proposal which can be discussed quite apart from the report we have to approve.

In conclusion, Mr President, I suggest that this proposal be referred back to the Committee on Administration, Finance and Legal Matters where it can be better discussed. The proposal speaks of the assessment of Members participating in the work of the Organization. This involves a very delicate distinction. Which are the Members participating in the work of the Organization? They are the Members who take part in the Assemblies, who pay their contributions. It is another way of referring to the question of active and inactive Members. That raises a number of other problems and I think that the discussion would take up a lot of time. If you do not wish to postpone the matter, Mr President, I shall myself feel obliged to submit an amendment to this proposal.

The President: Thank you, Professor Canaperia. May I interpret your proposal to be a request for postponement of consideration of the item? If that is the case, then Rule 54 of the Rules of Procedure will apply. It reads:

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

Am I correct in interpreting it as that? I see you shaking your head.

Professor Canaperia (Italy) (translation from the French): Mr President, I am sorry that I do not seem to be able to make my meaning clear. I did not propose adjournment of the discussion: I simply proposed, as the delegate of Norway has already done, that the proposal be referred back to the Committee on Administration, Finance and Legal Matters for thorough examination.

The President: Thank you, Professor Canaperia. The Chair fails to see how we can remit the proposal without remitting the rest of the item in this particular document, that is, without sending back to the Committee on Administration, Finance and Legal Matters section 3 of its report, Scales of assessment for 1955, 1956 and 1957, because the resolution hinges on all those items referred to in this report. If you mean that we should send this back, does that mean we have to discontinue our consideration of the rest of this report?

The delegate of Canada, I think, has asked for the floor.

Dr Robertson (Canada): Mr President, do I understand that it is now in order to proceed with the discussion of this resolution?

Mr President, during the discussion on the budget ceiling in the Committee on Programme and Budget, I had occasion to state that one of the most difficult financial problems which would soon have to be solved by the Assembly was that of finding the best method of assessing the active and the inactive Members in such a way as to eliminate the present distortions in our respective contributions and the somewhat fictitious character of our budget structure. Canada is of the opinion that this obstacle to sound financing should be removed at the earliest possible date. For this reason the Canadian delegation voted in the Committee on Administration, Finance and Legal Matters in favour of the United States proposal, which would have achieved this objective. Nevertheless, Canada is anxious to proceed in a manner which will not interfere with the orderly and reasonable growth of the Organization over the years. We also wish to avoid any action which might impose disproportionate burdens on Members of the Organization.

The proposal now before you in document A7/26 is jointly sponsored by Brazil, the Philippines, the United Kingdom, the United States and Canada. While it would not modify for 1955 the way in which active and inactive Members are at present assessed, it would recommend that the Eighth World Health Assembly examine this question further and give favourable consideration to methods for a
more realistic assessment of the active Members. It would also request the Executive Board to give further attention to the technical aspects of this question and to make a specific recommendation to the next Assembly.

I should also like to point out that a provision is included in this joint proposal which reaffirms the present attitude of this organization towards those Members which have notified the Organization of their decision to withdraw from it. In the spirit of resolutions of previous Health Assemblies on this subject, the proposed amendment now before you invites these Members to resume their active participation in the work of our organization at the earliest date. This amendment, Mr President, is submitted as a compromise between the extreme points of view which have been expressed earlier. It is, therefore, the hope of the Canadian delegation that this Assembly will give it a wide measure of support.

The President: Thank you, Dr Robertson. The delegate of the United States of America.

Dr Scheele (United States of America): Mr President, the proposal that is before the Assembly in document A7/26 is intended as an amendment to the resolution in section 3 of the first report of the Committee on Administration, Finance and Legal Matters—Scales of assessment for 1955, 1956 and 1957. Therefore, these two items are tied together and the voting on them should be linked, along with the voting on other amendments that are before us, to this basic amendment. In our opinion, the discussion would probably be much prolonged if we referred this back to the Committee and then brought it forward again here before a plenary session. It seems perfectly appropriate to follow our Rules of Procedure when an amendment has been introduced—to be sure with only a limited time elapsing, this because of the lateness of the hour when certain other decisions were arrived at yesterday afternoon.

Our delegation would propose that we postpone the voting on this item, as was suggested by Dr Evang, until the next plenary session; this should give everyone plenty of time to consider it, ask questions about it, and arrive at a decision. The question of whether there should be further discussion today, or whether we should also postpone discussion (in the case of the Chair wishing now to reverse its decision and stop the debate) until we take the final decisions, is, as far as we are concerned, immaterial. Our basic proposal is that the taking of a decision on this proposal and the proposal which it amends or proposes to amend, which appears in the report of the Committee, be postponed until the next plenary meeting so as to give all the delegates plenty of time to consider it.

The President: Thank you, Dr Scheele. Before putting your proposal to a vote, I may say that we have already discussed this particular item quite a bit already, and I really do not see now why we should go back on that discussion or send the item back to the Committee for reconsideration. I wish you had agreed in the beginning when I asked you to postpone it, but since we did not, and a formal proposal has now been made, we have to apply Rule 54 of our Rules of Procedure. As I have read it twice already, and twice been told it was not the case, I hope this time you will say that it is the case. Where a member has asked for a postponement of the question, there is no discussion but a vote is taken on the postponement. Is it correct, Dr Scheele, this time? Thank you.

Will those who are in favour of postponing the consideration of document A7/26 in connexion with section 3 of the report of the Committee on Administration, Finance and Legal Matters please make it known by raising their cards.

Dr Scheele, may I ask you a question before you proceed. Does your proposal include all items under 3 of the report, and does it also include consideration of all proposed amendments to section 3 of the report?

Dr Scheele (United States of America): Yes, Mr President, it does. It does because it seems to me that we cannot discuss them, or at any rate, vote on them, in isolated fashion and that the fair way would be to vote on them, in appropriate order as you may decide, but in the same meeting. Therefore our proposal was that the decision taking in all of these items relating to the scale of assessment be postponed.

The President: Thank you. Then I understand that what is requested is that there should be a postponement of the discussion and consideration of this particular section, section 3, including all the amendments appertaining thereto, until another plenary meeting, which will give all members time to study the documents before coming here.

So that Rule 54 of the Rules of Procedure may be complied with, will all those who are in favour of the proposal of the United States delegation for
postponement please raise their cards. Those against? Abstentions?

The motion for postponement is adopted, the motion being that we postpone until our next plenary meeting the discussion of this particular item. Of course, you will remember that our next plenary meeting is tonight at 9 p.m.

We will continue with section 4 of the report, Assessment of China. Is there any discussion on section 4? Any objection to our adopting it? If not, it is adopted.

We now turn to section 5, Admission of the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization. Section 5 has an amendment proposed by the United States of America (to be found in document A7/22) which is, to add at the end of this resolution in section 5 the words, “the associate membership of Southern Rhodesia consequently lapsing”. That is, the final resolution will read thus:

The Seventh World Health Assembly

Admits the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Federation of Rhodesia and Nyasaland in accordance with Rules 106 and 107 of the Rules of Procedure of the World Health Assembly the associate membership of Southern Rhodesia consequently lapsing.

Is there any discussion on this? Any objection to our adopting this resolution as amended? If not, then the amended resolution is adopted. The delegate of the United Kingdom.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, at the Third World Health Assembly the United Kingdom had the honour of accepting the admission of Southern Rhodesia as the first Associate Member of this organization. Now Southern Rhodesia has joined the two other territories of Northern Rhodesia and Nyasaland to form the Federation of Rhodesia and Nyasaland. Southern Rhodesia has had a happy and useful association with WHO during these years and we feel that this relationship will be continued with the new Federation. The Federation will have much to gain from WHO, and in specialized fields has something of value to contribute to the work of the Organization.

The United Kingdom is honoured to accept this associate membership on behalf of the Federation, and assumes responsibility for ensuring the application of Articles 66 to 68 of the Constitution of WHO with regard to the Federation.

The President: Thank you, Sir John. The representative of the Federation of Rhodesia and Nyasaland.

Dr Mackenzie (Federation of Rhodesia and Nyasaland): Mr President, fellow delegates, in conveying to you the greetings of the Government of the Federation of Rhodesia and Nyasaland, I bring to you not only an appreciation of the happy relations that Southern Rhodesia has enjoyed as an Associate Member of this honourable Assembly, but an expression of goodwill from the newly constituted Federation of which Southern Rhodesia is now an integral part.

In its humanitarian aims, the United Nations is an outstanding success. This success has in no small measure been due to the efforts of the specialized agencies. Although it would be invidious to compare the contributions of each agency to the common success, it can be said without fear of contradiction that the World Health Organization has played a part which is second to none. This is as would be expected, for there are few scientific disciplines which are able to bring such direct benefits to the human race as the discipline of medicine; and there are few vocations in this world whose practitioners demonstrate so altruistic a devotion to their calling as the professions whose ranks include the world’s surgeons, physicians, nurses and health workers.

Only eight months have elapsed since the Federation of Rhodesia and Nyasaland came into being. By a process of planned integration the necessarily complicated structure of the Federal Government is being built up steadily, while ensuring that there is no break in the continuity of the day-to-day administration of the component territories. The Ministry of Health, which is a co-ordination of the existing health services of the three territories, is now functioning and full financial responsibility for the maintenance and development of these services will be assumed on 1 July this year.

It is important to bear in mind that the Federation is not a unitary state and that the territorial governments retain the prerogative to exercise certain powers. Health, however, will be the concern of the Federal Government, and for this reason the Federation, having assumed responsibility for external affairs, has sought associate membership of the World Health Organization. The Government of Southern Rhodesia’s jurisdiction in these matters having terminated, it is proper that Southern Rhodesia should cease to be an Associate Member,
particularly as the responsibility for the implementation of international obligations in respect of health now rests with the Federal Government.

The Federation, consisting of nearly half a million square miles of land, is larger than the whole of Northern Europe, if Scandinavia be excluded. The country is wholly within the tropics, but the effects of latitude are mitigated by altitude, for, with the exception of the valley of the Zambezi River which traverses the Federation, the country is a plateau-land several thousand feet above sea level. At present the population numbers only seven million persons, but efforts are being made, with success, to develop the natural resources of the country so that a much greater population may be supported. In the short space of sixty years a peaceful and civilized state has been established where formerly periodic famine and epidemic disease held sway and no man knew security. Much has been achieved with great speed, but we are all conscious that much more remains to be done and that the tempo of progress must be even faster.

One of the most encouraging signs for the future is the enthusiasm with which the local peoples extract the maximum advantage from the rapidly developing educational facilities. Appropriately enough, it is in the field of health that this progress has been most striking, and they are proving of great ability as nurses and paramedical workers. There are already numbers of fully trained nurses and midwives, and doctors are now beginning to come forward to practice their profession for the benefit of their own people.

The difficulties facing us in Africa are considerable, but we are determined to overcome them. Not the least of the problems is that which concerns the health of the population. We take encouragement from the success which we have had in reducing the incidence of diseases such as malaria and bilharziasis.

The outstanding feature of post-war international relations has been the way in which nations have helped each other to achieve progress. This readiness to help is demonstrated most strikingly by the Members of the World Health Organization, and it is a great comfort to the Federation to know that, by its election today to this great organization, it will be assured of ready help in time of need.

I have to express our great appreciation of the honour which has been accorded to us and to assure you that the Federation of Rhodesia and Nyasaland will always strive to be a worthy member of this most distinguished Assembly.

The President: Thank you, Dr Mackenzie. Please extend to your Government my personal congratulations on its being admitted into associate membership of the World Health Organization.

Does any other member wish to speak on this particular subject? If not, we pass on to our next item, Agreement with the Government of Egypt, section 6 of the report. Is there any discussion? Any objection to our adopting this section?

As there is no objection, this section of the report is adopted.

You will recall that you have adopted all the sections of this report except section 3, which you have voted to consider at the next plenary meeting, which is scheduled to begin at 9 o'clock tonight.

8. Third Report of the Committee on Programme and Budget

The President: We will now proceed with the next item of the agenda, Adoption of the third report of the Committee on Programme and Budget. This is to be found in document A7/21. You have agreed to consider this report as an item on the agenda, suspending Rule 51 of the Rules of Procedure, as we did not find it practicable to allow twenty-four hours to elapse before considering it. Since the document was circulated to you late, I shall ask the Rapporteur of the Committee on Programme and Budget, Dr Kaprio, to read the report.

Dr Kaprio (Finland), Rapporteur, read the third report of the Committee on Programme and Budget.¹

The President: Thank you, Dr Kaprio.

We have three amendments to this report. One is by the delegation of the United States of America (document A7/24),² another by the delegation of the United Kingdom of Great Britain and Northern Ireland (document A7/23)³ and another by the delegation of India (document A7/25).⁴

The delegate of the Netherlands.

Dr Van den Berg (Netherlands): Mr President, fellow delegates, on behalf of my delegation I should like to make a statement. Delegates who

¹ See page 430.
² The United States amendment proposed a budget level for 1955 of $9,950,000 and an effective working budget of $8,607,200.
³ The United Kingdom amendment proposed a budget level for 1955 of $10,999,360 and an effective working budget of $9,500,000.
⁴ The Indian amendment proposed a budget level for 1955 of $11,483,270 and an effective working budget of $9,911,100.
were present yesterday at the meeting of the Committee on Programme and Budget will have discovered that the amendment proposed in document A7/23 is the same amendment as was proposed yesterday by the delegation of the United Kingdom of Great Britain and Northern Ireland and my delegation. And because this new amendment is not also proposed by my delegation some delegates may have the feeling that my delegation has changed its mind since yesterday and is no longer in favour of this proposal. Mr President, that is not the case. We are still of the opinion that of all the proposed budget ceilings, the ceiling suggested in this proposal is the best one. But after the perfect rehearsal we had yesterday, my delegation felt that there were no objections to having this ceremony of proposing the amendment carried out by the delegation of the United Kingdom of Great Britain and Northern Ireland alone.

Mr President, my delegation will vote for the United States amendment. If the Assembly were to adopt the budget level recommended by the Committee, my Government could not but take that fact into account when determining its future contributions to extra-budgetary funds for health purposes, including child health, and in particular to Technical Assistance and UNICEF.

The President: Thank you, Mr Harry. The delegate of Switzerland.

Dr Vollenweider (Switzerland) (translation from the French): Mr President, gentlemen, we ought not to introduce new elements at this stage in our discussion of the budget. We would emphasize however that in voting for or against the proposals before us we are not taking any stand for or against a normal and desirable development of the World Health Organization: we are all in favour of its maximum development. That is not the question. What is important is that WHO's activities should be based upon a solid financial basis, that they should not be built upon sand. In this connexion, the important statement by the delegation of the United States of America forces us to recognize that the increase in the budget, as proposed with a very small majority by the Committee on Programme and Budget, would run the risk of placing many Members of WHO in a difficult position and might have unfavourable repercussions on the future of the Organization. This is the Swiss delegation’s opinion on the subject.

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The President: Thank you, Dr Vollenweider. I now call on the delegate of the United Kingdom.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland): Mr President, the United Kingdom delegation has submitted the proposed amendment in document A7/23 in a real effort to reach a compromise between those Members who feel that the effective working budget for 1955 should be much the same as that for 1954, and those who think that there should be a very substantial increase. The proposal of the United Kingdom delegation is that the effective working budget should be $9 500 000, an increase over that for 1954 of roughly $1 000 000. The Director-General’s proposal is for an increase of about $1 800 000. In both cases it is assumed that WHO will take over responsibility for the payment of technical personnel
assigned to joint UNICEF/WHO projects. Acceptance of the United Kingdom proposal would, we think, permit the Director-General to make provision, for example, for the extended use of Spanish, which my delegation regards as a natural and desirable development, and to make provision for other reasonable increases. This view received very considerable support in the Committee. It was in fact defeated by only 2 votes, with 7 abstentions. The United Kingdom delegation feels that it would be in the best interests of WHO for this Assembly to do something to meet the wishes of those Members who feel that the increase in the effective working budget should be somewhat less than that proposed by the Director-General.

The President: Thank you, Mr Boucher. We agreed that we would continue our discussion at 9 p.m. and so we will now adjourn until that time. Before you leave, I shall with your permission ask one of the vice-presidents to preside tonight. According to Rule 27, where the President or vice-president acting as president has to vote, he may ask someone else to act in his place, in order that he may have the opportunity to vote—because you have not given your President the right to vote. I will ask, therefore, Dr Hurtado to preside over our meeting tonight. The meeting is now adjourned until 9 p.m.

The meeting rose at 6 p.m.

SEVENTH PLENARY MEETING

Friday, 14 May 1954, at 9 p.m.

Acting President: Ambassador F. Hurtado (Cuba)

1. Third Report of the Committee on Programme and Budget (continued)

The Acting President: Fellow delegates, the Assembly is in session.

First of all I want to express my deep appreciation to the President, Dr Togba, for his kindness in permitting me to preside at this meeting. I hope that we shall have sufficient time in three hours to discuss all the questions, and I would request speakers to express their arguments without making their speeches too long.

We continue the discussion on the third report of the Committee on Programme and Budget. As you know, we have three amendments on this question—one from the United States, one from the United Kingdom and another from India. We have here four speakers to discuss this question. First, the delegate of India.

Sir Arcot Mudaliar (India): Mr President, the subject has been discussed threadbare in the Committee on Programme and Budget where, owing to the plenary session's condescension, members of the Committee on Administration, Finance and Legal Matters were also able to be present and to hear all the arguments. The Indian delegation feels, therefore, that very little purpose would be served by continuing the discussion, in the light of the very detailed consideration that was given to the subject at that meeting, and, left to itself, the Indian delegation would have preferred to have had a straight vote on the proposals before this plenary meeting. But as the Indian delegation has introduced a proposal at the plenary meeting, and for the sake of those few members who might not have been present at the meeting of the Committee on Programme and Budget, I crave your indulgence, Mr President, for just a few minutes to explain the proposal.

The Indian proposal suggests that the effective working budget for 1955 shall be US $9,911,100. If I may be permitted to explain, Mr President, this figure has been arrived at from two considerations. We believe that without unduly disturbing the budget and programme presented by the Director-General and approved by the Executive Board, we may, out of regard for those who feel otherwise, suggest a reduction of $400,000, which will affect new
projects that may have to be undertaken. The Indian delegation took the view that projects that are already in operation and projects for which commitments have been made by the World Health Organization with Member States should continue, both for the good of WHO and for the reputation it maintains with its Member States in regard to its programmes. On this basis, therefore, a reduction of $400,000 has been suggested. We have also taken into consideration the possibilities of an approach to UNICEF. As you will recall, the Executive Board suggested, and the Director-General has included in the budget, the provision of about $620,000 to be paid for those joint programmes with UNICEF. The Indian delegation appeals to the UNICEF Executive Board to see to it that this is spread over two years, that in the first year, i.e. in 1955, the arrangement should be that the World Health Organization should provide for a sum of about $300,000. We believe that if in effect a saving of $300,000 were to be made, and this can be included under the casual income, then the responsibility for meeting an effective budget would be reduced by a figure of $700,000, which would be just $100,000 more than the proposal of the United Kingdom, with the additional advantage that it would not in any serious manner affect the budget.

Most of the States are concerned with this or that particular aspect of the budget being affected. The Indian delegation feels that it is not desirable at this stage—although it takes due note of all the various circumstances under which some of the delegations have to face the responsibilities for an increased budget—that it will not be in the interests of the World Health Organization to affect the budget seriously. The Indian delegation is fully aware of the responsibility, and while, so far as it is concerned, it is quite prepared to bear the responsibility of the contributions that it will have to make even if the Director-General's budget were to be approved, the Indian delegation has put forward this proposal as a gesture of compromise and goodwill to those Member States who have difficulties.

The Acting President: Thank you very much, Sir Arcot. The next speaker is the delegate of the United States of America.

Dr Keefer (United States of America): Mr President, members of the Assembly, my purpose in asking to speak at this juncture is to introduce the United States amendment to the budget ceiling proposal recommended by the Committee on Programme and Budget. The effect of this amendment would be to place assessments on all governments for 1955 at $9,000,000, with a total budget of $9,950,000.

I should also like to make quite sure that there is no misunderstanding of the United States position on this issue. I am a newcomer to this organization, Mr President, as indeed I am to the field of government. As such, I can perhaps say objectively and frankly that I do understand the disappointments which some delegations believe might be created by adoption of the United States proposal. The United States delegation will do its utmost to interpret at home such decisions as this Assembly takes. Our interest in the World Health Organization is a truly sincere one. But I must say to you equally frankly that the task of obtaining increased United States support for the World Health Organization will be made more difficult, if it is not altogether prejudiced for a number of years to come, should we endorse here today the decision taken yesterday in the Committee on Programme and Budget. It seems to me that a decision to raise the financial obligations of Members which is voted by less than half of the countries present in a major committee meeting cannot give the Director-General a feeling that there is the support which he ought necessarily to have for a substantially expanded budget. While most of us here are physicians, we represent and speak in the names of our respective governments. The budget adopted by this organization has financial repercussions for all governments; decisions taken here are not only affected by the overall general budget policy of every government but they in turn have considerable impact on that policy. Much as we, as doctors, might like to see preferential treatment given to international health programmes in the bid for national funds, we must recognize that our governments of necessity regard this as but one aspect of the general programme of promoting the welfare of their own citizens, as well as those of other countries. If the World Health Organization were to adopt the precipitous increase in the budget which is proposed by the Director-General, such a decision would not only have adverse effects in the United States as far as the World Health Organization is concerned, but might well produce repercussions on other programmes in the United Nations family. From all that has been said I do not believe that this would be limited to the United States; in fact the Australian delegate made it quite clear this afternoon that such a decision might have a very direct effect on voluntary contributions by his Government to related programmes. The United States delegate in the Committee on
Programme and Budget stated on Wednesday that our objective must be to "ensure that the Organization's rate of growth both corresponds to its capabilities for effectively carrying out programmes and does not place obligations on its Members which they are unable or unwilling to assume. Only if Members of the World Health Organization adhere carefully to this policy can we hope to build the confidence and support so necessary to the success of our international organization."

Yesterday's proceedings lead me to stress another factor which is essential to the creation and maintenance of confidence in the World Health Organization. This is that important decisions must be responsibly taken, clearly, decisively, all in the open. On a matter as important as a budget decision, which affects the financial contribution of every country, it seems to me essential and right that every government should know the views of every other government. Also, in the absence of a two-thirds rule for the adoption of a budget, such as is in use in other United Nations agencies, it is essential that the accuracy of counting in the case of close votes should not be subject to question. For these reasons, Mr President, the United States delegation proposed a roll-call vote yesterday in the Committee on Programme and Budget when voting the budget ceiling. And whilst we do not ask for a roll-call vote tonight, we do express the wish that future Assemblies will consider and improve our procedures for voting our budgets in the future.

The Acting President: Thank you, Dr Keefer. And now the delegate of Ceylon wishes to come to the rostrum.

Mr Amerasekera (Ceylon): Mr President, it seems rather hard on us to have to re-live the gruelling debate we had to face yesterday in the Committee on Programme and Budget. I do not intend to go into all the detailed arguments that have been advanced for and against the adoption of the budget ceiling proposed by the Director-General. I am only suggesting that delegations here tonight, voting on the amendments to the proposal adopted by the Committee on Programme and Budget which are now before this Assembly, should bear in mind not only on the one hand the effect that a decision taken by this Assembly in regard to that proposal would have on a minority of governments, but also its effect on the majority of governments to which this organization has made an appeal and from which it has received its support. It would not, I feel, be in the best interests of this organization that its activities and their practical application should be left to the influence of the domestic policies of any government to such a large extent that the purposes for which this organization was created would be nullified by them, whatever they may be. It surprised my delegation, Sir, that these amendments have been placed before this plenary meeting, not quite in keeping with parliamentary procedures that I am sure have been followed in the countries from which the delegations which have proposed these amendments obtain.

We would have thought, Sir, that once the matter had been decided in the Committee on Programme and Budget, this Assembly would have not had to go through awkward procedures once again. The effect of the cuts proposed by the United States delegation would, as was pointed out by the Director-General in his explanation to the Committee on Programme and Budget yesterday, place this organization in the most unenviable position. They would result not only in serious and lasting damage to the reputation that this organization enjoys among all countries in the world, but also in seriously harming the very set-up of the Organization. The point I would like to make, Sir, is that where programmes have been accepted by governments, and preparations made and funds set aside and even partially used for putting those proposals into effect, those governments would be faced with the fact that the Organization, as a result of these cuts, would have to withdraw projects already in operation in their countries, with consequent wasted expenditure on repatriating experts sent to the countries, with serious loss to the governments themselves because they have already expended money on some of those projects; and, finally, that the Organization itself would have to retrench some of its staff. That is a matter that should be given serious consideration by the delegations present here.

If it is the feeling of this Assembly that this organization cannot accept responsibility for improving the health of the world, the logical action to be taken is that the Organization should be wound up. If the acceptance of its principles is not to result in practical application of those principles, then the humble view of my delegation is that the Organization need not exist. That, Sir, is why my delegation feels very strongly about the cuts proposed. I do not wish to spend much of the time of the Assembly on lengthy argument, but I appeal to all delegations here that in considering these amendments they should be guided only by first principles, and that in accepting a cut in the budget proposed by the Director-General they should ask themselves whether
they are fulfilling the purposes for which this organization was created, or whether they are sounding its death knell.

The Acting President: Thank you, Mr Amerasekera. We are now ready to hear Dr Evang of Norway.

Dr Evang (Norway): Mr President, fellow delegates, we all understand that this is a very serious turning-point in the history of this young organization. The Director-General has stated on several occasions, very clearly—you might even say in a brutal way—how serious the position is. He says it is a crucial moment in the history of WHO's development; he has also used the expression, "the most serious situation in which WHO has found itself so far". I think he is right. I know he is right, because I have seen the work of this organization in various fields, and I know what it would mean if at the present time we curtail the activities of this organization and cut out programmes and activities which countries are not only waiting for, but which they have already more or less had promised to them.

On two occasions during the last year we have had to cut out such programmes. More than 150 field projects have been cut out—field projects which were already under way, where countries had already made preparations, incurred expenditure, prepared individuals and administrations of their own countries, locally and centrally; of course the Director-General is right in stating that such a situation must not occur again. Every dollar which is contributed to this organization is spent with the most painstaking care, and I think that it would be very difficult indeed to find any organization getting so much out of so little.

I am not going to prolong the discussion very much, Mr President, but I have just a few words to say about the real difficulty in this respect, which is the attitude which has been so kindly but also so firmly expressed to us again today by the chief delegate of the United States of America. We know that the difficulty is this, that if today we vote a budget for WHO which brings the United States contribution above the ceiling which has been fixed by Congressional Act it is, in the opinion of the United States delegation here, to be feared that that will bring repercussions for WHO. Even the words "serious repercussions" have been used. Now we have only one answer to give to that. We do not of course blame the United States delegation for putting this quite clearly to us. We know they are friends of WHO, as we know their country is, but our answer, at this crucial turning-point of the Organization's history, can only be one—that we want to know exactly whether what the United States delegation believes is true, namely that the United States Congress will turn us down. And there is only one way in which this organization can know, and that is to bring this matter before the United States Congress. This we can do with a hundred per cent. certainty only by voting a budget which springs the ceiling of the United States. I for one am completely unwilling, until I see it in print, to take it for granted that the United States Congress will not support WHO. Why should they turn us down? Have they done so before? Has any criticism been raised in the United States Congress? At least we have not heard of it. Certain other international bodies have been criticized we know, but not WHO. On the contrary, according to all information so far available to us, there has been a most friendly attitude towards WHO in the United States of America. Therefore I am not afraid of a decision in that most important legislative body. The US Public Health Service should be able, I think, to present our case to its own Congress. Let me just briefly summarize the pertinent points.

First, since 1952 there has been no increase in the money available to WHO for international health work. On many occasions the wording "increase in the budget" has been used. The United Kingdom delegation, and several others, have spoken about that, and of course as regards terms they are right. Terminologically you can speak in terms of regular budgets, and then there is an increase, but in fact there has been a stabilization of the budget of this organization since 1952, as clearly pointed out by the Executive Board. And I think that the United States Congress, being practical people, know that what counts is the total amount of money which you have at your disposal for actions, regardless of where it has come from. I would like to mention the figures: in 1952 we had $13 921 000 to spend. In 1953 we had somewhat less—$13 631 000; in 1954 the figure was cut further to $13 432 000. If we accept the budget of $13 911 000 proposed to us by the Director-General and endorsed by the Executive Board, we shall not yet be up to the figure of 1952. Now if you take into account the statutory increases, that more countries have joined the Organization in 1952, and finally that prices have continued to go up, you will understand that even accepting the budget proposed to us by the Director-
General and the Executive Board will in fact mean a curtailment of the total activities of this organization. That is point one.

The second point is this, and to my mind it is the most important one to bring to the notice of that very important legislative body. On two occasions the main committee or main committees dealing with the budget ceiling of WHO (in which all Member States participate, as you know) have by a majority vote declared themselves willing to increase their contributions to WHO. On two occasions by majority vote this committee or these committees have voted a budgetary ceiling which would bring the United States contribution above the special ceiling which the United States Congress has fixed.

The occasions to which I refer are, of course, the joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters in 1952 where, by a majority, a budget was voted which would have brought the United States contribution above the ceiling; the other occasion was yesterday in the Committee on Programme and Budget. This means, as I said, that the majority of Members voting declared themselves willing to increase their contributions to WHO, to permit this organization to develop in a natural way or at least to be in a position to stabilize its activities. To put it in other words, by maintaining the ceiling, the United States has been preventing, and is at present preventing, a considerable number of countries—in fact a majority of the Members voting on the two occasions mentioned—from increasing their contributions to WHO.

This seems to me to be in strict contradiction to the great traditions of the United States Government in this field. As we all know, the United States of America has been by far the most generous contributor towards international work in the humanitarian and technical fields. On many occasions the so-called matching principle has been accepted by the United States Government. That means that, if another government puts up a certain amount of money, the United States Government has said beforehand that it will match that amount by a larger amount. This has been done, for example, in connexion with the contributions of governments to UNICEF; it is true also for the central funds of Technical Assistance. Inside the United States also we know that the Federal Government of the United States takes this attitude towards the States. Federal grants-in-aid are often given if a State is able and willing to match that contribution with its own. This, Mr President, is of course a most fruitful and recommendable method which has also been applied by many other governments. I wonder therefore whether the United States Congress is fully aware that by maintaining the ceiling they are in fact applying the opposite principle, namely of discouraging, even of preventing, a great number of countries from increasing their contributions to WHO. Somebody might say that the majorities on these two occasions were only slight, only a few votes on the majority side; yesterday the vote was 28 to 25, and two years ago it was something of the same kind. But then it should be taken into consideration that if the United States of America had supported the proposal which was carried by a majority vote, then without doubt that majority would have been very much larger. Knowing the great importance which is attached to the decision of the United States by a great number of countries one could even hope that, if the United States had supported the majority proposal, it might have been accepted unanimously, or that something very close to unanimity might have been reached.

Thirdly—and this is a very delicate point, Mr President, but I think it is my duty to touch upon it, since I have entered this field—as was expressed in such a beautiful way by my very good friend from Brazil yesterday, it is not only a question of hurting WHO: it is also a question of hurting the United States of America. We all recall, those of us who are present here in this hall, that when the Assembly six years ago decided (unanimously, I think it was) to waive formalities and accept the United States of America as a full Member of this organization in spite of the fact that the Act passed by Congress was not in accordance with the Constitution of WHO, at the same time the hope was very strongly expressed by several Member States that the United States Congress would at a very early moment find an opportunity to reconsider its position on this point. Several years have elapsed since that. The ceiling was lifted once, in 1950, four years ago, but since that time nothing has happened. We have been extremely patient, we have listened to our friends in the United States delegation, we have given time and we have given time again. Now there is no way round it. Since the Technical Assistance money has not been forthcoming this organization is faced with a most serious setback if the problem is not solved. Nobody has been able so
far really to point to a realistic solution if the budget is cut. As you know, if the United States proposal is accepted today by the Assembly, the Organization will not even be in a position to meet the statutory increases and will face a most serious situation. If any cut is made, the Director-General will find himself in a most precarious situation, which he has described to us.

Of course the first item which will come into the danger zone if we follow the advice of the Executive Board will be the further steps towards the increased use of the Spanish language. The Executive Board expresses itself on this point (I quote from Official Records No. 53, page 23):

...the Board is cognizant of the fact that a reduction in this item would have a less immediate effect on the programme than would a reduction in other items which have resulted in the proposed budget increase.

I for one would strongly advise against such a cut at the present time, and I think all the Spanish-speaking countries would regret it very much if now today, when we have just accepted the kind invitation of Mexico, we were not able to meet that request from those countries.

Where could we cut? We have heard the statement of the Chairman of the Executive Board of UNICEF; we know what the position is. We respect the position of that organization; we understand it. Australia has mentioned that if it has to contribute more to WHO it might contribute less to UNICEF. All right. If it contributes a total amount which is not cut down, what is lost? The money is going for humanitarian and health work in the world, is it not? But WHO cannot stand a cut at this time. A small cut would not hurt UNICEF in the same way in my opinion. I would accept that.

I will conclude, Mr President, by reminding you that international organizations are frail structures. If we have learnt anything since the days of the League of Nations and during the years in which the United Nations and its agencies have been working, it is that they are very frail structures indeed, very easy to criticize, very easy to neutralize. They are for some reason or another easy to frustrate, and easy to destroy. How long shall we go on, like children, first building up the beautiful building, and then just overturning it before it is finished and taken into use? Regardless of how you turn and twist figures and arguments, the situation is that if you do not accept the budget suggested by the Director-General, endorsed by the Executive Board, and accepted by a majority vote yesterday by the Committee, you will hurt this organization, you will prevent it from developing, you will prevent it even from stabilizing its activities, and you will disappoint a very great number of countries.

Therefore, I appeal to you all, all of you who are not under such strict instructions from your governments that you have to vote for one suggestion or another, to all of you who are still free to form an opinion and to follow your conscience: please think twice before you vote tonight. I said that I had had the opportunity to see the work of WHO in the field. I have seen it in the Eastern Mediterranean area, I have seen it in the South-East Asia Region; and I must say that I would not for many years of my life have lost that opportunity of seeing an international body in operation where it is needed. It has, I must say, changed in many ways my views on international health work. I believed in it before, as you know, I have been hoping for it, I have been working for it. But there I could see that we had succeeded; there I could see that finally it had been possible for nations to get together and do a job; there I could see that we were met with trust, with hope, with faith; there I could see that all these political differences, religious differences, all that keeps us apart, had disappeared, and that in these few years it has been possible to establish an organization which is really able to do a job at a very low cost.

Many of you unfortunately will have to state that it is very difficult for your governments to pay these contributions. Well, of course, we all have our instructions, but we know that this is not primarily a financial problem at all. It is no real financial problem among eighty-one nations to collect $13 000 000. If we will, if we for one moment believe that something can be done, then it is not difficult. It has happened very seldom that a plenary meeting like this has changed a majority decision taken by one of its main committees after prolonged discussion. It has happened, but not very often. When it happens, therefore, it means more than if the same decision had been reached in the main committee. And that is one more reason for my appealing to you all to endorse the majority vote of yesterday.
The Acting President: Thank you, Dr Evang. We appreciate your remarks very much. Any further discussion? The Director-General.

The Director-General: Mr President, honourable delegates, I am really sorry to have to speak again. I realize that you are tired, I realize that I said enough yesterday. But the situation is such, and I feel such responsibility, that I cannot avoid making a few more remarks.

Mr President, I pointed out yesterday what would happen if the several proposals you have at present before you were approved. Mention has been made here of the result of the voting yesterday. The situation today is not comparable with the situation in the past. When the budget of 1952 was discussed and the decision was reversed by five votes, the situation was a little different from the situation of today. The Executive Board of the Organization had intercepted the budget of the Director-General and had proposed an entirely different budget. The situation today is a little different. The Executive Board has concluded as follows:

It was the opinion of the Board, after its detailed review of the budget, that the proposed programme of WHO for 1955 would be seriously impaired by any significant reduction in the Director-General's proposal, unless... then there are mentioned the points where cuts could be made. These points are, as you will remember: the question of reimbursement by UNICEF, the question of postponing the increased use of the Spanish language, and full assurance that Technical Assistance would provide funds to cover specific country projects provided for in the proposed regular budget. During the discussions here no delegate has made any proposal corresponding to one of those solutions.

Mr President, I could not avoid speaking today after having heard several delegates this afternoon clearly state that they support the proposal of the United States delegation. That means a budget of $9,950,000, but an effective working budget of $8,607,200—there is a small difference: we are going to have in hand only some $8,600,000 if the budget of the United States is approved.

But I was a little confused: I tried to understand the statements of this afternoon, and at the same time I was looking at a document you are going to analyse, document A7/P&8/B/10, on the question of financial relationship with UNICEF. The Executive Board of UNICEF, if I may remind you, is a body of representatives of governments. Twenty-six governments were present at the meeting of UNICEF in March, two months ago. Of these twenty-six governments, twenty-four are here today. We hear from the report of UNICEF that it is the decision of the governments that we should pay for the technical personnel in joint projects. Mr Rajan, the representative of the UNICEF Executive Board, has clearly stated to us that this is not the opinion of some members of the Board only, but the opinion of the whole Board. I cannot understand how we can pay $600,000 for personnel in the joint projects with UNICEF and, at the same time, have a budget that will not provide even for statutory increases. I cannot understand, Mr President; perhaps it is my fault, but I do not know exactly what the situation is.

It was said here that we would have very serious repercussions in certain countries and that the repercussions would cause other agencies of the United Nations family to suffer. Mr President, I have exactly the same point of view, but I draw entirely different conclusions. The fact that WHO is going to have to stop projects, to make governments change their plans after contracts have been signed and after projects have been started, is going to bring great discredit on this organization in very many countries. And it is my feeling that this discredit will be extended to many other specialized agencies of the United Nations. It was mentioned here, yesterday by myself and today by Dr Evang, that the countries have made plans and have put money into projects; the fact that we are going to discontinue these projects will be a very serious handicap.

Mr President and other honourable delegates, you have in your hands four proposals. The proposal of the Director-General is the one that permits the Organization to carry out the programme that appears in Official Records No. 50, with some cuts to cover projects transferred from Technical Assistance to the regular budget. You have before you other proposals that will create very serious difficulties for your Director-General. But under the proposal of the delegation of the United States of America I do not know how I can carry out my obligations. Mr President, I do not know what will be the decision of the honourable delegates, but I want to emphasize that we have to face a very serious responsibility. I am prepared to assume the responsibility, as Director-General, to carry out the decisions you take here. I will carry out your decisions wholeheartedly and faithfully, but please

1 Reproduced in Annex 8
understand the difficulties to which you are going to put your Director-General and the hardship you are going to bring to the Organization.

The Acting President: Thank you, Dr Candau. Well, fellow delegates, we have heard different comments and remarks from more than nine speakers, including the last very clear explanation from our Director-General. Now the moment has come to take a vote and pay very careful attention to this question which, it seems to me, is of the greatest interest for the future life of this organization. The first amendment is that introduced by the delegation of the United States of America. We have to vote on this amendment.

Will those in favour of the amendment show their cards? Against? Abstentions?

The result is as follows: In favour, 21; against, 35; abstentions, 6. The amendment is lost.

The second amendment is that presented by the delegation of the United Kingdom and supported by other countries.

Those in favour? Against? Abstentions?

The result is as follows: In favour, 28; against, 24; abstentions, 7. This amendment is carried.

2. First Report of the Committee on Administration, Finance and Legal Matters (continued)

The Acting President: We now come back to the question that was postponed until tonight, the matter contained in document A7/26, which reads:

The delegates of Canada, the Philippines, the United Kingdom of Great Britain and Northern Ireland and the United States of America propose the adoption of the following resolution, on future scales of assessment:

The Seventh World Health Assembly
1. Recommends that the Eighth World Health Assembly give favourable consideration to methods for assessing Members which participate in the work of the Organization only for the amount of the effective budget in 1956 and subsequent years, the assessments of the other Members to be over and above this amount;
2. Requests the Executive Board to study this question and submit specific recommendations to the Eighth World Health Assembly; and
3. Invites the Member States which have not been actively participating in the work of the Organization to resume full participation at the earliest date.

The real document is A7/19, First report of the Committee on Administration, Finance and Legal Matters, section 3—Scales of Assessment for 1955, 1956 and 1957. The discussion is open on this item. Are there any comments? Professor Ferreira.

Professor Ferreira (Brazil): Mr President, fellow delegates, you have before you a joint resolution presented by several delegations referring to the scale of assessment. This was a matter that was transferred to the night session in order to be fully discussed. I want first of all to call your attention to document A7/26 Add.1, in which you can see that the Brazilian delegation has decided to support that proposal, in which it was not initially included. In doing so it was the intention of the Brazilian delegation to support the study of the assessments for 1956 and 1957 (which is under consideration as section 3 of the report of the Committee), this subject including the position of the inactive Members.

Fellow delegates, we are just coming out of one kind of a war to start another, and that, it seems, is a consequence of the neighbourhood of other difficult things that are going on in the world, such as the Asian Conference now in this same building. Anyway, we must now face the problem of assessing or not assessing a lot of Member States.

There are two approaches, a political one and a practical one. I must state very clearly that the Brazilian delegation, when taking a position on this subject, did so on purely financial and administrative grounds. You may have interpreted it rightly or wrongly, but the proposal that was signed by the Brazilian delegation was definitely intended to have the subject properly dealt with at the Eighth World Health Assembly, in order to avoid a fictitious position such as we have been working in for years—assessing Members that we know are not going to pay their contributions, and then having two budgets, a ghost budget and a working budget. I think that this position cannot go on in this organization, and that it is an obstacle to normal administration. The intent of this resolution is very clearly stated, and if you have nothing at the back of your minds, that proposal must and can be accepted.

I call your attention, fellow delegates, to the first report presented to you by the Committee on Administration, Finance and Legal Matters (document A7/19), section 3. In the wording of that resolution not a single comment is made about inactive Members. What we intend by our resolution

1 Reproduced on page 436.
is that we should face the problem, not keep putting it off and never taking a decision on it. I am not a lawyer and I do not know exactly what you are going to clarify; but the decision to accept the proposal presented by the United States, by the United Kingdom, and subscribed to by Brazil and the Philippines, has a very clear intention. My good friend, Dr Evang of Norway, when he commented on this subject, spoke about a back-door proposal. As far as the Brazilian delegation is concerned, this is just a clear and transparent resolution that is going to help future Assemblies in building up their own budgets properly.

The Acting President: Thank you, Professor Ferreira. The delegate of India.

Sir Arcot Mudaliar (India): Mr President, I must apologize for appearing again and keeping up this house at this late hour, but the importance of this subject warrants some further consideration. The Indian delegation was surprised, when it came to the plenary meeting this afternoon, to find before it document A7/26, after all the discussions that had taken place for almost a week in the Committee on Administration, Finance and Legal Matters and in the Committee on Programme and Budget. It was the opinion of the Indian delegation that other delegations had realized that a matter of some importance, where the governments concerned had not had an opportunity to express their opinion or to give special directives to the delegations here, would be deferred for at least one year. It was in this hope, and with this feeling, that a compromise formula was arrived at at with regard to the scale of assessment which is in document A7/19. It was then clearly understood that this question of non-active Members would not be immediately brought forward, but that its consideration would be deferred until the Eighth World Health Assembly, with a view to giving an opportunity to the governments of Member States to express their opinions. Now, Mr President, this is not a mere theoretical question: it is a question of some importance. In the opinion of the Indian delegation, full opportunity should be given, not only to the governments of the Member States concerned but to the governments of the so-called inactive Members also, to consider their position in the light of these talks. The Indian delegation felt, as some other delegations did, that it was most inopportune to bring any conclusions at this stage, in view of certain trends and certain obvious facts to which the attention of many of the delegations must have been drawn in recent days. One of the inactive Members, which had kept aloof from a number of other specialized agencies, found itself in a position within the last few weeks to sign an agreement and enter into relationship with a particular specialized agency; further progress within the last two days will have made it clear to a number of delegations that not only has that particular Member joined, but that other Members, which are inactive Members of our organization, have also joined.

It may be argued that there is nothing in this particular proposal, and that in fact paragraph 3 of document A7/26 does invite the Member States which have not been actively participating in the work of the Organization to resume full participation at the earliest date. I should like, however, to draw the attention of the Assembly to the first paragraph, where it is stated that the Seventh World Health Assembly recommends that the Eighth World Health Assembly give favourable consideration to methods for assessing Members which participate in the work of the Organization... etc. As has already been stated by the distinguished delegate of Norway, I feel that the expression used is not sufficiently clear and that it will be difficult exactly to define which are those Members which participate in the work of the Organization and should be assessed in the proper way. But, apart from that, I feel that the expression "favourable" forestalls the decision of the Eighth World Health Assembly and does not give a reasonable opportunity for all those opinions which are to be gathered for a full and free discussion at the Eighth World Health Assembly and for the conclusions to be arrived at. Let me take paragraph 2: "REQUESTS the Executive Board to study this question and submit specific recommendations to the Eighth World Health Assembly...". I am surprised at this recommendation to the Executive Board because, Mr President, you will notice from Official Records No. 52, page 138, that the Executive Board has studied this question and has put forward a definite recommendation in the alternative method known as Method II, which is the method suggested in this particular resolution. I do not see what further study the Executive Board can possibly make and what would be the usefulness of referring such a matter to the Executive Board.

Because of these considerations, Mr President, the Indian delegation feels that it is absolutely necessary to amend this resolution so as to make it effective in the sense in which the compromise formula was arrived at at the meeting of the Com-

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1 See minutes of the second, third, fourth, fifth, sixth and seventh meetings of the Committee on Administration, Finance and Legal Matters.
committee on Administration, Finance and Legal Matters. With this in view, the Indian delegation proposes to this conference that the following amendments be inserted in document A7/26: First, in paragraph 1, delete the word “favourable”. The paragraph would then read:

RECOMMENDS that the Eighth World Health Assembly give consideration to methods for assessing Members which participate in the work of the Organization only for the amount of the effective budget in 1956 and subsequent years, the assessments of the other Members to be over and above this amount.

The next amendment that the Indian delegation proposes is in regard to paragraph 2, for the reasons already stated. This paragraph, if the amendment is incorporated, will read as follows:

REQUESTS the Executive Board to ascertain the views of Member States in this connexion and to study the replies and submit a report based thereon to the Eighth World Health Assembly.

The last paragraph may remain.

Mr President, the objective of the Indian delegation is to go as far as possible towards meeting the views of some of the Members, particularly those which are responsible for this particular document, but at the same time make it clear that, as we are placed at present, it will be exceedingly difficult for many of the delegations, without a definite mandate from their respective governments, to proceed much further than has been indicated in the amendments which I have had the privilege of moving on this occasion.

Mr President, I would request you that, just as you or your predecessor has been pleased under Rule 50 to allow the consideration of this resolution, waiving the due period of notice, you may be pleased under the same rule to accept this amendment and to place it before the plenary meeting. The rule that I quote, the last sentence of Rule 50, reads as follows:

The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day.

I beg to submit, Mr President, it was through no fault of the Indian delegation that it was not able to comply with the due period of notice, and for this reason I would request you to allow this amendment to be considered by the Health Assembly.

The Acting President: Thank you, Sir Arcot. The delegate of the United States.

Dr Keefer (United States of America): I should like to state that the United States delegation would be pleased to accept the amendment presented by the honourable delegate of India. In the Committee on Administration, Finance and Legal Matters, the United States proposed an amendment to the resolution which is before you. It was designed to relate the 1955 scale of assessment to the effective budget of the Organization and to eliminate the present practice of basing assessments on a fictitious budget. We pointed out at that time that it was unsound and detrimental to the Organization's interest to continue to ignore the financial effect of the refusal, for over three and a half years, of nine Members to participate in the Organization's work. We further pointed out that this was resulting in the largest contributor paying a considerably higher proportion of the regular expenses than the 33⅓ per cent. agreed by the Second World Health Assembly. It was stressed then, and I stress it again, that the United States considers it both unjust and unwise to be asked to increase its cash contribution to WHO before steps are taken by this Assembly to rectify the situation. The United States proposal in the Committee on Administration, Finance and Legal Matters was that this readjustment be made in 1955. We pointed out that if the 1955 budget were maintained at the 1954 level, the system of false budgeting and inequitable assessments could be eliminated without proving any greater financial burden on Members than the Director-General's proposals. While the United States proposal would have reduced the income below the level requested by the Director-General for 1955, it would have provided a substantial increase over 1954, namely $800 000. Moreover, it would have put the Organization on the sound financial footing which, as far as the United States is concerned, is a precondition to future increased contributions and expansion.

Our proposal unfortunately failed to carry. I fully recognize that it was a complicated one, and that time and limited discussion have perhaps not permitted the full consideration which such a proposal merits. As a consequence, my delegation reluctantly decided not to press the matter further this year and has joined with the delegations of Canada, the Philippines, the United Kingdom, and Brazil in jointly sponsoring the compromise resolution which is before you. I earnestly hope that it commends itself to you as a reasonable and financially sound proposal. I would like to add that this proposal does not affect the resolution in section 3 of document A7/19. But since it relates to the
scale of assessment it might, if adopted, become part II of the resolution rather than paragraph 4 of section 3 of the report.

The ACTING PRESIDENT: Thank you, Dr Keefer. Before continuing the discussion about this point, I should like to know if the delegations of Canada, the United Kingdom, the Philippines and Brazil, as sponsors of the draft resolution, are in agreement with the amendment presented by the delegate of India, because the United States has accepted this amendment.

Dr Robertson (Canada): Mr President, after consultation with the delegates of the Philippines, Brazil and the United Kingdom, and speaking on behalf of the delegation of Canada, I am pleased to tell the Assembly that we are quite willing to accept the amendment proposed by the delegate of India.

The ACTING PRESIDENT: Are there any objections? If there are no objections, I would like to continue the discussion and call to the rostrum the delegate of Australia.

Mr Harry (Australia): Mr President, the delegation of Australia is very glad that India proposed the amendments which have now been accepted by the sponsors of the resolution. We feel that it would have been a mistake to have prejudged, in effect, the study which the Executive Board is to make under this resolution, and which we hope will lead to a considered verdict by the Eighth World Health Assembly.

However, Mr President, the resolution as it now stands does prejudice one other question to which my delegation attaches some importance, that is, the question of what should be done with the assessments of the "other Members" referred to in the last phrase of paragraph 1 of the resolution. Those delegates who were present in the Committee on Administration, Finance and Legal Matters will remember the Australian point of view on this question. We pressed it to some extent, Mr President. We would propose now, so that the way may be left open to deal with the question of the assessments of the inactive Members—the "other Members"—that the word "the" in the second last line of paragraph 1 should be changed to "any". In other words we feel that the Executive Board should consider the constitutional and the practical question of assessments of other Members, of the inactive Members. The Executive Board would consider whether it would not be desirable, in order to help bring these inactive Members back into activity, to assess such Members at a nominal figure. Possibly even to make some recommendation about the arrears which are standing to their debit. Therefore, Mr President, I hope that that change of one word, although it is a considerable change of substance, will be accepted by the sponsors of the resolution in the same way as the amendment proposed by the representative of India.

The ACTING PRESIDENT: Thank you. The delegate of Ceylon.

Mr Amerasekera (Ceylon): Sir, when this matter was taken up in the earlier meeting I inquired about the position of this amendment in regard to the application of Rule 50. I have still not been enlightened on the matter and I would like to know what the decision of the Chair is.

The ACTING PRESIDENT: Before we continue, I should like to know if the original sponsors of the amendment accept the amendment now introduced by the Australian delegation as they have accepted the amendment introduced by the Indian delegation.

No objections? Then we can continue with the discussion. The delegate of Norway.

Dr Evang (Norway): Mr President, fellow delegates, as you will no doubt have understood, my reason for intervening earlier today was that we needed clarification on the resolution which had been fathered by these delegations. Such clarification has now been given, and I for one am very thankful to the delegates of India and of Australia for having clarified this matter. I feel, under the circumstances, that I would be glad to support the resolution in its present form as amended by the delegations of India and Australia. In a conversation with a member of the United States delegation after the last meeting, I understood the resolution would not be an amendment to section 3 of our document A7/19 but a separate resolution as suggested to us here, and under those circumstances, I would be very glad to support it.

To my mind then, the procedure might be to vote on section 3 of the first report of the Committee on Administration, Finance and Legal Matters first, and then to vote on this resolution as a separate item.

The ACTING PRESIDENT: Thank you, Dr Evang. The delegate of Argentina.

Dr Segura (Argentina) (translation from the Spanish): Mr President, our delegation will vote in favour of the proposal which appears in document A7/26 as amended by India and then by another delegation. We base our decision on exclusively financial considerations: we believe that by fixing the amount of the budget at a figure that reflects...
the true situation in regard to contributions, we are acting in the best administrative interests of the Organization. I am not sure that it would not be advisable to have the amendments proposed by India and by the other delegation drawn up in a definitive form and presented to delegates before a vote is taken.

The Acting President: In connexion with the question raised by the delegate of Ceylon about Rule 50, may I say that the last sentence of Rule 50 is this:

The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day.

That is the reason we have accepted all these amendments just now.

Is there any further discussion? The delegate of South Africa.

Mr Sole (Union of South Africa): Mr President and members of the Assembly, I do not wish at this stage to address my remarks to the joint resolution or amendment proposed by the United States and other delegations, but to the amendments submitted by the South African delegation in another paper which you have before you, A7/20. The first of those amendments, as indicated in the covering explanatory note, is intended merely to remove from the draft as presented by the Committee on Administration, Finance and Legal Matters some of the analogies. It is a change which has been drafted in consultation with the Secretariat and I wish, hope, have your unanimous acceptance. The principal purpose of the following two amendments is to avoid if possible a situation arising at Mexico City where there would be another long and protracted debate on the scale of assessment, possibly resulting in postponement for another year of a definitive decision in this matter. Should such a further postponement result from the Mexico City discussion, I must say quite frankly, Mr President, that my Government and, I am sure, many other governments, would regard it as a serious reflection on the financial and administrative competence of the World Health Assembly. In such circumstances, if after four successive Assembly sessions—and the eighth session will be the fourth one at which this matter will have been considered—if in those circumstances no definitive decision has been taken, it may well be that a number of governments will have to consider fixing their percentage contribution on a unilateral basis because this Assembly has failed to reach a definitive decision.

I make that statement, Mr President, in all frankness. Under those circumstances it may well be that a government will have to apply the only generally acceptable scale that is regarded universally as logical and equitable, namely the United Nations scale, to its own percentage contribution. I want to give the assurance to the members of this Assembly that the concern which the South African delegation has manifested in this problem of the scale of assessment arises from our earnest desire to bring as soon as possible some stability, some system and order into our scale of assessment. That is the consideration which has motivated us from the outset.

If I may comment at this stage a little further on the amendments submitted by the South African delegation, I would just add this: that the amendment to paragraph 3 which you will find in document A7/20 is an amendment which I hope will assist every country to send its delegation to the Mexico City Assembly with complete instructions on this complex matter of the scale of assessment.

As to the other amendment, Mr President, it has been represented to me that although it would possibly strengthen the legal force of the resolution if it were adopted, on the other hand it might weaken the psychological impact of the existing draft. I was reminded that this Assembly of ours is sometimes rather a temperamental body and that it would be better not to give any suggestion of one Assembly trying to prescribe action to another. In those circumstances, the South African delegation withdraws the amendment appearing as No. 2 in document A7/20.

One final word. I would hope that the proposal of the United States delegation, seconded by the delegation of Norway, that the question of the assessment of inactive Members be dealt with separately, be adopted and embodied in suitable form in the final version of the resolution approved by this Assembly.

The Acting President: Thank you. Are there any more speakers? The delegate of Ceylon?

Mr Amerasekera (Ceylon): Sir, my delegation has been amazed by the welter of amendments to resolutions which this Assembly has agreed to in its committees, that have been put forward again at this meeting. We are unable to understand the position and we are entirely at a loss to know what
are the intentions of these delegations in putting forward these proposals over and over again. In the Committee on Administration, Finance and Legal Matters the question of assessing Members in two sets for the budget of the Organization was discussed in all its aspects, and it was pointed out that certain constitutional problems were also involved. We find that same proposal has now crept into the agenda of this meeting, and we are being asked to do the same thing that we were asked to in that committee—and which we rejected.

In regard to the other amendment proposed to the resolution put forward by the Committee, here too we are at a loss to understand why the South African delegation considers that this amendment should be taken up at this Assembly again. May I respectfully submit, Sir, that the feeling of my delegation is that once these matters have been thoroughly considered, and a resolution for the Assembly has been brought forward by the appropriate committee (after its acceptance by that committee either by unanimous approval or by majority approval), it would seem singularly inappropriate for amendments moved or arguments adduced for altering those resolutions to be put forward again here, and for this Assembly to give consideration to them. It is the firm opinion of my delegation that both these amendments should be rejected by this Assembly, and that the resolution put forward by the Committee on Administration, Finance and Legal Matters should be accepted as proposed.

The ACTING PRESIDENT: Thank you. Well fellow delegates, let me see if it is possible to summarize this question. It is not too easy, in fact it is very complicated, because we have had a long discussion on the original document and then on the different amendments. One thing is very important to decide: is it a real and new recommendation, absolutely different from the amendment? We have before us different amendments, some of them contained in different documents and others added during the meeting. In those circumstances, I propose to adjourn this meeting and continue it tomorrow morning, when we shall have a new document setting out clearly the different amendments. It is impossible now to give you a clear summary of the different amendments. We have amendments, we have resolutions, we have original reports—and one must clarify all the different documents. So we will have a new document for tomorrow morning.

In those circumstances, the meeting is now adjourned and will be continued tomorrow at 9.30 a.m. The meeting rose at 11 p.m.

EIGHTH PLENARY MEETING
Saturday, 15 May 1954, at 9.30 a.m.
President: Dr J. N. TOGBA (Liberia)

1. First Report of the Committee on Administration, Finance and Legal Matters (continued)

The President: The meeting is called to order. I want to take this opportunity to thank Dr Hurtado, who graciously conducted the meeting last night, and also to congratulate you on your deliberations last night.

We have before us section 3 of the first report of the Committee on Administration, Finance and Legal Matters, which is found in document A7/19.1 We have a draft resolution proposed by five and finally by seven delegations, plus an amendment to another resolution proposed by the Union of South Africa. The Chair feels that these two documents, A7/20 Rev.1² and A7/26 Rev. 1,² are separate items, that they do not fall under the same heading. The Chair feels that A7/26 Rev.1 is an entirely separate item from the scales of assessment for 1955, 1956 and 1957 as found in section 3 of the report, to which particular item A7/20 Rev.1 pertains. If you are agreed, we shall deal with this item as separate from A7/26 Rev.1.

I see no objections, so we shall deal with section 3 of the report of the Committee on Administration, Finance and Legal Matters, scales of assessment for 1955, 1956 and 1957. In that connexion we have document A7/20 Rev.1, the South African proposal. I should also like to deal with this proposal in two parts, that is, the two separate amendments. Are there any observations?

1 See page 436.
2 Reproduced on page 134
I shall read, for your further information, part 1 of the South African proposal, in document A7/20 Rev.1:

The South African delegation presents the following amendments to the third resolution proposed in the first report of the Committee on Administration, Finance and Legal Matters:

(1) In paragraph 1 delete all words after "1955" and substitute the following: "except that (a) the minimum assessment of Members shall be 0.04 per cent. instead of the present five units and (b) the assessment of Nepal shall be the minimum assessment".

Will all those who are in favour of this amendment as read out please raise their cards. Those against? Abstentions?

The result of your voting is: 48 in favour, none against, and 2 abstentions. Therefore the first part of the South African proposal is adopted.

The second amendment reads as follows:

(2) Insert a new paragraph 3 reading as follows:

"3. REQUESTS the Director-General, when circulating to Members the draft programme and budget for 1956, to include a table showing both the scale of assessment which would be applied, and the amount of individual contributions which would be called for, if the provisions of the preceding paragraph were applied to the budget for 1956, as proposed by the Director-General; and further..."

(3) Renumber existing paragraph 3 as paragraph 4.

Will all those who are in favour of this second part please raise their cards? Those against? Abstentions?

The result of voting is: 46 in favour, none against, and 2 abstentions. Therefore the second part of the South African amendment is adopted.

We now vote on the amended resolution, section 3 of document A7/19, Scales of assessment for 1955, 1956 and 1957. Will all those who are in favour of the amended item 3 of the report of the Committee on Administration, Finance and Legal Matters please raise their cards. Those against? Abstentions?

The result of your voting is: 44 in favour, none against, and 7 abstentions. Therefore the amended report is adopted.

2. Future Scales of Assessment

The President: We now come to the next item, the resolution submitted by the delegations of Brazil, Canada, the Philippines, United Kingdom of Great Britain and Northern Ireland, United States of America, and amended by the delegations of Australia and India, as found in document A7/26 Rev.1:

The Seventh World Health Assembly

1. RECOMMENDS that the Eighth World Health Assembly give consideration to methods for assessing Members which participate in the work of the Organization only for the amount of the effective budget in 1956 and subsequent years, any assessments of the other Members to be over and above this amount;

2. REQUESTS the Executive Board to ascertain the views of the Member States in this connexion, to study the replies and to submit a report to the Eighth World Health Assembly;

3. INVITES the Member States which have not been actively participating in the work of the Organization to resume full participation at the earliest date.

You have heard this resolution read. Are there any comments? None. Will those who are in favour of this resolution please raise their cards. Those against? Abstentions?

The results of your voting show: 47 in favour, none against and 11 abstentions. Therefore the proposed resolution as amended and found in document A7/26 Rev.1 is adopted.

This brings to a close the items on our agenda for the plenary meeting this morning. The meeting is adjourned.

The meeting rose at 9.50 a.m.
NINTH PLENARY MEETING
Tuesday, 18 May 1954, at 5 p.m.

President: Dr J. N. TOGBA (Liberia)

1. Address by the Rajkumari Amrit Kaur

The President: The meeting is called to order. I see in our midst the Rajkumari Amrit Kaur, one of our former Presidents of the World Health Assembly. We are certainly happy to see her here. We certainly welcome you here and if you have anything to say I am sure the Assembly would be glad to hear from you.

Rajkumari Amrit Kaur: Mr President and friends, I am grateful indeed for the very warm welcome that has been accorded to me. I did not really expect to come here and have the privilege of seeing anybody because I am in transit and stopping only for a day. I am fortunate indeed to be able to come to a plenary meeting. I was very sorry that I could not accompany my delegation this year, but my heart is always with the World Health Organization. India has been one of its foundation Members. The people of India love the World Health Organization and we are grateful for all the help that we have had and the opportunities that these gatherings give to us in cementing the bonds of international friendship which are so very much needed in the world of today. I thank you, Mr President, and I am quite sure that this session, like every past session, will all go well for the future and will be able to expand the work, the good work, that this organization is doing.

The President: Thank you very much, Rajkumari Amrit Kaur, for having come here to be with us. We certainly miss you this year and regret your not being on your delegation, but I can assure you that those who represented India have made a wonderful contribution and are certainly doing well as usual. That you may convey to your Government.

2. Address by the Director-General of the United Nations Educational, Scientific and Cultural Organization

The President: To continue with our agenda, we are happy to have in our midst this afternoon Mr Luther Evans, Director-General of UNESCO, who has come to visit us during our present session. Mr Evans.

Mr Luther Evans, Director-General of UNESCO: Mr President, delegates (and I think some of you are friends), it is an honour and a pleasure to me to be asked to come and speak to the Assembly of one of the sister organizations in the family of the United Nations and of specialized agencies. I trust that the World Health Organization will respond to an invitation from UNESCO to send a representative, the Director-General if possible, to attend the next General Conference of UNESCO, which will be held in Montevideo, Uruguay, in November next.

I am sure that members of this Assembly realize that there has been continuing co-operation between the World Health Organization and UNESCO since the agreement which was signed between the two organizations in 1948. In order to work out the details of collaboration between the two secretariats pursuant to this agreement of 1948, a meeting of responsible officers of the two organizations was held in 1950 and since that time, at least as we see it from UNESCO House, there has been exemplary collaboration, co-operation and understanding between our two secretariats. We in UNESCO wish strongly to continue this spirit of collaboration and even to improve it if it is possible to do so, because we recognize, as do you, that a co-ordinated approach is essential if we are to tackle the problems of health and education. Both aspects of the problems which face mankind must be tackled at the same time by co-ordinated approach if we are to succeed. This is clearly recognized in your own Constitution, which defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Certainly mental well-being is of concern to the educator as it is to the doctor, and we recognize that physical well-being and social well-being are an essential part of the development of education.

In detail, we are very grateful for the general support which the World Health Organization has given to UNESCO in its campaign to develop the whole field of fundamental education in our Member States. By fundamental education we mean not only the teaching of literacy but teaching people, in rural communities particularly, how to improve their sanitary and health conditions, how to improve their
conservation of the soil and their utilization of the soil, and their plant and animal resources; and in this you have supplied us with health and sanitation specialists in a number of our projects. Our own programme in this field would not be complete if it were not that you are co-operating to round out the programme which we are undertaking. I feel quite certain that our own work would be incomplete and in considerable measure a failure without your collaboration.

We appreciate also the fact that the Director-General invited UNESCO to participate in the technical discussions on public-health problems in rural areas, which I understand have taken place during your session. UNESCO has been given an opportunity by this invitation to discuss the relations between the development of education and the improvement of health conditions of the peoples in rural areas, and in this matter we have learned a lot from the Member States of WHO and from the officers of the Organization.

Both organizations attach great importance to giving the children of the world the benefits of a balanced and healthy education. We have been carrying on a great deal of common work in studying such problems as the relation between education and the mental health of children in nursery schools and primary schools, but a wider approach to this problem has become necessary and it is being advanced in connexion with the inter-agency working group on the continuing needs of children. So we shall both be discussing in common many of these problems, in relation particularly to free and compulsory education, at the meeting which is to be held in Geneva at the end of June.

You know, of course, that as regards the promotion of scientific co-operation at the international level, we have jointly sponsored and assisted the work of the Council for International Organizations of Medical Sciences. We have co-operated in developing and improving bibliographies and abstracts, in developing technical terms in the fields of medicine, and in the development of teaching materials. These ways of technical co-operation are sometimes fundamental to the achievement of the great policy objectives.

As regards encouragement of research in science, the two organizations must co-operate closely and keep one another closely informed, and plan work jointly if there is not to be conflict, because both organizations are interested in one or other aspect of research in the natural sciences. UNESCO is interested in the promotion of scientific research as a whole, and the World Health Organization is certainly interested, whatever its work plan of a particular year may be, in the activities in the field of research where medicine is a beneficiary of the results of such research.

Recently at our Executive Board a member of the Board proposed that something should be done to promote research in physiology, chemistry and so forth—it had some bearing on cancer; so a resolution was passed by our Board saying that we should study the possibility of a project in this field in close co-operation with the World Health Organization. We are now working in the final stages on our draft programme and budget for our assembly that meets in November, and we are striving to make sure that any project we propose to our General Conference will have the full and understanding support of the Secretariat of this organization. I promise you that we will work in the closest collaboration and if at all possible we will make the work a joint undertaking.

Mr President, I note that one of the delegates in this Assembly is a highly respected member of the Executive Board of UNESCO. I refer to Sir Arcot Lakshmanaswami Mudaliar, who I understand was formerly a Chairman of the Executive Board of the World Health Organization. We are never for a moment allowed to forget in UNESCO's Executive Board how important it is for UNESCO to follow in the footsteps of many of the administrative practices and procedures, and many of the policies, of the World Health Organization. I assure you that the recommendations which he makes to us are all good ones, and that if we would take all his recommendations we should vastly improve our own operations. I hope that he gives similar advice to you and that you also find it possible to accept such advice.

Mr President, in closing may I assure you again of the most earnest desire of the staff, the Executive Board and the General Conference of UNESCO to collaborate, not only in a routinely correct manner, but zealously and with feeling and with genuine interest, with this great organization.

The President: Thank you very much, Mr Luther Evans. We appreciate the collaboration that we have been having from UNESCO and certainly hope that it will continue in the years and the tasks that are ahead of us.

3. Adoption of Second Report of the Committee on Administration, Finance and Legal Matters

The President: We now continue with our agenda. The next item on the agenda is the adoption of the second report of the Committee on Administra-
tion, Finance and Legal Matters, as found in document A7/28. In keeping with Rule 51 of our Rules of Procedure we are supposed to have had this report circulated at least twenty-four hours before our plenary meeting. However, there is a clause within that rule which provides "in so far as practicable" and, since it was not practicable for us to have this done twenty-four hours before, we have deemed it necessary to bring the report to you. For that reason I shall call on the Rapporteur of the Committee on Administration, Finance and Legal Matters to read the report to you, that is to read the resolutions one by one in order that we may adopt them as we go along.

Mr Sorensen (Denmark), Rapporteur, read the introduction and section 1 of the second report of the Committee on Administration, Finance and Legal Matters.

The President: Thank you. Are there any comments on this resolution? Any objection to our adopting it? As there is none, the resolution is adopted.

The Rapporteur read section 2 of the report.

The President: Thank you. Are there any comments on this resolution? Any objection to our adopting it? If there is none, it is adopted.

The Rapporteur read section 3 of the report.

The President: Thank you. Any comments? Is there any objection to our adopting this resolution? Before we adopt it I would like to make a comment.

It is with deep regret that we note the absence of our dear friend, Dr Zozaya, the chief delegate of Mexico, owing to his unfortunate illness. Dr Zozaya very kindly sent me a message asking me to express to you on his behalf his regret that he has not the privilege of addressing the Assembly personally today. He asks me, on behalf of the Government of the United States of Mexico and on his own behalf, to express his most sincere thanks for the decision just taken by the Assembly to hold the Eighth World Health Assembly in Mexico City in 1955 and that we thank the Mexican Government for being so gracious and kind as to have invited us to hold our meeting in their country. The resolution is adopted.

The Rapporteur read section 4 of the report.

The President: Are there any comments on this resolution? Any objection to our adopting it? As there is none, the resolution is adopted.

The Rapporteur read section 5 of the report.

The President: Any comments? Any objection to our adopting this resolution? If there is none, it is adopted.

The Rapporteur read section 6 of the report.

The President: Any comments on this resolution? Any objection? None; it is adopted.

The Rapporteur read section 7 of the report.

The President: Any comments on this resolution? Any objection? None; it is adopted.

The Rapporteur read section 8 of the report.

The President: Any comment on this resolution? Objections? If not, it is adopted.

The Rapporteur read section 9 of the report.

The President: Any comments on this resolution? The delegate of Spain.

Dr Palanca y Martínez Fortún (Spain) (translation from the Spanish): Mr President, fellow delegates, the Spanish delegation requests that, in accordance with the Regulations, a separate vote be taken on section 9 of the report of the Committee on Administration, Finance and Legal Matters entitled: Request concerning the contribution of the Spanish Protectorate Zone in Morocco. My delegation deeply regrets the postponement for another year of the fixing of the contribution to be made by the zone in question in view of the fact that the zone in question has assumed all the obligations of an Associate Member, in accordance with the text of resolution WHA6.37. For this reason Spain will vote against section 9.

At the same time, the delegations of Spain and of the Spanish Protectorate Zone in Morocco wish to declare that they protest formally and strongly against the printing error in the scales of assessment which links together the Spanish and French Zones.

1 See page 437.
That this is an error is clearly demonstrated by the following facts: the assessment of three units as fixed in 1952 related exclusively to the French Zone, as clearly indicated by resolution WHA5.55 (page 36 of Official Records No. 42); the first scale of assessment for 1952, 1953 and 1954 mentioned only "Morocco (French Protectorate)" (Official Records No. 44, page 47); there is no resolution of the Assembly authorizing any change in this respect; when in September 1953 this misprint was noted for the first time, in a financial statement of a non-official nature, Spain protested in a letter dated 10 October 1953, but so far has not obtained satisfaction; in virtue of resolution WHA5.16 and of the official statements made by the President of the Fifth World Health Assembly and by the French delegate (pages 21 and 134 of Official Records No. 42), the delegate of the French Zone four days ago formally declared that "Morocco" referred solely to the French Zone (see the minutes 1); finally, the Committee on Administration, Finance and Legal Matters decided on the 15th of this month that the contribution of the Spanish Protectorate Zone in Morocco would form the subject of a report by the Executive Board and would be considered by the next Assembly.

Therefore, while awaiting the report of the Executive Board and the decision of the Assembly, it is essential that this administrative error be rectified and that the indication be only "Morocco, French Zone". To include the Spanish Zone in the scale of assessment—even if only as a result of a printing error—is to ignore the Assembly's resolutions and to nullify the decisions of the Eighth World Health Assembly and the report of the Executive Board before they are made. In view of the foregoing, the delegations in question request the President of the Seventh World Health Assembly to order the immediate rectification of this misprint at least until such time as the Executive Board and the next Assembly shall have taken a decision on the subject of the contribution of the Spanish Protectorate Zone in Morocco.

The delegations of Spain and of the Spanish Protectorate Zone in Morocco are ready to abide by the decision of the President as to whether, should a simple rectification of an administrative nature not suffice (which is unlikely seeing that the initial error was an administrative one), he should authorize the delegations concerned to submit to the present Assembly a formal request for rectification.

Before concluding, Mr President, I wish to add in connexion with the foregoing that both of the delegations mentioned wish, quietly but still firmly and emphatically, to draw the French delegation's attention to the judgement which history will pass on opposition offered to the legitimate wishes and aspirations of the Moroccan people resident in the Spanish Protectorate Zone which, under resolution WHA6.37, enjoys all the rights and assumes all the obligations of an Associate Member. The Spanish delegation also wishes to point out to the French delegation that the attempt to participate in the contribution of the Spanish Protectorate Zone is a flagrant violation of Article 8 of the Convention of 27 November 1912.

The President: Thank you, Dr Palanca. A note will be made of the objection you have raised.

I now call on the delegate of France.

Professor Parisot (France) (translation from the French): Mr President, fellow delegates, the French delegation has duly noted the declarations by the honourable delegate of Spain. Out of respect to you, Mr President, and to my colleagues in the Assembly, I will confine myself to the following remarks:

First, the French delegation cannot agree that it is a question of the mere correction of a printing error. In reality the question raised involves the principle of the unity of the Sherifian Empire and of its status, which is governed by the Franco-Moroccan Treaty of 30 March 1912 and by the Franco-Spanish Convention of 27 November 1912. Viewed from this angle, the problem is a political one and outside the competence of this Assembly.

Secondly, on the technical and administrative level—the only level with which we should here concern ourselves, particularly in regard to contributions—a resolution has been adopted by your committee referring the question to the Executive Board for study. The French delegation supported that proposal and it confirms that support. Consequently, the French delegation reserves its position with regard to any amendment which may be made to this draft resolution and, believing that a prolonged debate on the question would only retard the Assembly's work, will limit itself to this declaration.

The President: Thank you, Professor Parisot. Are there any other comments on this resolution?

As proposed by the delegate of Spain, we shall have to take a vote on this particular question in order that his objection or the objections of others may be registered. Will all those in favour of our
adopting this resolution, as contained in the document, please make it known by raising their cards. Thank you. Those against? Thank you. Abstentions? Thank you.

The result of the voting is as follows. Those in favour of the resolution as found in document A7/28, section 9:17. Those against: 14. Abstentions: 18. Therefore the resolution is adopted.

Will you continue please, Mr Sørensen.

The Rapporteur read section 10 of the report.

The President: Thank you. Are there any comments on this resolution? Any objections to our adopting it? If there are none, the resolution is adopted. Thank you very much, Mr Sørensen, for this splendid report of your committee.

4. Report on Technical Discussions

The President: We now come to the next item on our agenda, the report on the technical discussions, document A7/Technical Discussions/8. Please bear in mind that this report only pertains to the technical discussions held this year. It is quite distinct from item 21 of the agenda, which refers to technical discussions in future Health Assemblies.

I now call on the Rapporteur of the Technical Discussions, Dr Erickson.

Dr Erickson (United States of America), General Rapporteur of the Technical Discussions: Mr President and fellow delegates, it is my privilege now to present the report on the technical discussions held at the Seventh World Health Assembly.

The topic for the discussions this year, "Public-Health Problems in Rural Areas", was selected by the Sixth World Health Assembly as the subject for technical discussions at this Assembly. Interest in this topic dates back to the Health Organisation of the League of Nations.

The Assembly designated Professor A. Stampar as the General Chairman for the technical discussions and Dr E. Braga, Dr C. K. Lakshmanan and Dr J. Heng Liu as the three group chairmen. "Public-Health Units in Rural Areas", "Rural Sanitation", and "Zoonoses" respectively were chosen for separate discussions by each of the groups. An expert engaged by the Secretariat and a corresponding member of the Secretariat assisted in the discussions. The experts were Professor F. Brockington, Professor M. Petrik and Professor Karl F. Meyer. Dr C. K. Chu, Mr R. N. Clark, and Dr M. Kaplan were the members of the Secretariat who assisted. Dr H. M. Erickson was elected General Rapporteur, assisted by Dr T. S. Sze of the Secretariat. Dr R. Mochtar was elected as Rapporteur for Group B.

The following documents were prepared to serve as a basis for the discussions: (1) "Background to Rural Health" by Professor A. Stampar; (2) "The Development of Health Units in Rural Areas" by Professor F. Brockington; (3) "Rural Sanitation" by Professor M. Petrik; (4) "The Zoonoses in their relation to Rural Health" by Professor K. F. Meyer; (5) "Demographic and Health Statistics relating to Urban and Rural Areas" by Dr S. Swaroop. A selected bibliography on rural hygiene was also prepared by the Secretariat.

Six sessions totalling twelve and one-half hours were allotted to the discussions. The overall attendance was more than one hundred.

The average attendance at each session of the three groups was: Health Units, 47; Rural Sanitation, 21; and Zoonoses, 21.

The General Chairman, Professor Stampar, in his introductory remarks, reminded participants that the discussions were informal and that persons were here as individuals and not as representatives of their respective countries. He explained that World Health Assemblies have been occupied in the past largely with administrative problems. It was realized that assemblies of public-health administrators from all over the world were rare, and that such occasions should be utilized for technical discussions on subjects of world-wide interest and importance. Thus, since 1951, technical conferences have been arranged. During these discussions a free interchange of views and experiences on a world-wide basis has been facilitated, important information added, and a better insight into matters of a practical nature gained.

Dr Karl Meyer then briefly introduced the subject of zoonoses. He emphasized the hazard constituted in the environment by animal diseases transmissible to man, and stressed the importance, in the control of diseases, of alert physicians, a central laboratory, a good reporting system and of co-operation between an educated public, the public-health veterinarian, and the local health department.

Professor Petrik emphasized the importance of rural environmental sanitation as a part of a general public-health programme. He outlined the various phases of sanitation and stressed the need for individualizing the programme to the needs of the community and inducing self-aid through instruction and education.

Professor Brockington proclaimed that the world "enjoys bad health when it could have good health". He posed many questions on the development of health services for rural areas, to be answered in discussions.
The general discussion brought out the following:

(1) The importance of raising general standards of living among the rural population for the improvement of rural health as expounded in Professor Stampar's paper was generally recognized and emphasized.

(2) The question of financing rural health programmes was considered of major importance. It was stressed that we should not allow the thought of inadequate finance to depress or deter us. It is better to initiate a well-planned rural health programme, even though limited in scope, utilizing all available resources and to expand it as possible, rather than not to begin at all.

(3) We cannot expect a sudden transformation in the improvement of rural health. Progress may seem slow but in retrospect a great deal of progress is generally apparent.

(4) The success of programmes can to a great extent be measured in terms of participation and acceptance by the people.

(5) Appropriate health education is important. Social scientists may be invaluable in helping to develop suitable techniques for interpretation in various countries.

(6) Local public bodies dealing with economic, social, educational and cultural aspects of communal life should be encouraged to integrate health services into the overall programme.

(7) The importance of co-operating closely with private physicians and allied health personnel, including midwives, in integrating health services for the rural community was stressed.

(8) The question of unequal distribution of medical and allied personnel in urban and rural areas was also emphasized as one of the major obstacles to the improvement of rural health. In some countries compulsion of new graduates to serve in rural areas for a period of one or more years has apparently solved part of the problem. Other methods need to be sought. A sociological study of this problem seems to be indicated.

(9) The need to consider the increasing sanitation and health problems of the suburban or "urban fringe areas" was mentioned.

Summaries of the excellent discussions are included in the report which each of you has received. With your permission, Mr President, I will not read them in detail, but I would invite all delegates to study them if they have not already done so. The report of Group A, "Development of Health Units in Rural Areas", stresses the necessity for active community support, local financial support, integrating of preventive and curative services, and co-ordination of health work with other social and economic activities in the community. The report of Group B, "Rural Sanitation", emphasizes the vital importance of environmental sanitation in any programme of national development; water supply, disposal of waste, housing, sanitary handling of food, and control of animal vectors of disease were considered. One statement is particularly worth quoting at this time because it applies to all phases of public health: "A skilful health department does not need to execute the work alone. It functions best when it acts as a catalytic agent in making the problem clear and stimulating other forces and organizations to do the job". The Group C report, "Zoonoses", stresses the adequate reporting of these diseases both in man and in animals, and the need for co-operation between health and agricultural authorities in education of livestock owners and farmworkers. I would particularly call to your attention the fine chart on organization of services and the annex on recommended notifiable zoonoses, which are appended to the report of this group. Conclusions and recommendations were adopted by the plenary group and were submitted by Professor Stampar to the general meeting.

In conclusion, Mr President, if I may add a comment of my own, the primary objective of the technical discussions was to give an opportunity to the public-health experts here from all over the world for free discussion and exchange of information on the important subject of public-health problems in rural areas. The record shows that this result was fully achieved.

The President: Thank you, Dr Erickson, for the splendid report on the work of the technical discussions which have taken place during the present Assembly.

Is there any member who has a comment to make at this time? If not, I also wish to thank the General Chairman of the technical discussions for having handled those discussions splendidly, as we have come to expect of him, and I would thank those group chairmen who presided over the various sub-committees of the technical discussions. As delegates undoubtedly know, the technical discussions do not form an integral part of the Health Assembly, and the report which they have just made cannot be adopted as such. We may, however, take note of it. We will
therefore take note of the excellent report that has been read to us and hope that when delegates return to their various countries they will take into consideration the recommendations made and discussions held during the technical discussions.

As there is nothing else on the agenda, I will thank you for having come, and for having done such splendid work during the past days. We now adjourn.

The meeting rose at 5.55 p.m.

TENTH PLENARY MEETING

Thursday, 20 May 1954, at 2.30 p.m.

President: Dr J. N. TOGBA (Liberia)

1. Adoption of Fourth Report of the Committee on Programme and Budget

The President: The meeting is called to order.

We have on our agenda a number of items. First, we have the adoption of the fourth report of the Committee on Programme and Budget, to be found in document A7/32. In keeping with Rule 51 of the Rules of Procedure, we are supposed to have circulated the document pertaining to this item on the agenda at least twenty-four hours before this plenary meeting. However, as it was not practicable for us to do so, the document was circulated rather late. For that reason I shall call upon the Rapporteur of the Committee on Programme and Budget to read this report. As the Rapporteur is not here, will the Chairman of the Committee on Programme and Budget please come forward and read the report?

Dr Aujaleu (France), Chairman, read the introduction and section 1 of the fourth report of the Committee on Programme and Budget.¹

The President: As this report is read I would like us to adopt it point by point. Is there any comment on this point? Is there no objection to our adopting it? If not, section 1 of this report is adopted.

The Chairman read section 2 of the report.

The President: Any comments on this section? Any objection to our adopting it? None. It is adopted.

The Chairman read section 3 of the report.

The President: Thank you. Are there any comments on this section? Any objection to our adopting this resolution? As there are so many items involved I wonder if we may ask for a vote by show of cards to indicate our sanction of this resolution. Will all those who are in favour of this resolution please raise their cards. Those against? Abstentions? The voting is as follows: those for approval of the resolution, 48; those against, 1; abstentions, none. Therefore the resolution is adopted.

The Chairman read section 4 of the report.

The President: Any comment on this item? Any objection to our adopting it? If there is none, this resolution is adopted.

The Chairman read section 5 of the report.

The President: Any comment on this section? Any objection to our adopting it? If not, the resolution is adopted.

The Chairman read section 6 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? None; it is adopted.

The Chairman read section 7 of the report.

The President: Any comment? Any objection to our adopting it? If not, the resolution is adopted.

The Chairman read section 8 of the report.

The President: Any comment? Any objection to our adopting this resolution? If not, it is adopted.

The Chairman read section 9 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? If not, it is adopted.

The Chairman read section 10 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? If not, the resolution is adopted.

¹ See page 430.
We have adopted the various resolutions point by point, and we have come to the close of the report of the Committee on Programme and Budget. We now adopt the document as a whole; since we voted on one of the sections I will ask you to raise your cards in approval of the resolutions as read out as a whole. All those who are in favour please raise their cards. Thank you. Those against, please raise their cards. Thank you. Abstentions. Thank you.

Your voting shows: For the adoption of the fourth report of the Committee on Programme and Budget, 51: against, none; abstentions, none. Therefore the report is adopted.

Thank you, Dr Aujaleu, for having presided so well over the Committee on Programme and Budget and for having read the report to the plenary session.

2. Adoption of Third Report of the Committee on Administration, Finance and Legal Matters

The President: Now the next item, Adoption of the third report of the Committee on Administration, Finance and Legal Matters, document A7/29. As in the case of the report which you have just adopted, this report was circulated to your various hotels this morning, and since we were unable in keeping with Rule 51 of our Rules of Procedure to get the documents to you more than twenty-four hours before this meeting, I will ask the Rapporteur of the Committee on Administration, Finance and Legal Matters to come forward and read the report. I will also ask that we approve this document section by section.

Mr Sørensen (Denmark), Rapporteur, read the introduction and section 1 of the third report of the Committee on Administration, Finance and Legal Matters.1

The President: Are there any comments on this resolution? Any objection to our approving it? If not, the resolution is adopted.

The Rapporteur read section 2 of the report.

The President: Is there any comment on this resolution? Any objection? Adopted.

The Rapporteur read section 3 of the report.

The President: Thank you. Any comment on this resolution? Objection? None. Adopted.

The Rapporteur read section 4 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? None. Adopted.

The Rapporteur read section 5 of the report.

The President: Any comments on this resolution? Objections? None. Adopted.

The Rapporteur read section 6 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? None. Adopted.

The Rapporteur read the concluding (unnumbered) paragraph of the report.

The President: You have now heard the third report of the Committee on Administration, Finance and Legal Matters. You have also approved, section by section, this particular report, and now that it is concluded, will you please confirm your approval by raising your cards? All those who are in favour will kindly raise their cards. Thank you. Those against? Thank you. Abstentions? Thank you.

Your voting shows: For the adoption of the third report of the Committee on Administration, Finance and Legal Matters, 60; against, none; abstentions, none. Therefore the third report of the Committee on Administration, Finance and Legal Matters is adopted.

3. Adoption of Fourth Report of the Committee on Administration, Finance and Legal Matters

The President: And now the third item on our agenda, Adoption of the fourth report of the Committee on Administration, Finance and Legal Matters, as found in document A7/31. This report also was circulated rather late, and therefore it will be necessary for the Rapporteur to read it to you at this time if there are no objections.

Mr Sørensen (Denmark), Rapporteur, read the introduction and section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters.2

The President: Any comment on this resolution? Any objection to our adopting it? If not, it is adopted. And may I add that I hope that the various governments concerned in this Region will co-operate to make this resolution effective.

The Rapporteur read section 2 of the report.

The President: Any comment on this resolution? Any objections? None? Adopted.

The Rapporteur read section 3 of the report.

The President: Any comment on this resolution? Any objections? None? Adopted.

The Rapporteur read section 4 of the report.

The President: Any comment on this resolution? Any objections? Adopted.

The Rapporteur read section 5 of the report.

1 See page 439.

2 See page 441.
The President: Any comments on this resolution? Any objection to our adopting it? If not, it is adopted.

The Rapporteur read the concluding (unnumbered) paragraph of the report.

The President: You have now heard the fourth report of the Committee on Administration, Finance and Legal Matters. You have approved each item separately. Now will you reaffirm your approval by showing your cards. Will all those in favour raise their cards? Thank you. Those against? Abstentions?

Your voting shows that the fourth report of the Committee on Administration, Finance and Legal Matters is voted upon as follows: Those in favour, 60; against, none; abstentions, none. Therefore this report is adopted.

4. Adoption of Fifth Report of the Committee on Administration, Finance and Legal Matters

The President: We have next on our agenda the fifth report of the Committee on Administration, Finance and Legal Matters. I understand it is really not on our agenda but was submitted at a later hour, and of course, in keeping with Rule 51 of the Rules of Procedure, we try as far as practicable to get these documents to you twenty-four hours before the meeting; however, we may consider the item as being on our agenda in keeping with the same rule, since we could not find it possible to get it to you before the time specified. So, if you have no objection, I will ask the Rapporteur to read this report, as found in document A7/34. No objection?

Mr Sørensen (Denmark), Rapporteur, read the introduction and section 1 of the fifth report of the Committee on Administration, Finance and Legal Matters.¹

The President: Any comment on this resolution? Any objection? None? Adopted.

The Rapporteur read section 2 of the report.

The President: Any comment on this resolution? Any objection to our adopting it? None? It is adopted.

The Rapporteur read section 3 of the report.

¹ See page 443.

The President: Any comments on this resolution? Objections? None? Adopted.

The Rapporteur read section 4 of the report.

The President: Any comments on this resolution? Any objections to our adopting it? If not, the resolution is adopted.

Now that you have approved item by item the various resolutions in the fifth report of the Committee on Administration, Finance and Legal Matters, will you now reaffirm such approval by showing your cards? All those in favour please raise your cards. Those against? Abstentions? Thank you.

The voting shows: Those in favour, 57; against, none; abstentions, 1. Therefore, the fifth report of the Committee on Administration, Finance and Legal Matters is approved.

Thank you very much, Mr. Sørensen, for having read these reports of the Committee on Administration, Finance and Legal Matters. I wish also to thank the Chairman of the Committee, who had to leave the day before yesterday. That committee did a splendid job, I would like to thank its members—and also to thank Dr Garcia, who was Vice-Chairman for a short period, and Mr Sole, who acted for the last two days as Chairman of the Committee—for their reports. Thank you for the splendid work you have done during the past weeks.

5. Technical Discussions at Future Health Assemblies

The President: We now come to the fourth item on our agenda, Technical discussions at future Health Assemblies. In accordance with the decision taken by the Assembly at the beginning of the session, the General Committee studied this item of the agenda and recommends to the Assembly the adoption of the resolution contained in document A7/30 Rev. 1, which I shall read:

The General Committee at its tenth and eleventh meetings on Tuesday, 18 and Wednesday, 19 May 1954, considered item 21 of the agenda, “Technical discussions at future Health Assemblies”, and recommends to the Health Assembly the adoption of the following resolution:

The Seventh World Health Assembly,
Reaffirming the opinions expressed in the introduction to resolution WHA6.60; and
Recognizing that the technical discussions serve one of the most useful purposes of the Assembly, providing an opportunity for the growth and development of understanding of common problems,

1. **DECIDES** that technical discussions should be continued in connexion with the Assembly;

2. **REQUESTS** the Executive Board and the Director-General:
   
   (1) to allot adequate time for ample presentation and free discussion, taking into consideration the fact that this should not be in conflict with other meetings of the Assembly;
   
   (2) to continue the use of experts to prepare papers well in advance for the benefit of the participants;
   
   (3) to study, with the co-operation of the Regional Directors, whether regional meetings dealing with the same subjects should be held;
   
   (4) to take the necessary steps in order that documentation of the discussions be transmitted to the participants and to the Member States;
   
   (5) to appoint a chairman well in advance;
   
   (6) to keep the same subject, "Public-Health Problems in Rural Areas", for technical discussions at the Eighth Health Assembly, and to study with the Mexican Government the possibility of field visits in connexion with the discussions;

3. **DECIDES** that the subject to be discussed during the Ninth World Health Assembly shall be "Nurses: Their Education and their Role in Health Programmes".

The delegate of the United Kingdom.

Sir Andrew DAVIDSON (United Kingdom of Great Britain and Northern Ireland): Mr President, I thank you for giving me this opportunity to make a few observations on this subject. Technical discussions have now been part of the activities of the Assembly for three years. They have been held on four occasions and have achieved slowly and steadily an increasing degree of acceptance.

Seen against the background of the Assembly proper, with its recurring problems of finance, high policy and elections, these discussions may have appeared to be of minor importance. Nevertheless, they have had a significant value in that they gave an opportunity for every interested delegate to obtain information on topics of high consequence to the public-health administration of his country, perhaps to derive encouragement from the recital of experiences of his colleagues from other countries, and no doubt to find guidance and inspiration in planning his strategy to deal with the health problems which these discussions have focused.

Now, in my opinion, Mr President, it is by encouraging this interchange of thought, ideas and experience in public health across the frontiers as it were, that WHO can perform one of its most useful functions. This has been impressed more than ever on my mind as a result of the personal experience of taking part in study tours organized by the European Office. Three such study tours have been held, seven different European countries have been visited to study their health services, and each group has comprised senior public-health administrators from some eighteen or nineteen European countries. Those who have taken part in these tours—and I am glad to see that some of the participants are here today—are unanimous in their opinion on the value of such opportunities for exchanging views and experiences with their colleagues of the group and of the host countries while, incidentally, the host countries themselves have been enthusiastic about the stimulus which the visits gave to their services. Technical discussions at the Assembly can also provide scope for the meeting of minds interested in the common problems of public health, and in my view therefore they should be encouraged and developed.

The choice of the subject of course is all-important, but even with the best selection there is a danger of attempting too much and simulating an expert committee, while there is always the possibility of the discussions becoming too discursive and unfruitful in so far as the crystallization of ideas is concerned. This year, however, under Professor Stampar's clear-sighted and amiable direction, the discussions have been more successful than ever before. If success is to be measured by the attendance of delegates and their active and lively intervention in debate, then success has been achieved in a high degree.
The suggested interval before the full resumption of the discussions in 1957 will allow, if plans go forward according to expectation, an opportunity for a field study which will give a bird’s-eye view of the methods adopted by one country to solve a number of the problems we have been debating. Moreover, there will be time to put our own thoughts in order concerning a topic which is of paramount importance not only in those countries where the public-health nurse has been a familiar figure for nearly half a century, but also in those where she is to be accounted among the more newly arrived pioneers of progress and enlightenment.

From the report before us we gather that the discussions have been even better than before, and can be even better than before. All that seems to be required is a continuation of the enthusiasm which they have excited this year, some adjustment perhaps in organization, and maybe a rather better distribution of the time at the disposal of the discussion. None of these requisites is unreasonable when one considers how much refreshment of mind comes to every professional delegate from his or her participation.

In conclusion, Mr President, a word of special thanks is due to Professor Stampar, who has brought to this work the wealth of his knowledge and experience, an infectious enthusiasm and a conviction that along this road we shall find not only the solution of many of our individual problems, but greater and more frequent opportunities for that collaboration which is the very essence of all international endeavour.

The President: Thank you, Sir Andrew, for your generous and kind comments. I wonder if there is any other comment by any other member? Is there any objection to our adopting the resolution as read out? If not, the resolution is adopted.

6. Reports of the Executive Board on its Twelfth and Thirteenth Sessions

The President: We now come to the reports of the Executive Board on its twelfth and thirteenth sessions. The Assembly heard a report by the Chairman of the Executive Board, Dr Melville Mackenzie, at the beginning of the session. The reports of the Executive Board are contained in volumes 49, 52 and 53 of the Official Records of the World Health Organization. These reports have been examined by both main committees practically throughout the session. The Assembly should now adopt a formal resolution, noting these reports and commending the Board on the work it has performed at its twelfth and thirteenth sessions. Therefore, the following resolution is proposed for adoption by the Assembly:

The Seventh World Health Assembly
1. Notes the reports of the Executive Board on its twelfth and thirteenth sessions; and
2. Commends the Board on the work it has performed.

Are there any objections to this resolution as read? If not, the resolution is adopted.


The President: We now come to the sixth item, Adoption of the report of the Working Party on International Quarantine. This is found in document A7/33. This report was examined by the General Committee at its meeting today, and was distributed to you shortly before we convened, so I take it that you have the document before you. I should like to invite Dr Morgan, the Chairman and Rapporteur, to present the report.

While Dr Morgan is coming to the platform, I wonder if you have the following documents before you: the report of the Working Party which contains, at the end, a draft resolution (this is document A7/33). Then, two, an amendment proposed by the delegations of Belgium and the Netherlands, in document A7/35. Three, an amendment to the amendment just referred to, proposed by the delegation of Belgium, in document A7/38. Four, an amendment proposed by a number of delegations of the American Region, in document A7/36. And, five, an amendment to the amendment just referred to, proposed by the representative of the Federation of Rhodesia and Nyasaland, which is found in document A7/39.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party
on International Quarantine: Mr President, I have the honour to present the report of the Working Party on International Quarantine of the Seventh World Health Assembly, and I propose with your permission to read the resolutions which are to be found at the end of that document. The first resolution reads:

The Seventh World Health Assembly,

Having considered the first report of the Committee on International Quarantine, the second report of the Expert Committee on Yellow Fever and the report of the Working Party,

I. 1. DECIDES that no amendments to the provisions of the International Sanitary Regulations should be made at this stage;
2. REFERS the International Sanitary Regulations to the Committee on International Quarantine with a view to a revision of the yellow-fever provisions of these Regulations;
3. REQUESTS the Director-General to take the action necessary to enable this review to be carried out by the Eighth World Health Assembly;
4. DECIDES that pending the decision of the Eighth World Health Assembly the status quo will be maintained on the basis of the yellow-fever endemic zones delineated by the Organization and given in the Supplement to the Weekly Epidemiological Record R.E.H. 300, dated 25 September 1952;
5. DECIDES that the delineation of yellow-fever receptive areas shall be as shown in the report of the Working Party;

II. DECIDES that the Regulations for the Committee on International Quarantine shall be as shown in the first report of the Committee on International Quarantine, as amended by the report of the Working Party, and that these Regulations shall enter into force forthwith;

III. REQUESTS the Director-General to prepare an up-to-date statement showing the position of countries and territories under the International Sanitary Regulations, to be submitted to each World Health Assembly for information;

IV.1. AUTHORIZES the publication, preferably in a single volume, of:
   (a) the first annual report of the Director-General on the working of the International Sanitary Regulations,
   (b) suggestions for improvement and proposed amendments to the text of the International Sanitary Regulations,
   (c) the first report of the Committee on International Quarantine and its annexes,
   (d) the resolution of this Assembly; and

2. REQUESTS the Director-General to transmit this document to all governments;

V.1. NOTES the report of the working party on the preparation of a manual on the hygiene and sanitation of airports; and

2. APPROVES the recommendation of the Working Party that the Fourth World Health Assembly resolution WHA4.82 and the Executive Board resolutions EB8.R22 and EB9.R49 be interpreted to mean that the manual shall serve as recommendations for the guidance of health administrations in the operation of airports open to international traffic, and that the word “standards” be interpreted in this sense.

Then there is a resolution, Mr President, Reservations to the International Sanitary Regulations submitted by the Government of the Netherlands on behalf of Surinam:

The Seventh World Health Assembly

1. ADOPTS the report of the Working Party on the reservation to paragraph 2 of Article 17 and to sub-paragraphs (a) and (b) of paragraph 2 and paragraph 3 of Article 56 of the International Sanitary Regulations, submitted by the Government of the Netherlands on behalf of Surinam;

2. ACCEPTS the reservation.

The PRESIDENT: Thank you. The Director-General has asked for the floor.

The DIRECTOR-GENERAL: Mr President, honourable delegates, yesterday my representative presented a statement to the Working Party on International Quarantine regarding the resolution they proposed for adoption by the Assembly, on yellow-fever endemic zones. The report of the Working Party now before the Health Assembly maintains the proposed resolution in question. It is therefore my responsibility to place before the Assembly the same statement which was presented to the Working Party.
In no way do I desire, nor would it be proper for me, to depart from my necessarily objective position. The purpose of my statement is to ensure that the Assembly, before taking action, is fully informed of the legal implications of the adoption of the resolution in question. I shall now read the statement:

“The resolution of the Working Party to maintain the delineation of yellow-fever endemic zones as given in the Supplement to the Weekly Epidemiological Record R.E.H. 300 dated 25 September 1952, must be held to be, if not a justiciable violation of the Regulations, at least a clear violation of the spirit and intention of the Regulations, in that it ignores the requirement to consult under the provisions of paragraph 1 of Article 70; does not permit the removal of local areas under paragraph 2 of Article 70; and disregards the definition of ‘yellow-fever endemic zone’ when the terms of that definition can clearly be applied to a particular area to be delineated.

“Consequently, the adoption of the resolution on yellow-fever endemic zone delineations of the Working Party would lay the Assembly open to an accusation of denying the just claims of a minority of the Members of the Organization. If, on the other hand, the Assembly were to reject the resolution, the status quo would nevertheless continue, since the recommendations of the Committee on International Quarantine have no executive status.”

This statement, in presenting the legal implications, is made with full recognition of the right of the Assembly, subject to the appropriate procedure, to amend at any time the Regulations if it considers that countries do not have the full protection to which they are entitled against communicable diseases.

The President: Thank you, Dr Candau. You have heard the statement of the Director-General. Dr Braga of Brazil.

Dr Braga (Brazil): Mr President, honourable delegates, before this matter on yellow fever is put to a vote, the Brazilian delegation wishes to make a statement regarding the position of our Government on the subject.

In the first place, we want to call to the attention of the honourable delegates the fact that we are in complete agreement in regard to the need for revising the articles of the International Sanitary Regulations relating to yellow fever, and that the matter should be referred to the Committee on International Quarantine and subsequently be presented for the consideration of the next World Health Assembly. But considering that most of the countries classified as yellow-fever receptive areas, while naturally concerned about the possibility of the introduction of yellow fever into their territories—and they have our sympathy in the matter—are already protected for a five-year period by the reservations they presented to the International Sanitary Regulations (and which were approved by the Fifth World Health Assembly in 1952), the Brazilian delegation, considering that those countries will not be at all endangered by the enforcement of the present Regulations, fails to understand why it is intended to adopt provisional solutions which are illegal, since they violate existing regulations, and are at the same time technically unsound and entirely in disaccord with the present epidemiological picture of yellow fever in the Americas.

The delineation proposed by the Working Party will not give to those receptive countries the protection they are seeking, since most of the areas included in the 1933-1944 delineation have been silent for a long time. On the other hand, areas outside the delineation which could be considered active were not included.

Therefore the Brazilian delegation calls the attention of this Assembly to the responsibility of adopting a decision which is illegal, scientifically incorrect, and, as stated just now by the Director-General “if not a justiciable violation of the Regulations, at least a clear violation of the spirit and intention of them”.

Finally, I would like to state that we do not consider the International Sanitary Regulations unchangeable. In fact, their main virtues reside in their flexibility and possibility of adaptation to the evolution of science. However, since they are in fact an international treaty, none of the parts can be suspended or abrogated without its being done by WHO in the proper way. If, nevertheless, this Assembly takes a decision against this point of view, the Brazilian delegation wishes to make clear now that its Government will not accept the legal validity of that decision.

The President: Thank you, Dr Braga. Dr Hurtado of Cuba.

Ambassador Hurtado (Cuba) (translation from the Spanish): Mr President, fellow delegates, before approving or voting on the recommendations put forward by the Working Party with regard to yellow fever, and in particular with regard to the delineation of yellow-fever endemic zones, the Cuban delegation wishes to repeat before the plenary session of this Assembly its statement to the Working Party in connexion with these recommendations—a statement which is, in fact, in complete accord with what the Director-General has just said.
The putting into operation of the recommendations in question, and in particular of paragraph 4, would amount to suspending application of something established and still in force in the Regulations. We give the name of International Sanitary Regulations to the rules we have agreed to apply in the interests of world safety, but from the legal point of view they constitute an instrument of international law with all the force of a convention. This instrument was established in the light of relevant and special needs. It was promulgated and in the course of time its various provisions were duly clarified. It is intrinsically the outcome of careful study by experts and technicians in the field in question. And to this work was added the spontaneous endorsement of this international instrument by Member governments, who certainly consulted their experts before adhering to it.

The delegation of Cuba wishes respectfully to draw the attention of this Assembly to the fact that it is not within our competence to introduce, by our ordinary procedure, amendments into a convention whose text itself contains all the provisions establishing the procedure by which changes can be introduced, and that consequently any attempt to make a de facto modification by rendering ineffective or suspending the application of regulations which are legally binding would be a violation of the terms of those regulations which, in any case, the Assembly is not juridically competent to amend.

Furthermore, our protest is more than justified from two points of view. In the first place, gentlemen, we protest as technicians, as public-health officials, as experts, and we appeal especially to those whose painful duty it has been and is to deal with these terrible scourges which are still wrongly termed "tropical" diseases—as though they existed only in the tropics. I repeat that the health technicians agreed on the procedure to be adopted. Their opinions must be respected and this Assembly must give all possible support to those technicians. It is inadmissible—and this, I would remind the Assembly, was the gist of my initial protest at the opening of the Assembly—that in a body composed of technical experts proper and of political elements these latter—however respected and necessary—should fail to follow the lead of the technical elements in specialized fields such as ours.

Moreover, it must not be forgotten that it was in our country that the American international health instrument known as the Pan American Sanitary Code was deposited and that this Code constitutes the basis of our continent-wide organization—an organization which should be listened to and consulted, not because of mere presumption on its part, but because it represents a body of men devoted to the cause of public health over the whole of a great continent, a body with well organized services, a legal entity, which has even celebrated its jubilee. The Pan American Sanitary Code, the offspring of the Pan American Sanitary Organization, envisaged its technical problems against this background and in these circumstances. Who would deny that technical matters can be revised? Of course they can be revised, but they must be revised periodically, at the proper time, and on the basis of technical considerations. It was in this way that the amendments to the Pan American Sanitary Code evolved—by means of technical revision. Our technicians said: these measures are out of date, these measures hamper world traffic—and immediately changes were initiated on a technical basis. But side by side with the technicians who made the recommendations, the jurists representing the authorities also carried out the necessary reforms, and I invite the Assembly to examine the documentation established at Havana where the Additional Protocol, the Protoco Anexo, was signed, amending the Pan American Sanitary Code in order to introduce the reform and adapt the Code to the provisions of WHO Regulations No. 2, bearing in mind in particular the technical and juridical requirements.

Finally, gentlemen, what is to become of the Organization's prestige from the technical point of view for example, if, in the first place, it approves amendments which have absolutely no scientific basis, and secondly, violates principles in an unheard-of manner, ignoring the special procedure with regard to amendments in a way which cannot be other than prejudicial to the Organization's reputation as a reliable and serious body?

The Government of Cuba wishes to lodge a formal protest against such flagrant violation, from the legal point of view, in the technical field of a point on which international law is clearest. Moreover, we Cuban technicians protest even more strongly than the Government because it might, in fact, be admissible to ignore formal procedural rules if we were presented with scientific truth as it emerges from the crucible of scientific fact, but not when non-existent scientific principles are invoked merely to serve the political ends of certain regions which form part of the Organization. The Pan American Sanitary Organization will not be a party to this. It is for this reason that most of the American republics are in favour of an amendment which might perhaps save the situation to some extent, although in fact the best and simplest way would be to reject outright the recommendations made here and to
adhere exclusively to the provisions of the Code. The Code makes its own provisions for the introduction of changes. The Regulations themselves establish the procedure to be adopted. Let us respect this procedure if we wish to keep our self-respect.

The President: Thank you, Dr. Hurtado. I now call on the delegate of India.

Dr. Lakshmanan (India): Mr. President, fellow delegates, only yesterday the Working Party which was given the task of examining the report of the Committee on International Quarantine and making appropriate recommendations decided that, in view of the difficulties of application of certain portions of the International Sanitary Regulations relating to yellow fever as they stood at present, a recommendation be made to the Seventh World Health Assembly to adopt a resolution, the text of which appears at the end of the report of the Working Party. Today we find that a number of amendments have been proposed to the resolution.

The subject under discussion, and in particular the delineation of yellow-fever endemic zones, is of very great importance. There are many countries in the world where yellow fever has not occurred so far but where, if it were introduced, there would be very serious danger of a widespread outbreak of the disease. In these countries the population is not immune to the disease; there is heavy infestation with the insect vectors of the disease, and the simian population will act as reservoirs. In order to prevent the introduction of the disease into such areas, certain provisions have been made in the International Sanitary Regulations in respect of travellers and aircraft proceeding from yellow-fever endemic areas to receptive areas. It is therefore necessary to delineate such areas. At the time of the adoption of the International Sanitary Regulations the UNRRA delineation of yellow-fever endemic zones, with the modifications made in that delineation in 1950 and 1951 by the World Health Assembly and the Executive Board of WHO, was allowed to be observed until such time as the World Health Organization, after due consideration in consultation with the countries concerned, made a fresh delineation. The Expert Committee on Yellow Fever which met at Kampala from 14 to 19 September 1953 considered inter alia the question of delineation. That committee in its report, given in document WHO/YF/25 Rev.1,\(^1\) says in section 3.1:

Throughout the meetings it had become obvious that most members of the Committee were seriously

dissatisfied with the definition of a yellow-fever endemic zone given in Article 1 of the International Sanitary Regulations, and that in fact it was impossible to make some of the delineations and decisions requested while this definition was maintained.

The Expert Committee has suggested that the definition of yellow-fever endemic zones be altered to read as follows:

A yellow-fever endemic zone is an area in which yellow-fever virus is maintained in a form recognizable clinically, biologically or pathologically, in man or in some other vertebrate or arthropod host.

It is regrettable to note that in spite of the recommendations of the Expert Committee on Yellow Fever, the Committee on International Quarantine of WHO has chosen to recommend the delineation of yellow-fever endemic zones based on the definition as it now stands, the justification advanced by it for that recommendation being that legally that is the only course open to it and that any departure from that would be clearly illegal.

Mr. President, it is the opinion of my delegation that matters of such vital importance to receptive countries should not be decided on a purely legal basis, but that due regard should be paid to the scientific aspect of the question before a decision is taken. From the scientific aspect the definition is faulty, and because of a faulty definition, countries like Brazil are proposed to be conceded the right of exclusion from that zone. If their requests are conceded, it is the view of my delegation that such a procedure is fraught with great danger to the receptive countries. Jungle yellow-fever does exist in most of these countries which now would like to be removed from these areas. It has been reported that in Brazil alone during the years 1950 to 1953 there were 4000 to 6000 cases, with 2000 to 3000 deaths. Although the urban areas may be free from Aëdes aegypti, as claimed by the Brazilian authorities, there will be many occasions when people from Aëdes-free cities will go to the infected jungle area and contract infection. On their return to the cities such persons will transmit the infection to others, if a vector is present. In the absence of a vector—and Brazil claims to have eradicated Aëdes from the cities—there is no danger of the infection spreading in those cities; but if an infected person chooses to take the first plane for a receptive area and arrives there in the incubation period of yellow fever, he will certainly infect Aëdes in that country and set off an epidemic. The same argument will hold good in the case of other countries also, where there is only
jungle yellow-fever and Aedes aegypti has been eliminated from the urban areas.

Mr President, knowing as we do that jungle yellow-fever cases are still occurring in some of these countries which would like to be excluded from the yellow-fever endemic zone; knowing also that all the receptive countries are not yet in a position to eradicate Aedes from their vast territories; realizing that introduction of the virus in a receptive country may set off an epidemic of yellow fever of unpredictable proportions; and realizing that any laxity in species sanitary measures may cause the reappearance of the vector species of mosquitoes, I submit on behalf of my delegation that we should take no steps which would expose a receptive country to the risk of yellow fever, however small that risk may be.

In the light of the facts stated above and in view of the decision arrived at by the Working Party, the World Health Assembly will be taking on itself a very grave responsibility if it goes counter to the decisions of the Working Party. Should any unfortunate incident occur consequent upon such a decision, the trust and confidence reposed by Member countries in the World Health Assembly would be seriously imperilled. The Indian delegation therefore very strongly supports the recommendation of the Working Party on the question of the delineation of yellow-fever endemic zones.

The President: Thank you, Dr Lakshmanan. I now call on the delegate of Belgium.

Dr Duren (Belgium) (translation from the French): Mr President, fellow delegates, the delegation of the Netherlands has kindly authorized the Belgian delegation to state that it associates itself with us in submitting document A7/38. Document A7/35 therefore serves no further purpose. There is a slight error in document A7/38 which should be corrected: in the second paragraph of the proposed amendment the words "will not apply to local areas." should be "will not affect local areas." 1

1 The amendment sponsored by Belgium and the Netherlands was to replace paragraph 4 of the Working Party's draft resolution by the following:

RECOMMENDS interested governments not to apply paragraph 2 of Article 70 of the Regulations pending the decision of the Eighth World Health Assembly concerning changes in the provisions with regard to yellow fever to be proposed to it by a future Committee on International Quarantine assisted by yellow-fever experts.

These recommendations will not affect local areas in which yellow fever, should it occur, can only be transmitted by Aedes aegypti, provided the terms of paragraph 2 of Article 70 apply to such areas, it being understood that health administrations will vaccinate against yellow fever all persons proceeding from endemic zones and arriving in such local areas on an international journey to a yellow-fever receptive area.

I now come to my main reason for addressing you, Mr President and fellow delegates, I would like to explain the spirit in which the two delegations in question have submitted the amendment you have before you. They were guided by two considerations. In the first place, both delegations wished to take into account the warning issued by the Director-General. In his note of 19 May 1954, the Director-General pointed out to the Working Party the danger of adopting a text which might be considered as a violation of the spirit and intention of the Regulations. The first part of the amendment is inspired by the desire of both delegations to bear in mind this warning. This part of the amendment is not contrary to either the text or the intention of the article: complete liberty of action is left to governments, simply a recommendation being made. Our two delegations then endeavoured to find some common ground on which the two opposing sections of the Working Party could meet. The whole of the amendment, but particularly the second part, indicates the intention of its sponsors. Anxious to make their proposed amendment still more acceptable to both sides, they took the liberty of submitting a modification to you at the last moment, that is, the text appearing in document A7/38. They hope that you will accept this text, even though it reached you at the last moment. It is in this spirit that the two delegations ask you to consider this amendment, in the hope that it will enable us to find some common ground and conclude our discussions in a friendly and not in a contentious spirit.

The President: Thank you, Dr Duren. I now call on the delegate of Brazil.

Dr Braga (Brazil): Mr President, honourable delegates, you must excuse me for coming back, but I would like to make just a few remarks. Of course, we are not here to discuss the epidemiological aspects of yellow fever; I would like only to state that this problem of yellow fever concerns Brazil much more than anything else. We are doing our best to control the problem, and I can tell you now that we have not had a single case in a population of 55 million inhabitants for a long period of time. I would like to say first that Brazil is entirely agreeable to having this problem completely revised and re-studied. Secondly, Brazil feels that if this question is referred to the Committee on International Quarantine and decided at the next World Health Assembly, that is not going to cause any danger to the countries which are perfectly right in being concerned about the problem and with which Brazil would like to cooperate in order to avoid the possibility of introd.
tion of yellow fever into their territories. But since those countries are covered by a long period of protection, they can take any measures they want. We in the Brazilian delegation cannot see the reason for the hurry. This problem will be solved at the next World Health Assembly, and Brazil will be in agreement with whatever is decided after the free technical discussions in the Quarantine Committee.

I should like, before I leave this rostrum, to show you just a single aspect. Two American countries—Cuba and the United States of America—are as receptive to yellow fever as other countries which have Aedes aegypti. But both those countries have been having an intense traffic of passengers every day, year after year, and not a single case of yellow fever has occurred in those countries. And they are subscribing to the amendment to have the situation completely revised and re-studied. These are the only remarks I want to make to you.

The President: Thank you, Dr Braga. The delegate of the Netherlands.

Dr van den Berg (Netherlands): Mr President, fellow delegates, the delegate of Belgium has very clearly expressed the opinions not only of his delegation but also of our delegation as regards the intentions of our amendments, and it is not necessary for me to add any words in that respect.

But I should like to make some remarks concerning another point.

In the first place, we have also an amendment submitted by the delegations of Argentina, Brazil and some other countries, and we have the feeling there is an error in this amendment. The amendment says “Delete sub-paragraph 4 under paragraph I in the first draft resolution at the end of the report.” That resolution begins “The Seventh World Health Assembly” and continues “4. DECIDES that pending...” and so on. Now the amendment proposes to delete paragraph 4 and to include “The Committee decides...”. I think this is an error which it would be wise to correct.

Mr President, the Director-General has made a very valuable contribution to this discussion. He has given his opinion on what is also, in the minds of all the delegations, a very dangerous point in the report of the working group. It might be important for the Director-General also to be prepared to give his opinion on the amendments that have been introduced, in order to remove difficulties raised by the report of the Working Party.
"decides" should be capitalized. In the same sense, to improve the whole resolution it might be better if the final clause of the proposed amendment began as "and 5." deleting the word "further", so that it would become paragraph 5 of the draft resolution in the original proposal, and what is there 5 would then become 6.

With these remarks I now turn to the reasons why we have introduced, along with other States, the amendment to which I have just referred.

When the Regulations were adopted by the Fourth World Health Assembly in 1951 it was understood that some of the provisions would be unacceptable to a few governments, which might either reject the Regulations or make reservations with respect to them. The Fifth and Sixth Assemblies examined and accepted several reservations, the most numerous being those made by countries in the yellow-fever receptive areas. These reservations were accepted because the Assembly was of the opinion that the special conditions in these countries justified the extra precautions which they considered it necessary to take against the introduction of the yellow-fever virus. These countries will be entitled to continue to apply the special measures permitted under the reservations regardless of the decisions which this Assembly takes with respect to the delineation of the yellow-fever endemic zone. I mention this at the outset because it is pertinent to the matter here at issue.

The issue before the Assembly, therefore, is not to grant or withold protection to yellow-fever receptive areas; the issue is whether the decision taken by this Assembly will be in accordance with, or contrary to, the letter and the spirit of the Regulations now in effect. The report of the Committee on International Quarantine points out that certain provisions of the Regulations should be studied and that amendments to correct errors may be required. Until amendments are adopted the only legitimate course for the Assembly to follow is to give effect to the Regulations as adopted, subject to the exceptions which have been made by the Assembly's acceptance of reservations made in accordance with the provisions of the Regulations.

Coming now to the particular question at issue, the Committee on International Quarantine, acting pursuant to the resolution adopted by the Sixth Assembly, recommended a delineation of the yellow-fever endemic zones in Africa and in the Americas. The delineation in the case of the Americas was made in accordance with the provisions of the Regulations which define yellow-fever endemic zones. This delineation has been rejected by the Working Party, partly if not mainly for the reason that the Expert Committee on Yellow Fever at its second session refused to recommend it because it considered the definition "yellow-fever endemic zone" unsatisfactory.

It should be noted that the opinion expressed by the Expert Committee on Yellow Fever which met at Kampala last year was diametrically opposed to the opinion expressed by the Expert Committee on Yellow Fever at its first session. Instead of recommending an amendment of this definition, which would have been the appropriate course for the Working Party to take if it concurred in the opinion expressed by the Expert Committee, the Working Party has proposed that the Assembly adopt the delineation provisionally made by the Director-General on the basis of the 1933 Convention and the 1944 Protocol, which were superseded by the International Sanitary Regulations. In making this delineation the Director-General made it clear that he felt compelled to apply it in the absence of any delineation made by the Assembly in accordance with the Regulations. I think we all agree that in the circumstances which existed on 1 October 1952 the Director-General chose the better of the alternatives open to him. This Assembly has a responsibility of taking such action as is feasible at this time to establish the yellow-fever endemic zones in accordance with the terms of the definition of the yellow-fever endemic zone and of paragraph 1 of Article 70 of the Regulations. In section 1 of the English text of the report of the Working Party, it is stated that the Working Party heard objections raised against the desirability of providing, by amendment of the Regulations, for derogations to be made from the Regulations. Surely it is more objectionable for any derogation to be made without amendment?

The seriousness of the question which has been placed before the Assembly by the draft resolution submitted by the Working Party has been brought to our attention by the Director-General. The United States delegation shares the opinion expressed in the Director-General's statement and for that reason has joined with other delegations in proposing an amendment to the draft resolution submitted by the Working Party in its report. You have the text of this amendment before you in document A7/36.1

1 This amendment (submitted by the delegations of Argentina, Brazil, Costa Rica, Dominican Republic, Ecuador, Nicaragua, Panama, Paraguay, Peru, and the United States of America) read as follows after the incorporation of the drafting changes suggested by the Netherlands delegation:

Delete sub-paragraph 4 under paragraph I in the first draft resolution at the end of the report of the Working Party on International Quarantine and substitute:
The effect of its adoption would be to accept the delineation recommended by the Committee on International Quarantine acting in accordance with the resolution adopted by the Sixth Assembly—a delineation which does not violate the provisions of the Regulations. The terms of this amendment take full account of the fact that the present definition of the yellow-fever endemic zone is considered by some experts and some governments to be unsatisfactory. Furthermore, as pointed out at the outset, its adoption—which we strongly urge—would not deprive the countries which feel themselves particularly exposed to the threat of yellow fever of the right to take the special measures for their protection which they have been accorded by the Assembly's acceptance of their reservations.

In conclusion, I would emphasize the importance of the decision which the Assembly is taking. The responsibility placed upon the World Health Organization of adopting International Sanitary Regulations which would replace the International Sanitary Conventions solemnly concluded was heralded as the most progressive step ever taken in international quarantine. We are now called upon to make a momentous choice, one that will show the world our belief in the Regulations which an earlier Assembly adopted, or, conversely, one that will show the world our inability to maintain in jungle animals over long periods of time. As the definition of a yellow-fever endemic zone requires evidence of the maintenance of the virus, it is submitted that the inclusion of the territories of Northern Rhodesia and Nyasaland in a yellow-fever endemic zone does not warrant an administrative act based on expediency, and that it would not be in conformity with the International Sanitary Regulations. I again quote from the first report of the Committee on International Quarantine, document WHO/IQ/13, states in section 32, in a paragraph which deals with the delineation of the southern boundary of the yellow-fever endemic zone in Africa that "such delineation is evidently not in conformity with the terms of the definition of the yellow-fever endemic zone but is only one of expediency".

The situation in Northern Rhodesia and Nyasaland has been set out in document A7/IQ/WP/3, which was circulated to the Working Party. Therefore I will not go into great detail. Briefly: in the region of Africa under consideration, which is that stretch of country lying to the south of the southern boundary of the yellow-fever endemic zone as at present delineated, no known case of yellow fever has ever occurred, and the disease has never been known to occur in jungle animals. There is as yet no shred of evidence that the virus of yellow fever persists or is maintained in jungle animals over long periods of time. As the definition of a yellow-fever endemic zone requires evidence of the maintenance of the virus, it is submitted that the inclusion of the territories of Northern Rhodesia and Nyasaland in a yellow-fever endemic zone does not warrant an administrative act based on expediency, and that it would not be in conformity with the International Sanitary Regulations.

4. DECIDES that pending the decision of the Eighth World Health Assembly the delineation of the yellow-fever endemic zones recommended by the Committee on International Quarantine shall be adopted, it being understood that the health administrations of the countries which have been excluded from the delineation, the whole or part of which were included in the 1933/44 delineation, will furnish quarterly returns of the Aëdes aegypti index throughout the territories to the World Health Organization; that the health administrations of the territories in which jungle yellow-fever exists will notify under Article 3 of the Regulations any human cases of yellow fever not transmitted by Aëdes aegypti or other domiciliary vector; and that these health administrations shall specify the areas involved and will immunize against yellow fever persons coming from areas so notified and embarking on an international voyage; and

5. RECOMMENDS to the governments concerned to refrain from making any application of subparagraph 2 of Article 70 of the Regulations for the removal of any additional territory from the yellow-fever endemic zone as defined above pending the decision of the Eighth World Health Assembly on any revision of the yellow-fever clauses of the Regulations which may be submitted by the Committee on International Quarantine at its next meeting.

1 The amendment proposed by the Federation of Rhodesia and Nyasaland was the insertion, after the words "shall be adopted" in the first paragraph of the amendment proposed by the delegations of American countries (see previous footnote) of the following:

"except as regards the southern boundary of the endemic zone in Africa, which shall remain as provisionally delineated by the Director-General.".

2 Off. Rec. Widl Hlth Org. 56, 51

3 Unpublished working document


The President: Thank you, Mr Calderwood. I now call on the representative of the Federation of Rhodesia and Nyasaland.

Dr Mackenzie (Federation of Rhodesia and Nyasaland): Mr President, fellow delegates, I regret that at this stage it is necessary to put forward an amendment to an amendment, but the amendment which is before you in document A7/36 would, if accepted, alter the southern boundary of the yellow-fever endemic zone in Africa. The Government of the Federation of Rhodesia and Nyasaland protests, and therefore I have on behalf of my Government submitted a further amendment, which is in document A7/39.1 The first report of the Committee on International Quarantine, document WHO/IQ/13, states in section 32, in a paragraph which deals with the delineation of the southern boundary of the yellow-fever endemic zone in Africa that "such delineation is evidently not in conformity with the terms of the definition of the yellow-fever endemic zone but is only one of expediency".

The situation in Northern Rhodesia and Nyasaland has been set out in document A7/IQ/WP/3, which was circulated to the Working Party. Therefore I will not go into great detail. Briefly: in the region of Africa under consideration, which is that stretch of country lying to the south of the southern boundary of the yellow-fever endemic zone as at present delineated, no known case of yellow fever has ever occurred, and the disease has never been known to occur in jungle animals. There is as yet no shred of evidence that the virus of yellow fever persists or is maintained in jungle animals over long periods of time. As the definition of a yellow-fever endemic zone requires evidence of the maintenance of the virus, it is submitted that the inclusion of the territories of Northern Rhodesia and Nyasaland in a yellow-fever endemic zone does not warrant an administrative act based on expediency, and that it would not be in conformity with the International Sanitary Regulations. I again quote from the first report of the Committee on International Quarantine, document WHO/IQ/13. In the second paragraph of section 32, dealing with the delineation of yellow-fever endemic zones and yellow-fever receptive areas, appears the following: "The Regulations, as at present in force, are the exclusive legal basis of the recommendations made under this heading. Any departure from this basis would clearly have been illegal."
Therefore, Mr President, with these facts as a background my Government submits most urgently that there is no case for the inclusion of the Northern Rhodesia and Nyasaland territories in the yellow-fever endemic zones, and my Government entreats that such inclusion be at least postponed pending the completion of the investigations into the epidemiology of yellow fever now in train in these two territories, and also pending the revision of the International Sanitary Regulations as proposed by the Working Party. Should the territories of Northern Rhodesia and Nyasaland be included in the yellow-fever endemic zone now it would be necessary, regretfully, for my Government to reserve its position.

The President : Thank you, Dr Mackenzie. I call on the delegate of Venezuela.

Dr Castillo-Rey (Venezuela) (translation from the Spanish) : Mr President, fellow delegates, much emphasis has been laid, both in the Working Party and in the Assembly, on the fact that the proposals with regard to delineation and alteration of yellow-fever endemic zones are based on the validity of a scientific decision taken by the Expert Committee on Yellow Fever. In the face of this argument, I must first of all make an observation which I think has also been made by other delegates, namely that the opinion expressed in the second report of the Expert Committee on Yellow Fever differs fundamentally from that given in a first report; and I wonder why the second opinion should be considered better than the first. It should be remembered that the first was rejected by the Assembly.

The other remark I have to make is that in any case the Expert Committee on International Quarantine is a scientific body with as much authority and worthy of the same confidence as the Expert Committee on Yellow Fever. There is no reason to consider the opinion of the one as more valuable than that of the other, except on a somewhat a priori basis. Moreover, those who maintain that our decisions must be based on technical and scientific considerations are precisely those who, in the Working Party, opposed (with a very small majority in the voting) the suggestion that one of the most authoritative experts on yellow fever should be called upon to give explanations to the Working Party on this problem, even though the expert in question was the Director of the Pan American Sanitary Bureau, which is one of the bulwarks of the Organization. It would seem, therefore, that scientific considerations are invoked when they are useful, but not necessarily as fundamental or general principles. The new definition proposed for the classification of yellow-fever endemic zones is perhaps very rigid from the scientific point of view. On the other hand it completely fails to take into consideration any of the epidemiological criteria for judging the situation, and it is those criteria which should be given primary consideration in these cases.

Finally, Mr President, the delegation of Venezuela would deeply regret the adoption of the Working Party’s resolution, since it implies a complete disregard of the International Sanitary Regulations in so far as the delineation of yellow-fever endemic zones is concerned. The delegation of Venezuela wishes to make it clear that it reserves the right to base itself on the Regulations in question, since they constitute the only legal text applicable to this case. Furthermore, if the Working Party’s resolution is approved, my country reserves the right to study very carefully the new situation which will arise from the above-mentioned disregard of and contempt for the Regulations which this resolution represents. It is obvious that if the World Health Assembly repudiates one of its own legal texts which has the force of an international treaty, doubts will arise concerning the raison d’être of the treaty itself and it may eventually be considered as non-existent. For these reasons, my delegation strongly supports the amendment which has been put forward by various American countries.

The President : Thank you, Dr Castillo-Rey. I now call on the delegate of the United States of America.

Mr Calderwood (United States of America) : Mr President, fellow delegates, I should really like to say on behalf of my delegation that we are willing to accept the amendment proposed by the representative of Rhodesia and Nyasaland, but subject to the concurrence, of course, of the other delegations which joined us in proposing this amendment.

The President : Thank you, Mr Calderwood. Dr Braga of Brazil.

Dr Braga (Brazil) : Mr President, the Brazilian delegation is quite agreeable to accepting the amendment proposed by the representative of Rhodesia and Nyasaland.

The President : Thank you, Dr Braga. This brings to a close the names of those on my list with reference to this document before us. Rule 59 of the Rules of Procedure states:

When an amendment to a proposal is moved, the amendment shall be voted on first. When two or more amendments to a proposal are moved, the Health Assembly shall first vote on the amendment deemed by the President to be furthest removed in substance from the original proposal, and then on
the amendment next removed therefrom, and so on, until all the amendments have been put to the vote.

The original proposal is the draft resolution contained in document A7/33, that is to say, the report of the Working Party.

Furthermore, when an amendment is proposed to an amendment, the amendment to the amendment is voted on first. In this regard delegations will have noted that document A7/38 proposes an amendment to document A7/35.

I should like to inform you that the Chair deems document A7/36 the furthest removed from the original proposal. Therefore, we shall first vote on the amendment in document A7/36, as amended by that in document A7/39, which was accepted by those proposing it.

Dr van den Berg of the Netherlands.

Dr van den Berg (Netherlands) : Mr President, fellow delegates, in your explanation you have given the impression that in your opinion there are still two amendments from Belgium and the Netherlands. As a matter of fact only the document A7/38 stands; the other one was withdrawn.

The President : Thank you very much, Dr van den Berg. However, the Chair still rules that document A7/36 as amended by document A7/39 takes precedence. Therefore, will all those who are in favour of the amendment as found in documents A7/36 and A7/39 please raise their cards? Those against? Abstentions? The result of the voting on the amendment is as follows: In favour, 23; against, 23; abstentions, 13. Therefore, the amendment is lost.

The delegate of Brazil.

Dr Braga (Brazil) : Mr President, may I, according to the Rules of Procedure, ask you to take a roll-call on this matter?

The President : May I call the attention of the delegate of Brazil to the fact that we have completed taking a vote on that particular amendment. If you wish for that to be done over again, we shall have to take a vote and get a two-thirds majority. Therefore, if it is still your wish that we take another vote, we shall vote on whether or not it is agreeable to the Health Assembly to take a second vote on your desire to have a roll-call vote on the decisions we have already made. Is that your wish?

The delegate of Spain.

Mr de Erice (Spain) (translation from the Spanish) : Mr President, fellow delegates, the Spanish delegation would respectfully point out that in a number of international organizations permission to take a roll-call vote, as requested by the Brazilian delegation, can be accorded after a vote by show of hands, particularly when the latter has resulted in a tie, in order to avoid the possibility of the proposal being rejected owing to a miscount of the votes. This procedure, Mr President, has been adopted on very many occasions in other international organizations and the Spanish delegation, therefore, supports the request of the delegate of Brazil for another vote, by roll-call.

The President : May I first read for your benefit Rule 66 of the Rules of Procedure, which runs:

The Health Assembly shall normally vote by show of hands or by standing, except that any delegate may request a roll-call, which shall then be taken in the English alphabetical order of the names of the Members.

However, if you will recall, we first asked for a vote, and that vote was by show of hands. The vote was completed, and nothing was said before the voting was done. Of course, if you disbelieve that the counting was correct then we can probably do it over again. But so far as the Chair can see we have sufficient people checking one another, making the count as the cards are raised. However if there is any doubt in your mind whatsoever that the counting was accurate, then naturally we have to give you the benefit of the doubt.

The delegate of Uruguay.

Mr Nogueira (Uruguay) (translation from the Spanish) : Mr President, I am in agreement with the honourable delegate of Spain. I would add, moreover, that in doubtful cases there is always the possibility that a mistake has been made in counting votes from the rostrum. I would also mention another point: if in the interests of justice a two-thirds majority is necessary—as the President believes to be the case here—a roll-call of the delegates voting against the proposal should also be taken. I believe that the decision of the Assembly should be unanimous and that it should be reached in a spirit of collaboration.

The President : Thank you. The delegate of Belgium.

Mr Geeraerts (Belgium) (translation from the French) : Mr President, I know that it is sometimes difficult to maintain procedural uniformity but we
The President: Thank you, Mr Geeraerts. The delegate of the Netherlands.

Dr van den Berg (Netherlands): Mr President, fellow delegates, I happen generally to be quite in agreement with the honourable delegate of Belgium, who has just addressed this meeting; but in this special case, Mr President, I am very sorry that I cannot agree. He has rightly stated that we had a similar case in the Committee on Administration, Finance and Legal Matters, and there, to my mind, Mr President, a very terrible mistake was made. But because this mistake was made in the Committee on Administration, Finance and Legal Matters, I cannot see why we should repeat the mistake here. In my opinion, a roll-call vote is for two purposes: in the first place, to put the vote on record, and in the second place, in cases of doubt, to make it quite clear what is the result of the vote. Now, we have here a very important case and our delegation has voted against the American amendment—of course, Mr President, because we are of the opinion that the combined Belgium/Netherlands amendment is much better than the American amendment. Nevertheless, we should not like to feel that we were not quite sure in this Assembly of the result of the voting, and I should not like to see our amendment accepted because there might have been an error at the first vote on this amendment. Therefore, Mr President, my delegation is very much in favour of having a roll-call to make the results of the voting quite sure; and we hope that the result will be the same, and the better amendment will be accepted.

The President: Thank you, Dr van den Berg. Dr Hurtado of Cuba.

Ambassador Hurtado (Cuba) (translation from the Spanish): Mr President, delegates, in connexion with this incident I am obliged to say that the arguments put forward by the delegation of Belgium are, with all due respect, weak, inconsistent and inappropriate. They refer to what happened in a committee when a two-thirds majority was required and when the count showed that one vote was lacking to make up that two-thirds majority, whereas we are now confronted with an entirely different case.

Why has the Brazilian delegation asked for a roll-call vote? Certainly not merely to embarrass the Assembly or to waste time, but because there is a tie, the votes in favour and against being equally divided, according to the count of the vote by show of hands. The honourable delegates are all highly respected and excellent persons but they are nevertheless human, and from this rostrum every card raised may not be clearly visible. If those who voted against the amendment consider that the voting did in fact go in this direction, if they are absolutely certain that the vote is in their favour and if, moreover, they are quite convinced that there has been no mistake, there is no reason at all why this tie—which may after all be a mistake—should not be finally decided by the safer process of a roll-call vote.

The facts are as follows: there was a tie and the possibility that there may have been a mistake cannot be altogether excluded. There is only one way of making certain and that is to take a roll-call vote, so that everyone can confirm his vote. The roll-call vote will enable us to see whether we were right or whether some mistake was made.

The President: Thank you, Dr Hurtado. The delegate of the United States of America.

Mr Calderwood (United States of America): Mr President, fellow delegates, I do not want to get into an argument on the procedure here, but I wonder if we have not something that might help us out in Rule 62. This states that when a proposal has been adopted or rejected it may not be reconsidered at the same session unless the Health Assembly by a two-thirds majority of the Members present and voting so decides. This motion was not rejected; it was merely not adopted. The only instances where a two-thirds vote is required is where it has been adopted or rejected; this is simply not adopted.

The President: Thank you, Mr Calderwood. In this question there are only two sides: either you have adopted it or you have rejected it. According to the vote which we took, the motion was lost; and when a motion is lost it means that it is rejected. I see no other interpretation to give to Rule 62 of the Rules of Procedure. In keeping with this rule, of course, we may take another vote, but in order to do so we must have a two-thirds majority. However, since the Chair believes in peace and harmony, I
would rule that in this case we have a simple majority if you wish to re-vote on the issue. If you do not wish to vote again on the issue, of course, it will be shown from your voting.

Will all those who are in favour of voting again on this motion—that has been lost so far as the Chair is concerned—raise their cards? Those who are in favour of voting again. Now those who are against taking another vote. Abstentions, if any?

The result of the voting—that is to re-count, to vote again, on the same issue which you originally rejected: in favour, 24; against taking another vote, 31; abstentions, 3. Therefore there is no more voting to be done on this particular amendment; and, further, this of course substantiates the fact that the counting so far as the Assembly is concerned was correct. Thank you very much for your vote and for your support of your chairman.

We now vote on the amendment proposed by the delegation of Belgium; it is found in document A7/38. Will all those who are in favour of this amendment please raise their cards? Those against, please raise their cards. Abstentions? Thank you.

The result of the voting is as follows: those in favour of the amendment, 28; against, 15; abstentions, 11. Therefore the amendment is accepted.

Now that we have completed voting on the various amendments to this paper of the Working Party, we have to take a vote on the resolution as a whole, to which, with your permission, I shall add a paragraph 1 at the beginning, which will read as follows: “1. ADOPTS the report of the Working Party;” thereby changing the remaining numerals of the other paragraphs accordingly.

Will all those now in favour of adopting the amended resolution of the Working Party on International Quarantine please raise their cards? Those against, please raise their cards. Abstentions?

The result of the voting is as follows: those in favour, 29; against, 1; abstentions, 27. Therefore the report and resolutions as amended are adopted.

We now come to the last page of the report as found in document A7/33: Reservations to the International Sanitary Regulations submitted by the Government of the Netherlands on behalf of Surinam.

Before putting this to a vote I shall call on the delegate of the Netherlands. He says he does not wish to speak now. Therefore will all those who are in favour of this resolution please make it known by raising their cards. Those against? Abstentions? Thank you.

The result of the voting on the resolution is as follows: those in favour, 43; against, none; abstentions, 3. Therefore the resolution is adopted. The delegate of the Netherlands.

Dr van den Berg (Netherlands): Mr President, fellow delegates, in Articles 19 to 23 of our Constitution are to be found the functions of the Health Assembly as a legislative body. My delegation feels that this is a very important function of the Health Assembly and that we should deal with it extremely carefully. We have to do this in general, we have to do it especially if we are dealing with Article 21, the problem of regulations. And, Mr President, we feel that we should be extremely careful if we are dealing with legislation that has such importance as our International Sanitary Regulations, because this deals with a subject which, as the past (this afternoon included) has shown, is a very difficult and sometimes very controversial item. Mr President, we feel that the Health Assembly can only fulfil this function in the right way if the preparation of the work during the Health Assembly is done in such a way that we can expect acceptable results. What has been the case during this Assembly? The work has been done in a working party which hardly had the time—it would be better to say, did not have the time—to deal in a very careful manner with the item. Work had to be done merely in spare hours, sometimes late in the afternoon, even as late as midnight. The work started too late, with the result that we have received the report very late, and, as is inevitable in such cases, we received the amendments very late, and the amendments had to be amended again, had to be withdrawn, Mr President. I am blaming nobody for this; if I had to blame anyone I would have to blame also my own delegation and its chief, in the first place. I am only recognizing the facts—that this is not legislative work at the level it should be. Now we have the results of this afternoon; we have the decisions just taken after some difficulties, with very small majorities. This should be avoided in the future, and therefore, Mr President, I should like on behalf of my delegation to express the wish that at future Health Assemblies all the work concerning the Sanitary Regulations should be organized in such a way that we can expect better and more generally accepted results than we have had in this Assembly.

The President: Thank you, Dr van den Berg.

This brings to a close the work of the Working Party on International Quarantine, and I wish at this time to thank Dr Morgan for the splendid work
he has done as Chairman of that committee, for making it possible to bring this report to us for you to act upon as you have. I wish also to thank the members, those who participated in the Working Party, for the excellent manner in which they handled the situation under consideration. I recall that often they met at night; and one night in particular they met until after midnight. So really you have definitely proven that you are interested in the international quarantine situation of your various governments. Thank you, Dr. Morgan, for what you have done.

If there is nothing else at present, the meeting is adjourned.

The meeting rose at 6 p.m.

ELEVENTH PLENARY MEETING

Friday, 21 May 1954, at 2.30 p.m.

Acting President: Sir Claude Corea (Ceylon)
President: Dr. J. N. Togba (Liberia)

1. Statement by the Delegate of Greece

The Acting President: The eleventh plenary meeting of the Seventh Health Assembly is called to order.

Before we take up the first item on the agenda, the delegate of Greece has expressed a desire to make a statement. I invite the delegate of Greece, Dr. Briskas, to speak.

Professor Briskas (Greece) (translation from the French): Mr. President, fellow delegates, in a few weeks a year will have elapsed since earthquakes of an unprecedented violence shook the islands of the Ionian Sea. More than 1000 dead and wounded, thousands of people homeless, entire towns and villages levelled to the ground—as though, in the terms of the report by the WHO representative, they had been subjected to combined, large-scale air and naval bombardments. This was the tragic balance-sheet of the disaster. And to make matters still worse, the initial earthquake that brought such ruin in its train was followed by secondary tremors which were unforeseeable and which created in an already sorely tried population a state of permanent anxiety, with psychological repercussions which prolonged and aggravated the effects of the physical suffering and material damage. If we could only believe that that catastrophe was a thing of the past! Unfortunately this is not the case since, as you have heard, there have recently been new and serious earth tremors, affecting even the mainland of Greece and bringing further tragedy and destruction in their wake.

If I refer to these catastrophes before the Assembly, it is because they provide a particularly striking example of the role WHO can play in international mutual assistance, particularly when a calamity strikes one of its Members. This aspect of the Organization's beneficent work is very little known because, happily, the occasions for it arise only exceptionally. The Greek Government from the outset took every possible step to bring help to the earthquake victims by distributing food and clothing and providing medical assistance; several thousands of the island inhabitants were evacuated to the mainland. However, although the Government showed its ability to cope with the situation, that in no way lessened its appreciation of the assistance given by WHO, which at once made $25,000 available for the purchase of disinfectants, water-supply conduits, rodenticides, vaccines and sera, and other products for bringing under control the serious sanitary situation which resulted from the catastrophe. The medical officer whom WHO immediately sent from the Regional Office for Europe as its delegate to the Greek authorities visited the devastated areas and collaborated very actively and effectively in the preparation and implementation of a plan for the relief and restoration of the devastated regions.

On behalf of the Greek Government, I have the honour to offer to the World Health Organization, to its Director-General, to the Director of the Regional Office for Europe, the heartfelt gratitude of my country, which from one end to the other has been deeply affected by the catastrophe in the Ionian Islands. At a moment when international relations present so many difficulties, when they are strained by so much reciprocal misunderstanding and even, alas, hostility, it is comforting to find that
men can be entirely single-minded when they unite to relieve the suffering of their fellows. Over and above even the gratitude of my country, I would like to lay this supreme lesson before you as an example to be followed.

The Acting President: I would like to thank the delegate of Greece, Dr Briskas, for his statement, and say that we note with great appreciation his reference to the work done by the World Health Organization in connexion with the grave damage caused in his country by the earthquake.

2. Statement by the Observer for the Holy See

The Acting President: The observer for the Holy See has asked permission to make a statement at this stage. I would like to refer delegates to Rule 45 of the Rules of Procedure according to which observers of non-Member States may make statements, on the invitation of the President and with the consent of the Assembly. May I ask if the meeting will give permission to the representative of the Holy See to make a statement? Is there any objection? There being none, I have pleasure in inviting the observer for the Holy See to make a statement at the present time.

Rev. Father de Riedmatten (Holy See) (translation from the French): Mr President, delegates, I want to thank you for allowing me to address you today. First of all I should like to say how much the observers for the Holy See have appreciated the opportunity accorded them, by invitation of your Director-General, of following—for the fourth time—the work of the World Health Assembly.

The presence here of more than 60 delegations from Member States, the composition of your General Committee, your decision to hold the Health Assembly next year in Mexico City, are all proofs of the universal character of the responsibilities you have undertaken. In addition, many of you when addressing the Assembly have emphasized the continuity of your work with that of the past. I recall the reference to those Arabian physicians who many centuries ago established the reputation of schools which are still worthy of such ancestors, and, on the occasion of the award of the honours which are bestowed by the World Health Organization, I remember the eloquent tribute paid to the memory of those who were the immediate forerunners of our organization.

It is no doubt due to your desire to recognize all that has been done and is still being done in the field of health that my delegation is permitted to be present at your deliberations. The Church, in fact, since its foundation has always devoted the best efforts of its children to activities which take their inspiration from the words "I was sick and ye visited me". Its efforts in this field have never slackened, and without going back to a past which has earned the almost unanimous homage of medical historians, perhaps you will permit me to remind you here of the constant development of charitable undertakings in our own day—thanks to which the number of hospitals, dispensaries and other establishments is constantly increasing. As an example, may I mention that in an area which covers only so-called "under-developed" countries, one of our dicasteries reached during the financial year of 1950 about 60 million persons through its 3132 dispensaries, 1115 hospitals, 174 leprosaria and about 2000 homes, some for children and others for old people. This same spirit of charity is the basis of the total self-abnegation of thousands of monks and nuns vowed to the service of the sick; a more modest but perhaps more moving figure inspired by this same charity is the humble preacher of the Gospel, often the only person concerned with the same preoccupations as yourselves in many places where he assumes responsibility for men's bodies as well as for their souls.

You are not unaware of the Church's efforts to encourage progress in the field of medical science and to introduce the results of such progress into the faculties and schools which are run under its auspices in all parts of the world. We are glad to be able to greet within this very assembly more than one professor or ex-student of these institutions.

This undertaking of the Church operates, like your own, gentlemen, on a world scale. Like your own, it makes no distinction between those who benefit from it. In inviting us to this Assembly as observers you have shown your appreciation of these activities; we should like to think this will not be the full extent to which your organization will work to take into account the workers and the achievements of an enterprise which from so many angles deserves—and here I speak only from the point of view of health—to be called universal.

Mr President and honourable delegates, you may be assured that we for our part, being fully aware that co-operation by all men of goodwill is necessary if an adequate remedy is to be provided for the thousand forms that disease and its consequences take, are happy to know that WHO, an intergovernmental body, is vigorous and prosperous in spite of its youth. Thanks to it, an essential task of co-ordination and stimulation has been accomplished; new doors have been opened for common endeavour and for co-ordination of the efforts of all
countries in order to check disease and its consequences.

The Member States, which are all responsible to humanity—to an equal and yet varying extent—for fulfilment of the obligations established by your Constitution, can today affirm that their aspirations were not Utopian. The Director-General's Report for the past year is sufficiently eloquent in that respect and my delegation would like to offer him its cordial congratulations on the work accomplished during the first year of his mandate.

There are parts of the world where the number of the sick has dropped, where the danger of epidemics has been checked, where public health services function satisfactorily because WHO exists and because WHO works. What better reward can be asked by those who give of their very best at all levels of the Organization? What an encouragement also to your governments not to relax their efforts for the improvement and perfecting of the instrument which WHO in its first years has made available to them, and not to fail in the achievement of the aims they set themselves, not to disappoint the hopes they have raised!

It seems absurd that organizations such as yours should, in the interests of efficient operation, be affected by or have to take into consideration the distressing factors that characterize the world in which we live today. In the field of health are not all men bound together by bonds which leave them no means of escape? Must WHO adjust its aspirations and requests according to the political situation? Is the Organization presumptuous in assuming that no one would wish to limit his effort or endeavour in work which is so obviously for the common good? It is distressing that the reply to these questions should be even to a limited extent in the affirmative; but the difficulties which WHO is facing today are a consequence of the basic fact that man's striving after greater well-being and the elimination of the ills which beset or threaten him, goes far beyond the possibilities of technical skill. Your aim is to help men, not just the sick; you go to them as men, not just as physicians, as nurses, as expert advisers. This implies that, far from belittling whatever does not come directly within your field, you recognize the need to take into account values and efforts which ensure, through reciprocal frankness and mutual respect, the fulfilment of an ideal which is too high, too great, to be exclusive, too just and too true to be in any way restricted by those who have had a vision of it and decided to accept it.

When certain health specialists refer to what they classify as the factors of religious, cultural or social environment, one has the impression that these latter constitute in their eyes an obstacle to the work of the technician, who, if he takes them into account at all, merely puts up with them because he cannot eliminate them. As you are well aware, the contrary is true and a number of you drawn from very different surroundings have met and agreed on this point; only by frank acknowledgment and utilization of these factors can that "complete state" which is mentioned in your Constitution be achieved.

The long and rich experience of the Church enables us to affirm that health will certainly not suffer in any way from what is neither undue interference on the one hand nor harmful subordination on the other, but a harmonizing of all the best forces in human kind. The cordial welcome you have extended, officially and through personal contacts, over several years to the observers for the Holy See seems to us, Mr President and delegates, to be an assurance that these essential factors will be more and more effectively taken into account. These same considerations inspired the words of the Sovereign Pontiff in a recent address to a group of scientists concerned with health problems: "Have you not admired the supreme ease with which Christ cured the sick who were brought to Him? A look, a gesture of the hand, a word of comfort and the patient went on his way delivered from his infirmity, but above all purified in his innermost soul and conscience. Should you not also aspire to extend your action to the spiritual field? ... Animated by a deep love for mankind you will then be doing work which, in addition to its temporal efficacy, will acquire an eternal value."

The Acting President: I would like to thank Father de Riedmatten, the observer for the Holy See, for his statement.

Dr Togba took the Chair.

The President: Thank you very much, Sir Claude, for having conducted the affairs of the Assembly this afternoon.

3. Report of the General Committee

The President: We now come to the next item on our agenda, the report of the General Committee.¹ This report is contained in document A7/37.

As delegates know, the General Committee met daily throughout the Assembly and did its best to discharge the responsibility laid upon it by Rule 31 of the Rules of Procedure. The report now before the Assembly gives a very brief account of the

¹ See page 426.
recommendations agreed upon by the General Committee. The Assembly is invited to note the report. Are there any objections to our noting the report of the General Committee? If not, then the report is noted.

4. Other Business

Statement by the Representative of the United Nations Korean Reconstruction Agency

Mr President: The next item on our agenda is "Other Business". Under this item we have a list of speakers. Sir Arthur Rucker, representative of the United Nations Korean Reconstruction Agency, has asked for the floor.

Sir Arthur Rucker (United Nations Korean Reconstruction Agency): Mr President, honourable delegates, it is not my purpose to ask for more than two minutes of the time of this Assembly, for I realize how much business you have before you. But I did ask permission on behalf of the Agent-General of the United Nations Korean Reconstruction Agency to express our deep thanks to this organization.

In the terribly difficult task set us by the General Assembly of the United Nations—to assist the Government of Korea in the reconstruction of its country—we have received enormous help from you, Mr President and honourable delegates. A team was sent out, more than a year ago now, by the World Health Organization. It made a report upon which the health reconstruction of the country is being based. In addition to that, we are receiving from this organization great help in the procurement of all medical equipment and supplies. At this moment we are engaged upon the reconstruction and re-equipment of one of the three principal teaching schools and hospitals of Korea, and the equipment and supplies for this are at this moment being purchased on our behalf by WHO.

Mr President, I know how busy you are, but in this and in other ways we have had immense help. It was the wish of the Agent-General that I should tell you, and I am sure that the Government of Korea feels just the same, how grateful we are for this help. Thank you very much.

The President: Thank you, Sir Arthur. I now call on the representative of Tunisia.

Statement by the Representative of Tunisia

Mr Bouhajeb (Tunisia) (translation from the French): Mr President, fellow delegates, at the moment when, after three weeks of generous and fruitful efforts, another World Health Assembly is about to end its work and when the various delegations will be returning to their respective countries, I take the liberty of occupying a few further moments of your time.

Being relative newcomers to this Assembly, we are happy to be able to participate each year a little more effectively in its work. While following the discussions with interest and profit, we have become gradually more familiar with the pleasant order of the debates and with the seemingly complex procedural rules. The Tunisian delegation feels that in the main committees, sub-committees and working groups it has been able to present objectively the point of view of its Government on all the questions in which it is interested, and we are convinced that the various problems which concern us have been followed with understanding and interest.

Although the adoption by the Assembly of a resolution postponing for further study the question of the rights and obligations of Associate Members within the regional committees would appear to call for some comment, my remarks on this subject will be extremely brief and not inspired by any spirit of bitterness or disillusionment. Moreover, it is not only out of respect to the exquisite courtesy which appears to be part of the rules of procedure of this Assembly that I would like to offer our thanks to all the delegations which have spoken in favour of the extension of our rights within the regional committees, and in particular I would address such thanks to the Australian delegation. Without wishing to pursue the point, I would merely say that it seems a little regrettable that there was a certain lack of solidarity in the voting among the Member States of regional committees which had definitely and in an unambiguous manner declared themselves in favour of according full voting rights to Associate Members in meetings of regional committees.

However that may be, we leave this tribune in the hope that the Executive Board will decide to study this question with all the attention it deserves and that the arguments put forward by the Tunisian delegation at the time of the discussion will be found useful and worthy of consideration.

Realizing how disagreeable it is for the Assembly to be unable to find a definite solution to certain problems, and aware that certain prejudices may cast a shadow over particular items on the agenda which recur each year in the work programmes, we cannot but hope that the skies of Mexico will be more favourable to our aspirations than those of Geneva and that, on the basis of the recommendations of the next session of the Executive Board, the Eighth World Health Assembly will finally be able to find a
solution, within the framework of the Constitution, which will meet our wishes and be in conformity with the principles of the World Health Organization—generous and eternal principles which we would wish to write in letters of gold on our hearts and minds and which once more we shall carry back to our countries.

The President: Thank you, Mr Bouhajeb, for your comment. I now call on the delegate of the Philippines.

Statement by the Delegate of the Philippines

Dr Garcia (Philippines): Mr President and honourable delegates, we are concluding the Seventh World Health Assembly and I take this occasion to express the extreme pleasure and satisfaction of my delegation at the work accomplished here. What we have done is now history, but we return to our respective governments with inspiration from what has been accomplished and with the thought that we laboured unselfishly to make the world a better place.

As I look back on the work that we have done I can truthfully say that each and every one of us gave of his utmost, and that we have not been found wanting in the fulfilment of our task during the discussions and debates. There are perhaps some of us who have felt anxiety and alarm that we have some sort of disunity at times: there is no cause for fear; for while we do have divergent views regarding the problems which we face in the Organization, or on our manner of approach and attitude, which I consider healthy, we are all one in the pursuit of our objective—that of obtaining for our peoples the highest possible level of health, which will lead to happiness and a better lot in life.

There were points brought out in the debates and discussions here that provoked serious thought and consideration. Specifically, there was the consideration of the programme and budget for 1955. It is believed that the health programmes which were prepared corresponded to the immediate needs of the countries which submitted them. We should also admit that they have been drawn up on a realistic and practical basis and within the framework of the functions of the World Health Organization. But the divergent ideas, as should be expected among serious thinking men, are lost. The programme of financial obligation which was to be imposed on Member governments for carrying out the programmes came up. There were those who viewed the proposed budget as small enough for all the participating Members to raise. Others expressed the view that the proposed programme could be carried out substantially with a reduced budget by effecting savings where savings could be made. There were statements made in some quarters that national economies at the present time may not permit the increased financial contribution to the Organization. Tragically enough, there were also statements to the effect that some governments might find it necessary or expedient to diminish or withdraw their continuing support of the Organization. It is not necessary to review these statements; it is but necessary to remind ourselves that they should not be taken lightly and that we, every one of us, should make an effort to build and strengthen this organization, because you and I are convinced that the health, the comfort and the hope of the entire world are dependent upon the work that we are doing. And the time will come when the ray of the sun that rises upon Geneva, where our organization is quartered, will be a ray of joy to our peoples. There has been repeated reference to the concept of stabilizing the Organization. We can have no disagreement on this point, but we should be able to distinguish between stability and progress, the progress necessary towards the total and complete achievement of our objective. We must increasingly prepare ourselves to assume our responsibilities in all manners and forms, with the hope that we may reach the heights that we have set for a goal. The Director-General has made his position understandably clear with reference to the budget which we approved for 1955. I am certain there is no one among us who would wish to place the Director-General in a difficult or impossible position. Under the circumstances, it is incumbent upon each one of us, relying on his special ability, to co-operate with him fully and to understand and accept the limitations in the performance of his work with the means that we have placed at his disposal. We can do no less; and in seeking this stability and permanency of the Organization, let us not only hope, but let us work, that the stability that we seek be placed in the framework of progress, so that we may bring to the world health that exudes comfort and happiness.

Those who originally conceived and built up this organization are decrying the fact that politics, even power politics, are creeping in and encroaching upon the Organization. My delegation joins them in their rightful apprehension in this regard. Despite the fact that we represent our countries officially in the Assemblies of the World Health Organization, we should view the Organization, by the very purpose of its Charter, as a purely technical one with a distinctly humanitarian aim of progress for all
peoples of the world. We cannot be divided in our pursuit of a common objective—the health of our people; and we are bound to fail if we allow the influence of politics to undermine us.

Mr President and fellow delegates, the impressions which I gave in my previous address before this body have now become a part of the history of this great organization, through your support and kind co-operation. Their impact will be still more lasting if we continue to serve and support the cause of the Organization. When in that address I voiced the hope that this Assembly would consider favourably my country's proposal for a precise or more exact definition of the term “equitable geographical distribution”, as provided for in Article 24 of the Constitution regarding the election of Members entitled to designate a person to serve on the Executive Board, my remarks were based on the purely fundamental principle of real equity, and were made with no ulterior purpose whatsoever. I hope we have shown and made our position sufficiently clear on this matter. The recorded decision of the Assembly at the present time on the proposal may not be satisfying. Its intents and purposes, however, have been fully served by the vote which the Assembly gave to the Members to be entitled to designate persons to serve on the Board. There can be no better proof of fairness and justice and of good faith than that shown by this act. On behalf of my country and my Government I am profoundly grateful to all the members of the General Committee for the time and serious consideration which they have given to this matter. Further, may I, on behalf of my country, thank the Assembly for giving substance to our proposal.

I cannot close this address, Mr President, without expressing my esteem and high regard for all the members of the Assembly who in several ways have given me the opportunity to collaborate with them. And finally, Mr President, let me acknowledge, too, that having served under your able and enlightening leadership is a privilege I am profoundly grateful for, and a pleasure which I shall long and well remember.

The President: Thank you, Dr Garcia, for your statement. Dr Hurtado has the floor.

Statement by the Delegate of Cuba

Ambassador Hurtado (Cuba) (translation from the Spanish): Mr President, Director-General and fellow delegates, in a few moments the Seventh World Health Assembly will have been closed. This extraordinary and important Assembly has taken place six times out of seven in the smiling city of Geneva. It should be remembered that, simultaneously with this meeting of the World Health Organization where there is free and open discussion for the purpose of bringing together the scientific knowledge on which practical public-health measures are based, according to the universal principle “Salus populi suprema lex est”, there is also taking place within this same building which houses our assembly, another international meeting where essentially political problems are being examined and where war is an element which weighs in the balance of the decisions taken. This meeting is taking place behind closed doors whereas our debates are open to the public and to all kinds of observers. For my part, I am convinced that the world draws greater benefit from meetings such as ours.

However, to confine ourselves to our own assembly, my reason for occupying the tribune at this moment is that I would like to address a few words to the Health Assembly on our own behalf, and also at the request of one of our colleagues, Dr Zoaza, delegate of the Republic of Mexico, to remind the representatives of Member States of the World Health Organization that the Eighth World Health Assembly will be held away from the permanent headquarters of the Organization, away from Geneva, as on one previous occasion when it was held in Rome, in the incomparable atmosphere of the Eternal City. Next year, however, the Assembly will travel further afield—to the American Continent. Mexico City will receive the Eighth World Health Assembly in the name of Mexico itself and also of the whole of America, because America—that is, the political and continental entity which comprises 21 free republics—constitutes, from the point of view of regionalization, the most perfect socio-political unit imaginable within the World Health Organization. The representatives of all the Americas, as well as those of Mexico, will be present on the lofty plateau of that country in order to shake hands with and welcome very warmly representatives of Member States from the rest of the world.

Fellow delegates, the Eighth World Health Assembly will be held in the National University at Mexico City. You will not fail to note that the location of the Assembly is symbolic: the proceedings will be impregnated with the spirit and atmosphere of the university; they will be set against the most beautiful panorama in the Mexican Republic and one which is full of deep significance. Where is the National University situated? More than a thousand years ago an extraordinary volcanic eruption levelled the mountain tops to form an immense rocky plateau which is called “El Pedregal
de San Angel", and today, more than ten centuries later, the energy, courage, intelligence and effort of Mexico have raised, in that desolation of volcanic lava, the most beautiful university buildings in the world and have set beautiful fragrant flowers to blossom among the rocks. There you will see the purest examples of authentic Mexican art. You will see the work of Rivera and of many others. Here, the spirit of Mexico—the spirit of all America—will welcome the eighth international Assembly of our Organization. Mexico, and with it the whole of America, hopes that the attendance record will be broken at that Assembly and that all WHO Member States will be present. May God grant that in Mexico—for that is our hope—a satisfactory and equitable solution will be found to the problems which have not been solved at the seven previous Health Assemblies. Fellow delegates, I look forward to seeing you in Mexico.

The President: Thank you, Dr. Hurtado.

Statement by the Delegate of Iran

Professor Saleh (Iran): Mr. President, honourable delegates, after the eloquent speech of Ambassador Hurtado I am really too tongue-tied to say anything from this tribune, but since what I am going to say is very spontaneous—and since I have not prepared what I am going to say, it is simply a reaction based on my observations during the few days I have been here—I hope you will bear with me.

In the first place I would like to offer my apologies to the honourable delegates for not being able to attend all the meetings. Some of my colleagues know that, owing to my heavy responsibilities as Minister of Health and Dean of the Medical Faculty at Teheran, I was unable to come from the beginning as the chief delegate. However, my delegation was very well represented.

Although in the last week that I have been here I have been very happy to work with you, I cannot keep in my heart the few words that I have to say and reveal to you as the reaction to the meetings that I have observed. I am extremely disappointed to see that the budget has been cut. It is the usual thing to come to this tribune and make apologies and say a few words of eulogy to one and other, but please accept this as a sincere reaction of mine. I am extremely disappointed to see that, in spite of the Director-General's efforts, and in spite of the smaller nations' efforts to prevent a reduction of the budget, the budget has been amputated; and, moreover, that this amputation has been in the wrong place, that is, it has mostly affected the field work which in public health is so necessary to the smaller nations. I notice that most of the budget for administrative and executive work is not reduced, but that most of the reduction is, as I said, in the field work, where we need the help more than anywhere else.

While I am disappointed about this, I am very happy to see that the enigma, the puzzle, of the Regional Committee for the Eastern Mediterranean Region has been solved. In spite of the fact that the Director-General has done a lot towards co-ordination of the Eastern Mediterranean Region—and we are very thankful to him—I am sure that the solution of this problem, with your help, will make us co-ordinate our programmes in a better way in future. Because we have really missed these meetings very much in the last few years.

In conclusion, I am very sorry for what I have said, because I believe it is not the usual thing to come up to this tribune and say something that is disappointing. But I am sure that, as you know me to be very frank in my statements, you will accept this apology. Thank you.

The President: Thank you, Dr. Saleh.

Statement by the Observer for Colombia

The President: The observer for Colombia has asked for the floor. In keeping with our Rules of Procedure, an observer who wishes to speak may do so if it meets with the approval of the Assembly. Therefore, if you have no objection, I shall ask on your behalf the observer for Colombia to come forward and speak. Are there any objections? As I hear none, I ask the observer for Colombia to come up to the rostrum and speak.

Dr. González Barros (Colombia) (translation from the Spanish): Mr. President, honourable delegates, the Government of the Republic of Colombia wishes to associate itself with the previous speakers in expressing its interest in and admiration for the work of the World Health Organization and especially of this Seventh World Health Assembly. My Government has followed your deliberations with great interest and fully realizes how important it is for humanity that your projects should develop into something tangible and concrete.

The activities with which you are preoccupied are not only praiseworthy, but also fundamental for international well-being. My Government, believe me, is deeply conscious of the fact that in an organization like yours universality is absolutely essential and it only awaits the meeting of the Colombian Parliament for the ratification of your Constitution.
in accordance with the favourable recommendation made by the national executive authorities. Colombia will thus be able to give its support and collaboration as a Member of WHO—collaboration which, in fact, it already gives through the Pan American Sanitary Bureau, a regional office of this organization.

The President: Thank you, Dr González Barros, for your statement. I now call on the delegate of the United States of America.

Statement by the Delegate of the United States of America

Dr Keefer (United States of America): Mr President, honourable delegates, the United States delegation takes this opportunity to express its appreciation to President Togba and to the Director-General and his staff for the efficient manner in which this Health Assembly has been conducted. We are pleased indeed to have taken part in the deliberations. The problems that have been discussed are common to all nations, in spite of the fact that they vary in degree and in kind from one area of the world to another. Many of the problems are difficult to solve, but it is plain that all of us in the World Health Organization are seeking the best ways and means of achieving our aims and objectives, namely, to work for the highest possible level of health throughout the world. We have the firm conviction that the physical and mental health of all of the peoples of the world is fundamental to the attainment of peace and security. There is no disagreement concerning our objectives; it is the means of reaching them that causes some differences of opinion. From the discussions that have been going forward during this Assembly it is clear that the World Health Organization is striving to meet the total health problems that are common to all people, namely, preventing illness, maintaining good health, and attacking illness when it strikes with modern techniques and therapeutic weapons.

In the past fifty years greater advances have been made in the improvement of health than at any other period in the history of the world. There are good reasons for believing that these advances will continue at an accelerated pace. One of the major functions of the World Health Organization is to transmit new scientific knowledge and to apply it to the co-operative efforts of nations to solve total health problems throughout the world. As the people from different parts of the world come to know one another better, they develop a more sympathetic understanding of national and international health problems and of human relations. This is important because health problems are human problems. It is a heart-warming experience to attend such an assembly, where men and women of good will representing their governments sit down and discuss their problems and attempt to find a solution to them. In assemblies such as these, where information is freely exchanged and transmitted, we all learn from one another. The combined activities of all the nations represented here add up to a tremendous power in the field of health, and all nations, whether large or small, highly developed or under-developed, are making important contributions towards meeting our goals.

The overall accomplishments are so great that it is difficult to assess the benefits that are flowing with the full tide of health improvement. We are delighted to see the growing influence of the World Health Organization throughout the world. Increasingly it is providing the initiation and leadership that we all expect of it as the directing and co-ordinating authority in international health. Just as a local health officer stimulates all agencies and groups in his community to play an active and vigorous part in local health development, the World Health Organization is giving the lead in health on the world scene to all agencies that have something of value to contribute.

The Director-General’s Report and the excellent reports we have heard from the Regional Directors sit down and discuss their problems and attempt to find a solution to them.

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The Director-General’s Report and the excellent reports we have heard from the Regional Directors confirm the high quality of this leadership. We are glad that in the complex world environment, infinitely more complex than the local community, there is in health this clear beacon which we and all others can follow in our multiform efforts to improve health throughout the world. There is an increasing awareness of and interest in the activities and the contributions of the World Health Organization in the United States. Several years ago Dr Scheele mentioned at one of these assemblies the foundation of a citizens’ committee for the World Health Organization in our country. This committee has taken root and is thriving. They have had two meetings, one in Washington and one in New York City. The third meeting is to be held in Chicago in June of this year. Public information about the World Health Organization and widespread interest in the aims and objectives of the Organization are most important for its future support and for its growth; we are happy to report that the citizens’ committee in the United States is stimulating and encouraging wider interest in this organization.

We are pleased that this Assembly decided to accept the invitation of the Government of Mexico to hold the Eighth World Health Assembly in Mexico City in 1955. Many of the delegates attending this
Assembly will be travelling through the United States prior to or following the meeting, and we express the hope that it will be possible for many of you to stop over in our country so that the members of the Department of Health, Education and Welfare, including Dr Scheele of the Public Health Service, Dr Martha Eliot of the Children’s Bureau, and many others, may be permitted to show you what is going on in public health in the United States.

Mr President, honourable delegates, I wish to conclude this statement on the following note. It is a great satisfaction to see the position of leadership enjoyed in increasing measure each year by the World Health Organization. By its very nature this organization has the unique opportunity of viewing the entire field of world health and gradually over the years developing a plan in which the activities of all public-health agencies can find their logical position — each to do that work for which it is best prepared. The World Health Organization is acting as a worldwide catalytic agent to hasten the day when it may be truthfully said that man everywhere has achieved his inalienable right to good health and the enjoyment of life.

Ladies and gentlemen, I thank you for this opportunity of expressing our sentiments concerning this World Health Assembly, and for the highly important work that is being done.

The President: Thank you, Dr Keefer. Are there any other speakers? If not, this brings us to the last item in our agenda, that is, closure of the Seventh World Health Assembly.

5. Closure of the Seventh World Health Assembly

The President: At the beginning of the Assembly you were kind enough to exercise your constitutional rights by honouring my country by electing your humble servant to serve as your President. Upon taking that high post I felt myself at the time incapable of carrying out the duties of the President of the Health Assembly, and even though I have served you throughout the session I still feel that perhaps I did not do all that was within my power to make the Assembly a successful one.

However, through your great co-operation and your sympathy you made me feel that I was doing what was right. There were many times when there were questions of great dispute, but you sympathized with the Chair and accepted my ruling even though sometimes we had to take a vote.

This again proves to the world that we of the World Health Organization are very democratic. We are what you may call non-political people. If we were a political body, certainly some of the questions which we have disposed of with such ease during this Seventh World Health Assembly would not have been possible. Take for instance such issues as dealing with our Regional Committee for the Eastern Mediterranean; or even such an item as “equitable geographical distribution”, requested by a Member State which is regarded as a small country—the Philippines; that was disposed of very nicely and very smoothly, to such an extent that we saw to it in our voting that there were on the Executive Board members elected along the lines of equitable geographical distribution.

Also there was the matter of revising our Constitution, but many of you felt that it was not yet time for us to change our Constitution, and you therefore rejected the effort of some nations to change it.

I want to take this opportunity to thank the two principal chairmen, who presided over the affairs of the two main committees, for discharging their duties in such an efficient manner and making it possible for us to be able to adjourn at least a day earlier than was anticipated. We had a very slow start in the beginning but we agreed and we worked overtime; we even worked till after midnight in order to make it possible for us to meet our date of adjournment. I also want to thank the General Chairman of Technical Discussions and the Chairman of the Working Party on International Quarantine for their efforts in making this a successful Assembly. And, of course, I can hardly find words to thank the Director-General and his staff for their contribution to making this Seventh World Health Assembly a successful one. I do hope in the years to come that we will continue to be non-political in our thinking, that, as doctors, we will think of the health and welfare of the people and not of our political governments.

This then, brings to a close the Seventh World Health Assembly. We hope to see all of you, or as many of you as possible, at our next Assembly, which by your vote is to be held in Mexico City.

The Seventh World Health Assembly is now closed.

The session adjourned at 3.45 p.m.
MINUTES OF THE GENERAL COMMITTEE
AND MAIN COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Wednesday, 5 May 1954, at 11.30 a.m.

Chairman: Dr J. N. Togba (Liberia), President of the Health Assembly

1. Arrangements for Technical Discussions

The Chairman noted that the proposed timetable for technical discussions followed the general directive given by the Executive Board in resolution EB12.R7.

Dr Jafar (Pakistan) believed that some delegations felt that the time allowed for technical discussions was insufficient. He wondered whether the Director-General shared that feeling and whether anything could be done to rectify the position.

The Director-General said that it was difficult to say whether the time was sufficient or not. In drawing up the proposed programme of work, he had followed the decision of the Executive Board that the technical discussions should not take more than two working days. He hoped that experience at the present Health Assembly would make it easier to judge the following year how much time would be required.

Dr Jafar (Pakistan) wondered whether he was right in understanding that one of the main committees would be meeting at the same time as the technical discussions were taking place.

The Director-General said that that had not been the intention in drawing up the programme. It would happen only if it proved necessary to hold a meeting of the Committee on Administration, Finance and Legal Matters on the morning of Saturday, 8 May.

It was agreed that the opening general discussion should take place at 9 a.m on Saturday, 8 May, and group discussions from 10.30 a.m. to noon, from 2 p.m. to 3.45 p.m., and from 4.15 p.m. to 6 p.m. on the same day. If necessary, group discussions would also take place on the following Monday, Tuesday and Wednesday from 8.30 a.m. to 10 a.m., and the final plenary meeting would take place on Friday, 14 May at 8.30 a.m.

It was also agreed that the Health Assembly should be recommended to authorize the President to make designations for the general chairmanship of the plenary discussion and of the groups. Those designations would be made by the President at the following plenary meeting of the Health Assembly.

2. Timetable of Meetings of Main Committees

After some discussion, it was agreed that committee meetings should begin at 9.30 a.m. (except for the days when technical discussions would take place) and 2.30 p.m.

3. Consideration of the Agenda

Procedure for Consideration of the Programme and Budget

The Chairman invited the Committee to consider the allocation of items to the main committees in the light of the discussions which had taken place the day before in the plenary meeting (see pages 58-60), and of the resolution adopted, as submitted by the delegation of the United Kingdom of Great Britain and Northern Ireland (see resolution WHA7.1).
Mr Boucher (United Kingdom of Great Britain and Northern Ireland) feared that his delegation's proposal had not been entirely clear to all delegates when it had been presented at the previous day's plenary meeting. The sole object of the resolution which had been proposed by his delegation was to give the Health Assembly a breathing-space to consider a point that his delegation regarded as most important. The budgetary situation at the present Health Assembly was peculiar in that, in order to decide on the budget ceiling, the Committee on Programme and Budget must consider two matters—the scale of assessment and the amount of casual income available—that belonged properly to the Committee on Administration, Finance and Legal Matters. His delegation would be perfectly satisfied if arrangements could be made to allow delegates, in the discussion of the budget ceiling, to refer to those two points. According to the procedure proposed in resolution EB13.R24 of the Executive Board, any delegate making such a reference might have to be ruled out of order.

Dr MacCormack (Ireland) agreed that Mr Boucher had a sound point. However, he thought that it was simply a question of timing: the chairmen of the two main committees could arrange between themselves for the questions of scale of assessment and casual income to be decided upon before the budget ceiling was discussed.

Mr de Erice (Spain) and Dr Jafar (Pakistan) agreed with Dr MacCormack.

Mr Boucher (United Kingdom) felt that his point had not been entirely grasped. His delegation desired not only that members of the Committee on Programme and Budget should be entitled to mention the scale of assessment and casual income to be decided upon before the budget ceiling was discussed.

Alternatively, the Committee on Administration, Finance and Legal Matters could decide how much casual income was available and settle the scale of assessment before the Committee on Programme and Budget discussed the budget ceiling.

Mr de Erice (Spain), supported by Dr Aujaleu (France), proposed that the second alternative be adopted.

Mr Boucher (United Kingdom) said that, while the proposal did not quite meet his point, he would not prolong the discussion.

Decision: It was agreed to recommend to the Health Assembly a resolution on the terms of reference of the two main committees based on resolution EB13.R24 of the Executive Board, the following words being added to paragraph 3 of that resolution:

"and that item (3) under paragraph 1 shall not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters has completed its work on item (2) under paragraph 2."

Equitable Geographical Distribution in Membership of the Executive Board

The Chairman suggested that item 16 of the agenda, "Equitable geographical distribution in membership of the Executive Board", assigned in the provisional agenda to the Health Assembly in plenary session, should be considered by the General Committee itself.

Dr Aujaleu (France) thought that item 16 was closely bound up with item 15, "Amendments to the Constitution of the World Health Organization on membership of the Executive Board". They should not be discussed in separate bodies.

The Director-General observed that item 15 concerned the future, whereas item 16 concerned the geographical distribution of the Executive Board as at present constituted. If, through an amendment of the Constitution, the membership of the Board was increased, the question of distribution would no doubt come up again.

Dr Anwar (Indonesia) agreed with the Director-General. There was no need to combine the two items.
Dr MacCormack (Ireland) felt that item 16 concerned a principle so obviously right in itself that any decision taken would still apply if the membership of the Board was increased. The item could therefore safely be discussed apart from item 15.

Dr Jafar (Pakistan) felt that since item 16 concerned the geographical distribution of the Executive Board as at present constituted, and since it was the General Committee that drew up for the consideration of the Health Assembly a proposed list of Member States to be entitled to designate a person to serve on the Board, the item must certainly be considered by the General Committee.

Dr Aujaleu (France) said that he would not press his suggestion.

It was agreed to recommend that item 16 should be allocated to the General Committee.

It was further agreed to recommend that item 21, "Technical discussions at future Health Assemblies", should also be considered by the General Committee, after the technical discussions at the present Health Assembly were over.

4. Consideration of the Proposed Programme of Work

The Director-General announced that the presentation of the Darling Foundation awards would have to take place on the afternoon of Thursday, 6 May, and not the morning, as suggested in the proposed programme of work, since Professor Macdonald could not be present in the morning. The award of the Léon Bernard prize and medal would also take place on the same afternoon.

He remarked that other changes in the proposed programme might follow from the decisions taken earlier in the meeting on the agenda.

It was agreed to recommend that the programme of work be accepted as a guide, it being understood that it would have to be adapted to circumstances.

The meeting rose at 12.45 p.m.
Dr Jafar (Pakistan) agreed that ultimately, and perhaps as early as 1955, the Working Party need not report directly to the Health Assembly. For the moment, however, it would still be dealing with matters affecting the actual provisions of the Regulations.

It was agreed that the Working Party should be appointed by the Health Assembly and report directly to it.

The meeting rose at 11:30 a.m.

THIRD MEETING
Friday, 7 May 1954, at 12.5 p.m.
Chairman: Dr J. N. Togba (Liberia)

1. Programme of Work of the Health Assembly and its Main Committees

Meeting of the Working Party on International Quarantine

It was agreed to hold the first meeting of the Working Party on International Quarantine on Monday, 10 May, at 5:30 p.m.

Consideration of Item 7.9 of the Agenda (Report on the Situation regarding the Regional Committee for the Eastern Mediterranean)

The CHAIRMAN informed the General Committee that the delegation of Lebanon had asked if the Committee on Administration, Finance and Legal Matters could examine item 7.9 of the agenda at one of its meetings on Monday, 10 May, or Tuesday, 11 May.

The DIRECTOR-GENERAL said that the discussions on the budget ceiling were likely to begin on Monday in the Committee on Programme and Budget if the Health Assembly's programme of work was adhered to. In that case there would be no meeting of the Committee on Administration, Finance and Legal Matters.

In the course of an exchange of views between Dr Jafar (Pakistan), Chairman of the Committee on Administration, Finance and Legal Matters and Dr Aujaleu (France), Chairman of the Committee on Programme and Budget, attention was drawn to the fact that the Committee on Programme and Budget would have to wait until the other main committee completed its examination of the scale of assessment. The General Committee therefore decided that the discussion on the budget level by the Committee on Programme and Budget would take place on Tuesday, 11 May.

As regards item 7.9, concerning the Regional Committee for the Eastern Mediterranean, Dr Jafar thought that the Committee on Administration, Finance and Legal Matters could discuss the item at its Monday meeting, if the debate on the scale of assessment were concluded in time.

Programme of Work for Saturday, 8 May

The General Committee fixed the programme of meetings for Saturday, 8 May.

Timetable of Meetings of the Main Committees

It was confirmed that, for the duration of the technical discussions, the main committees would meet at 10 a.m. instead of 9:30 a.m.

2. Election of Members Entitled to Designate a Person to Serve on the Executive Board: Submission of Suggestions

The CHAIRMAN informed the General Committee that he was inviting the Chairmen of the main committees to announce that afternoon, during the meetings of their respective committees, that, under Rule 87 of the Rules of Procedure of the Health Assembly, those delegations wishing to make suggestions concerning the election of Members entitled to designate a person to serve on the Executive Board were asked to forward their suggestions so as to reach the President of the Health Assembly not later than 10 a.m. on Monday, 10 May.

The meeting rose at 12:35 p.m.
FOURTH MEETING

Monday, 10 May 1954, at 12 noon

Chairman: Dr J. N. TOGBA (Liberia)

1. Consideration of the Supplementary Agenda

The Chairman said that he had received from the Netherlands delegation an item for the supplementary agenda concerning the reservations to the International Sanitary Regulations submitted by the Netherlands Government in respect of Surinam.

The Committee decided to submit the supplementary agenda to a plenary meeting of the Health Assembly and recommended that the new item proposed should be referred to the Working Party on International Quarantine.

2. Programme of Work of the Health Assembly and its Main Committees

Dr AUJALEU (France), Chairman of the Committee on Programme and Budget, hoped that by that evening the Committee would have completed its consideration of the Annual Report of the Director-General, in the course of which, incidentally, numerous references had been made to the proposed programme and budget for 1955.

Dr JAFAR (Pakistan), Chairman of the Committee on Administration, Finance and Legal Matters, reported that that committee was studying a number of draft resolutions relating to the scale of assessment, and that work was proceeding satisfactorily.

After an exchange of views in which Dr JAFAR, Sir Claude COREA (Ceylon) and the Chairman took part, it was decided that if the Committee on Administration, Finance and Legal Matters had not completed its study of the scale of assessment by Monday, 10 May, the discussion on the budget ceiling in the Committee on Programme and Budget would be postponed until the afternoon meeting on Tuesday, 11 May.

It was decided that the Committee on Administration, Finance and Legal Matters should be left to arrange the date of meeting of the Legal Subcommittee and that the Committee on Programme and Budget should decide the dates when any working parties it might establish should meet.

3. Equitable Geographical Distribution in Membership of the Executive Board

The Chairman, summarizing a document submitted by the Government of the Republic of the Philippines, explained that from 1948 to 1953 the number of Member States entitled to designate a person to serve on the Executive Board had remained more or less constant in two regions, while in the others it had increased or decreased, and that the Republic of the Philippines was asking the Health Assembly to lay down a clear and precise interpretation of the expression " equitable geographical distribution " which appeared in Article 24 of the Constitution of the Organization.

At the invitation of the Chairman, the Director-General indicated the number of Member States comprised in each region: Africa, 2 Member States; Americas, 21; South-East Asia, 7; Europe, 21; Eastern Mediterranean, 12; Western Pacific, 9. The Director-General remarked that in studying the matter several factors should be taken into account: the increase in the number of Members since 1948; the absence of the inactive Members; and the transfer of some countries from one region to another.

Ambassador HURTADO (Cuba) declared that if the phrase " equitable geographical distribution " was understood to mean representation of all regions on the Executive Board, there was no problem, since the Board had always included Members coming from all the WHO regions. However, if it was a question of numerical representation, the matter became more complicated; it was difficult to assign a certain number of seats on the Board to each region.

Again, it should not be forgotten that a proposal had been placed before the Health Assembly to increase the membership of the Board from eighteen to twenty-four. The number of Member States...
entitled to designate a person to serve on the Board would then be approximately equal to one third of the total number of Members of WHO. Should the same principle of proportional representation be applied within the regions, Europe, like the Americas, would be entitled to seven seats, since it included twenty-one Member States. If the Health Assembly agreed to apply that principle, which was already applied in all the other organizations, and increased the membership of the Board accordingly, the problem would be solved.

Dr Jafar (Pakistan) noted that if the rule of proportional representation were applied strictly that would mean 1 seat for every 4 countries. Europe, which numbered 21 countries, would then only be entitled to 5 seats instead of 6 and the Western Pacific Region would be entitled to 2 seats instead of 1.

Dr Garcia (Philippines) said that the question was predominantly one of principle. He would like to know whether the expression “equitable geographical distribution” should be interpreted in a quantitative or a qualitative sense.

The Chairman explained that more than the merely quantitative aspect was involved; certain very large regions, such as Africa for example, comprised only two Members; thus the minimum number of seats that could be assigned to any one region was one.

Recalling the remarks already made in previous Health Assemblies with regard to an equitable distribution of seats on the Executive Board, he wondered whether to obtain the balance desired it would not be better to vote region by region, instead of voting on a general list.

Dr Aujaleu (France) thanked the delegate of the Philippines for having raised the question on the basis of the principles involved. For his part he agreed with Ambassador Hurtado that it would be wiser to wait until the Health Assembly had taken a decision on increasing the number of members of the Board.

Mr De Erice (Spain) was entirely in agreement with Dr Aujaleu and thought that the General Committee should suggest to the Health Assembly that, in the event of its increasing the number of seats on the Executive Board to twenty-four, it should reaffirm the principle of an equitable distribution of seats among the regions, taking into account the fact that the number of Members in each region entitled to designate a person to the Board should be equal to one third of the number of Member States in that region.

Mr Saita (Japan) recalled that at the Sixth World Health Assembly a delegate of the Western Pacific Region had objected to the composition of the list submitted by the General Committee. The problem before the Committee was therefore an urgent one which must be solved without delay and the proposal of the Government of the Philippines should be carefully studied.

Dr MacCormack (Ireland) considered that it was difficult to allow for an equitable geographical distribution if a list of nine names was being proposed; it would be preferable to propose twelve Members.

After an exchange of views on the meaning to be given to the expression “equitable geographical distribution”, Dr Garcia (Philippines) declared that he was interpreting that expression in its mathematical sense. It was the number of countries in the regions, and not their importance, that should be taken into account.

Dr Aujaleu (France) said that a strictly mathematical calculation was invalidated from the outset, since the African Region included only two Member States. Consequently it should first of all be stipulated that at least one Member from each region should designate a person to serve on the Board, and that for the rest the principle proposed by the delegate of the Philippines should be observed as far as possible, but its application should be postponed until the number of seats had been increased to twenty-four.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) was fully in agreement with the views expressed by Dr Aujaleu. He thought it preferable to rely on the judgement of the members of the General Committee and to allow delegations full liberty when voting on the list of Members entitled to designate a person to serve on the Board.

The Chairman considered that it would be advisable to guide new Member States in their choice, and he proposed the following distribution for a total of 24 seats:

<table>
<thead>
<tr>
<th>Number of Member States in Region</th>
<th>Seats on Executive Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>1</td>
</tr>
<tr>
<td>5 to 9</td>
<td>2</td>
</tr>
<tr>
<td>10 to 14</td>
<td>3</td>
</tr>
<tr>
<td>15 to 19</td>
<td>4</td>
</tr>
<tr>
<td>20 to 24</td>
<td>5</td>
</tr>
<tr>
<td>25 to 29</td>
<td>6</td>
</tr>
</tbody>
</table>

a total of twenty-one seats, the remaining seats being assigned so as to allow for an equitable geographical distribution.
Dr Hyde, representative of the Executive Board, explained that after the First World Health Assembly, when the voting procedure since laid down in Rules 86 et seq. of the Rules of Procedure of the Health Assembly was established, an effort had been made to avoid rigid formulas; the Members of the Health Assembly submitted general suggestions and the General Committee recommended two lists to the Assembly, one including six Members so chosen as to ensure a balanced geographical distribution of the Board as a whole. That system was perhaps complicated, but thanks to its flexibility it had given good results in the past.

Dr Jafar (Pakistan) was surprised to hear that the system had given good results, since in 1953 one speaker had declared during a plenary meeting that the list submitted by the General Committee was unsatisfactory. It was clear that the regions first constituted had been favoured at the expense of those constituted later. He associated himself with the suggestion made by Dr MacCormack.

The Chairman observed that the General Committee had two proposals before it: the first consisted in noting the proposal of the Government of the Philippines and waiting until the number of members sitting on the Board had been increased before putting it into effect; the second would consist in drawing up a list of twelve names, the distribution of the seats between the various regions being established as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>Seats on Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1</td>
</tr>
<tr>
<td>Americas</td>
<td>5</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>2</td>
</tr>
<tr>
<td>Europe</td>
<td>5</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>3</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>2</td>
</tr>
</tbody>
</table>

The Chairman also mentioned the difficulties to which the system now in force had given rise during the Fourth and Sixth World Health Assemblies.

Dr Aujaleu (France) observed that, according to Rule 88 of the Rules of Procedure of the Health Assembly, the General Committee was obliged to submit a list of nine names and not of twelve.

Ambassador Hurtado (Cuba) declared that the General Committee was in fact bound by the provisions of Rule 88 and was not competent to establish new ones. In the absence of definite provisions concerning the geographical distribution of the members of the Board, the General Committee should therefore freely select the countries entitled to designate a person to serve on the Executive Board.

The Chairman said that nevertheless the General Committee should establish a system making it possible to draw up a satisfactory list, and he mentioned the case where the plenary Assembly had not felt able to approve as a whole the list of six names submitted by the General Committee.

Dr Jafar (Pakistan) having suggested that a vote be taken, the Director-General observed that the General Committee had been instructed to study the proposal of the Government of the Philippines and to make recommendations on it before drawing up the list which would be submitted to the Health Assembly.

Ambassador Hurtado (Cuba) suggested that the General Committee, having examined the document presented by the Government of the Philippines, should recommend the Health Assembly to ask the Board to make a study of the composition of the Executive Board and to submit appropriate rules to the Health Assembly.

Dr Jafar (Pakistan), supported by Dr MacCormack (Ireland), objected to Ambassador Hurtado’s proposal, which he felt would amount to postponing a decision on the proposal of the Government of the Philippines, to the detriment of Member States in the Western Pacific Region.

A discussion then took place between Ambassador Hurtado (Cuba), who maintained that the General Committee was not competent to draw up rules, at least not permanent ones, and the Chairman and Dr Jafar (Pakistan), who felt that the General Committee should come to a decision on the matter.

Dr Aujaleu (France) formulated a proposal according to which the General Committee, having examined the document submitted by the Government of the Republic of the Philippines, and having found that certain inequalities existed in the regional distribution of the seats on the Executive Board, should express the sincere hope that an increase in the number of the members of the Board, if it were decided upon, would make it possible to improve that distribution.

The Chairman said that, in view of the lateness of the hour, the discussion would be continued at the following day’s meeting, and that meanwhile members wishing to submit proposals should draw them up in writing, so that they could be examined at the next meeting of the Committee. (For continuation of discussion, see fifth meeting, section 2.)

The meeting rose at 1:55 p.m.
FIFTH MEETING

Tuesday, 11 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Programme of Work of the Health Assembly and its Main Committees

After hearing reports by the Chairmen of the two main committees, the General Committee agreed that the Committee on Programme and Budget should meet the following morning, Wednesday, 12 May, at 10 a.m., to discuss the budget ceiling, unless the Committee on Administration, Finance and Legal Matters had not completed its consideration of the scale of assessment.

It was further agreed that the Chairman of the Working Party on International Quarantine should be invited to inform the General Committee, at its next meeting, of the progress of work of the Working Party.

The CHAIRMAN noted that the next plenary meeting of the Health Assembly might take place not on Thursday but on Friday, 14 May, in order to comply with the provisions of Rule 51 of the Rules of Procedure regarding the submission of committee reports to the plenary meeting. He hoped that speedier progress would soon be made so that the Health Assembly could meet its closing date.

2. Equitable Geographical Distribution in Membership of the Executive Board (continued from fourth meeting, section 3)

The CHAIRMAN recalled that the General Committee had postponed consideration of the proposal submitted by the Government of the Philippines on equitable geographical distribution in the membership of the Executive Board (see page 173), to enable alternative proposals to be submitted. He called attention to the draft resolution submitted by Dr Aujaleu (France), which read:

The General Committee,

Having studied the document deposited by the Government of the Republic of the Philippines on the subject of equitable geographical distribution in membership of the Executive Board,

PROPOSES to the Seventh World Health Assembly the adoption of the following resolution:

The Seventh World Health Assembly,

Having examined the proposal presented by the Government of the Republic of the Philippines for the purpose of obtaining a clear and exact interpretation of the expression “equitable geographical distribution” which figures in Article 24 of the Constitution of the World Health Organization in connexion with the election of Members entitled to designate a person to serve on the Board,

1. FINDS that certain inequalities exist, as between the various regions established by successive Assemblies, in the distribution of Members of the Executive Board;

2. CONSIDERS that there should be within the Executive Board at least one Member from each of the above-mentioned regions;

3. CONSIDERS that in the composition of the Executive Board the number of Member States attached to each of the said regions should, inter alia, be taken into account;

4. IS OF THE OPINION that an increase in the number of Members of the Executive Board would provide a most suitable opportunity to improve the geographical distribution of its Members.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) suggested that, in the final paragraph of Dr Aujaleu’s draft resolution, the words “a most suitable opportunity” be amended to read “the most suitable opportunity”.

The CHAIRMAN, supported by Dr MacCormack (Ireland), considered that the words “a more suitable opportunity” conveyed better the intention of the paragraph.

Dr Jafar (Pakistan) proposed the deletion of the second and fourth operative paragraphs.

Dr Anwar (Indonesia) supported the suggestion to delete the fourth operative paragraph of the draft resolution.
Dr AUJALEU (France) was unable to accept that amendment as the deletion of the final paragraph would completely alter the intention of the proposal.

Mr DE ERICE (Spain) supported the deletion of the second operative paragraph but agreed that it would be desirable to retain the final paragraph. He also agreed with the minor drafting amendment to that paragraph submitted by the delegate of the United Kingdom. Alternatively, the paragraph might be improved by referring to "a possible increase" and to "a more suitable opportunity".

Dr BRAGA (Brazil) proposed that the General Committee should draw up its list for the election of Members entitled to designate a person to serve on the Executive Board on the basis of the following draft resolution:

The General Committee,

Having considered the proposal made by the Government of the Philippines concerning the geographical distribution of the Members entitled to designate a person to serve on the Executive Board;

Taking note of the provisions of Rule 88 of the Rules of Procedure of the Assembly, which does not provide an absolute method whereby a mathematical formula can be adhered to so as to ensure a predetermined geographical distribution,

1. BELIEVES that at this time the General Committee can only bear in mind the request which has been made by the Government of the Philippines; and, in accordance with the Rules of Procedure governing the nominations;
2. SUBMITS for the consideration of the Assembly the following nominations . . .

Dr ANWAR (Indonesia) was unable to give his support to Dr Braga's draft resolution as he considered it essential for the General Committee definitely to express an opinion on the desirability of equitable geographical distribution.

Mr SAITA (Japan) supported the previous speaker's remarks, although he appreciated the spirit of the draft resolution submitted by Dr Braga.

Dr MACCORMACK (Ireland) suggested that, in order to meet the point raised by Dr Anwar, Dr Braga's draft resolution might be amended by substituting the words "express its sympathy with" for the words "bear in mind" in the first operative paragraph.

Dr BRAGA (Brazil) accepted that amendment.

The CHAIRMAN called attention to the fact that the final paragraph of the draft resolution submitted by Dr Aujaleu was out of order as it stood, as it prejudged the decision to be taken by the Health Assembly in respect of increasing the number of members of the Executive Board. He noted that the original proposal submitted by the Government of the Philippines that the Health Assembly should give an interpretation of the phrase "equitable geographical distribution" in Article 24 of the Constitution had been made on the basis of the present number of members.

Dr AUJALEU (France) announced his intention of withdrawing his draft resolution in favour of the proposal submitted by Dr Braga in order to facilitate the work of the General Committee.

The CHAIRMAN ruled that, in accordance with Rule 61 of the Rules of Procedure, Dr Aujaleu was precluded from withdrawing his motion since amendments to it had been put forward.

Sir Claude COREA (Ceylon) and Ambassador HURTADO (Cuba) expressed support of the draft resolution submitted by Dr Braga, as amended by Dr MacCormack.

Dr JAFAR (Pakistan) accepted the suggestion made earlier by Dr Anwar to retain the second operative paragraph in Dr Aujaleu's draft resolution and to delete only the final paragraph.

The DIRECTOR-GENERAL suggested that the situation would be more accurately described if the words "that there should be within the Executive Board" in the second operative paragraph of Dr Aujaleu's draft resolution were amended to read "that it is desirable to have within the Executive Board".

The CHAIRMAN first put to the vote the draft resolution submitted by Dr Braga (incorporating Dr MacCormack's amendment) as deemed by him to be the furthest removed from the original proposal, in accordance with Rule 60 of the Rules of Procedure.

Decision: Dr Braga's draft resolution, as amended by Dr MacCormack, was adopted by 9 votes to 4, with one abstention.

3. Election of Members Entitled to Designate a Person to Serve on the Executive Board

The CHAIRMAN invited the Committee to proceed with its list for the election of Members entitled to designate a person to serve on the Executive Board, in accordance with Rule 88 of the Rules of Procedure. He proposed that a trial vote by secret ballot should first be taken, on the basis of the results of which
voting would then take place for the list of nine Members to be transmitted to the Health Assembly. Subsequently, a further vote by secret ballot would be taken to establish the six Members which, in the Committee's opinion, would provide a balanced distribution of the Board as a whole.

Dr Garcia (Philippines) and Dr Dia El-Chatti (Syria) requested that their respective countries should not be considered as possible nominees.

The trial vote resulted in a list of sixteen countries. A secret ballot was then taken to decide on the list of nine Member States to be transmitted to the Health Assembly, Dr Garcia (Philippines) and Dr Dia El-Chatti (Syria) acting as tellers. The ballot resulted in the following countries being nominated: Saudi Arabia, Chile, Japan, Union of South Africa, Burma, Portugal, France, Cuba, Spain.

A further vote by secret ballot was taken to recommend the six Members which, in the Committee's opinion, would provide if elected a balanced distribution of the Board as a whole, Dr Anwar (Indonesia) taking the place of Dr Garcia (Philippines) as teller.

As a result of the voting, the following six Members were recommended: Saudi Arabia, Japan, Union of South Africa, Burma, Chile, Portugal.

The meeting rose at 2.25 p.m.

SIXTH MEETING

Wednesday, 12 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Adoption of the Report of the General Committee to the Health Assembly on Membership of the Executive Board

The General Committee approved and transmitted to the Health Assembly its recommendations (see page 175) in regard to an equitable geographical distribution in membership of the Executive Board (item 16 of the agenda of the Health Assembly), and in regard to the election of Members entitled to designate a person to serve on the Executive Board (item 17 of the agenda).

2. Programme of Work of the Health Assembly and its Main Committees

Dr Aujauleu (France), Chairman of the Committee on Programme and Budget, stated that that committee had adopted its first two reports and had commenced its examination of the budget ceiling for 1955. It had already fixed the level of casual income, and at its next meeting would go on to consider the budgetary ceiling proper. It was difficult to foresee when the Committee would complete its consideration of that point.

Dr Jafar (Pakistan), Chairman of the Committee on Administration, Finance and Legal Matters, explained that that committee was preparing to consider at its next meeting the items which had been discussed by the Legal Sub-Committee and which would be dealt with in its report to the Committee.

The CHAIRMAN asked the Chairman of the Working Party on International Quarantine to make a statement.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on International Quarantine, stated that the Working Party had already held a short meeting to plan its work on Monday, 10 May, and it would meet that evening at 5.30 p.m. The Working Party wished to hold meetings lasting at least one hour.

The CHAIRMAN thanked Dr Morgan for his statement, and said that the General Committee would, if necessary, ask him to report again at a later date on the progress made by the Working Party.

The General Committee fixed the programme of work for Thursday, 13 May, and decided that the closing general meeting of the technical discussions would take place, as arranged, on Friday, 14 May, from 8.30 to 10 p.m.

The General Committee noted that if the Committee on Programme and Budget could not submit its report on the budget ceiling to the meeting of the General Committee which would take place on Thursday, 13 May, at 12 noon, it might be advisable for the General Committee to meet on Thursday afternoon, to consider the possible holding of a plenary meeting on Saturday, 15 May.

The meeting rose at 12.20 p.m.
SEVENTH MEETING

Thursday, 13 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Transmission to the Health Assembly of Reports of the Main Committees

   It was decided to authorize the transmission to the Health Assembly of the first and second reports of the Committee on Programme and Budget and the first report of the Committee on Administration, Finance and Legal Matters.

2. Programme of Work of the Health Assembly and its Main Committees

   Dr Aujaleu (France), Chairman of the Committee on Programme and Budget, said there was reason to hope that that committee would have completed the consideration of the budget ceiling for 1955 by the evening.

   The General Committee adopted the agenda of the plenary meeting to be held on Friday, 14 May.

   The Chairman said that the Health Assembly could also approve the report of the Committee on Programme and Budget on the budget ceiling on that day, if it was decided not to apply strictly the provisions of Rule 51 of the Rules of Procedure of the Health Assembly, whereby reports of the main committees "shall... be circulated, in so far as practicable, at least twenty-four hours in advance of the plenary meetings at which they are to be considered".

   After discussion, it was decided to include that item, together with the others read out by the Chairman, on the agenda of the plenary meeting to be held on Friday, 14 May, at 2.30 p.m. In the case of prolonged discussion the proceedings would be adjourned at 6 p.m., and resumed the same evening at 9 p.m.

   The General Committee also decided to invite the Chairman of the Technical Discussions to the meeting of the General Committee at which item 21 of the agenda—Technical discussions at future Health Assemblies—would be discussed.

   The General Committee fixed the times of the other meetings to be held on Friday, 14 May.

   The meeting rose at 12.35 p.m.

EIGHTH MEETING

Friday, 14 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Transmission to the Health Assembly of Reports of the Main Committees

   It was decided, due attention being paid to Rule 51 of the Rules of Procedure, to authorize the transmission to the Health Assembly of the third report of the Committee on Programme and Budget, which it had not been possible to circulate 24 hours beforehand, with a view to its consideration at the next plenary meeting, to be held that afternoon at 2.30 p.m.

2. Technical Discussions at Future Health Assemblies

   Agenda, 21

   The Chairman invited the General Chairman of the Technical Discussions to make a statement to the Committee in respect of the future conduct of technical discussions at Health Assemblies.

   Dr Stampar (Yugoslavia), General Chairman, Technical Discussions, called attention to the documents circulated following the technical dis-
Discussions, comprising the report of technical discussions at the Seventh World Health Assembly, the opinions expressed by delegates with regard to technical discussions at future Health Assemblies, and the general conclusions and recommendations reached at the plenary meeting of the technical discussion groups held on Wednesday, 12 May. The recommendations included a draft resolution reading:

The Seventh World Health Assembly,

Reaffirming the opinions expressed in the introduction to resolution WHA6.60; and

Recognizing that the technical discussions serve one of the most useful purposes of the Health Assembly, providing an opportunity for the growth and development of understanding of common problems,

1. **DECIDES** that technical discussions should be arranged in connexion with every Assembly;

2. **REQUESTS** the Director-General:

   (1) to allot adequate time for ample presentation and free discussion, taking into consideration the fact that this time should not be in conflict with other meetings of the Health Assembly;

   (2) to continue the use of experts to prepare papers well in advance for the benefit of the participants;

   (3) to study, with the co-operation of the Regional Directors, whether regional meetings dealing with the same subjects should be held prior to, during, or after the Health Assembly;

   (4) to take the necessary steps in order that documentation of the discussions be transmitted to the participants and to the Member States;

3. **DECIDES** that the subject to be discussed during the Ninth World Health Assembly shall be “Nurses: Their Education and their Role in Health Programmes”.

Dr Stampar said that the technical discussions had been attended by over a hundred participants. The general opinion had been that they had been satisfactorily organized and great interest had been shown in them. The recommendations for future technical discussions had been agreed upon unanimously, and the draft resolution had been proposed in order to allow sufficient time for the preparation of such discussions in future. He believed that the large number of participants in the technical discussions justified their submitting such a proposal.

The Chairman expressed his appreciation of the way in which the General Chairman had conducted the technical discussions at the present session.

Dr MacCormack (Ireland) raised a purely procedural point. The technical discussions were unofficial in character; they were attended by representatives in their personal capacity and were outside the official timetable of Health Assemblies. Accordingly, while subscribing most heartily to the terms of the draft resolution at present before the Committee, he submitted that the correct procedure would be for the Executive Board to study the subject of technical discussions, as had been the practice hitherto.

The Chairman noted that the plenary meeting of the technical discussion groups had recommended that the General Chairman should be appointed a year in advance. He pointed out the practical difficulties which might arise from the adoption of such a procedure; it was impossible to foresee the exact composition of delegations and there might be financial implications for the Organization.

Dr Hyde, representative of the Executive Board, said that the information submitted by the plenary meeting of the technical discussion groups would be most valuable to the Executive Board for its further guidance in the matter, which, in accordance with the terms of resolution WHA6.60, it would be required to study at its fourteenth session. He called attention to Rule 11 of the Rules of Procedure, which provided that the Director-General should report to the Health Assembly, *inter alia*, on the financial implications of agenda items submitted to Health Assemblies before they were considered by Health Assemblies in plenary session. He therefore suggested that the draft resolution should be transmitted to the plenary meeting of the Health Assembly, with the amendment that paragraph 2 should begin with the words: “REQUESTS the Executive Board and the Director-General.” He also suggested that a further subparagraph might be included, requesting the Executive Board to take into account the statement of general conclusions and recommendations submitted by the plenary meeting of the technical discussion groups. It would also in his view be desirable to refer more specifically to the time considered adequate for the discussions.

Ambassador Hurtado (Cuba) considered that there were no real legal obstacles in the way of accepting the proposals put forward by the General Chairman of the Technical Discussions. He accordingly suggested that the General Committee should note the report and transmit it to the plenary meeting.
meeting of the Health Assembly with the recommendation to adopt the draft resolution included therein. He believed that the technical discussions were such an important part of Health Assemblies that the desirability of appointing a general chairman in advance outweighed the slight financial consideration involved.

He emphasized that he had always considered it advisable to place more stress on the technical aspects of the World Health Organization’s work. He would, for instance, have welcomed the adoption, after the present technical discussions, of an official recommendation to Member States to the effect that rural health departments should be established by all public health ministries.

Dr Stampar (Yugoslavia), in view of the comments made, emphasized the fact that the conclusions submitted to the General Committee for its consideration had been reached unanimously by the considerable number of participants in the technical discussions. He felt that those recommendations should be most carefully borne in mind. Clearly, the time at present allowed for the technical discussions was neither adequate nor convenient. Furthermore, it had been deemed essential to appoint a general chairman a year in advance so that preparation could be made in the most satisfactory way possible; he did not think that the financial implications were such as to invalidate that suggestion. In that connexion, it was important not to underestimate the value of the technical discussions in improving the spirit of the World Health Organization.

He did not question the responsibility of the Executive Board and the Director-General in technical discussions, but in his opinion the plenary meeting of the Health Assembly should take a decision on the principle involved.

The Director-General noted that the General Committee was called upon, in the first place, to approve the report on the technical discussions at the Seventh World Health Assembly and to transmit it to the plenary meeting of the Health Assembly. The Committee was further required to make a recommendation to the Health Assembly in respect of the conduct of technical discussions at future Health Assemblies. He therefore suggested that further discussion of the draft resolution should be postponed to a later meeting of the General Committee.

The Chairman requested members to submit in writing, before Monday night, 17 May, if possible, their suggestions regarding future technical discussions, and announced that the Committee would continue its consideration of that item at its meeting on Tuesday, 18 May. (See tenth meeting, section 2.)

Decision: The General Committee agreed to transmit the report on technical discussions to the Health Assembly.

3. General Review of the Programme of Work of the Health Assembly

After some discussion, the General Committee fixed the programme of meetings for Saturday, 15 May, and Monday, 17 May, and decided that a plenary meeting would be held on Tuesday, 18 May.

The meeting rose at 1.15 p.m.

NINTH MEETING

Monday, 17 May 1954, at 12 noon

Chairman: Dr J. N. TOGBA (Liberia)

1. Transmission to the Health Assembly of Reports of the Main Committees

Mr de Erice (Spain) said that he wished to make some observations with regard to section 9 of the second report of the Committee on Administration, Finance and Legal Matters (Request concerning the contribution of the Spanish Protectorate Zone in Morocco).

The Chairman said that the General Committee was not competent to decide on matters of substance; Mr de Erice should therefore raise his point before the plenary meeting of the Health Assembly when the report of the Committee was examined.

The General Committee decided to transmit to the Health Assembly the second report of the Committee on Administration, Finance and Legal Matters.
2. Programme of Work of the Health Assembly and Its Main Committees

The General Committee adopted the agenda for the ninth plenary meeting of the Health Assembly.

It was decided that the Legal Sub-Committee would meet on Tuesday, 18 May, from 8.30 to 9.30 a.m.; that the main committees would meet from 9.30 a.m. to 12 noon and from 2.30 to 4.30 p.m. approximately; and that the Working Party on International Quarantine would hold a final meeting, if necessary, at 9 p.m.

At the invitation of the Chairman, Dr Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on International Quarantine, explained that the Working Party had still to consider the question of yellow fever, which was a highly controversial subject, but it could probably complete its work the same day if it held an evening meeting; the General Committee would then receive the report of the Working Party on Wednesday, 19 May, or at the latest on Thursday, 20 May.

It was decided that the Working Party on International Quarantine would meet that day (Monday, 17 May) from 5.30 to 7 p.m., and at 9 p.m.

3. Date of Closure of the Seventh World Health Assembly

The Chairman proposed Saturday, 22 May, as the date of closure of the Health Assembly.

Dr Braga (Brazil), Vice-Chairman of the Committee on Programme and Budget, said that that committee had not yet decided how the adjustments that would have to be made in the programme to take into account the reductions in the budget were to be considered, and he doubted whether it would be able to complete its work as quickly as had been anticipated.

The General Committee decided to recommend to the Health Assembly to close the session on Saturday, 22 May, at the end of the morning, it being understood that the Committee on Programme and Budget would hold night meetings if necessary.

The meeting rose at 12.25 p.m.

TENTH MEETING

Tuesday, 18 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Programme of Work of the Health Assembly and Its Main Committees

Working Party on International Quarantine

Invited by the Chairman to make a statement on the progress made by the Working Party, Dr Morgan (United Kingdom of Great Britain and Northern Ireland), Chairman of the Working Party on International Quarantine, said that it had completed its programme late the previous evening and could approve its report on Wednesday afternoon, 19 May, transmitting it to the General Committee on Thursday, 20 May, at noon.

The Chairman thanked Dr Morgan for his statement and congratulated him on having carried through the work of his group with such rapidity.

The General Committee decided that the Working Party on International Quarantine would hold its last meeting on Wednesday, 19 May, from 2 to 3 p.m., and not on Tuesday at 9 p.m.

Main Committees

Dr Jafar (Pakistan), Chairman of the Committee on Administration, Finance and Legal Matters, stated that that committee had completed its consideration of the most controversial questions and would probably finish its work on the following day.

Dr Aujaleu (France), Chairman of the Committee on Programme and Budget, said that that committee had also completed its examination of the most difficult items and would tackle the question of Technical Assistance at its next meeting. It would probably have completed its agenda by the end of the afternoon, and would devote a final meeting to the adoption of its reports.

The Chairman paid tribute to the Chairmen of the main committees, who had enabled those committees to complete their work in a very short time.
The General Committee agreed to consider at its meeting on the following day whether in the circumstances it would be possible to advance the date of closure of the Health Assembly to Friday, 21 May, and fixed the programme of meetings for Wednesday, 19 May.

2. Technical Discussions at Future Health Assemblies
(continued from eighth meeting, section 2)

Agenda, 21

The Chairman recalled that the General Committee had before it the conclusions and general recommendations and the draft resolution prepared at the plenary meeting of the technical discussion groups (see eighth meeting, page 178). The delegation of the United States of America had also submitted some comments on the subject of technical discussions.1

He first invited Dr Stampar, General Chairman of the Technical Discussions, to present his observations.

Dr Stampar (Yugoslavia), General Chairman of the Technical Discussions, noted with satisfaction that the comments made by the delegation of the United States of America hardly departed from the conclusions and recommendations of the participants in the technical discussions, which led him to hope that the General Committee would approve those conclusions and the draft resolution attached to them.

Dr Stampar recalled that it had so far been the custom to leave it to the Executive Board to decide on the subjects of technical discussions. However, in 1954 the situation appeared in a different light; the technical discussions had been followed during the Health Assembly with very considerable interest, since more than a hundred delegates had taken part in them. Those participating thus felt that the time had come for them to formulate concrete proposals as to the subjects of discussion.

He added that the subject proposed for the Ninth World Health Assembly—Nurses: Their Education and their Role in Health Programmes—had been approved unanimously by the participants. In connexion with the general study of the organization of rural health services in Mexico, which was proposed for the Eighth World Health Assembly, he wished to stress that that was merely a study and not a critical assessment of rural health services in Mexico.

Dr Hyde, representative of the Executive Board, explained that, in the statement he had made at the eighth meeting of the General Committee (see page 178), his object had merely been to replace in the first sentence of paragraph 2 of the resolution proposed, “REQUESTS the Director-General” by “REQUESTS the Executive Board and the Director-General”.

Dr Stampar (Yugoslavia), referring to the appointment of the General Chairman of Technical Discussions, emphasized that the General Chairman should be appointed well in advance if the discussions were to be organized in a satisfactory manner. In his opinion, the financial implications of that proposal would be insignificant.

Dr Aujaleu (France) was strongly in favour of the recommendation made by Dr Stampar; he had, nevertheless, two brief remarks to make.

First, he noted that in paragraph 2, sub-paragraph (3) of the draft resolution, the Director-General was requested to study “... whether regional meetings dealing with the same subjects should be held prior to, during, or after the Health Assembly”. Although he was in favour of such discussions being organized on the regional level before the Health Assembly—that was the opinion he had already expressed at the Fifth World Health Assembly—he nevertheless considered that there should not be during the Health Assembly any technical discussions in which participants were divided into groups according to regions.

His second observation concerned the wording of the subject proposed for the Ninth World Health Assembly, i.e., “Nurses: Their Education and their Role in Health Programmes”. In French the word “infirmière” (translation of the English word “nurse”) meant a person giving nursing care and not a public health nurse, and the French text of the last sentence in the operative part of the resolution proposed should therefore be modified.

Dr Stampar (Yugoslavia) agreed with Dr Aujaleu’s remarks.

Dr MacCormack (Ireland) feared that, at the Eighth World Health Assembly, the technical discussions might involve a considerable loss of time for delegates participating if they had to visit demonstration areas situated in distant parts of Mexico, and that governments might see in that an argument against the technical discussions.

Dr Stampar (Yugoslavia) emphasized, first, that the technical discussions were not in any way compulsory. Secondly, the demonstration centres would not necessarily be very far from the large towns and the participants in the technical discussions could no doubt go there with little difficulty. He also remarked that the technical discussions organized at the

1 Unpublished working document
Eighth World Health Assembly would be of a special nature and would more or less take the form of visits, followed by an exchange of views that would of necessity be brief, since there could be no question of making an appraisal of the rural health services in Mexico. Finally, he recalled that the question of technical discussions at the Eighth World Health Assembly was not definitely settled, as the Director-General had first of all to get into touch with the Mexican Government. The necessary documentation would, however, have to be prepared a long time in advance and the regional committees would perhaps already wish to study the matter.

The CHAIRMAN reminded the Committee that it also had to consider the comments submitted by the delegation of the United States of America, and he proposed that those comments should be examined at the same time as the recommendations and the draft resolution submitted by the participants in the technical discussions.

**General Organization of the Technical Discussions**

The CHAIRMAN noted that in the first point in the comments of the delegation of the United States of America, it was stated that technical discussions “should be continued as an integral part of every Assembly”, while it was stated in paragraph 1 of the operative part of the resolution that “technical discussions should be arranged in connexion with every Assembly”.

Dr STAMPAR (Yugoslavia) stated that the majority of participants had considered that technical discussions could not be an integral part of the Health Assemblies, since the members were supposed to attend the technical discussions in their personal capacity and not as representatives of their government.

Dr MACCORMACK (Ireland) also considered it important to maintain the informal nature of the technical discussions. Nevertheless, he did not consider the wording of the draft resolution to be fully satisfactory. In his opinion, one should avoid stipulating that technical discussions should be arranged in connexion with every Health Assembly because it might be desirable later not to have technical discussions. For his part, he thought the resolution should merely state that technical discussions should continue to be held in connexion with Health Assemblies.

Dr STAMPAR (Yugoslavia) said that the majority of participants in the technical discussions had urged that the words “in connexion with every Assembly” should appear in the draft resolution. He stressed the value of the technical discussions, which emphasized the really technical aspect of the Organization's activities. The Health Assembly could moreover modify the text of the resolution later if it considered that necessary.

Dr ANWAR (Indonesia) concurred with the views expressed by Dr Stampar.

*It was agreed* to replace the words “should be arranged” in paragraph 1 of the operative part of the resolution by the words “should be continued”.

**Duration of the Technical Discussions**

The CHAIRMAN said that, in the second point of the comments submitted by the delegation of the United States of America, the duration of the technical discussions was fixed at two days, while the draft resolution merely specified “adequate time”.

*It was agreed*, after an exchange of views, to maintain the wording of sub-paragraph (1) of paragraph 2 in the operative part of the draft resolution.

**Experts**

*It was agreed* to retain sub-paragraph (2) in the resolution without amendment; that sub-paragraph stated that experts would be used to prepare papers in advance for the benefit of the participants.

**Regional Meetings**

The suggestion of Dr Aujaleu was adopted (see page 181).

*It was agreed* to delete from sub-paragraph (3) of the draft resolution the words “prior to, during or after the Health Assembly”.

**Documentation**

*It was agreed* to maintain sub-paragraph (4) of the operative part of the resolution without alteration.

**Appointment of the Chairman of Technical Discussions**

The CHAIRMAN recalled that the delegation of the United States of America had proposed that the Chairman be appointed “well in advance”, while in the recommendations made by the participants in the technical discussions it was stated that the Chairman should be appointed one year in advance.

After an exchange of views in which Dr STAMPAR again emphasized the fact that the financial implications of his proposal would be very slight, it was decided to add after sub-paragraph (4) of the resolution a further sub-paragraph: “(5) to appoint a chairman well in advance.”
Subject of the Technical Discussions at the Eighth World Health Assembly

The Director-General having remarked that, before the subject for the technical discussions proposed for the next Health Assembly was finally adopted, the assent of the Mexican Government should be obtained, Dr Stampar stated that the same subject of discussion could be retained as had been chosen for the Seventh World Health Assembly, with visits to rural health centres in Mexico.

It was agreed to add to the operative part of the resolution a sub-paragraph (6) to read as follows:

(6) to keep the same subject, “Public-Health Problems in Rural Areas”, for technical discussions at the Eighth World Health Assembly, and to study with the Mexican Government the possibility of field visits in connexion with the discussions;

Subject of the Technical Discussions at the Ninth World Health Assembly

It was agreed to maintain the wording of the last sentence of the draft resolution, replacing the word “les infirmières” by “les infirmières et les visiteuses d’hygiène” in the French text.

3. Committee on Administration, Finance and Legal Matters: Acting Vice-Chairman

Dr Jafar, Chairman of the Committee on Administration, Finance and Legal Matters, and Dr Garcia (Philippines), Vice-Chairman of the Committee on Administration, Finance and Legal Matters, having announced that they would not be able to attend the meeting on the following day, it was decided that that committee would be asked to appoint an acting vice-chairman to replace Dr Garcia.

The meeting rose at 1 p.m.

ELEVENTH MEETING

Wednesday, 19 May 1954, at 12.35 p.m.

Chairman: Dr J. N. Togba (Liberia)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee authorized the transmission to the Health Assembly of the third and fourth reports of the Committee on Administration, Finance and Legal Matters, and the fourth report of the Committee on Programme and Budget.

2. Programme of Work of the Health Assembly and its Main Committees

Dr Aujaleu (France), Chairman of the Committee on Programme and Budget, stated that that committee had completed its work and that the report which the General Committee had just transmitted to the Health Assembly was its final report.

Mr Sole (Union of South Africa), Acting Vice-Chairman of the Committee on Administration, Finance and Legal Matters, said that that committee had only three more items left on its agenda and the consideration of two of them was already far advanced. He hoped that during the afternoon meeting the Committee would adopt resolutions on those two items and would approve the report of the Legal Sub-Committee, but he was not certain that all the work could be finished that day.

The General Committee adopted the agenda for the tenth and eleventh plenary meetings.

3. Technical Discussions at Future Health Assemblies (continued from tenth meeting, section 2)

Agenda, 21

The Chairman recalled that the General Committee had to transmit to the Health Assembly the resolution concerning technical discussions at future Health Assemblies which the General Committee had decided upon at its tenth meeting, and asked if the members had any observations to make.

Dr MacCormack (Ireland) stated he had understood that it had been decided to replace the words “in connexion with every Assembly” in the first sentence of the operative part of the resolution by “in connexion with the Health Assembly”.

It was agreed to transmit the resolution so amended to the Health Assembly (see resolution WHA7.31).

The meeting rose at 12.55 p.m.
TWELFTH MEETING

Thursday, 20 May 1954, at 12 noon

Chairman: Dr J. N. Togba (Liberia)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee, waiving the strict application of Rule 51 of the Rules of Procedure of the Health Assembly, which provides that reports shall be circulated at least twenty-four hours in advance of the plenary meetings at which they are to be considered, decided to transmit to the Health Assembly the fifth report of the Committee on Administration, Finance and Legal Matters so that the Assembly could examine it at its tenth meeting to be held at 2.30 that afternoon.

2. Transmission to the Health Assembly of the Report of the Working Party on International Quarantine

Although it had not been possible to circulate the report of the Working Party on International Quarantine twenty-four hours in advance, the General Committee nevertheless decided to transmit it to the Health Assembly for consideration at the tenth plenary meeting.

3. Adoption of the Report of the General Committee

The General Committee adopted its report without comment and transmitted it to the Health Assembly, for consideration at the last plenary meeting, which would take place on Friday, 21 May, at 2.30 p.m.

4. Closure of Session

The Chairman announced that the meeting was the last the General Committee would hold.

Dr Aujaleu (France), speaking on behalf of the members of the General Committee, congratulated the Chairman on the wisdom and good humour he had constantly shown in conducting the business of the General Committee and the Health Assembly.

The Chairman paid a sincere tribute to the spirit of collaboration shown by the members of the General Committee, and extended his hearty thanks to the Director-General and the Secretariat.

The meeting rose at 12.20 p.m.
Committee on Programme and Budget

First Meeting

Thursday, 6 May 1954, at 4.30 p.m.

Chairman: Dr E. Aujaleu (France)

1. Election of Vice-Chairman and Rapporteur

Agenda, 6.1

The Chairman said that, in accordance with Rules 23 and 34 of the Rules of Procedure of the Health Assembly, the Committee on Nominations had made the following nominations for the consideration of the Committee on Programme and Budget: Vice-Chairman, Dr E. de Paiva Ferreira Braga (Brazil); Rapporteur, Dr L. A. Kaprio (Finland). Those nominations had been presented to the Health Assembly in the report of the Committee on Nominations (see page 426).

Decision: Dr Braga (Brazil) and Dr Kaprio (Finland) were elected respectively Vice-Chairman and Rapporteur of the Committee on Programme and Budget.

2. Terms of Reference of the Committee

The Chairman welcomed all the members of the Committee, the representative of the Executive Board, the representatives of the United Nations and specialized agencies, and the observers for non-governmental organizations.

He drew attention to the agenda of the Committee (see page 50), and read the terms of reference assigned to it at the third plenary meeting of the Health Assembly (resolution WHA7.2), recalling that, during the discussion by the Committee on Programme and Budget of the budget ceiling for 1955, there would be no meeting of the Committee on Administration, Finance and Legal Matters. Similarly, when the latter committee considered budgetary matters relating to organizational meetings and administrative services, no meeting of the Committee on Programme and Budget would be convened. Finally, the Committee on Programme and Budget would not examine the budget ceiling for 1955 until the Committee on Administration, Finance and Legal Matters had completed its consideration of the scale of assessment for 1955.

The Chairman added that the Committee would begin its review of the Annual Report of the Director-General for 1953 at its next meeting.

The meeting rose at 5 p.m.

Second Meeting

Friday, 7 May 1954, at 9.30 a.m.

Chairman: Dr E. Aujaleu (France)


Agenda, 6.2

The Chairman said that he had been astonished at previous Health Assemblies to find that in a gathering consisting mainly of medical men far more attention had been given to questions of finance and procedure than to technical questions. He hoped that in the present committee, at least, delegates would remember that they were doctors first and administrators second. At previous Health Assemblies the Report of the Director-General had often been
examined in one meeting without very much interest being shown. Where the discussion had been prolonged, it had not concerned the technical aspects of the Report. If the examination of the Report of the Director-General was the only item on the agenda for the present meeting, it was in the hope that it would receive the attention that it deserved.

He suggested that the Committee should begin with a general discussion and then examine the details of the Report.

**General Discussion**

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, in introducing the Report (Official Records No. 51), said that he would not add to the remarks made by the Director-General in plenary session. He merely wished to say that the Director-General would welcome detailed discussion of the work of WHO in 1953 and would make available the responsible officers—regional directors and directors of technical divisions—to answer any questions.

Dr Erickson (United States of America) expressed his delegation's appreciation of the Report, which showed a great deal of progress, notably in the control of malaria, tuberculosis and the treponematoses. It reflected the value of co-ordinating research on an international level. If he might make one small criticism, the Report for 1952 had been slightly better in that it had contained fuller programme descriptions and more graphs and charts. In general—and this had been recognized in the Report itself—there was a tendency, due probably to the type of request received, for services to become more specific in character. For its own part, his delegation would prefer consultation to be on a more general basis. However, as he had said, it was an excellent report and showed good progress.

Dr Stampar (Yugoslavia) expressed particular interest in Chapters 1 to 10 of the Report, which contained a general review of the work of WHO in fulfilling its central responsibilities and of its administration. He agreed with the United States delegation that much progress was shown, but in the present critical financial situation a great deal of responsibility touching the future rested with the committees of the Health Assembly. The problem now facing the Organization was whether it should continue to increase its activities or decrease them.

Commenting on the activities described in the first part of the Report, he noted that the work in the control of communicable diseases was partly a continuation of the functions of the Health Organization of the League of Nations, though that organization, unlike WHO, had not been in a position to undertake field work. The epidemiological intelligence service was excellent and of great help to Member States. He was particularly interested in the results of the work of the Tuberculosis Research Office in Copenhagen, and thought that a time would soon come when that work could be reviewed and achievements estimated.

The Organization's work in education and training was its most important activity, and all the resources that could be spared might well be put into it. Much had been achieved, but still more was required, as public-health services in Member countries would certainly suffer if medical and auxiliary personnel were not adequate in numbers or properly trained. Of that he would say more later.

Personally, he was most satisfied with the Organization's publications and reference services. The reports and information made available to governments were one of the most positive achievements of WHO.

Public information was certainly a matter that deserved attention, but he did not always agree with the methods employed. He was not in favour of propagandist work in that field.

He now came to an important question to which he had referred earlier: Could the Organization, in its present financial position, continue its activities on the same scale as in 1953? The Director-General had drawn attention to the financial position and was asking for a larger budget. His delegation would be in favour of a larger budget, but on certain conditions. Rather than spread its activities over very wide fields, without any certainty of the value of the results, the Organization should perhaps confine itself to certain highly specific projects that could easily be financed from its own resources.

Another important question was that of the relationship between Headquarters and the regional offices. He had always been in favour of regionalization and remained so, but he thought that the time had perhaps come for a clear definition of responsibilities. It must be determined how far the Organization should support regional activities from its central funds and how far the regional offices should themselves provide resources for activities to promote the health interests of countries within their regions. Of course, any change in present arrangements would be detrimental to world health if it were implemented
Dr Bustamante (El Salvador) congratulated the Director-General on the Report—which his Government had happily received early enough to study it in detail—and on the way in which the material in it was presented, permitting an appraisal of the Organization's work as a whole and by parts.

He noted that the projects carried out in 1953 had been well within the broad framework of the Organization's functions. The manner in which they had been fulfilled, despite difficulties in finance and recruitment of personnel, was remarkable. In the experience of his country, WHO assistance had always acted as a catalyst, awakening public and professional interest and stimulating national activities. Indeed, if that were not the case, no budget would ever be adequate to make the Organization's activity effective.

Professor Grasset (Switzerland) wished to make some remarks on the work of the experts and expert committees in 1953, and to allude to the remarks made the previous day in plenary session about the usefulness of that work. As he himself in 1953 had taken part in one expert mission and one expert committee his impressions might be of some interest.

Expert missions had a part to play that was of definite value. It was difficult to give effective aid to a country in the form of field projects and fellowships until it was clear how it could use that aid. In 1953 WHO had sent a team of medical specialists to Indonesia, a country of particular interest to WHO from the epidemiological point of view. He had been able personally to see the value of the co-ordination of the activities of WHO with those of UNICEF in a broad programme covering a campaign against yaws and syphilis and a campaign of BCG vaccination.

The activities of expert committees should continue at least on the same level as in recent years. The expense had been mentioned, but it would be noted that the proportion of the budget devoted to expert committees was very small indeed. It was essential that there should be an annual stocktaking of the progress made in every technical field of health. For example, the expert committee on biological standardization, in which he had himself participated, regularly took stock of progress throughout the world in the standardization of existing products, the replacement of some of them, and the development of new products.

For the next few years at least, therefore, the activities of experts both in missions and in committees should continue to be developed.

Dr Evang (Norway) began by retracing the stages through which the programme committee of the World Health Assembly had passed. In the earlier days it had been concerned at great length with establishing priorities for various kinds of work to combat communicable diseases and promote health. After a time it had been realized that that was not quite the most fruitful approach, and for the last three years or so the committee had been constantly preoccupied with the importance of training personnel and developing efficient public-health administrations. One might receive the impression that those were now the most important activities of the Organization, but in fact from the Report of the Director-General one would see that WHO was still carrying on many kinds of work from the old priority list and was undertaking new activities that had not been included in that list. It was the moment to ask whether the Organization was on the right track. Personally he considered that it was. It had adopted a simple formula—the only possible formula for a world organization: to render assistance to every country according to its individual needs.

In following that path, the Organization was of course faced with certain obstacles, of which the principal was the financial situation. There must therefore be some expansion in the resources of WHO. As the Director-General had stated, more requests were already being received from governments than could be met.

As for the question of regionalization, he did not think that there was yet any serious threat of over-development of the regional organizations, but there was, on the other hand, a real danger that the staff at Headquarters might develop into what he would call "desk people", living in the beautiful city of Geneva with a standard of living far above that prevailing in most other countries needing WHO assistance, and under a constant stultifying pressure of desk work. In those circumstances it would not be surprising if headquarters staff soon ceased to be the experts that they had been and must remain if they were to do their jobs properly. He would therefore favour a great deal of travel for headquarters staff—not merely travel in the course of their routine desk work, but travel in which they did actual scientific work themselves. It might even be necessary to give them special leave for that purpose.
In the introduction to the Report he had noted the following words:

The problem of programme analysis and evaluation continued to occupy our attention in 1953. It is obvious that sooner or later the time will come when we must be prepared to find a more specific answer than we have at present to the question which is being more frequently raised today: To what extent are WHO programmes, now covering all the continents, contributing to the improvement of the health of the world?

On page 3 of the Report itself he had noted the sentence:

Only by careful assessment of results can repetition of mistakes be avoided, methods successful in one area be adapted for use elsewhere, and technical research be initiated to improve methods and reduce costs.

Now programme evaluation had often been discussed in the Health Assembly and he himself had sometimes felt obliged to sound a warning note. He distinguished two kinds of evaluation, which might be called qualitative and quantitative. He was entirely in favour of qualitative evaluation, but quantitative evaluation should be undertaken with caution. It was not WHO that did health work in countries, but national administrations with help from WHO, and it was impossible to distinguish quantitatively what part of the result was due to WHO and what to the efforts of national administrations. He had therefore not quite liked the expression “to what extent” in the first passage he had quoted.

Dr Garcin (France) was particularly satisfied at the importance assigned in the Report to the control of communicable diseases. In the French overseas territories in particular, the control of such diseases as malaria, the treponematoses, leprosy and bilharziasis was a major problem for health administrations, and WHO could certainly be of great assistance.

Activities in education and professional training also occupied an important place in the Report. There he was not entirely in agreement with the Director-General, who seemed to him rather to underestimate the importance of fellowships, which he personally considered one of the surest means of giving effective assistance to countries. He had himself taken part at the last nursing conference in Africa. If no strikingly new facts had emerged from the discussions, the comparison that it had been possible to draw between conditions in various countries was of the greatest usefulness. If he had any criticisms to make of such conferences, it was only that their results were not made widely enough known to national health administrations.

The exchange of scientific information was another important function of the Organization, and there too it might be well if national health administrations were more widely informed of the results achieved.

One thing that had particularly struck him in the Report was the map on page 67 illustrating the immensity of the part of Africa south of the Sahara, and he would raise that point again in the discussion on the budget to show that the funds allocated to the African Region were far from adequate. He realized that the Regional Office for Africa had only recently been set up, and that the field activities must still be limited, but he would certainly like to see the budget for such activities considerably increased.

Professor Ferreira (Brazil) considered that, as the present committee was entitled the Committee on Programme and Budget, the remarks of delegates should cover equally both aspects of its terms of reference.

As far as the programme was concerned delegates, with their expert technical knowledge, could see that, as Dr Evang had said, WHO was certainly on the right track. But the main difficulties facing the Organization were not technical but financial. It must be remembered—and he spoke from personal experience—that governments always sought to restrict their commitments for health work, whether national or international. Yet all the Member governments of WHO had signed a constitution laying down that health was the right of every individual and the responsibility of every State; and from that point of view the funds of WHO were not sufficient even to approach the fulfilment of its functions.

Before delegates came to Geneva they generally received an injunction not to increase their countries’ contribution to the budget of WHO. His own Government’s contribution to WHO was less than one half per cent. of its national expenditure on health; and probably very few governments were spending as little money as WHO had available for its purposes, even with the additional funds that it received from such sources as Technical Assistance. He felt that delegates should consider it their personal responsibility to prepare governments to contribute more and more for the expanding needs of WHO. Working with their governments, and at the same
time knowing the value and significance of WHO’s activities, they were in a better position than anyone else to do so.

Dr Sicault (Morocco, French Zone) thought that the Report of the Director-General showed no justification for the fear that WHO Headquarters might become a rather static organization. It was clear that WHO was performing its task well. That task could be said to fall under two main headings, research and training on one side and public-health work on the other. The research and training side was represented by seminars and symposia for the exchange of ideas and information and by the fellowship programme. He was in favour of developing and increasing both those activities. Public-health work was represented in the activities of the regional offices at the national and local level. Bound up with it and consequent upon it was the work of health education, for the two activities were complementary and one was impossible without the other. For example, during the campaign against trachoma in his country the medical staff had at first applied the ointment to the patients. After some time the populace had begun to apply the ointment itself, mothers putting it on the eyes of their children and distant tribes coming to ask for the ointment that protected them against conjunctivitis.

An earlier speaker had asked whether the small resources of WHO were sufficient to allow it to undertake all those activities. The answer was certainly yes, for even if WHO gave only token assistance—which was far from being the case—that assistance could stimulate the most fruitful activity at the national or international level.

Mr Stead (United States of America) wished to discuss some of the points which stood out in the Report of the Director-General and had been mentioned by previous speakers.

The first point was the work of the Organization in education and training. He noted a tendency in the training of public-health workers to drift more and more towards specialization, producing what might be called the man of depth in a narrow field rather than the man of breadth.

Another point that had been raised was the tendency of WHO, based on its experience, to adapt the type of assistance it gave to local conditions, which might vary not merely from one region or country to another, but from one small area to another.

The third point was the budgetary position of the Organization. It was clear that all the specialized projects described in the Report were only a small fraction of what would be desirable if all needs were to be covered, and that immediately raised the problem of selection. He wished to ask one question: would it not be possible to develop a method of determining in advance what projects would be most appropriate in a given place at a given time? If no such method was yet contemplated, he wished to make the following suggestion. Instead of surveys by technical experts, which meant either a very large team or a risk of too much emphasis on the special interests of the team members, an area might be surveyed periodically by a team of one or two "men of breadth", who would study the area from the point of view of man in relation to environment and environment in relation to man, and who would select a dozen or so of the most pressing health problems, estimating whether the best approach would be through preventive services directed mainly towards individuals or environmental methods directed towards the populace as a whole. From these dozen problems the experts could then select those which were most ready for immediate attack with the resources available and which would yield the most useful results for the resources expended.

In proposing this method he was not underestimating the importance of evaluation after a project was over, but trying to offer the possibility of an objective approach, working from the problems to the programme rather than establishing a programme and then looking for problems to tackle.

What he had said seemed to be in contradiction with the emphasis placed by other delegates on the importance of professional training, but that was not really the case since the shortage of manpower was as important in the field of the "broad man" as in the field of the "deep" specialist.

Dr Karabuda (Turkey), after expressing his satisfaction with the Report, referred to the widespread anxiety about the extent to which the implementation of WHO's programme depended on the Technical Assistance funds available. He quoted the section on "Technical Assistance for Economic Development" on pages 85 and 86 of the Report. It was highly desirable that the present uncertainty should be removed, so that governments could know where they stood and set aside the funds necessary for their participation in the programmes planned.

Regarding the inter-country programmes of the European Region, he expressed the gratitude of his Government to the Regional Director for making it possible for fellows from many countries of the Region to participate in the tuberculosis courses organized at the tuberculosis training centre in
Dr Castillo-Rey (Venezuela) associated himself with other delegates who had praised the Director-General’s Report and the manner in which the information contained in it was presented.

He agreed with those who had stressed the importance of training of personnel, which he considered could be approached from three points of view.

In the first place, there were fellowships. There he agreed with the United States delegate that it might be well to train larger numbers of general administrators rather than specialists in narrow fields.

In the second place, there were expert missions, which in his opinion should use their stay in a country to train personnel in their own particular specialities, so that the permanent results of their visit might be even greater.

Thirdly, health demonstration areas should be set up, using to the full the local resources already existing, to provide training for workers from other areas where health problems were similar. Such an activity might well have far-reaching and valuable results.

Dr Al-Wahbi (Iraq) endorsed the views expressed by the delegate of Brazil and other speakers on the budgetary situation. He considered that it was high time for WHO to stand on its own feet and carry out its programmes by means of the regular budget. Additional financial help from other international sources could always be used for the further development of contemplated projects and for additional programmes.

Dr Diba (Iran), after expressing appreciation of the Director-General’s Report, said he favoured a continuance of emphasis on teaching programmes and exchange of scientific information. He agreed with the remarks of the delegate of Iraq on the need for WHO to rely on its own budgetary resources, any further funds being used for meeting the constant needs in the regions. It was important that plans should be developed in such a way that programmes were not liable to be prematurely halted.

Dr Bernard (France) wished to make two observations of a general nature.

Several speakers had referred to the inadequacy of the budget. He submitted that the Committee was not called upon at the present stage to deal with that matter, but only to appraise the results achieved in 1953 with the existing financial resources. The discussion had indicated general satisfaction with the progress that had been made.

Secondly, he understood the concern expressed by the delegate of Norway lest headquarters staff, owing to the heavy burden of administrative work, become eventually too isolated from health problems and activities in the various regions. However, the majority of headquarters officials had been selected precisely because of technical experience in their own countries, and delegates could see, both from the Report and from their personal contact with the Secretariat, that that experience was constantly bearing fruit. While the Norwegian proposal for increased travel to ensure greater contact with regional organizations was a valuable one, it should not be forgotten that it would involve further expenditure. Moreover, too frequent and systematic an interference by Headquarters in regional activities might lead to duplication and overlapping.

Paragraph I.6 of resolution WHA6.44 recommended the interchange of staff of the Secretariat among regions and between Headquarters and regions. He submitted that such a procedure would provide for the necessary contact and continuity in all the Organization’s activities. He asked to what extent that recommendation had so far been applied and what methods were envisaged to ensure the most efficacious relationship between Headquarters and the regional offices.

Dr Anwar (Indonesia), in expressing his country’s appreciation of a WHO medical team sent during 1953, said that Indonesia was a young country with only the most elementary means of tackling health problems. Indonesia had also benefited from general projects for training and education, and campaigns against communicable diseases such as malaria and yaws. His Government was willing, within its limited financial means, to co-operate in the work of WHO.

Dr Daengsvang (Thailand) associated himself with the tributes paid to the Director-General and to the staff both at Headquarters and in the regional offices. He mentioned that Thailand was benefiting by the work being carried out for the control of communicable diseases, particularly the treponematoses, tuberculosis and malaria. He believed that WHO was right in concentrating attention on the control of communicable diseases. However, he wished to stress the need in local health activities...
for properly trained workers in adequate numbers to ensure the continuation of long-term programmes, and suggested that WHO should place emphasis on the training of local workers in their own countries as well as abroad.

Dr Metcalfe (Australia) agreed with the delegate of Yugoslavia that WHO should concentrate its attention on crucial and pressing health problems such as communicable diseases and environmental sanitation. For example, in some twelve countries through which he had recently passed it was not safe to use the ordinary water supply for drinking, or eat the food, unless it was specially and carefully prepared. He noted that the project list in the Report included such items as the provision of a hospital architect, rehabilitation centres, mental health seminars, and medico-legal consultants, and wondered whether the Organization was not spreading its wings somewhat too widely. No doubt matters of that type were of great importance and should not be underestimated, but, in his view, they were the business of local authorities and not of an international organization, whose main concern should be communicable diseases and the improvement of environmental sanitation.

Dr Laksmanan (India) also felt that the Organization should concentrate on a limited number of programmes rather than expand its activities in various directions. He wished to emphasize the need, in the South-East Asia Region, for a programme of development of rural health work and, in the organization of training programmes, for the granting of fellowships for training in the particular countries of a region rather than for study abroad.

Referring to the excellent work accomplished by two medical missions dispatched to India during the past two years, he suggested that such missions should stay for at least six months for their work to be of any lasting good. In his view, a small team dealing with one particular subject and able to spend longer in a country for the purpose of training small local groups would lead to more beneficial results.

He stressed the need for the fullest co-operation between all international agencies working in a particular country in order to avoid duplication and overlapping of activities. A co-ordinating committee for health activities had been set up in India, and the co-ordination of the work was now much better.

Finally, he felt that little progress would be achieved in rural health work without corresponding education in health matters of the rural population—a subject on which he understood little had so far been done by WHO.

The Chairman said that, in the absence of any further comments, the general discussion on the Director-General's Report for 1953 was concluded. He would ask the Secretariat to answer certain general questions, but believed that four essential points had emerged from the discussion. First, all were agreed that the work in 1953 had been carried out satisfactorily, subject to some comments on points of detail. Secondly, certain delegates wished more emphasis to be placed on particular aspects of the programme. He suggested that those matters could be considered during the discussion of the 1955 programme. Thirdly, reference had been made to the value of appraising results, as guidance for future programmes. He would not ask the representative of the Director-General to reply at once on the interesting suggestion of the delegate of the United States of America concerning a general appraisal before the formulation of programmes. That matter required, and would be given, careful consideration. The fourth point seemed to be general anxiety about the financial situation. The question put by the delegate of Yugoslavia about the financing of the future programme, and the question of the granting of fellowships within particular regions, would be discussed during the consideration of the 1955 programme.

He proposed to ask the Director-General's representative to answer a number of general questions, but added that points with regional implications could best be answered at the next meeting by the Regional Directors concerned.

Dr Gear, Secretary, thanked the Committee for its general comments on the Annual Report for 1953. The appraisal of the work of the Organization for the previous year was a most important matter for the Director-General. In determining the usefulness of his programmes, he was not merely guided by formal resolutions adopted by the Executive Board and the World Health Assembly on programme matters, but obtained much help and guidance from the records of discussions in the plenary meetings of the Health Assembly and in meetings of the Committee on Programme and Budget. He was convinced that the present discussion would be a most valuable guide to the Director-General, not only because of the Committee's commendation of certain methods and certain subjects, but also, and perhaps even more, because of the criticism expressed on certain matters. He
wished to assure the various speakers that their criticisms, proposals or suggestions would be carefully noted by the Director-General and his staff, not only in considering methods for current work, but also in considering proposals for the future.

In view of the wide range of subjects covered in the Annual Report, it was impossible forthwith to give an adequate reply to many of the questions raised. He would therefore confine himself to a few general remarks, leaving it to the responsible officers to reply in more detail during the examination of individual subjects and individual regions.

Reference had been made to the system of priorities originated by the First World Health Assembly and now expanded to include many other subjects. The Executive Board, in preparing a general programme of work, had borne in mind earlier proposals about priorities and had also examined the results of the system of priorities. The Executive Board had also taken into account the development of the system of regionalization as well as the system of establishing the annual programme of work through the regional committees and through the regional offices. That factor had had considerable influence in the development of priorities into the two broad groups of subjects mentioned during the discussion, namely, the strengthening of national health services and the development of programmes of medical training and education. Consequently, the remarks made by the delegates of Yugoslavia, Norway, the United States of America and Australia concerning the system of priorities and concentration of effort were of particular importance in the development of the annual programme prepared by the Director-General. However, the application of the principles enumerated by those delegations was largely determined by the regional committees and the regional offices because the individual projects originated in governmental requests.

The questions asked on the broad problem of medical education and training would be answered by the responsible headquarters officer and the regional directors during the detailed discussion of the Annual Report.

To the question raised by the delegate of France, he would reply that the Director-General was already conscious of the need for inter-regional diffusion of knowledge obtained by means of seminars, conferences and similar meetings.

On the subject of communicable diseases, the Committee would be interested to learn that the regional committees and regional offices were tackling communicable diseases as matters of major interest. That was particularly true in the Americas, South-East Asia and the Western Pacific, programmes being based on the degree of development in those regions and in the countries composing them.

He assured the delegate of Yugoslavia that his comments on the importance of publications and reference services would be borne in mind, and any further questions would be answered by the responsible officer at the following meeting.

On the subject of joint projects, mentioned by the delegate of Switzerland, it would interest the Committee to know that such projects were being developed not merely between international organizations but, wherever possible, between regions.

On the problem of evaluation and assessment, he assured the delegate of Norway that the Director-General was well aware that the responsibility for determining the assessment and the evaluation of country projects was in the hands of the governments themselves. The concern of the Director-General was to determine whether the methods used by WHO in assisting countries were being developed efficiently and usefully.

On the reference to the need for headquarters staff to be aware of problems peculiar to the regions, he said that the Director-General was considering methods of strengthening the type of relationship suggested by the delegate of France. One method by which the Director-General was attempting to intensify contact between Headquarters and the regional offices was by assigning a senior officer, usually an Assistant Director-General, to attend the annual meetings of the regional committees, not only to explain the policies of the Health Assembly and the Director-General, but—perhaps more important—to be available to regional delegations, regional committees and regional offices in order to assist them and to learn of their problems and note their suggestions. In addition, advisers and technical officers at Headquarters attempted, as far as time and resources allowed, to travel to all the regions of the world and thereby develop a useful knowledge of local conditions. Similarly, regional directors attended meetings of the Health Assembly and of the Executive Board in order to strengthen understanding and contact between Geneva and the regional offices. The Director-General was fully aware of the danger of headquarters staff, especially senior officers, being overwhelmed by administrative work.
The remarks on planning made by the delegate of the United States of America were particularly valuable and would be taken into account as far as possible by the Director-General. The role of WHO was to provide advisers and consultants to assist in surveys and advise countries on appropriate methods of determining the most urgent problems requiring the assistance of WHO.

He repeated that many of the questions raised during the discussion would be more appropriately answered during the consideration of the 1955 programme. Others might be more appropriately dealt with in the Committee on Administration, Finance and Legal Matters.

The meeting rose at 6.5 p.m.

THIRD MEETING

Friday, 7 May 1954, at 2.30 p.m.

Chairman: Dr E. AUJALEU (France)


Agenda, 6.2

The CHAIRMAN suggested that the detailed discussion of the Annual Report of the Director-General (Official Records No. 51) should begin with Part II, The Regions.

African Region

Dr CAMBOURNAC, Regional Director for Africa, said that during a preliminary study of the programme of the Regional Office, he had been struck by the considerable work already accomplished by the health administrations throughout Africa—a vast continent, with a largely rural population. The Regional Office itself had been assisting the development of health services in the various countries by sending advisers, organizing demonstration teams, and educating the people in health measures. In the training of personnel, the possibilities of granting fellowships and organizing courses within the Region had not been ignored. The need for campaigns against communicable diseases had also been recognized, and projects were already in operation against such diseases as malaria and the treponematoses. In the future, emphasis would continue to be placed on the development of maternal and child health services, environmental sanitation, mental health, and the organization of conferences and seminars. The activities of the Regional Office in 1953 were outlined in Official Records No. 51, pages 67-70.

He commented upon points raised at the second meeting of the Committee. The question of fellowships had two important aspects: firstly, whether priority should be given to fellowships in general public-health work or to studies on specialized subjects; and secondly, whether fellows should study in the African Region itself. While each case should be treated on its merits, priority should on the whole be given to fellowships in general public health and it would seem best that only after receiving a general course in their own region should fellows be sent to study elsewhere. There was the further possibility that all aspects of public health in a given area should be studied, so that the area could then serve as a school for other persons studying those problems.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) expressed his appreciation of the excellent relations established between the Regional Office and the heads of the various health services. In view of the fact that training programmes for subordinate staff had existed in Africa for about thirty years, he thought the Regional Director's proposal that persons from other regions might be sent to Africa for training was a valuable one.

With regard to the actual work of the Region, he stressed the need for establishing priorities: the training of subordinate staff, and the care of the rural population (with special reference to sanitation in the rural areas—provision of pure water supplies, efficient sanitation systems, good housing, etc.—and adequate food), were of paramount importance.

Dr DUREN (Belgium) expressed the pleasure felt in the Belgian Congo and the Ruanda-Urundi territories at the appointment of Dr Cambournac as Regional
Director for Africa. He wished to associate himself with the tribute paid in the Annual Report of the Director-General to the Fonds Reine Elisabeth pour l'Assistance médicale aux Indigènes du Congo belge, which had been engaged in a pilot project, in cooperation with UNICEF, against kwashiorkor. He informed the Committee that the Government of the Belgian Congo had decided to invite the delegations present at the next meeting of the Regional Committee for Africa (to be held in Leopoldville in September 1954) to attend special "journées médicales", at which subjects of particular interest to Africa would be discussed.

Dr GARCIN (France) welcomed Dr Cambournac on his first appearance at the World Health Assembly as Regional Director for Africa; there was no doubt that his appointment would ensure fruitful cooperation between the governments and health services of the Region and the Regional Office.

He had already drawn attention to the vastness of the African Region, which was approximately equal to the United States of America, China, India, and Pakistan taken together. He would also point out that the health needs of the Region, whose development was retarded, were very great. WHO had therefore much to achieve. Nevertheless, the budget of the African Region was much smaller than that of any other region. Dr Garcin made a plea that the Region should be granted the means for effective action, for it would be disastrous for the prestige of WHO if assistance sought by governments had to be refused because of inadequate funds.

Dr MACKENZIE (Southern Rhodesia) congratulated the Director-General on his balanced Report, and welcomed Dr Cambournac to his post as Regional Director.

He expressed his appreciation of the services received from the Regional Office, and of the cordial relations established with both the zonal and public-health officers and the visiting consultants. The Report mentioned the appointment of a social anthropologist and of the need for undertaking small projects relating to village health; these two interrelated items were of great importance in Africa. He also stressed the necessity of allocating sufficient funds to the vast African Region, and, in particular, of making more money available, and at shorter notice than at present, for fellowships.

Dr CLARK (Union of South Africa) remarked that the emphasis which the Director-General placed on the strengthening of national health services within the framework of the development of the countries concerned was particularly applicable to Africa. While the African Region was a vast area with great needs, he felt confident that the excellent work already initiated by the Regional Office would be continued in the future.

Region of the Americas

Dr SOPER, Regional Director for the Americas, pointed out the complexity of regional health work in the Americas, where funds were contributed by WHO, the Pan American Sanitary Organization (PASO), UNICEF, the Expanded Programme of Technical Assistance, the technical assistance programme of the Organization of American States (for a foot-and-mouth disease research and training centre), and the five governments of Central America together with the Government of Panama (to maintain the Institute of Nutrition of Central America and Panama). Amalgamation of work had been intensified during the past year and a half, projects originally scheduled under Technical Assistance being turned, owing to lack of funds, into projects financed from the regular budget of PASO.

Parallel with the regionalization of WHO had been the organization of the American Region in zones, and the establishment of five zonal offices—in Mexico City, Guatemala, Lima, Rio de Janeiro and Buenos Aires—and of two area offices—in Jamaica (to handle activities in the non-self-governing territories of the Caribbean) and Texas (to handle activities common to Mexico and the United States of America). Services were also provided to the United States/Mexico Border Public Health Association, set up 15 years ago. The 1955 annual meeting of that association would be held in Mexico City and would coincide, it was hoped, with the Eighth World Health Assembly.

In the Region as a whole, stress was now being laid on the development of general programmes rather than on individual projects; this change in emphasis had resulted in a similar change in budgeting, special items being absorbed in wider programmes for a given area.

He drew attention to a number of activities peculiar to the Region. In the past two months the programme for the eradication of Aedes aegypti mosquito had been inaugurated in Cuba; and had gone forward elsewhere in the Americas. Jungle yellow-fever was progressing through Central America but no cases had been transmitted by international traffic and there had been no A. aegypti-endemic yellow fever in the Americas since 1934. By the end of 1953, most of the population of Haiti had been covered in the first round of treatment in the campaign for the eradication of yaws. A recent survey of 32,000 persons treated had revealed an infection rate of less than one per cent.
Dr. Hanlon (United States of America) had been relieved to see that, in spite of the opening sentence of Chapter 3 of the Annual Report of the Director-General (which read: "To strengthen national health administrations has been the fundamental objective of WHO's assistance to governments") the first paragraph of the report on the Region of the Americas showed that in that region the fundamental health services of provincial and local, as well as national, governments were also being strengthened.

He had also been pleased to note the progress made in the Region in incorporating training in preventive medicine in the general medical education provided in the medical schools. More stress might perhaps have been laid in the Report on the improvements made in the Region in the curricula of nursing schools and in the social acceptance of nurses.

On page 76 of the Report were listed the three priorities which the Regional Committee had adopted in 1952 for long-range development: communicable diseases, the training of personnel, and the strengthening of national health services. Those three considerations were fundamental to any long-term planning.

Dr. Segura (Argentina) emphasized a factor which he considered to be of great importance in assessing the work of the Regional Office. The countries in the Region contributed to a double budget—that of PASO and that of WHO; as a result they had a right to hope for important results. At the present time achievements were satisfactory, thanks largely to the decentralization of PASO into zones; local conditions could be fully appraised and the differing needs of all the areas taken into consideration, speedy action could be assured, and a series of programmes could be undertaken in which national and international personnel co-operated.

Dr. Segura called attention to a resolution adopted in April by the Executive Committee of the Directing Council of PASO, requesting the Director of the Pan American Sanitary Bureau (PASB) to consider ways of intensifying propaganda and publicizing the work of the Organization in order to awaken public interest in it. Difficulties in obtaining financial contributions were due largely to the fact that the general public was not as familiar with health work as with the work of international organizations in other fields, so that it was difficult to ask governments for an increased budget.

Dr. Nogueira (Cuba) paid a tribute to the work of the Regional Office, which was of great value to Cuba, and acted as an additional stimulus to that country in developing health work in co-operation with other countries of the Region.

He recalled that Cuba had initiated the fight against Aedes aegypti. As a result of co-operative action, Cuba would soon appear on the map as a region entirely free from yellow fever. Work in collaboration with the Rockefeller Foundation between 1935 and 1942 had resulted in the almost complete elimination of malaria from Cuba. Mention had been made of the work of the Regional Office in its campaign against yaws in Haiti. That campaign was important for Cuba, a country largely dependent economically on sugar, in the harvesting of which Haitian labour was used. As a result of common action in Cuba and Haiti, the danger of yaws had now been largely eliminated. Moreover, an intensive campaign against smallpox had been undertaken by Cuba in support of the wider campaign initiated by the Regional Office.

He endorsed the views of earlier speakers who had noted the importance of local and provincial, as well as national, health activities, and associated himself with the delegate of Argentina in emphasizing the value of keeping the public informed of the use made of funds contributed for health work.

Dr. Bustamante (El Salvador) expressed his appreciation of the services supplied by the Regional Office, from which his country had derived great benefit, particularly in programmes for the training of personnel. The public-health budget of El Salvador had in fact increased as the Government took over responsibility for programmes initiated by the Regional Office. He referred to the health demonstration area set up in his country two years previously, the completion of which was planned to take five years; that measure had proved of great value, the methods demonstrated in the area having already been introduced in other rural zones. Such integrated programmes were obviously of greater value than isolated projects.

Dr. Braga (Brazil) also stressed the basic importance of the three aspects of the work given priority in the Region: control of communicable diseases, training of personnel, and strengthening of national health services. The new Ministry of Health recently organized in Brazil hoped to obtain the co-operation of WHO and PASO in the training of health personnel.

Dr. Garcin (France) congratulated the Regional Director on the excellent results achieved against Aedes aegypti, and hoped that similar results could be obtained in other regions. One must not forget, however, the danger of persistence of the yellow-
Moreover, fellowships were not too numerous in the Region; had their limitations, and patience must not be lost.

Consideration. Both governments and regional offices to organize the public-health services in very priority, the views of the governments, whose duty to specialized projects, which gained popular support. It must be remembered, however, that local demand for fellowships would not be available. An effort had therefore been made to develop facilities by which would be known or recognized as specifically WHO, assistance being always identified with services already existing within the country.

South-East Asia Region

Dr. Soper explained that in the Report the word "national" was used as meaning "within a country", i.e., as opposed not to local, but to external or international services. No attempt had ever been made to build up services which would be known or recognized as specifically WHO, assistance being always identified with services already existing within the country.

Dr. Anwar (Indonesia) said that when, at the second meeting of the Committee, he had expressed his appreciation of the Report and of the work of the Regional Director, he had referred to the great lack of finances in his own country. That did not mean that nothing had been done in the field of public health; on the contrary, much had been achieved. The health budget had been increased to 3 per cent. of the national income, which was not perhaps much but was considerably more than it had been. To the national health budget must also be added the sums of money set aside in provincial and local budgets.

The needs of the population of his country, which approached 80 000 000, were tremendous, and its demands were growing. The problems set in the field of public health could not be solved in a short period,
and a long hard uphill road remained to be trodden. The efforts of WHO, in collaboration with UNICEF, were thus of the greatest importance to his Government. An instance of that was the project for treponematoses control. The 1954 budget gave high priority to yaws control, for a campaign in which more than 7 000 000 people had been examined, and up to the end of March 1954 more than 1 300 000 treated. International help had enabled the country to take a great step towards meeting its needs, not only in the treponematoses but also in the control of tuberculosis and the training of paramedical personnel.

In his country much stress was placed on the importance of regional association with other countries and of the integration of projects. In those and in other matters his Government expressed its appreciation for the work achieved by the Regional Office.

**European Region**

Dr Begg, Regional Director for Europe, said that it was not easy or profitable to examine work in the Region in terms of a single year. Work had proceeded on many and varied long-term projects in which an attempt had been made to define fields in which action was to be taken early. The long-term objectives set were the exchange of experience, the coordination of health work on common objectives, and the promotion of professional education and training. Emphasis had, therefore, been placed on inter-country activities, which were particularly suitable for Europe, an area in which it would not be easy with limited resources to concentrate on individual projects within countries.

With regard to the particular problems that arose in the Region, it was necessary to realize that long-term planning was essential in order to bring together a group of experts in a seminar. Without such long-term planning, results inevitably fell short of the ideal. It had also become clear that work did not end with the end of a seminar; the governments concerned had to follow up what had been achieved, and it was the duty of WHO to assist them to do so. It seemed to him, therefore, that in future years programmes should not be spread over too many countries, and that too much should not be attempted in any one year.

He drew the Committee's attention to the figures for fellowships, which had dropped from 592 in 1952 to 287 in 1953. The figures indicated an absolute decline in the number of fellowships granted and to that extent indicated also the decline in funds provided by the Expanded Programme of Technical Assistance; but they did not reflect the true position, in that between 1952 and 1953 there had been a change in policy, those participating in seminars and conferences no longer being considered as holding fellowships.

Because of the type of planning, it was difficult at times to distinguish between new and continuing activities, but new departures in 1953 deserving of special mention were the London conference on health education, which had been followed by at least ten national conferences on the subject; the symposium and training course on insect control; the Amsterdam seminar on mental health, in which only the general problems which public-health officers would meet had been outlined; and the study group on perinatal problems, which had been concerned with the new problems claiming attention now that increasing control of the common communicable diseases was leading to a decline in infant mortality.

There were other similar problems he had not time to mention. He would, however, emphasize that it was often profitable to co-operate with other agencies, as had been stressed in the Report. Cooperation was easy to arrange in a compact area such as Europe, but although it was fruitful in its results it had too often been on an ad hoc basis and not often enough on a long-term basis. An attempt had already been made to develop contact with other agencies and non-governmental organizations at an early stage in programmes, and it deserved every encouragement.

Dr Tottie (Sweden), in thanking the Regional Director and the Regional Office for their excellent work, mentioned in particular the stimulating group training course for Scandinavian public-health officers held in 1953.

On the whole, European countries were cut to a similar pattern, and the course had accordingly been very successful. He hoped it would be of enduring importance in the training of future public-health officers.

Dr Ben Salem (Tunisia) thanked the Regional Office and Director for their assistance in 1953, particularly in the campaign against trachoma, which would continue for some years. He had noted with surprise that there was no reference in the Director-General's Report to future work on the International Sanitary Regulations. It seemed to him that in a field where the vast majority of countries had pledged themselves to apply the same regulations,
study groups should be held to discuss their practical application. It would perhaps be of value to include the question in the programme of inter-country activities, first on a regional basis and then perhaps on a general basis.

Dr KAPRIO (Finland), in adding his thanks and appreciation for the work of the Regional Office and its Director, said that the contribution of WHO to individual country programmes was inevitably small and would inevitably remain small. While his country regretted not having received more help, it did realize that the part it could play in inter-country programmes was considerable, and that those programmes were of very great value and interest. Finland had taken a direct part in the programmes concerned with health education, milk hygiene, preventive and social medicine and public-health nursing, but it hoped that long-term programmes would be devoted to other new problems such as dental care, mental hygiene and the care of the chronic sick. Not much money would be required for such programmes, but WHO could do excellent work by creating contacts between countries.

Dr BERNARD (France) said that taken as a whole the health development of the European Region was such that each country had less need of individual help and more need of inter-country activities to raise its health standards. In that part of the Report devoted to the European Region he had been unable to find a project which affected one country only; indeed some projects, such as the symposium on insect control, were not confined to the Region but were of interest to public-health workers throughout the world.

He wished to stress that the European countries not only sent representatives to meetings of all kinds but that a great many of them were hosts to such meetings; their interest in WHO activities received a great stimulus thereby. As for the individual fellowships programme, it enabled fellows from European countries to study outside their own region and thus enlarge their experience.

The integration of national programmes in regional activities and of regional activities in the world-wide activities of the Organization was, as far as his country was concerned, a basic concept of the work of WHO. As all the activities he had mentioned fell within that concept they deserved every encouragement.

Dr KARABUDA (Turkey), while associating himself with the praise given to the Director-General for the fruitful work he had achieved in 1953, spoke of the difficulties arising from fluctuation of funds. It had been decided to hold a nursing conference in Istanbul in the summer of 1953. That had been cancelled for lack of funds, which, however, had been found some months later. The situation had placed his Government in a difficult position, in that it had voted credits for local arrangements and would have to render account to its national Assembly if the conference was not held.

Dr MELLBYE (Norway) expressed his appreciation of the difficulty of the Regional Director’s tasks and spoke of his excellent work. Because of the inter-country programmes, representatives of the Regional Office would visit Member States more frequently; the result would be that national governments would get valuable advice, and the Regional Office would obtain a more detailed knowledge of local conditions. Ties between Member States and the Regional Office would accordingly be strengthened, and provide a sound basis for the inter-country programmes. He hoped that the Regional Office would become the natural administrative office of all inter-European health activities.

Dr SICAULT (Morocco, French Zone) hoped that there would be no reduction in the programmes to less than the 1953 level. He also hoped that cooperation among countries would continue on the same scale as before, and that the work of WHO would result not only in new directives but also in new ideas in fields such as that of eye diseases. He offered his congratulations to the Regional Office and Director on their work.

Dr STAMPAR (Yugoslavia) said that the work of the Regional Office had been attended by substantial success and lasting results. He had, however, various points to raise which deserved, he thought, some consideration. One of those points concerned the courses for anaesthesiologists. It was true that anaesthesia was of great practical importance in surgery, but as WHO was short of money there was a good case for adopting the system used in Yugoslavia of organizing courses within the country. Knowledge of anaesthesia would thus be promoted at much less expense than if anaesthetists were sent abroad.

A seminar on environmental sanitation had been successfully held in his country, and the whole problem deserved study: it concerned not only big cities, but also rural areas. Also of importance was the much neglected matter of health education. A conference would soon be organized to prepare a programme of health education for Europe.
Meetings and seminars had been held in mental health, and in occupational health, but to an inadequate extent. It had to be remembered that in many European countries industries were being developed and as a result industrial medicine was becoming of increasing importance. It might perhaps be advisable to hold seminars of longer duration and to send people abroad for training to well-organized centres.

While he was satisfied with what had been done in medical education, he felt that even more could perhaps be achieved by creating facilities for the exchange of views in different countries.

In spite of a long tradition in that field, Europe still lacked adequate nursing facilities and more attention could be given to the problem.

The course in social paediatrics had been useful, but, as with anaesthesia, results could perhaps be obtained more effectively and more cheaply by the creation of national centres.

The core of his remarks, he said, was that better progress might perhaps be achieved by strengthening national educational services rather than by holding seminars in selected centres. Generally, however, the work of the Regional Office deserved commendation. His country would always be grateful to WHO and the Regional Office for the services they had rendered to it in the control of venereal diseases.

Dr Clavero del Campo (Spain) thanked the Regional Director for the valuable work carried out by the Regional Office, and expressed his Government’s pleasure at the opportunity it had been afforded to co-operate in the inter-country programmes and at the benefits it had received.

His Government believed that health education should have an important place in WHO’s programmes, but as an integral part of medical education. It should be remembered that the organization of preventive medicine was related closely to the organization of clinical medicine, which in turn was related to the work of other bodies dealing with social security.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) joined in the appreciation of the work done by the Regional Office and its Director. It seemed to him that the views of the delegate of Yugoslavia were constructive and worth developing.

Dr Begg, replying to the point raised by the delegate of Turkey, said that WHO deplored the situation that had arisen in Istanbul through the fluctuation of funds from Technical Assistance, and regretted that it was a problem that would frequently have to be faced. He agreed that when a programme had been planned means should be available for it to be carried out.

Eastern Mediterranean Region

Dr Shousha, Regional Director for the Eastern Mediterranean, said the basic objectives of his office were to assist in improving national health administrations, to further the training of public-health personnel, and to furnish help to meet the special needs of the various countries. The standard of national public-health administrations varied widely from country to country, and the assistance provided varied accordingly and was not in any way stereotyped. Most of the population of the Region lived in villages, and the improvement of rural health had become a task of prime importance. The programme of reorganization and correlation of social welfare services initiated in Egypt, in the Calioub health demonstration area, was one that could readily be copied elsewhere. Assistance in the field of rural health was being asked for to an increasing extent, and comprehensive programmes would be prepared.

There was much variation also in the training of public-health personnel throughout the Region. Assistance was provided according to need, and special emphasis was being placed on the training of nurses and auxiliary personnel. Ethiopia, for example, had not a single person qualified in medicine, so with the assistance of the Government, UNICEF, the Foreign Operations Administration and WHO, a programme had been initiated for the teaching of basic public-health administration and for epidemiological investigations. The Ethiopian Government provided some of the equipment and the buildings, and UNICEF the rest of the equipment. WHO and the Foreign Operations Administration provided international staff. Among the personnel trained would be health assistants, health visitors and sanitarians.

Fellowships were being asked for by all countries and they were being granted in accordance with needs; 195 had been awarded in 1953. Work had begun on the epidemiology of a number of communicable diseases. It was expected that the cholera project in Pakistan would receive the collaboration of the Colombo Plan. Projects for the control of diseases were being undertaken also on an inter-country basis.

Dr Shousha concluded by expressing the view that closer co-operation between the health worker and the people should begin at the level of the village, through a suitably constituted village council to which responsibility for health had been delegated.
Dr Bresh (Israel) said that as his country was cut off from other countries in the Region he could comment only on the Regional Office’s work in it. He stressed the importance of the integration of programmes, especially in rural areas. His country had implemented various projects with the aid and guidance of the Regional Director, and full cooperation had been established. He welcomed the report of the delegate of El Salvador on the success of integrated services in that country; his Government intended to follow that example in its new long-term plan. In his own country the development of provision for environmental sanitation and for public-health nursing was still in the embryonic stage.

Dr Shoib (Egypt) said that the work of the Regional Office had filled in gaps in his country’s public-health programme. He thanked the Office and Director for their efficiency, cooperation and understanding.

Dr Diba (Iran) said that the antimalaria campaign begun in his country in 1951 had led his Government to create a national malaria institute, several of whose staff had been granted fellowships. Fellowships had also been granted to experts engaged in the vaccination programme, and the Government was well aware of their value in raising the standard of training in the country. Other programmes in the country also benefited from WHO’s help, which he hoped would continue.

Dr Dia El-Chatti (Syria) also appreciated the fellowship scheme; he believed that savings on projects were less harmful than savings on education. He hoped that the Regional Director would visit his country in the near future.

Dr Bauji (Lebanon), after expressing appreciation of the work of the Regional Office, said that he too hoped that the Regional Director would soon visit his country.

Dr Noger (Libya) appreciated the work undertaken by WHO in the newly created Kingdom of Libya.

Dr Stampar (Yugoslavia) pointed out that health problems were universal and could be solved only by the collaboration of the different peoples in the regions.

Dr Al-Wahbi (Iraq) said that the Director-General’s Report was concise and modest. Much of the Regional Office’s success in 1953 had been due to the zeal and personality of the Regional Director. Thus, his recent visit to Baghdad had led to a long-term reorganization of the public-health services of the country. He reaffirmed what he had said in the Executive Board about extending the term of office of the Regional Director.

Finally, he voiced his concern that the Regional Committee had not been able to meet in 1953.

Mr Khanachet (Saudi Arabia) expressed his thanks to WHO and the Regional Director for the assistance they had given his country in the campaigns against malaria and venereal disease, and also in the organization of the quarantine station at Jeddah.

The meeting rose at 6.15 p.m.

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FOURTH MEETING

Monday, 10 May 1954, at 10 a.m.

Chairman: Dr E. Aujaleu (France)


   Western Pacific Region

Dr Fang, Regional Director for the Western Pacific, said that he would not go into detail on the chapter devoted to the Western Pacific Region in the Annual Report (Official Records No. 51), but would draw to the attention of the Committee certain salient points which might help it to understand the difficulties that arose in the Region. The Region was very extensive in area, and contained a great variety of peoples of different languages, customs, religions and social backgrounds. Economically, the standard of living was low, as were also the standards of education and agriculture.
Politically, the Region was much disturbed, and some of its constituent countries were far from enjoying undisturbed peace and security. All those considerations had a bearing on the problems the Regional Office had to face. While 42.3 per cent. of the budget was devoted to the control of communicable diseases, 17.5 per cent. to nursing and 17 per cent. to maternal and child health, only 6.5 per cent. was devoted to education and training and 3.2 per cent. to environmental sanitation. As all the nursing and some of the maternal and child health projects were educative in nature, these might have been included under education and training in a broad sense. Moreover, if all the fellowships associated with individual projects were also included, the amount spent on education and training would come to over thirty per cent. Nevertheless, the amount devoted to environmental sanitation was insufficient. That implied no failure on the part of the Regional Office to recognize its importance or to show adequate interest in it; it was only in the latter part of 1952 that an adviser could be recruited for environmental sanitation; and before that it had been felt inadvisable to commence work without adequate expert advice. The budget allocation for the subject in 1954 had in fact been treble the previous allocation.

He was fully aware of the importance of continual assessment of the value of the projects undertaken; efforts were being made to ensure that all projects were constantly under review. Thus a team had been dispatched to assess the results of the BCG vaccination campaigns that had been undertaken, and it was planned to provide in all future projects for a review of the work done.

It was impossible to meet all the requests made for assistance, and it was essential to co-ordinate and direct all international efforts in the field of public health. With the co-operation of the United States Foreign Operations Administration and UNICEF the Region had been able to embark upon very substantial schemes which were far beyond WHO's individual resources. An example was the malaria project in China, which had given protection to one and a half million persons in 1953 and would result in over five million being protected in 1954, at a comparatively low cost to WHO. Another example was the extensive campaign against yaws in the Philippines, which had been undertaken with the help of UNICEF. Other help given in the Region had been under the auspices of the Rockefeller Foundation and the Johns Hopkins University, and it was planned to develop a scheme of co-operation between the London School of Hygiene and Tropical Medicine and the University of Malaya.

In 1952 and 1953 fellows had been accepted in the Institute of Hygiene of the University of the Philippines, by the corresponding institute in Tokyo and by centres in New Zealand. It was hoped that before long other regional training facilities would be made available to WHO fellows.

Dr Fang concluded by thanking Member States for their co-operation and aid. He would welcome any comments and criticisms on the work of the Regional Office.

Dr Marcel (Viet Nam) said that it was unnecessary to inform the Committee of the difficult and troublous conditions in his country. Despite all the difficulties, the national health service continued its labours with the greatest of courage, although over and above its ordinary everyday problems it had to cope with fresh problems which were often insoluble, such as those of refugees, shortage of beds in hospitals, and lack of staff. Much had been done to deal with those problems: a new hospital containing 400 beds had been completed in Saigon; health centres had been set up in the devastated areas; and all, including private practitioners, had given of their best.

Troubles never came singly, however. A serious smallpox epidemic had broken out recently in South Viet Nam. The Health Department had multiplied its vaccination teams, using student nurses and Red Cross nurses. As a result of these and other energetic measures, the epidemic had been completely overcome within two months.

The putting into operation of WHO programmes had been subject to some delay. Part of the difficulty was that international experts were not easy to come by, and he had no complaint to make against the Regional Director, who had done his utmost for the country. There were three projects concerned: the BCG vaccination campaign (UNICEF/WHO), public health administration (WHO), and maternal and child health (WHO/UNICEF). The BCG campaign, although envisaged since 1953, could be begun only in March 1954, but was progressing extremely well; the public-health post had not yet been provided for, although it was occupied provisionally; and a maternal and child health expert had not yet been appointed, although work on a children's hospital would shortly begin.

One difficulty that gave great anxiety to his Government was that of meeting the local expenses entailed. Eighty per cent. of the country's already diminished resources were being devoted to defence, and little or nothing remained for other activities. In those circumstances, his delegation appealed to WHO to relieve it of local expenses in respect of the three programmes he had mentioned, and to meet...
those expenses either from Technical Assistance funds or from the regular WHO budget, as long as the exceptional situation prevailing in Viet Nam continued.

He assured the Committee of the anxiety of Viet Nam to play its part in raising the standard of health. Its doctors aimed only at the physical and mental well-being of their compatriots. If given the good fortune to live in peace, Viet Nam would not hesitate to face the cost of achieving that ideal.

Dr Baccialone (Laos) expressed his delegation’s appreciation and thanks for the work carried out by WHO against yaws in his country. Despite the enormous difficulties, the unsettled state of the country and its bad communications, remarkable results had been achieved. He hoped that circumstances would enable his Government to take further advantage of the assistance afforded by WHO in the control of communicable diseases.

Dr Chun-Hui Yen (China) expressed his appreciation of the concise and lucid report of the Regional Director and of his assistance to the various countries of the Region in carrying out their health programmes. The work had been done under difficult conditions, in an area of great geographical variations where the economic situation was extremely poor, and where political upheavals and bloodshed were of frequent occurrence. The Regional Director and his staff deserved high praise for their ability to deal with the problems continually arising.

He would not enter into details of the projects that had been undertaken in the Region, but WHO work deserved commendation in that it had stimulated governments to set a higher standard for their health services, had gained the confidence of medical men in all the countries of the Region—a prerequisite to success in the work—and had increased the interest of local populations in health matters. Thus, through the smooth co-operation of the local authorities, WHO and the Foreign Operations Administration, the campaign against malaria in Taiwan had stimulated a local expenditure for 1954 of over 100 times what the previous contribution had been. The point required some stress, as it had been said the campaign against malaria could not come to a close but had even been extended. The same was true of the campaign against malaria. Such a long-range policy was nothing less than admirable, and conferred great benefits on the country. It was to be hoped that WHO would itself gain some benefits from the excellent work it was undertaking. His country would be very pleased to allow certain projects to be tried out.

Dr Regala (Philippines) complimented the Director-General on his excellent report and the Regional Director and Office on their valuable work. The main health problems in the Philippines concerned the control of malaria, tuberculosis, deficiency diseases, parasitic diseases, and also those diseases related to poor environmental sanitation, such as enteritis. At the same time, the dearth of health statistics constituted a great handicap to the development of adequate programmes. The question of health education was one that concerned all regions and required no comment.

His Government greatly appreciated the work of WHO and of such agencies as the Johns Hopkins University and the Rockefeller Foundation. Their assistance was of great value to the Institute of Hygiene of the University of the Philippines, which was doing fundamental work in training health personnel. That work was at present confined to certain public-health disciplines, but there were others, such as sanitary engineering, for which his Government hoped aid would be provided by WHO.

In the matter of health statistics, he recalled that a seminar had been held in Tokyo in 1952 on vital statistics. He felt that the subject should be followed up continuously in order to benefit the entire Region.

By slow and painful degrees the Philippines were advancing towards a higher standard of health. He affirmed the sustained interest of his Government in the work of WHO and its intention of supporting it to the greatest extent possible. It looked to WHO for continuing influence in health matters and for leadership and aid.
Dr TURBOTT (New Zealand) felt that the discussion hitherto had consisted rather of praise than of analysis of the work done by the Organization. On behalf of his delegation he would make a few constructive remarks from the analytical point of view.

At the last meeting of the Regional Committee two days had been devoted to technical discussions and only two to the programme for 1955, an utterly inadequate period because it did not enable the Member States to enter into any detailed analysis of the programmes of the individual countries. The Regional Director could not say that any particular programme was unwise; that was a task for the Member States of the Region sitting round a table and by discussion reaching a proper assessment of the value of projects throughout the Region. There were many continuing projects which had been placed on the 1955 budget without discussion, although there was no way of knowing what had been done in them or what their value was unless the countries concerned gave an assessment of their worth. The same was true of the meetings of the Committee on Programme and Budget at the Health Assembly: critical analysis was required of all projects undertaken, continued or proposed, and it could not be left to the Secretariat.

With regard to the grant of fellowships, his Government was anxious to assist to its utmost, and indeed was giving every assistance it could. The Colombo Plan authorities insisted that nurse fellows should be sent to their destination up to six months earlier than their fellowship was due to begin and be orientated. During that time their knowledge of English was assessed and if necessary a special tutor was assigned, the Colombo Plan budget bearing the extra cost. WHO on the contrary appeared to accept the assessment of the candidate himself, who often proved to have a purely textbook knowledge of the language; in the case of his own country that had sometimes led to the complete waste of a fellowship. It might be replied that the Regional Office could not assess every candidate, but surely some of the many staff members visiting various countries in the Region could do it.

With regard to WHO official visitors to his country, Dr Turbott said that in the past three years New Zealand had had eight visitors, two of whom had made a bad impression on the Government by saying that they had happened to be in Australia and thought that they might as well visit New Zealand. Such visitors should also be careful in the pledges or promises they made. For example, the acceptance of fellowships was controlled by his Government, one being accepted yearly; but already six persons had applied for fellowships promised to them by a recent visitor. Some in-service training seemed to be indicated to prevent such occurrences.

A final criticism he had to make was that it was clear from the number of persons present in the committee room that more interest was taken by delegations in financial and legal matters than in programme and budgetary matters. WHO, however, stood or fell by the work it did, and the programme deserved far more attention that it appeared to be getting. His own Government looked for results in WHO work. It was keenly interested in international affairs, but, like other governments, had financial responsibilities to bear, and if there was the slightest suspicion that contributions to WHO were not being well spent there was a likelihood of repercussions. WHO had defined health so broadly that in practice any Member government could ask for almost anything, and that at once implied the need for assessment and appraisal of requests. New Zealand had been greatly impressed, for example, by inter-country projects, which his delegation had asked the Regional Director to consider at the last meeting of the Regional Committee.

Dr YOU CHHIN (Cambodia) congratulated the Regional Director on his clear and concise statement and on the work he had done in the Region. The main problems in Cambodia were the provision of adequate personnel and the organization of health services; he proposed to deal with them in greater detail at the next meeting of the Regional Committee.

The CHAIRMAN observed that the Committee had completed its examination of the part of the Report that dealt with the regions. Before passing to Part I, entitled “General Review”, he would give the floor to the representative of the Executive Board, who had a statement to make.

Dr MACKENZIE, representative of the Executive Board, said that a number of references had been made to the allocation of resources between regions. The question was difficult and complicated, and had been studied by the Executive Board at its second, fifth, seventh and eighth sessions; it had been found
impracticable to establish formal criteria of general application. At the thirteenth session of the Executive Board the Director-General had submitted a study of the guiding principles governing the determination of regional allocations (Official Records No. 52, page 61). All kinds of factors entered into the problem, such as international and national factors, the health needs of the various countries and the state of their development. The Executive Board had felt that the Director-General, as an international officer with a comprehensive view of the needs of countries throughout the world and with the secretariat machinery at his disposal, was in a unique position to judge the needs and possibilities in the various regions and countries. It had accordingly adopted resolution EB13.R23, requesting him to bear in mind the principles already outlined by the Executive Board, with due regard to the international, regional and national considerations that might be relevant for the individual regions.

Communicable Diseases

Dr Melbye (Norway) stressed the importance of the policy outlined in the introductory pages to the chapter on communicable diseases. In his country, as in others, there had been a considerable decrease in the ravages made by communicable diseases, with a resultant decline of interest in their prevention and in the scientific activities required for their prevention. As the increasing incidence of poliomyelitis had proved, there might well be reason to expect surprises in the field of communicable diseases, even perhaps the appearance of hitherto unknown diseases. Indeed, the history of epidemic diseases clearly showed that man’s relation with his parasites was an unstable one.

It therefore seemed advisable to be on guard and to stress that an active interest in the field of communicable diseases was more important than ever. The co-operation that had been shown in the study of influenza and of poliomyelitis should be extended, and increasing co-operation sought. The best-qualified people should be drawn into the field and time should be given to planning further advances. Above all, every effort should be made not to create the same feeling of frustration among the staff of WHO as was often felt in understaffed national health departments.

Dr Stampar (Yugoslavia) felt that in the field of veterinary public health and zoonoses every effort should be made to bring about the close co-operation of medical and veterinary schools, so that public health might be taught to both kinds of students in the same department. An attempt had been made in his country to achieve such co-operation, and it was his firm belief that it would ensure greater interest in and greater knowledge of the question. He proposed that WHO try to promote a similar scheme.

Professor Grasset (Switzerland) agreed with the Yugoslav delegate’s suggestion. The part played by bovine tuberculosis had turned out to be even larger than had been thought. BCG vaccination, which had been very successful prophylactically in human tuberculosis, was apparently not considered to be so important in veterinary health. The epidemiological problem appeared to be of crucial importance, and it would be of value to have more frequent meetings under the auspices of WHO at which technical and other difficulties in the prevention of human and bovine tuberculosis might be considered.

Public-Health Services

Dr Darré (Tunisia) said that programmes for the health education of the public should perhaps be considered in relation to the health resources of the countries concerned. Educational methods were designed to stimulate people to apply simple health measures, but the immediate result of such efforts was to increase appreciably the demands made on the various health services. If those services were unable to meet the demands quantitatively and qualitatively, health propaganda ran the risk of leading to sharp criticism. In other words, while there was ground for holding, as did the Director-General’s Report, that “much more attention should be given to finding the educational methods and materials most appropriate to the interests and problems and to the psychological and cultural characteristics of the people concerned”, he felt that there should be added to that sentence the words “and to the resources of the health services of that people”.

Dr Kaprio (Finland) said that public-health services had been strengthened by the study groups on public-health administration. The countries in which those study groups had been held received the benefit of the experience of other countries and were better enabled to assess the faults of their own, and the visiting health officers benefited enormously. As the organization of such groups did not appear
to entail much expenditure of money or time, he wondered whether it would not be possible to extend the scheme to other regions than the European.

Dr LAKSHMANAN (India) stressed the importance to the public-health services of environmental sanitation and health education. The usefulness of WHO programmes lay in the stimulation of national governments rather than in the actual work they achieved; thus the malaria campaign WHO had started in India a few years before had had so marked an effect that a national malaria campaign had been inaugurated, affecting ninety million people in 1954, and, it was hoped, two hundred million in 1955. The same had happened in the control of venereal diseases. In his view, methods should be developed, perhaps by demonstration teams, in the fields of environmental sanitation and health education, to stimulate work on those problems by the governments of different countries of various cultures.

**Education and Training**

Dr STAMPAR (Yugoslavia) said he would like to congratulate the Organization, and particularly Dr Grzegorzewski, Director of the Division of Education and Training Services, on the extraordinarily useful work in the education and training of medical and auxiliary personnel. Improvements in that field were hard to achieve, as educational institutions, especially those concerned with medical education, were extremely conservative. However, there had been marked progress, though unfortunately, information on its exact extent was inadequate. He suggested that up-to-date information should be called for every six months.

Another difficulty in the promotion of education and training was that existing institutions did not collaborate in any way with national public-health administrations. Ways and means should be found to bring about proper co-operation, as without it there was inefficiency on both sides.

WHO should also endeavour to promote the exchange of teaching personnel. Such a plan could not be achieved on a large scale, but in an endeavour by any country to introduce new teaching methods every effort should be made to send responsible people or professors on travel grants.

Dr ANWAR (Indonesia) remarked that his comments referred not only to WHO, but also to other agencies, such as UNICEF, the United States Foreign Operations Administration, and the Colombo Plan, concerned with education and training activities. In his opinion, the value of demonstration centres should not be considered as being of a short-term nature; they were especially useful as training centres for auxiliary personnel in countries where health activities were largely dependent on such personnel. He mentioned the activities of an institution in Indonesia, established in 1953 and assisted by international agencies, which was attempting to improve the standard of training for Indonesian nurses and midwives. The WHO visiting team to Indonesia had proved of great service to the education and training programme, valuable advice on educational methods having been obtained; an Indonesian committee was at present studying ways of implementing the team’s recommendation that social medicine should be included in the normal medical curriculum.

Dr TOTTIE (Sweden), speaking from experience in a country which had received a number of WHO fellows, considered that it might be of benefit to fellows in their work, and enable them to make a more useful contribution on returning to their home countries, if they could sometimes be sent to study in groups of teams rather than individually.

Dr GARCIN (France), while uncertain whether his remarks were more apposite to the present discussion on the exchange of scientific information or to the consideration of the later chapter on Publications and Reference Services, felt they were relevant to both. He had noted that, while the Director-General’s Report described the activities of WHO in many countries, it lacked certain essential data on such points as the details of the problem to be solved, the action taken to solve it, the difficulties met with, the methods used, the cost, and the results. To illustrate his point, he referred to the draft resolution presented by the delegation of the Netherlands on the subject of the smallpox campaign (see minutes of the fifth meeting, section 3); the research undertaken in the Western Pacific Region referred to in that document was known to few delegates. It would be of great value to each region and to health administrations in planning their own programmes if such information were made available by WHO; in that way each single country would be able to benefit from experience gained in other countries.
Dr Regala (Philippines) supported the views expressed earlier by Dr Stampar, particularly in regard to the exchange programme, which might be applied to include not only teachers but also students. He hoped that, within the means available to it, WHO would take the necessary steps to implement Dr Stampar’s proposal.

Professor Cramarossa (Italy) stressed the importance of the results obtained at the European conference on postgraduate education, held in Göteborg in July 1953. Without doubt the training of personnel was of basic importance to the public-health programme; it was therefore hoped that the same problem would be studied in the coming year.

The Chairman asked the Director of the Division of Education and Training Services to reply to the question raised by Dr Stampar.

Dr Grzegorzewski, Director, Division of Education and Training Services, drew attention to some of the measures already undertaken by WHO which showed that the value of increasing the exchange of experiences between teachers and others involved in the training of personnel had already been recognized: fellowships, study tours abroad, visits of professors, either individually or in groups, and exchanges of senior research workers.

For the information of those who had at an earlier meeting raised the question whether a larger number of persons should not be given fellowships to study within their own countries rather than abroad, Dr Grzegorzewski showed how the WHO programme was being gradually adjusted to meet requests of this nature made at earlier Health Assemblies: in 1947, the first year of the WHO fellowship programme, 63 per cent. of the fellowships granted had been for study outside the region, while by 1953 the percentage had dropped to 35.

With regard to an assessment of the specific methods applied in the education programme, there was already under way an evaluation study on fellowships awarded, the importance of which had been recognized by other United Nations agencies that were now engaged in similar studies.

The meeting rose at 11.55 a.m.

FIFTH MEETING

Monday, 10 May 1954, at 2.30 p.m.

Chairman: Dr E. Aujaleu (France)


Education and Training (continued)

Dr Marcel (Viet Nam), commenting on the role of the Organization in education and training, recalled that the subject had been discussed at the Health Assembly in 1951. The Expert Committee on Nursing had published its report and clear and precise nursing techniques had been laid down, but he wondered how many countries had actually begun to apply them. It would have been useful, following the discussion in the Health Assembly, for WHO to recommend a minimum training programme for male and female nurses, laboratory assistants, medico-social workers and so on. What he had in mind was not a standardized curriculum but a minimum teaching programme since, owing to differences between the various countries, there was no question of standardizing the teaching of nursing. The art of caring for the sick, however, involved such a high degree of responsibility that it was essential for nurses to have at least a minimum of theoretical and practical knowledge. A basic curriculum recommended by WHO would carry great weight with Member States.

As for physicians, the number of foreign doctors in Viet Nam raised a legal problem which could not be solved by his Government alone. WHO could play a useful role in helping to assess the value of the various diplomas and the extent to which doctors should be authorized to practice in countries other than their own—a matter on which it was fully competent to express an opinion.
**Epidemiological and Health Statistical Services**

Dr. Dairé (Tunisia) congratulated the Director-General on the completion of the new epidemiological cable code and on the changes in the presentation of the *Weekly Epidemiological Record*. However, he wished to refer to the statement on page 46 of the Report (Official Records No. 51) about the need for the prompt use by health administrations of epidemiological information distributed by WHO as a basis of their quarantine measures and to submit that much depended on the accuracy of the information. It came from two sources, notifications under the International Sanitary Regulations and periodic reports from health administrations, and in the latter case it sometimes happened that cases of the diseases covered by the Regulations were reported in a city which was a port or airport, when the patients actually came from areas outside the town and had merely been brought there for hospitalization. In such cases, other health administrations were fully justified in applying the Regulations to new arrivals from that particular city, despite the fact that it could not rightly be considered as infected.

He suggested that the list of towns adjacent to ports and airports in the *Weekly Epidemiological Record* should be based strictly on information transmitted by means of the agreed code, thus placing responsibility on the health authorities and avoiding the application of quarantine measures to uninfected areas. In brief, it was essential that measures under the International Sanitary Regulations should be taken only with due justification and that the information contained in the *Weekly Epidemiological Record* should be carefully compiled in order to avoid confusion.

The Chairman said that the statement made by the delegate of Tunisia might usefully be repeated in the Working Party on International Quarantine.

**Drugs and other Therapeutic Substances**

There were no comments.

**Procurement of Supplies**

There were no comments.

**Publications and Reference Services**

Dr. MacCormack (Ireland) asked why the papers on the technical discussions at the previous Health Assembly had not been published by WHO, in conformity with the proposal of the Chairman of the technical discussion groups. All that he had seen was a short reference in the *Chronicle*, which though excellent in its own way, was not the highest technical or scientific publication of the Organization.

Dr. Howard-Jones, Director, Division of Editorial and Reference Services, said that, as far as he recalled, the President of the Health Assembly had stated that the general report of the technical discussions would be published. That report had been duly published in the *Chronicle* shortly afterwards.

Dr. Gear (Assistant Director-General, Department of Central Technical Services) Secretary, explained that the *Chronicle* was now being developed as a record of the technical and scientific work of the Organization. On the other hand the material published in the *Bulletin* was made up of individual reports and papers.

Dr. MacCormack (Ireland), in thanking the Assistant Director-General, said he was not speaking about the general report on the technical discussions but about the papers submitted to the various groups, one of which was of particular scientific interest.

At the suggestion of the Chairman, he agreed to discuss the matter with the Director of the Division of Editorial and Reference Services.

**Public Information**

There were no comments.

**Constitutional, Financial and Administrative Developments**

There were no comments.

The Chairman said that detailed examination of Parts I and II of the Annual Report of the Director-General was concluded.

In regard to Part III, he noted that the question of co-ordination of the Organization’s work with that of UNICEF and the question of the Expanded Programme of Technical Assistance were covered under separate items of the Committee’s agenda.

Part IV did not seem to call for discussion as it was submitted merely for information.

In reply to a question by Mr. Harry (Australia) he confirmed that Chapter 17 of the Annual Report would be dealt with under item 6.14 of the Committee’s agenda.

**Decision:** It was agreed that a draft resolution expressing approval of the Director-General’s Report for 1953 should be prepared by the Rapporteur and submitted to the Committee at a later meeting (see fourth report of the Committee, section 10).
2. General Programme of Work for a Specific Period

Dr Mackenzie, representative of the Executive Board, in introducing resolution EB13.R2, recalled that the whole question had been discussed at the Third World Health Assembly, at which time the Executive Board had been requested to study, within a given framework, policy for a long-term programme. The Executive Board's proposals (Official Records No. 32, Annex 10) had been approved by the Fourth World Health Assembly in resolution WHA4.2.

It was suggested that the Health Assembly might now wish to consider the adoption of a resolution along the following lines:

The Seventh World Health Assembly,

Having reviewed the general programme of work for the period 1953-56;

Considering that this programme still provides an appropriate framework for the planning of the detailed annual programmes of the Organization,

1. REQUESTS the Director-General to plan the annual programmes for 1956 and 1957 within this general framework; and

2. REQUESTS the Executive Board to continue to keep the matter under review.

The draft resolution called for no discussion as to the proportional amount of effort or funds to be devoted to any one subject. The Executive Board had considered that all the items in the proposed programme for 1955 fell within the framework of the general programme approved by the Health Assembly, and had recommended that the present general programme of work should be extended without alteration to 1957.

Dr Turbott (New Zealand), proposed the addition of two new paragraphs to the draft resolution:

3. REQUESTS the Executive Board to study the effect of continuing projects on the planning of detailed annual programmes; and further

4. REQUESTS the Executive Board to study methods of achieving critical appraisal of the general programme of work by Members of the World Health Assembly.

The Chairman suggested that consideration of the proposed new paragraph 4 should be deferred pending examination of items 6.12 and 6.13 of the agenda.

It was so agreed.

3. Campaign against Smallpox

Dr Mackenzie, representative of the Executive Board, explained that the question of the campaign against smallpox had first been discussed at the eleventh session of the Executive Board and subsequently at the Sixth World Health Assembly, which had requested the Executive Board to proceed with a detailed study of the means of implementing such a campaign, including consultation with Member States and with WHO regional committees, and to report to the Seventh World Health Assembly. At its twelfth session, the Executive Board had requested the Director-General to consult with Member States, WHO regional committees and members of the appropriate WHO expert advisory panels, to obtain suggestions and information on which to base the study.

The results of that consultation were contained in the document before the committee. It would be noted that that document dealt with two different points: (1) the question of a campaign, and (2) the present position with regard to dried vaccine. On the first point, opinion was by no means unanimous for a campaign at the present time, as would be noted from the views expressed by the various regional committees.

With regard to dried vaccine, the Board had felt, in view of the number of experiments being carried out in connexion with the use of dried vaccine, that it could only be guided by advice from members of expert panels. Consequently, the Board felt the wisest decision was that contained in resolution EB13.R3, now before the Committee.

Dr Hemmes (Netherlands) introduced his delegation's draft resolution, which read as follows:

The Seventh World Health Assembly,

Having regard to Article 2(g) of the Constitution;

Being of the opinion that resolution EB13.R3 does not offer sufficient possibility of improving the situation with regard to vaccination among peoples in regions where smallpox is present in an endemic form;

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1 Unpublished
Believing that no smallpox control campaign will succeed in any of these regions without a clearly defined programme established with full knowledge of the factors by reason of which vaccination among the populations in question is unsatisfactory;

Considering, moreover, that adequate information with regard to these factors is not available, invites the Director-General:

(1) to continue to study the means of eliminating smallpox, and in particular the results of the research undertaken in the Western Pacific Region on this subject;
(2) to stimulate the carrying-out of similar research in other regions; and
(3) to report to the Eighth World Health Assembly on the progress of such studies.

He recalled that under Article 2(g) of the Constitution, control of epidemic diseases was one of the main functions of the Organization. The question at issue was whether the Organization, should resolution EB13.R3 be endorsed, would be in a position actively to stimulate and promote activities aimed at eradicating smallpox.

He referred to the endemic forms of smallpox existing in the various regions of the world. Other areas, ordinarily immune, were constantly exposed to risk of the disease being imported and were consequently obliged to have recourse to vaccination and revaccination. Vaccination against smallpox offered every chance of success, although there were still problems connected with the vaccine which remained unsolved. If, in spite of systematic vaccination, countries were unable to eradicate endemic smallpox, clearly it was through other factors which, in the view of his delegation, should be carefully investigated. His delegation therefore endorsed the views expressed by the Regional Committee for the Western Pacific about the need for first undertaking a regional survey.

The resolution of the Executive Board, however, offered no hope of a satisfactory solution of the problem. It contained no new elements that would be of help to national health administrations. The emphasis laid on laboratory research might be to the detriment of the essential problem, namely the reorganization of vaccination. Finally, its adoption might lessen the chances of developing new activities in the spirit of Article 2(g) of the Constitution.

Dr Anwar (Indonesia) outlined the measures taken in his country for smallpox control: campaigns during smallpox epidemics and efforts to prevent further outbreaks occurring in the country or transmitted from outside. During a heavy epidemic no satisfactory measures could be undertaken for isolation of cases, particularly in the rural areas, so an attempt had been made to vaccinate the total population as quickly as possible. The vaccination service, forming part of the general health services, had been strengthened by additional auxiliary staff who had received a short elementary course in vaccination. Mass vaccination campaigns had been successful in controlling smallpox within two or three years, with the result that the disease was no longer a serious problem.

Different systems were used according to the type of area. In the “combined” system, assistants carried out vaccination in a given area during one round trip, vaccinating children under one year and revaccinating older children and adults. Under the “separate” system, young children were vaccinated during the first tour and adults and older children during the second tour. The combined system was necessary in the case of remote villages; the separate system had been adopted in Java, where the vaccination area was visited four times a year. Before the war it has been considered sufficient for the total population of Indonesia to be vaccinated every eight or ten years. Owing to a serious smallpox epidemic in the surrounding countries, however, an attempt had been made to carry out vaccination at shorter periods. It was hoped that by the methods outlined the total vaccination of the whole population every four to five years would be possible. He was confident that that was the only way for a successful smallpox campaign, and was in favour of continuous study of the problem, of encouraging national health administrations to include special vaccination services in their normal public-health services, and of giving them whatever assistance they required.

Dr Bernard (France) recalled that at the last Health Assembly his delegation has expressed its support of a world-wide campaign against smallpox although at that time it had foreseen the practical difficulties likely to be encountered. He noted that the Regional Committee for South-East Asia did not consider that the role of WHO in a world-wide mass campaign at the present time was likely to produce significant results in that region.

While supporting that view, he wondered what action could be taken in the matter. Two resolutions were now before the Committee, neither of which fully satisfied his delegation. Two main points emerged from the Director-General’s report: first, that both in the laboratory and in the field certain problems connected with vaccination against small-
Smallpox still remained unsolved; and secondly, that, while it was therefore essential to continue research, it would be absurd to deny that smallpox vaccination could meanwhile be applied on a large scale as a method of very high efficacy. Therefore, any future programme should include an extension of smallpox vaccination in the various countries.

In his view, the World Health Assembly should continue to show its interest in the subject and any resolution should cover three aspects. The Director-General should be invited, first, to pursue studies and research as indicated in his report; secondly, within budgetary limits, to furnish countries, on request, with such assistance as they might need in their smallpox vaccination programmes; thirdly, to report to the next or a later Health Assembly on the progress achieved both in research and in assistance to countries.

Neither of the draft resolutions before the Committee covered those points.

He was in favour of the first paragraph of resolution EB13.R3, which urged health administrations to conduct campaigns against smallpox as an integral part of public-health programmes. The draft resolution of the Netherlands, while emphasizing the need for continued research, made no reference to assistance to countries. He was prepared to submit a formal draft resolution if the Committee so wished.

Dr MacCormack (Ireland) was opposed to any reference to a world-wide campaign, since a number of countries had already successfully eradicated smallpox. In Ireland, for example, no indigenous case of the disease had been notified for the past forty-five years and compulsory vaccination had not been in force since 1947. He referred to the fact that children were at present subjected to so many other prophylactic processes that it was difficult to get parents to agree to additional measures. He was in favour of substituting for antismallpox vaccination other more necessary prophylactic measures, for example, protection against poliomyelitis. For that reason he would prefer to see more emphasis on the need for eradicating smallpox from endemic areas, giving such countries all assistance possible in carrying out vaccination campaigns; and he requested that that point should be incorporated in any resolution submitted to the Committee. It was encouraging to hear of the manner in which the problem had been tackled in Indonesia and he was convinced that complete success would shortly be achieved.

Dr Chun-Hui Yen (China) spoke of his experience in the control of smallpox in the island of Taiwan, where before the end of the Second World War the population had been subjected to frequent smallpox vaccination campaigns. During 1947, however, over 9000 cases of smallpox had occurred, in a population of six and a half million, mostly among those who had already been vaccinated a number of times. On the other hand, since 1947 only a few cases a year had occurred in a population which had grown from six and a half to eight and a half million. An attempt had been made to analyse the reason for the recent high degree of immunity and to ascertain whether the earlier epidemic had been due to faulty technique or other factors. It was possible that new measures would have to be introduced in the case of an apparently highly immunized population. Although vaccination against smallpox was an integral part of his country's health service, he was in favour of continued research as a means of controlling the spread of smallpox and supported the resolution of the Executive Board.

Dr Dairé (Tunisia) said that in Tunisia smallpox had been almost completely eliminated by means of mass vaccination of the whole population every five years. Primary vaccination of babies was undertaken every year. The five-year plan, although costly, had given results satisfactory enough to warrant its continuance.

He questioned the practical value of the suggestion in the document before the Committee for the increased use of laboratory diagnosis to reduce the chances of introduction of smallpox into a country from outside. In his view the provisions of the International Sanitary Regulations were sufficiently clear. The question of transmission of smallpox in international travel was a matter not only for the Expert Committee on Smallpox but surely also for the Committee on International Quarantine.

Dr El Far (Egypt) described the antismallpox measures taken in Egypt, which had proved satisfactory: compulsory vaccination of children below three months, vaccination of children on entering school at the age of five or six, and vaccination of the whole population every four or five years. Although 80 per cent. of the population had been vaccinated, it was not compulsory except for children under three months; it was carried out free of charge. Since 1943 only imported cases of smallpox had occurred.

Dr Brady (United States of America) summarized the situation in North and Central America. No cases of smallpox had been reported from Canada, Alaska or Hawaii for about ten years, or from the
Caribbean area since 1949. Five cases had been reported in the United States of America in 1953, although there was considerable doubt whether they really were smallpox. No cases had been reported from Mexico and only very few from the Central American Republics. Practically the whole of America north of Panama was free of the disease.

Referring to the relative merits of the resolutions before the Committee, he suggested that they should be combined by taking the draft resolution of the Netherlands, omitting the first and second paragraphs of the preamble, and before sub-paragraphs (1), (2) and (3) inserting sub-paragraph (1) of resolution EB13.R3.

Dr Clark (Union of South Africa) said that his delegation was satisfied to learn of the work being done on the preparation and testing of heat-resistant dried vaccines. Research into that question was of great importance, especially for countries where the conditions for carrying out vaccination campaigns were difficult.

Another important question, referred to in the document before the Committee, was that of method. It was essential that vaccinators, whether lay or medical personnel, should be properly trained, as many failures were due to careless methods, the vaccine itself being of perfectly adequate quality.

One vital thing in smallpox control was the cooperation of the public, without which it was impossible to eradicate the disease in a large community. His own country was by no means free of smallpox, though vaccination was offered free of charge every year. The reason was not any fault in the vaccine or the method employed, but the fact that some persons did not co-operate.

The stimulation of governments to undertake campaigns against smallpox as an integral part of their public-health programmes was vital wherever smallpox was endemic. On that point he supported sub-paragraph (1) of resolution EB13.R3.

Dr Braga (Brazil) said that in his country, though vaccination had been compulsory for more than twenty years, smallpox remained a problem, not in the cities but in the remote rural areas out of touch with vaccination facilities. However, as the yellow-fever vaccination services were trying to cover all the rural areas, it was intended to make use of the same personnel for smallpox vaccination.

Dr Marcel (Viet Nam) said that the position in Ireland, described by Dr MacCormack, appeared very enviable to his country, where never a year passed without an epidemic of smallpox. The problem was not as grave as it had been a hundred years ago—when, by tradition, Thai parents sought daughters-in-law who had already had smallpox—but it persisted nonetheless. The cause did not lie in the quality of the vaccine used, nor in lack of public co-operation, nor in any failure of effort on the part of the government. The real reasons were unknown, but climate appeared to play an important part.

Research in the field was necessary, and that was why his delegation supported the French proposal for research into the etiology of smallpox epidemics and help in smallpox control for countries where the disease was endemic.

Dr Sicault (Morocco, French Zone) said that his delegation would support the French proposal, while bearing in mind the point made by the delegate of Ireland that a distinction must be made between countries where smallpox was endemic and those where it occurred only fortuitously. Moreover, it should be remembered that in endemic areas no victory over smallpox was ever final. In his own country, the disease had been eradicated before the Second World War, but a slight relaxation of control measures had sufficed to bring about new outbreaks. Unlike Brazil, it was in the towns that mass vaccination presented the greatest problem. Vaccination for newborn babies was accepted readily enough, but persons who had already been vaccinated three or four times—and it was among such persons that cases most frequently occurred—were less willing to submit to further vaccination.

Dr Metcalfe (Australia) said that his country had had no smallpox for some years; if it reappeared, it would be through importation. The idea of conducting campaigns against smallpox as an integral part of its public-health programmes would therefore not find favour with his Government. As far as the danger of importation was concerned, measures had been taken which required vaccination for certain selected groups of persons who would be most exposed to risk, but Australia would not be prepared to consider compulsory vaccination for the entire population.

In the matter of research on vaccination, he saw great scope. There was, for example, the question why some countries had had outbreaks of encephalitis and others not. There was also the question of the degree of immunity conferred by different
kinds of vaccine, and the problem of laboratory
diagnosis, particularly important for distinguishing
cases of smallpox from cases of varicella in non-
endemic areas.

Dr MacCormack (Ireland) suggested that, to
avoid the confusion which might result from voting
separately on all the proposals before the meeting,
and to preserve what was good in all of them, a
working party of the delegations in whose names
they stood should meet to produce a composite
draft.

Sir Eric Pridie (United Kingdom of Great Britain
and Northern Ireland) had been interested in the
descriptions given by the delegates of Indonesia and
Egypt of the results of vaccination campaigns in
their own countries, as their information confirmed
his own past experience that smallpox was not in
many cases a really difficult problem, though it
could be a very irritating one. Its control was within
the capabilities of public-health services and was
their responsibility. It was a question of organization,
and above all of education of the public. He felt
that those points were well covered by sub-paragraph
(1) of resolution EB13.R3.

He also considered that research into vaccines
could be extremely useful. In his own work he had
required a first-class vaccine, and had been lucky
enough to have an excellent laboratory at his disposal.

The Chairman thought that the Committee would
agree to follow the procedure suggested by the
delegate of Ireland and appoint a small working
party to arrive at a joint draft. First, however, he
would give the floor to the representative of the
Director-General.

Dr Gear, Secretary, observed that sub-paragraph
(1) of the draft resolution presented by the Netherlands
delegation referred to “the research undertaken
in the Western Pacific Region”. In fact, what was
being undertaken was a survey to be carried out
by a consultant, and not research as usually under-
stood. Moreover, the survey would probably not
reveal any significant points in time for a report to
the Eighth World Health Assembly. Any working
party appointed could take that explanation into
account.

Decision: It was agreed that a working party
consisting of the delegates of France, Indonesia,
Ireland, the Netherlands and the United States
of America should meet to prepare a joint draft
resolution which would be put to the vote without
further discussion at a later meeting of the Com-
mittee. (See minutes of sixth meeting, section 3.)

4. Selection of Recommended International Non-
Proprietary Names for Drugs: Application of
Procedure and Guiding Principles Adopted

Agenda, 6.10

Dr Timmerman, Director, Division of Therapeutic
Substances, recalled that at the request of the Sixth
World Health Assembly (in resolution WHA6.15),
the Executive Board had established a procedure for
the selection of recommended international non-
proprietary names for drugs (in resolution EB12.R24).
Accordingly, the Director-General had published in
the October issue of the Chronicle a list of 299 non-
proprietary names. The six-month time limit for
comments on that list had just expired; some com-
ments had been received, and much correspondence
was still proceeding. It was therefore too early to
make any pronouncements on the merits of the
new procedure. The Executive Board at its thirteenth
session, foreseeing that, had adopted resolution
EB13.R4, recommending that further consideration
of the procedure and general principles be postponed
until a future World Health Assembly. The Director-
General now suggested that the present Health
Assembly might wish to adopt the following draft
resolution:

The Seventh World Health Assembly,

Having examined the procedure for the selection
of recommended international non-proprietary
names for drugs moving in international commerce
and the general principles for guidance in devising
international non-proprietary names, adopted by
the Executive Board at its twelfth session in
accordance with resolution WHA6.15 of the
Sixth World Health Assembly;

Noting the report of the Board and the Director-
General on the application of the system;

Recognizing that the results do not provide an
adequate basis on which to review the merits
of the system or the need for further clarification,
REQUESTS the Executive Board at its fifteenth
session to reconsider the procedure and guiding
principles, make such alterations as it may deem
desirable, and report thereon to the World Health
Assembly in due course.
Dr Bernard (France) wished to propose a slight amendment to the draft resolution suggested by the Director-General.

Three matters had to be taken into consideration: the rules determining the choice of international non-proprietary names, the procedure for their adoption, and the measures taken for their protection. In all these matters the French delegation thought there was room for some improvement.

Regarding the first point, he felt that the present use of the scientific chemical name was calculated to cause confusion, and that it would be better to retain as an essential part of the non-proprietary name the pharmacological family to which the drug belonged, using a characteristic root.

On the second point, the present procedure for adopting names seemed unduly slow. He realized that delays were inevitable where it was necessary to obtain the agreement not of a single country, which was already not easy, but of 84 Members and Associate Members, each with its own type of organization and its own conceptions. His delegation appreciated all that WHO had done in recent years to speed up the procedure. Nevertheless, the long delays still required, and particularly the six-month period allowed for comments after the publication of names in the Chronicle, could have consequences affecting public health.

On the important question of the protection of the names, his delegation hoped that WHO would take some measures to ensure that publication by it of an international non-proprietary name would protect that name against private use. Of course, such measures would not be within the competence of WHO alone; they would require appropriate legislation by each of the Member States.

It was to show the need for rapid and effective action that he had given the foregoing outline of the problems involved. The resolution suggested by the Director-General seemed to him to postpone for too long a conclusion on the procedure now under trial, as it requested the Executive Board at its fifteenth session to draw up a report to the World Health Assembly in due course, without stating which session of the Health Assembly was meant. Moreover, the draft resolution had not made clear that the only body competent to review the merits of the present system was the Expert Committee on the International Pharmacopoeia, the Executive Board and the Health Assembly not being equipped to consider the technical side of the question.

He therefore proposed that the operative paragraph of the draft resolution be amended to read:

requests the Director-General
(1) to proceed, after consultation with the Expert Committee on the International Pharmacopoeia, to a re-examination of the rules governing the establishment of international non-proprietary names for drugs, the procedure followed for their adoption, and the measures to be adopted for their protection;
(2) to report in that connexion to the fifteenth session of the Executive Board and to the Eighth World Health Assembly.

Decision: The draft resolution, with the amendment proposed by the French delegation, was adopted (see first report of the Committee, section 2).

5. 1931 Convention on Narcotic Drugs: Interpretation of the Term "Convertible Substances"

Agenda, 6.11

Dr Mackenzie, representative of the Executive Board, introduced a document submitted by the Director-General and a draft resolution suggested therein. He also drew attention to resolution EB13.R10, in which the Executive Board recommended the adoption by the Health Assembly of a resolution concerning the interpretation of the word "convertible".

Dr Brady (United States of America) thought that the intention of the draft resolution contained in the document submitted by the Director-General was certainly that the "expert advice" referred to should be that of the appropriate expert committee. To make that intention clear, he proposed that the words "upon receipt of the appropriate expert advice" in sub-paragraph (1) should be replaced by the words "in accordance with the advice provided by the Expert Committee on Drugs Liable to Produce Addiction".

Dr Gear, Secretary, said that the proposed amendment would entail a change in the relations between the Director-General and expert committees as laid down in the Regulations for Expert Advisory Panels and Committees. As the Regulations stood, the Director-General was not bound to follow the advice of any expert committee, but he would have to interpret the amendment as implying that he was so bound in the present case.

Dr Brady (United States of America) said that in proposing his amendment he had not intended any such change. He had merely wished to make it

1 Unpublished
clear that the experts referred to were the Expert Committee on Drugs Liable to Produce Addiction.

The CHAIRMAN was sure that the Director-General had no intention of not following the advice of the experts competent in the matter. In any case, the point made by the delegate of the United States of America would be brought out in the minutes.

Dr TURBOTT (New Zealand) wondered whether the United States delegate would accept the wording "after consultation with the Expert Committee on Drugs Liable to Produce Addiction", which would avoid the difficulty pointed out by the representative of the Director-General.

The CHAIRMAN did not think that the proposal of the delegate of New Zealand would add anything to the original wording of the draft resolution.

Dr GEAR, Secretary, thought that it might reassure the United States delegate to know that the actual wording employed in the 1931 Convention, as amended in 1946, was: "WHO, acting on the advice of an expert committee appointed by it, will thereupon decide..."

Dr BRADY (United States of America) said that he saw there was no need for his amendment.

Decision:
(1) The draft resolution suggested by the Director-General was adopted (for text, see first report of the Committee, section 3).
(2) The draft resolution recommended in resolution EB13.R10 of the Executive Board was adopted (see first report of the Committee, section 4).

The meeting rose at 4.50 p.m.

SIXTH MEETING

Tuesday, 11 May 1954, at 10 a.m.

Chairman: Dr E. AUJALEU (France)

1. Report of the Executive Board on the Organizational Study relating to Programme Analysis and Evaluation; Suggestion for a Future Organizational Study by the Executive Board (continuation of Study on Programme Analysis and Evaluation)

Agenda, 6.12 and 6.13

The CHAIRMAN proposed that items 6.12 and 6.13 of the agenda, both of which dealt with the organizational study relating to programme analysis and evaluation, should be considered together. The representative of the Executive Board was requested to introduce the subject.

Dr MACKENZIE, representative of the Executive Board, outlined the background to the study. At the ninth session of the Executive Board, held in 1952, it had been suggested that programme evaluation and analysis should form the subject of an organizational study to be made by the Executive Board (resolution EB9.R83). That proposal had been adopted by the Fifth World Health Assembly (resolution WHA5.63), and the Sixth World Health Assembly had resolved that the question should be considered by the Executive Board at its thirteenth session (resolution WHA6.22). Consideration of the preliminary report presented by the Director-General at the thirteenth session of the Executive Board (and reproduced in Official Records No. 52, page 35) had resulted in the adoption of resolution EB13.R20, which contained a draft resolution for adoption by the Seventh World Health Assembly. The Board, which was convinced of the importance of programme evaluation, would welcome suggestions on the best way of carrying it out.

Mr STEAD (United States of America) had two main criticisms to make of the report: firstly, the various sections of the report itself showed a number of points of weakness or narrowness of scope; and secondly, a fault of a more fundamental nature, it appeared from the report that evaluation was to take place not before but after a project had been carried out and after funds had already been expended.

Mr Stead drew the attention of the Committee to a number of specific statements contained in the report. Page 36, fourth paragraph, contained the
Mr Stead illustrated his second criticism by reference to page 50, first paragraph, which read: “The framework, however, does not provide specific guidance in the choice of projects according to a country’s needs. It is not a method of establishing priorities; it cannot be a substitute for sound judgements concerning the relative value of different types of project. The evaluation procedure, therefore, though it may complement, cannot replace national health planning”, and to two sentences quoted in the following paragraph: “WHO must assist governments to ascertain the kind of assistance which can be absorbed by their countries and the pace at which they can absorb it” and “A regional public-health adviser should visit each country in a region to consult with national directors of health services for the purpose of surveying and analysing the health needs”, so that the information may be used to appraise current requests “in terms of long-term health programmes for the countries concerned”. Those statements were evidence that the authors of the report themselves realized that the proposed evaluation method would not be of assistance in the selection of projects, while yet agreeing on the desirability of its being of such assistance. When a project was being planned—an action which should be assumed to be the joint responsibility of WHO, the regions, and the countries themselves—not only the intrinsic merits of a project, but also the question of timing and sequence of projects should be taken into account. Mr Stead proposed that in planning a project three principles should be followed: that the area should be known; that its problems should be considered case by case; and that the importance of timing should not be overlooked.

Dr Mellbye (Norway) thought that the point at issue was how to analyse and evaluate the method of evaluation. His delegation considered that, before that question could be discussed satisfactorily by the Health Assembly, more detailed information was essential. He proposed that certain projects undertaken in 1955 and later years should be treated as pilot studies for the practical evaluation of the principles of programme evaluation and analysis contained in the report.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) raised the question of who should evaluate the evaluators. He also had a number of criticisms to make of the report.
Firstly, he considered that the 14000-word report—which described the 22 functions of WHO, mentioned 10 approaches to be made to the study of the project, contained a framework of evaluation comprising 24 points, and drew attention to the 66 projects and 32 cases which had been studied and the 160 persons who had been interviewed—was too repetitive. He suggested that in future any similar reports should be presented in a less verbose, more streamlined manner.

Secondly, he drew attention to a number of specific statements that were open to challenge. In the ninth paragraph on page 38 it was stated: "The comparative summary is a critical review of the whole project. It offers the opportunity to present an objective analysis and to offer considered judgements," while the third paragraph on page 37 read: "Viewed as a whole, project evaluation is intended to measure the contribution of a project to the strengthening of national health services. In some instances the measurement is objective; in others it is, and must continue to be, subjective, until an objective scale of value is devised. Underlying the progress toward greater objectivity are the collection, analysis and refinement of data and other information." If the latter statement were correct, then one could not say, as on page 38, that the framework of evaluation offered an opportunity for objective, as opposed to subjective, analysis. In his opinion, the framework of evaluation offered an opportunity for mixed analysis, with emphasis on subjective rather than objective analysis. Page 45, fourth paragraph, gave what purported to be the convictions of professional health workers: "Out of the mass of comments and opinions, and with only a few exceptions, the following may be summarized as the convictions of the professional health workers:

1. The social components of health work are extremely important.

2. The professional health worker is not a social scientist and, therefore, is not competent (a) to anticipate or perceive social obstacles in a project area, (b) to suggest methods to achieve social changes, or (c) to evaluate social change if it takes place. In short—as a parallel to his own scientific training—he is unable to make a competent examination and diagnosis, recommend a treatment and determine the efficacy of the treatment."

In his opinion that gave an exaggerated idea of the lack of competence of the professional health worker, particularly in view of the increasing stress being laid on the inclusion of social medicine in medical curricula; he felt sure that Professor Fraser Brockington would not find those comments acceptable. In the third paragraph on page 40 it was stated that "almost all the attention of professional health personnel appears to concentrate upon the biological factors," but that underrated the potentialities of the professional health worker.

Thirdly, Sir John Charles considered that the report, which purported to be a scientific document, contained no protocols upon which its conclusions had been based. It would have been helpful for the Committee, in trying to evaluate the validity of the framework of evaluation, if a number of protocols had been put in and worked out, for example in connexion with section VI, Predictions.

He asked for an amplification of the reactions of the Executive Board to the report. In agreeing to note the report "with satisfaction", had the Board made any criticism of its content, or—what, in his view, would be the right action—had further consideration of the subject been deferred to a later date?

Dr Dairé (Tunisia) quoted from the first paragraph on page 48: "Any health work, any project, that is designed to improve health may contribute to economic well-being by: (1) increasing immediate or potential human resources; (2) increasing physical resources; (3) increasing effective consumption." He pointed out that in the under-developed countries the inverse proposition was also true; the best way of enabling the populations of those countries to benefit from health measures was to improve their standard of living. The vicious circle of cause and effect was summarized on page 48, fifth paragraph: "Poverty begets disease; disease begets poverty." It was essential that health and economic measures should be taken together, and one could but accept the sentiments expressed in the last sentence of the same paragraph: "As this area of evaluation is developed the influence of projects on governmental policy to strengthen national health services may be expected to increase."

Professor Julius (Netherlands), while stressing the value of the suggested framework of evaluation, supported the opinions of previous speakers that more basic information was required. He cited the fourth paragraph of section D on page 40 as an indication that the authors of the report had been thinking too much in the affirmative. No attention had been given to the fact that sudden improvement of health might upset the balance of a country, as
for example by raising the mean age and thus increasing the number of old people in a population. It was because of such problems that the participation of social scientists in health work was important. He did not agree with Sir John Charles that the professional health worker was equipped to deal with complications of that type, which should not be overlooked in evaluating the work of WHO.

Dr Boïdè (France) wished to underline the importance of the work already achieved by the author of the report and by the Executive Board in attempting to define criteria for programme evaluation. However, he did not consider that enough information was available on the methods to be used. The report stated that in two years 66 projects had been examined and advice sought from 160 consultants; a question to be asked was how long it would take to study the 300 projects mentioned in the Report of the Director-General. A second question to be asked was the efficacy of the study in relation to the time and expense involved. He supported the proposal of Sir John Charles that the study should be continued and its results presented to a future Health Assembly.

Dr Mackenzie, representative of the Executive Board, in answer to Sir John Charles, informed the Committee that criticism of the report had been expressed by the Executive Board, partly on the same lines as at the present discussion. The views of individual Board members on the subject—which were naturally not included in decisions transmitted by the Board to the Assembly—could be found in the minutes of the sixth meeting of the Board, which had been circulated to all the governments of Member States. He pointed out that the Board’s resolution on the subject had been carefully worded; the report had been not “adopted” but “noted”, while the satisfaction expressed was, he thought, with the great body of work accomplished, and did not imply that the report was above all criticism.

The Chairman asked whether, in the light of criticisms made, the Committee wished to adopt the recommendation contained in paragraph 4 of resolution EB13.R20 without amendment or with reservations.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) was prepared to accept the resolution without amendment.

Mr Stead (United States of America) proposed the inclusion of some phrase referring to the discussion in the Health Assembly.

Dr Boïdè (France) proposed that paragraph 2 of resolution EB13.R20 should be included.

The Chairman read the resolution as proposed, including the preamble of resolution EB13.R20 to cover the point made by the United States delegate.

He suggested that it should be left to the Rapporteur to redraft the resolution so as to avoid repetition.

Decision: The resolution was unanimously adopted, subject to redrafting by the Rapporteur (see second report of the Committee, section 1).

2. Extension of Agreement with United Nations Relief and Works Agency for Palestine Refugees in the Near East

Agenda, 6.15

The Chairman asked Dr Findlay, WHO medical officer representing the Agency (UNRWAPRNE), if he wished to make a statement.

Dr Findlay (United Nations Relief and Works Agency for Palestine Refugees in the Near East) reminded the Committee that under the terms of the 1950 agreement between the Director-General of WHO and the Director of UNRWAPRNE, and of the extension of that agreement, WHO had maintained the technical direction of the health programme administered by UNRWAPRNE. The value of the co-operation between the two agencies had been shown, the countries concerned—Lebanon, Syria, Hashemite Kingdom of Jordan, and the Gaza strip—benefiting greatly from WHO’s activities. Dr Findlay drew attention to the description of the health activities of UNRWAPRNE contained on pages 33-35 of the Report of the Director-General for 1953 (Official Records No. 51). Activities were carried out in close co-operation with the governments of the host countries, whose health authorities were most helpful. He asked for the agreement to be extended for a further period.

Dr Bauji (Lebanon) extended the thanks of his Government to WHO for its contribution to the relief of Palestine refugees.

The Chairman put to the vote a draft resolution proposing the further extension of the agreement.

Decision: The draft resolution was adopted unanimously (for text, see second report of the Committee, section 2).
3. **Campaign against Smallpox** (continued from the fifth meeting, section 3)

   **Agenda, 6.9**

   The **Chairman** put to the vote the draft resolution proposed by the working group appointed at the fifth meeting.

   **Decision**: The draft resolution was adopted unanimously (for text, see second report of the Committee, section 3).

   *The meeting rose at 11.15 a.m.*

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**SEVENTH MEETING**

*Wednesday, 12 May 1954, at 10 a.m.*

**Chairman**: Dr E. AUJALEU (France)

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1. **Adoption of First and Second Reports of the Committee**

   Dr KAPRIO (Finland), Rapporteur, presented the draft first and second reports of the Committee.

   **Decision**: The reports were approved (for text see pages 428 and 429).

   Dr CASTILLO-REY (Venezuela) wished to place on record that he had abstained in the voting solely because he had been unable to attend the meetings of the Committee at which the matters contained in the reports had been discussed, and consequently was not in a position to form a judgement of them.

2. **Review and Approval of the Regular Programme and Budget Estimates for 1955**

   **Agenda, 6.4**

   The **Chairman** pointed out that resolution WHA7.1 had set up two committees: the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget. Resolution WHA7.2 had laid down the terms of reference of the two committees. In accordance with its terms of reference the Committee was to recommend the budgetary ceiling for 1955, after examination of the main features of the programme. He wished to make it clear that the present meeting was a meeting of the Committee on Programme and Budget and not a joint meeting of the two committees, as could be seen from paragraph (3) of resolution WHA7.2.

   The Committee had examined at length the Report of the Director-General for 1953, and most of the speakers on that subject had also expressed views on the programme for 1955, from which it could be concluded that the general view was that the programme for 1955 was in accordance with the general programme of work for 1953-56. He therefore thought that after hearing the Director-General and the representative of the Executive Board the Committee might proceed to fix the budget ceiling for 1955, leaving it to a subsequent meeting to examine the 1955 programme in detail.

   The **DIRECTOR-GENERAL** said he would like to comment on the Committee's agenda in an endeavour to provide an adequate background for the discussion of what appeared to him the basic issue in considering the programme and budget for 1955.

   The basic issue was whether, at that crucial moment of WHO's development, the Organization would be given the financial resources it must have if it was to discharge adequately the responsibilities assigned to it.

   Fully aware as he was of the duties incumbent on the Director-General, in his opinion the plans submitted for 1955 (*Official Records* No. 50) represented a minimum programme of aid to Member States. They had been drawn up by the regional committees and reflected the views of the individual countries on the types of international assistance they must receive from the Organization in order to take further steps in the progressive development of their public-health services.

   He considered the programme of work for 1955 not only a minimum but also a realistic programme from all points of view. If it was true that the Organization could not do less for world health than was projected for 1955, it was equally true that
it was perfectly able to carry out the work planned for that year. That was so because they had undoubtedly overcome the three main obstacles which, during its formative years, had made it difficult for WHO to give full scope to its activities. The Organization today had a sound structure both at Headquarters and in the regions. It could command the services of people highly qualified in the various branches of public health and with a clear understanding of the problems of international life. It also had at its disposal, as a result of six years’ experience, a set of techniques and methods that could be used for the betterment of world health in the most effective and most economical way.

He was sure that detailed analysis of the 1955 programme would reflect the progress made in those three essential directions. He was equally confident that from such an analysis it would be agreed that anything short of what it was proposed to do in 1955 would mean an actual setback in WHO’s normal progressive development.

The main—indeed the only—purpose that had guided him in drawing up the budget before the Committee had been to avoid a repetition of the handicaps that had seriously interfered with the development of the Organization’s work in 1953 and 1954 when WHO had been compelled, for purely financial reasons, to postpone a number of activities considered by many governments essential for the improvement of their peoples’ health. During 1953 and 1954, WHO had had to postpone 176 projects requested by governments, involving a total expenditure of $3 300 000. The value of the services lost to Member States could be judged by the fact that 18 of those projects related to maternal and child health, 13 to tuberculosis, 12 to endem-epidemic diseases and 40 to public-health administration.

That drastic curtailment of the programme of work had been due to the considerable decrease in the amount of cash expected to be available under the Expanded Programme of Technical Assistance as compared with the amounts WHO had had at its disposal from that source in the preceding two financial periods. Whilst the plans discussed with governments for Technical Assistance work in 1953 had called for an amount of about $8 000 000, the actual funds received had only been about $4 500 000. The gap was even greater for 1954: about $3 300 000 was available to cover plans approved by the Sixth World Health Assembly at an estimated cost of more than $9 000 000.

As for 1955, while no definite information would be available until after the pledging conference to be held in the autumn, it was generally expected that WHO’s share in the Technical Assistance Funds would be less than $4 000 000.

He had done his best to satisfy the wishes of the Executive Board, which had stipulated that activities already started should be continued and that a number of projects not yet begun should be implemented. One way of doing so had been to transfer a number of projects begun under the Technical Assistance programme to the regular budget. Unfortunately the disturbing effects of that arrangement on the regular programme were not limited to 1953 and 1954. The $1 050 000 budgeted for new projects, excluding fellowships, in 1955 would have to be cut by approximately $660 000. That was necessary to make financially possible the continuation of projects transferred from the present year’s Technical Assistance funds to the regular budget.

As for the estimates themselves, he asked the Committee not to consider the percentage relationships but rather the real purpose that the increase of $1 783 400 was to serve. A very substantial part of that amount, $1 335 000, was earmarked for field activities. That figure included the cost of continuing during 1955 joint UNICEF and WHO projects for which UNICEF was in 1954 reimbursing the cost of the international health personnel. The amount involved was about $600 000. The figure established for field activities also included an additional sum for fellowships of approximately $500 000. The remaining $450 000 should take care of unavoidable increases for further development of two of the regional offices, provide for normal statutory increases, and cover the expenses involved in taking further steps towards making Spanish a full working language of the Organization. The original decision to add Spanish to the working languages had been taken by the Fourth World Health Assembly in 1951 and it had been planned that the additional step should be taken now.

Bearing those considerations in mind, he believed it fair to say that the increase was a modest one and that any reduction in the $10 300 000 budget for 1955 would have a crippling effect on the orderly development of the Organization, as it would seriously interfere with the role of direction and co-ordination it was increasingly called upon to play in the field of international health.

Looking beyond the immediate issue of the 1955 budget, he was sure there remained in the minds of many delegates the question whether anything could be or was being done to achieve a greater
degree of order and stability in the relationship between voluntary organizations active in the field of international health.

As far as the Technical Assistance Programme was concerned, he regretted that WHO had not succeeded in its efforts to ensure the adoption of financial procedures under that programme which would protect programme planning and execution from the disruptions unavoidable under a system of voluntary contributions. It has been felt that, if the Technical Assistance Committee and the Economic and Social Council had agreed that the Technical Assistance Board could allocate funds for the completion of projects at the time of their approval, much of the difficulty created by the uncertainties of financing under Technical Assistance would have been eliminated. In his opinion that would have been in the best interests of all participating agencies, and, even more important, of the individual governments. He assured the Committee that WHO would continue its efforts to explore every possibility of harmonizing its financial policies with those of the Technical Assistance Programme. When that stage was reached, it would be possible to separate field activities under the regular and Technical Assistance programmes, which was an indispensable condition for the carrying out of the carefully planned and well-balanced long-term programmes to which the Organization was irrevocably committed.

He fully recognized the great contribution voluntary organizations were making to world health and consequently to the very aim of the Organization. As would be seen from the 1955 programme, a great part of WHO's work depended on the financial means UNICEF would be able to put at its disposal. But if WHO's co-ordinating function was to be exercised properly, the Organization must fully retain its right and duty to provide technical advice on the use of any funds earmarked by voluntary organizations for the promotion of international health. That co-ordinating authority had placed on the Organization even heavier obligations than those foreseen when the Constitution of WHO had been drafted. In the emergencies which had recently confronted WHO, it had done its best to live up to those obligations, and it was his conviction that, with the Committee's guidance, the Organization would be able to cope with what he believed to be one of the most serious situations it had ever faced.

His colleagues and himself were at the Committee's disposal for any services which might facilitate its task.

The Chairman thanked the Director-General for his statement.

Dr Hyde, representative of the Executive Board, said that at its thirteenth session the Director-General had placed before the Executive Board the proposed programme and budget for 1955. Article 55 of the Constitution read: "The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable". Resolution WHA5.62 further defined the functions of the Executive Board in relation to the budget proposals. The Board had reviewed the proposals for 1955 in the light of those two directives and, recognizing the peculiar complexities of the situation, had produced a special report (contained in Official Records No. 53).

He drew the Committee's particular attention to that report, which was composed of two major parts. The first, which was mainly historical, dealt with programme developments, the development of the Organization and its organizational structure, and the sources of financing WHO and joint international health programmes. He called attention to the fact that the sources of financing of the World Health Organization were the assessments of Member States and casual income, composed of a number of factors listed in paragraph 18 of the report.

Paragraph 22 dealt with special arrangements relating to Technical Assistance funds. The Technical Assistance Programme was primarily one which supplemented the technical activities of WHO and, as the Director-General had pointed out, it had in the past had a direct effect on the regular programme and financing of the Organization, in that the regular programme had had to absorb some of the shortfall in Technical Assistance funds.

Paragraphs 30-33 discussed UNICEF. An important point in that connexion was that the Fifth World Health Assembly had approved the principle that WHO should assume, subject to the limitations of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities. Since 1949, UNICEF had been reimbursing WHO for a certain portion of that personnel and the exact figures were given in Table 6 (page 10). The budget now proposed included provision for the payment of that personnel by WHO. Chart 2 (page 9) gave a presentation of the development of the Organization's financial resources from 1948 to 1955.
The second part of the report gave the considerations of the Executive Board on the proposed programme. Chart 3 (page 15) was an attempt to condense data given in Official Records No. 50 and show in graphic form the proposed distribution of funds; it dealt with the regular budget only. Charts 4 and 5 (pages 16 and 17) gave respectively a percentage breakdown of the proposed budget and a comparison of the 1953, 1954 and proposed 1955 budgets. Certain elements had been brought out in the report in relation to those charts. He drew attention to paragraph 70, dealing with administrative services, which had remained comparatively constant during the three-year period 1953-55. The main increase was in field activities: $1,390,000 more for 1955 than for 1954. In paragraph 73 the Board noted an overall increase in the number of inter-country programmes, and in paragraph 75 it called particular attention to the importance of the fellowship programme. As could be seen from paragraph 76, the Board had noted, in reviewing the field programmes, that the type of activity emphasized varied considerably among regions, reflecting the needs of Members, which in turn were related to their social and economic development.

The Board had noted in particular the total increase in the effective working budget of $1,783,400, and an analysis of that proposed increase was given in Chart 6 (page 21). The largest single item covered the cost of technical personnel for continuing joint UNICEF and WHO projects. It had originally been planned that the cost to WHO of some of those joint projects would be met from Technical Assistance funds, but those were not now expected to be adequate. Certain additional unpredictable amounts might be required as the UNICEF Executive Board allocated funds for additional health projects for 1955. The Board believed that it would be extremely unfortunate if WHO had to discourage further projects because of lack of funds. The history of the problem was summarized in the report and the present programme arrangements between UNICEF and WHO were shown in Appendix 1. Although UNICEF received contributions from the general public, it was the voluntary contributions from governments which provided its main source of funds. The money would have to be provided, either as part of voluntary contributions to UNICEF or as part of assessments on governments to finance the WHO budget. It was for the governments concerned to decide how they wished to provide those particular funds. The Board felt that it must be done with full understanding on the part of all Members and in such a way as to encourage expansion of the joint UNICEF and WHO activities.

The other large increase in the proposed budget was in country projects. The Board noted in paragraph 86 that country projects other than fellowships, included in the Director-General's proposed programme, had already survived a careful screening process, necessitated by the shortfall in Technical Assistance funds. The Director-General had pointed out that when the shortfall had occurred it had been necessary to take radical action to discontinue the development of new projects. For the most part, the projects provided for either were already in operation or had involved heavy commitments by WHO to governments, or by governments themselves. New projects for 1955 to be financed from the regular budget were few and small. There was no reserve of projects which could be abandoned to provide funds for other purposes, and any further reduction in them would have serious repercussions in the countries affected. The Board had examined the situation in regard to the Technical Assistance Programme and felt that uncertainties as to the future level of activity made it impossible to transfer projects from the regular budget to Technical Assistance funds.

There were also, as the Director-General had pointed out, the statutory increases of some $169,000, which were virtually inescapable, and a small increase for regional offices. Provision was also made for an increase of $166,000 to enable WHO to take further steps towards making Spanish a full working language. WHO had fallen behind other agencies in that respect.

Summarizing the Board's conclusions, he said it had found the programme proposed by the Director-General to be well-conceived, fully within the competence of the Organization to carry out effectively within the budget year, and consistent with the general programme of work adopted by the Health Assembly. The Board hoped that the Health Assembly would be able to provide the funds necessary to finance the total programme. (Incidentally, he pointed out that the reference to a reduction in casual income in paragraph 80 was no longer strictly correct and there had been an increase rather than a reduction in such income.) However, the Board, feeling that some Members might be reluctant to support the total figure proposed, had given special attention to the factors leading to the increase in the budget and studied with care the effects that
reductions in the total figure would have upon the

programme.

It was the Board's opinion after its detailed review
of the budget that the proposed programme for
1955 would be seriously impaired by any significant
reduction in the Director-General's proposal, unless :

(1) the UNICEF Executive Board agreed to
reimburse WHO for the technical personnel
assigned to UNICEF/WHO projects ;

(2) there were full assurance that Technical
Assistance would provide funds to cover specific
country projects provided for in the proposed
regular budget ;

(3) further steps towards the increased use of
Spanish were postponed.

The Board recognized that on purely financial
grounds the Health Assembly might consider the
possibility of an arbitrary blanket cut. It believed
that the effect of any such cut should be considered
in detail by the Health Assembly. The total resources
available to the Organization had been virtually the
same for the past three years and the programme had
become correspondingly stabilized. Any appreciable
reduction in the budget for 1955, apart from the
three points referred to above, would have un-
fortunate effects on the programme and might fall
disproportionately on the various regions and
countries concerned.

Finally, he expressed the Executive Board's
appreciation of the co-operation of the Director-
General and his staff in the analysis of the proposed
programme and budget estimates and the preparation
of its report.

The CHAIRMAN thanked Dr Hyde for his clear
commentary on the Executive Board's report. He
suggested that the Committee should pass to its
consideration of the budgetary ceiling for 1955.

Dr BRADY (United States of America) was puzzled
by the seeming discrepancy between the statement
by the representative of the Executive Board that
the new projects planned for 1955 were "few and
small", and the extent of those projects, of which
there were eighty-seven at an approximate cost of
a million dollars.

Dr STAMPAR (Yugoslavia) proposed that the Com-
mittee adjourn in order to allow delegates more time
to prepare their views on the important matter under
review.

Dr VOLLENWEIDER (Switzerland) proposed that
the representative of UNICEF, who was present,
should be requested to speak.

The CHAIRMAN pointed out that the question of
the relationship between UNICEF and WHO formed
a separate item on the agenda which would be
considered at a later meeting. He suggested that
the discussion of the budgetary ceiling should not
be confused by other issues, particularly as the
members of the Committee on Administration,
Finance and Legal Matters would not be in a position
to continue their discussions until the budgetary
ceiling had been fixed.

The proposal of the delegate of Yugoslavia that
the meeting should adjourn was put to the vote
and rejected by 30 votes to 18, with 10 abstentions.

In reply to the question raised by the delegate of
the United States of America, Dr HYDE, representa-
tive of the Executive Board, remarked that the
terms "few and small" had been used in a relative
sense: the expenditure envisaged for the new projects
averaged only about $12,000 per project.

Recommendation of the Budgetary Ceiling

The CHAIRMAN reminded the Committee that the
budget was financed from two main sources: the
contributions of Member States, and casual income.
He suggested that casual income, being of secondary
importance, should be dealt with first. The attention
of the Committee was drawn to the relevant docu-
ments: a note submitted by the Director-General
showing the effect on the proposed regular pro-
gramme for 1955 of modifications in the programme
for 1954,¹ and the first report of the Committee on
Administration, Finance and Legal Matters to the
Committee on Programme and Budget.²

Mr SIEGEL (Assistant Director-General, Depart-
ment of Administration and Finance), Secretary of
the Committee on Administration, Finance and
Legal Matters, drew attention to a number of points
in the documents under review. The first report of
the Committee on Administration, Finance and
Legal Matters to the Committee on Programme and
Budget gave the amount of cash available in the
Assembly Suspense Account for use, if the Assembly
so decided, in financing the 1955 budget: $572,644.
The table in Annex 1 to the Director-General's note
indicated the sums available from various sources

¹ Unpublished working document
² For text, see minutes of the seventh meeting of the Com-
mittee on Administration, Finance and Legal Matters, section 2, page 333.
for use as casual income: the Director-General wished to recommend that the sum of $950 000 be used in 1955 (to be financed as follows: Assets of OIHP, $22,091; assessments on new Members from previous years, $20,835; miscellaneous income, $313,264; transfer from cash portion of Assembly Suspense Account, $556,810; transfer from Publications Revolving Fund, $37,000). Table C in Annex 2 to the note gave figures for the total budget, the casual income, and (calculated according to various methods) assessments against active Members, and assessments against Members whose contributions were placed in the undistributed reserve. In view of the decision of the Committee on Administration, Finance and Legal Matters on the scale of assessment for 1955, the column to be referred to was that headed "Method I, Present Scale", where the casual income was given as $950 000; the positions in 1953, when casual income was used to the extent of $852,000, and in 1954, when casual income was used to the extent of $875,000, were given in the first and second columns respectively. The attention of the Committee was also drawn to Appendix 3 to the report of the Working Party on Assessments to the Committee on Administration, Finance and Legal Matters (see Annex 6), which listed the assessed contributions of Member States on the basis of the Director-General's programme and budget estimates for 1955 and the use of $950 000 of casual income; in view of the decision of the Committee on Administration, Finance and Legal Matters on the scale of assessment, the column to be referred to was again "Method I, Present Scale".

Dr Brady (United States of America) asked why there was a difference between the amount of cash quoted as available in the Assembly Suspense Account in the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget ($572,644), and the amount quoted in Annex 1 to the Director-General's note ($556,810). It would appear from the difference in figures that the casual income figure of $950,000 could be increased by $15,834 if the Committee so desired.

Mr Siegel explained that the difference was between the total sum available and the sum recommended for use by the Director-General.

Before putting the proposed figure of $950,000 to the vote, the Chairman reminded the meeting that it would be inserted in paragraph 1 of the draft resolution on the budget level and effective working budget for 1955.

Decision: The figure of $950,000 was unanimously accepted as casual income available for use in financing the 1955 budget. (See third report of the Committee.)

The meeting rose at 11.35 a.m.
EIGHTH MEETING

Wednesday, 12 May 1954, at 2.30 p.m.

Chairman: Dr E. Aujaleu (France)

1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Recommendation of Budgetary Ceiling (continued)

The Chairman recalled that at its previous meeting the Committee had decided on the figure for casual income to be used for financing the budget for 1955. It now remained to decide on the amount to be provided by contributions from Members.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) observed that the new phase of the debate provided an opportunity to consider whether the effective working budget proposed by the Director-General should be in any way reduced. His delegation realized that part of the proposed increase of nearly $1 800 000 over the budget for 1954 represented a normal development of the Organization. One element, however, that caused his delegation some concern was the proposed increase of over $714 000 on field activities. The growth in the operational expenditure of WHO was receiving a disturbing impetus on the grounds of the shortfall in Technical Assistance funds.

The situation created by the shortfall in Technical Assistance funds in 1953 and 1954 had been largely met by transferring certain Technical Assistance projects to the regular budget, the regular programme being correspondingly reduced. The proper course would be to stabilize operations under the regular budget at the level that had existed before Technical Assistance operations began, and to finance any additional operations from Technical Assistance funds as they became available; to the extent that they were not available, the programme should be correspondingly restricted.

The United Kingdom delegation deplored any tendency to think that an increase in the regular budget was a necessary consequence of any shortfall in Technical Assistance funds. Any attempt by the specialized agencies to undertake with their regular funds projects that were more suitable for Technical Assistance would give Member countries the impression that they were being forced to contribute to schemes that ought to be financed by voluntary gifts.

He would, therefore, favour reducing the proposed effective working budget by at least the amount proposed for additional regular projects. Other possible economies might emerge in the course of the discussion.

Mr Geeraerts (Belgium) said that his delegation was far from underestimating the needs of WHO, but unfortunately there was no law of nature stating that resources necessarily increased in proportion to needs.

One person whom he could never forget when there was talk of increased expenditure was the Belgian Minister of Finance, who, noting the steady increase in the budgets presented by the international organizations, had asked his colleagues to invite delegates to those organizations to oppose any increase in expenditure. This attitude, the Minister considered, was all the more justified in that certain Member States, by honouring their financial obligations late or not at all, increased the budgetary difficulties of the organizations, which, in order to arrive at a given effective working budget, might be tempted to establish purely theoretical budgets, in which the chances of recovering unpaid contributions would be considered dubious, and the entire burden would be thrown on those Members that honoured their obligations.

Mr Rajan (United Nations Children’s Fund) said that he realized that the question of relations between UNICEF and WHO was to be discussed later. However, the Executive Board of UNICEF at its last session had arrived at very definite views on the financial relations between the two organizations, and those relations were not irrelevant to the fixing of the level of WHO’s regular budget. Since UNICEF’s view of those financial relations followed from its view of its functional relationship with WHO, it would be necessary to some extent to refer to the latter.

1 The report of the UNICEF Executive Board on financial relations with WHO is reproduced in Annex 8, section 4.
If joint action by United Nations bodies was not to end in confusion, it must rest on a clear division of responsibility, financial as well as functional. The functional division should be based on the tasks which each organization assumed by virtue of its nature, and the financial division must be such that each organization met the costs of its own proper functions.

The Executive Board of UNICEF considered that such a division had been jointly accepted in the principles for UNICEF/WHO co-operation adopted in April 1949 by the Joint Committee on Health Policy. In accordance with those principles UNICEF had undertaken to furnish the supplies and services, and WHO the international personnel, for joint programmes, each organization paying for what it provided. Previously it had been UNICEF's practice to include personnel costs as estimated by WHO in its total of assistance to projects. In 1950, however, the Executive Board of UNICEF, with the agreement of WHO, had ceased to make financial provision for project personnel except in the case of BCG campaigns, and in 1952 it had been agreed that WHO should assume the cost of BCG personnel also.

These transfers of expenditure were the logical result of the principles laid down in the 1949 resolution, but unfortunately they had not taken complete effect. In March 1953 the UNICEF Executive Board had approved a ceiling allocation of $288,000 for costs of project personnel in 1953, on the understanding that it constituted no precedent. Nevertheless, in September of the same year, UNICEF had allocated a further $637,000 to WHO on the same understanding. When that decision had been taken, the representative of WHO had referred to the desire of the Director-General of WHO to return as soon as possible to the agreed financial relationship between the two organizations. Incidentally, he noted that a reference was made in the report of the WHO Executive Board on the proposed programme and budget estimates to "the situation created by the unwillingness expressed by some members of the UNICEF Executive Board to accept recurring requests from WHO for funds to pay for technical project personnel which WHO provides but is unable to finance." (Official Records No. 53, paragraph 52). That was something of an understatement, for the unwillingness referred to was not expressed by some members but was the unanimous opinion of the UNICEF Executive Board.

Now, the WHO budget estimates for 1955 included some $621,000 for the cost of international project personnel whose services during 1954 were being financed as an exceptional measure by UNICEF. In his introduction to those estimates (Official Records No. 50, page x) the Director-General observed: "WHO must not again be put into a position, as it has been twice already, of having to ask the UNICEF Executive Board for additional allocations to cover personnel costs for joint WHO/UNICEF projects. In the future, it must be able to take on the full responsibility for employment of technical personnel needed for joint activities, as provided for in an agreement between the two organizations which was endorsed by the Fifth World Health Assembly (resolution WHA5.71)." UNICEF was gratified by that statement; its Executive Board would be deeply concerned if, having twice made emergency allocations to pay for functions which both in principle and by agreement were those of WHO, it were faced with a third such request.

Some figures on the relative financial position of the two organizations would perhaps not be out of place, though he would preface them by stating that the UNICEF Executive Board had recorded its opinion that the division of functions, and the consequent division of finances, between UNICEF and WHO should not be affected by their relative resources.

In 1949, when the resolution on UNICEF/WHO co-operation had been adopted, UNICEF's income had been nearly $40,000,000 and WHO's just over $5,000,000, or one eighth that of UNICEF. In 1953, UNICEF's income had declined to a little over $16,000,000 and WHO's had risen to over $13,500,000, or seven eighths that of UNICEF. Yet UNICEF's reimbursement to WHO for personnel costs had risen from about $40,000 in 1949 to over $540,000 in 1953, despite the decrease in its resources. Meanwhile the emphasis of UNICEF's operations had shifted from emergency measures to long-term programmes of child health and welfare to meet the needs of under-developed areas, needs obviously greater and more complex than any the Fund had met in the relief phases of its work. In 1951 a target budget of $30,000,000 had been set as the minimum necessary to attack those problems.

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1 Reproduced in Off. Rec. Whl Hlth Org. 53, 26
In 1952, in face of a sharp decline in resources, that figure had been reduced to $20,000,000, but even that lower estimate had never been approached. He felt that those facts spoke for themselves and nothing need be added.

A further consideration very much in the minds of the UNICEF Executive Board was that governments' contributions to the Fund were intended to enable it to achieve its own distinctive purposes and not to finance responsibilities that belonged to another organization. The proper course was to give that other organization sufficient resources to perform its own functions. After all, both UNICEF and WHO were financed by the same governments, though in different ways, and therefore governments, in deciding their contributions to each, should bear in mind their different basic responsibilities and equip them suitably for their tasks. Any other approach would be untidy and confusing and might even have an adverse effect upon the fund-raising capacity of UNICEF. On that point the UNICEF Executive Board had recorded its opinion in the following terms: "All international organizations have distinctive functions, and governments contribute to them so that they may perform those functions. Contributions of governments to one international organization should not, therefore, become indirect subsidies to another international organization, also depending on government contributions."

The Executive Board of UNICEF wished to make it clear that, if it were again faced with a request to pay all or part of the cost of international technical personnel on joint projects, it would be obliged to reconsider all programmes involving such costs in 1955, reserving the right to abandon or suspend them, to modify their scope or structure, or to invite WHO to re-examine them with a view to minimizing the element of personnel costs. It did not consider itself committed to meet such costs when for any reason WHO was unable to do so; it felt free to meet them or not to meet them according to its financial circumstances. UNICEF's own resources, as he had pointed out, were severely limited, and any responsibilities it was asked to undertake must be considered in relation to those limitations. Consequently UNICEF's Executive Board at its last session had asked the Executive Director to withhold action until its next session on any jointly assisted projects that might be deleted from the budget of WHO.

In conclusion, by way of illustration, he cited some of the work of great and lasting benefit to under-developed areas that UNICEF might be able to perform with the $621,000 included in the WHO budget estimates for the cost of personnel financed by UNICEF in 1954. He was sure that the Committee would not wish UNICEF to sacrifice such projects in order to assume the cost of functions which by common consent were not properly its own.

Dr VAN DEN BERG (Netherlands) observed that the budget level could not be discussed in isolation from the entire present and future financial position of the Organization.

First, he would state that his delegation was far from considering that what WHO was doing was in any way commensurate with the needs of the world. The difficulty, however, was that any increase in the level of the budget meant, other things being equal, an increase in contributions from Members. At this point he must make it clear that his Government was by no means concerned about its own contribution. The Netherlands had always paid its contributions, and paid them in due time, and would continue to do so if they were increased. Moreover, it did not suffer from any difficulties in the nature of maximum contributions fixed by legislative action. On the other hand, he was aware that certain countries were already having difficulty in paying their contributions promptly. In the past, a number of countries had withdrawn from the Organization, partly for reasons that concerned the amount of their contributions, and it had been rumoured that another country, at present very active in WHO, was contemplating the same action. An increase in the budget would be of harm rather than of benefit to the health of the world, if it meant that some countries withdrew from the Organization and others failed to pay their contributions.

However, as he had already implied, the actual level of the budget was of less concern to his delegation than a related problem of which he would now speak. At the first meeting of the Committee on Administration, Finance and Legal Matters, the Assistant Director-General, Department of Administration and Finance, had made an important statement, which showed that the financial situation of the Organization was more satisfactory than it
had been in recent years. At the second meeting, replying to that statement, he himself had pointed out that the difficulties in earlier years had been what might be called endogenous, whereas far more serious difficulties of an exogenous character were now being experienced. In 1953, for example, a carefully worked-out programme, examined in detail by the regional committees, by the Executive Board, and by the Health Assembly, had been destroyed by difficulties arising not within the Organization itself, but through a shortfall in extra-budgetary funds. He was not criticizing the Director-General for the action he had taken to meet that situation; indeed, it was the best action possible; but an end must be put to a position in which the entire programme was disrupted by the necessity for using part of the regular budget for extra-budgetary purposes.

Returning to the question of the proposed budget level, he noted that the reasons for the increase over 1954 fell into five categories, of which two were important and three less so. The three less important were acceptable to his delegation. The other two, however—the increase to meet personnel costs in joint UNICEF/WHO projects, and the increase to cover the continuation under the regular budget of certain activities formerly financed from Technical Assistance funds—called for certain comments which concerned on the one hand his delegation’s solution to the exogenous difficulties of which he had spoken, and on the other hand the important statement made at the last meeting by the Director-General.

On the first point, since an absolute distinction must be maintained in future between the regular budget and extra-budgetary funds, his delegation considered that costs in respect of joint UNICEF/WHO projects should be met as far as possible from Technical Assistance funds—called for certain comments which concerned on the one hand his delegation’s solution to the exogenous difficulties of which he had spoken, and on the other hand the important statement made at the last meeting by the Director-General.

In the course of that statement, however, the Director-General had said:

"...if our co-ordinating function is to be exercised properly, we must fully retain our right and duty to provide technical advice on the use of any funds earmarked by voluntary organizations for the promotion of international health. This co-ordinating authority has placed on the Organization even heavier obligations than those foreseen when the Constitution of WHO was drafted."

Mr ZOHRAB (New Zealand) said that his delegation found WHO’s programme in general well conceived, well directed, and effective. New Zealand’s contribution to the Organization, though as high per capita as that of the largest contributor, was not big, and if there could be established a satisfactory degree of control by Member States over expenditure his Government would not necessarily object to an increase in the future. For the moment, however, in the interests of cohesion within the Organization, he considered that the estimates presented by the Director-General should be reduced so as to bring the effective working budget down to about $9 000 000. That was a significant cut, which nobody liked, but his delegation considered it necessary. In the present situation it would be better to reduce the operational programme as far as possible than to make savings on such items as the additional provision in respect of Spanish, since, apart from the question of relative merit, such solutions would merely increase WHO’s financial difficulties in the future.

As he had said, his delegation felt strongly that the control of expenditure should be stricter and that the Director-General’s financial discretion should be diminished. He would favour some measure such as increasing the financial responsibility
of the Executive Board or appointing a finance committee consisting of representatives of Member States.

Dr Marcel (Viet Nam) had listened with great interest to the remarks of the delegate of Belgium. Viet Nam's own Finance Minister was no less intransigent, and the same was no doubt true of all ministers of finance.

He respected the anxiety of the Director-General to put into operation the multifarious health programmes requested by Member States, and he realized that to do so would require an increase in contributions. Wealthy countries, enjoying peace, would perhaps accept such an increase willingly enough; indeed, the Netherlands delegate had said as much for his own country. Viet Nam, however, impoverished by eight years of war, would find the additional sacrifice hard to bear, and he was grateful to the Netherlands delegate for alluding to countries that found themselves in such a situation.

Viet Nam was as anxious as any other country to participate in the improvement of the health of the world, and if its economic situation were normal it would not object to the cost. However, it must be considered that the previous year the country's defence budget had absorbed more than 70 per cent. of its revenue, while in the present year the percentage had risen to over 80, so that the Government had recently been obliged to impose austerity measures on the people.

Viet Nam's position was exceptional, but the discussion seemed to indicate that even some countries under no such special strain were not well disposed towards the proposed increase in the budget. Rather than impose sacrifices that certain countries could not bear, the Organization should wait for the better times which he hoped would soon come if the men of good will meeting at another conference in the same building succeeded in establishing the peace that all the world desired.

Dr Brady (United States of America) remarked that the decision to be taken as a result of the present discussion would be of the highest importance for the future of WHO. The Committee was being asked to vote for an effective working budget higher by nearly $1 800 000 than that of 1954. Those who had attended the debate on the scale of assessment in the Committee on Administration, Finance and Legal Matters were aware that an equitable and necessary adjustment had been postponed because some countries considered that it would mean an increased burden that they were not prepared to bear.

It was unfortunate that the procedure for the discussion of the budget did not provide an opportunity to make a detailed review of proposed expenditure before discussing the budget ceiling, since it would appear that not only his own Government, but others too, considered that certain economies could be made in the administration of the Organization. They were, however, unable at the present stage to give expression to those criticisms and reservations.

Proceeding to the general point at issue, namely, whether it was the proper time for a 20 per cent. increase in the effective working budget, consideration must be given not only to whether that increase was justified in itself, but also to its repercussions on the obligations and relationships of Member countries. His delegation was fully alive to the huge unmet needs of world health, but that was not the real question. The real point was to ensure that WHO's rate of growth corresponded to its capabilities for effectively carrying out programmes and did not place on Member States obligations that they were unable or unwilling to assume. The debate in the Committee on Administration, Finance and Legal Matters had shown that many countries were not in a position to make the long-term commitments necessary for an increase in their contributions.

It must also be borne in mind that many governments had embarked on long-term programmes of economic development and on costly efforts to stem aggression wherever it occurred. As the delegate of Viet Nam had said, such efforts were a heavy drain on national treasuries and required great sacrifices from citizens.

Against that background, he would state the position of his delegation. It was strongly opposed to any budget proposal that would bring the contribution of the United States Government to more than $3 000 000. Previous Health Assemblies had fixed the assessment of the largest contributor at 33\(\frac{1}{3}\) per cent. of the total budget, and since then the United States Congress had established a ceiling of $3 000 000 for its contribution. To go above that ceiling before the scale of assessment was adjusted to take account of the inactivity of certain Members would not be in the best interests of WHO. As all were aware, there were many ways in which his Government—like others represented on the Committee—was voluntarily contributing to inter-
national health programmes. Its contribution to Technical Assistance funds represented 60 per cent. of the total, of which $4,000,000 could become available to WHO in the present year if all pledges were honoured. It also contributed 60 per cent. of the total resources of UNICEF, of which an ever-increasing proportion was used for health work. In addition, there were many more millions of dollars contributed to regional and bilateral health programmes. It would be seen, therefore, that the United States of America was vitally interested and deeply committed in many co-operative efforts to solve the health problems of the world. It did not wish to be forced to depart from a long tradition of faithfully honouring all those obligations.

He therefore hoped that a way would be found to fix the effective working budget for 1955 at a sum not higher than $9,000,000, which, while it would not allow for much expansion in that year, would permit a continuation of present programmes. He therefore formally proposed that the figure of $9,000,000 should be inserted at the appropriate place in the draft resolution on the budget level and effective working budget for 1955.

Dr Vollenweider (Switzerland) felt that, while undoubtedly the activities of WHO could and must be greatly expanded if its high aims were to be attained, one could not disregard the statements of those Members which saw the need for economy in view of their heavy commitments in other directions.

The Swiss delegation fully appreciated the constant efforts of the Director-General and his staff to achieve economies in the administration of the Organization. However, it must not be forgotten that every year an increase was probable both in ordinary and unforeseen expenditure, an increase which could go on indefinitely. On the national level too, even in such essential fields as that of health, it was not possible to carry out all the programmes considered desirable. The same applied even more strongly to the international level. Therefore, in view of the present difficult situation, the Swiss delegation was for a reduction in the expenditure on new operational activities.

Incidentally, he wondered whether it would not be possible to reduce expenditure in respect of regionalization. His delegation was convinced of the usefulness of the regional organizations, but it was essential to avoid duplication of effort, and the manner in which the Organization was decentralized should be determined by considerations of economy.

Dr Hayek (Lebanon) wished to make clear from the outset that in his opinion the budgetary increase proposed by the Director-General was not excessive, for it was entirely justified by a rational programme. It would be remembered that, when the budget proposals for 1954 had been placed before the Health Assembly, the proviso had been made that if the total funds expected under the Technical Assistance Programme and from UNICEF were not forthcoming, it would be necessary to propose a supplementary budget. Now, the Committee knew that the budget for 1954 had remained at practically the same level as that for 1953, although the Organization had been faced with a financial crisis which had obliged the Director-General and the Executive Board to adjust the programme for 1953, deferring a large number of projects representing several million dollars. It was undeniable that the Organization's inability to meet those urgent needs of governments had not only compromised the development of the health services of countries expecting help from WHO, but had made it difficult for the Organization itself to keep the confidence that had rightly been placed in it by the peoples of the world, particularly those of the under-developed regions.

In the present year the Organization found itself faced with another even more serious financial crisis, which had been considered by the Executive Board, whose decisions on the matter were embodied in its resolution EB13.R39. A note submitted by the Director-General showed that the modifications which it had been necessary to make in the programme for 1954 would probably require the postponement of projects to the value of $656,000 contemplated for 1955. That was surely a proof of the moderateness of the increase proposed by the Director-General.

He wished to draw attention to some of the more important points mentioned by the Executive Board in its report on the proposed programme and budget estimates (Official Records No. 53). Table 6 on page 10 showed clearly that the total resources that would be available under the budget proposed by the Director-General were less than in 1952. That fact should be considered in relation to what he had already said about the many projects which it had been necessary to cancel because of shortage of funds.

The proposed increase in the effective working budget for 1955 over that for 1954 was analysed in Chart 6, on page 21 of the report. The statutory increases of $169,113 called for no special remark. As for the additional provision proposed in respect
of the use of Spanish, with a view to its ultimate adoption as a full working language, his delegation considered that the contemplated steps should be taken immediately despite the financial situation. As many would remember, it had been at the Fourth World Health Assembly that the first steps towards the use of Spanish had been taken, and in his opinion it was by no means too soon to take the further measures now proposed. He agreed with the remarks of the Executive Board in section 89 of the report, and he considered that on that question WHO should not lag behind the United Nations and the other specialized agencies. Moreover, Appendix 3 to the report showed that the Director-General was moderate in his suggestions; of the six schemes set out there, all except one would entail greater expenditure than that proposed by the Director-General.

Another part of the proposed increase—$112,381—concerned the regional offices, and there he regretted that he could not agree with the delegate of Switzerland. Regionalization was laid down in the Constitution. The Director-General, at the second plenary meeting, had stated that experience over the past five years had fully justified the attitude of those who had called for a maximum of decentralization. Granted, then, that decentralization was a system that enabled WHO to produce effective and lasting results, it would be wrong not to allow the regional offices to develop to a point where they could be of maximum usefulness. That stage had already been reached by three or four of the older regional offices, but the regional offices for the Western Pacific and for Africa had yet to attain it. The increase proposed for their development was therefore fully justified.

The rest of the proposed increase, which represented about three-quarters of the total, was entirely for operational work in the Member countries, and it represented a very modest sum for meeting all the requests that, through lack of funds, it had not yet been possible to satisfy.

The Fifth World Health Assembly, in resolution WHA 5.71, had approved the principle that WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future. He considered that, in the increased provision that he was proposing, the Director-General was correctly interpreting that decision of the Health Assembly. His delegation had always been interested in the relationship between UNICEF and WHO, and viewed with satisfaction the co-operation that existed between the two organizations in their joint efforts to improve maternal and child health. It had studied with particular interest the Director-General’s report on relations with UNICEF (see Annex 8), and in particular section 4, containing the report of the UNICEF Executive Board on financial relations with WHO. In that connexion his delegation wished to state that it did not approve the recommendation of the WHO Executive Board that the Health Assembly should re-examine the relations between the two organizations. By that he did not mean that there should be no discussion at all on the question, but that his Government was fully satisfied with the present arrangements and considered that no change was required. It considered that it was for WHO, in exercising the functions laid down in Article 2 (a) of its Constitution, to act as the directing and co-ordinating authority on international health work by supplying the necessary personnel and financing the resulting expenditure. In that respect, he found himself in complete disagreement with the delegate of the Netherlands. He would add that he was in favour of the complete and unqualified application of resolution EB11.R28 of the Executive Board, which read:

The Executive Board,

Having been informed that the present arrangements for joint operating procedure and joint policy-forming machinery between UNICEF and WHO are working satisfactorily,

CONSIDERS that no change need be made.

His delegation was strongly opposed to any change in the present division of functions, whereby UNICEF procured the necessary supplies and material and WHO furnished the international personnel for joint health projects. It was essential for WHO to have at its disposal the funds necessary to fulfil its responsibilities under that arrangement, particularly in the light of the clear decisions taken by the UNICEF Executive Board and the remarks made at the present meeting by the representative of UNICEF.

To sum up, he wished to express his entire approval of the statement in section 79 of the Executive Board’s report on the proposed programme and budget estimates.

Finally, he would ask the Committee and the Organization as a whole to take thorough cognizance in the future of the need to eliminate the misleading and dangerous confusion between the regular budget of WHO and the funds which it was expected to receive from the United Nations Expanded Programme of Technical Assistance and from UNICEF.
He hoped that in the budget estimates for 1956 they would be presented separately.

Dr Shoir (Egy) said that his delegation thought it essential that WHO should be able to carry out what, in their opinion, was a minimum programme, without the fear that the programme would be wrecked in the course of the year by financial difficulties. For that purpose they considered it necessary to increase the regular budget of the Organization, as proposed by the Director-General.

He recalled that previous Health Assemblies had approved the shift or emphasis in the WHO programme from projects for meeting urgent demands to a balanced programme to be carried out in cooperation with national administrations and which would have a permanent effect. That trend was apparent in the programme presented by the Director-General, and was also in conformity with the views expressed by the Economic and Social Council of the United Nations. The Council at its sixteenth session had recommended that the United Nations and specialized agencies should pay particular attention to the development of facilities for training both professional and technical personnel and auxiliary and community workers, and had authorized the Secretary-General to plan integrated programmes of community development. Special emphasis was placed on the improvement and strengthening of national health programmes, especially in such subjects as maternal and child health. The delegation of Egypt considered it important that the development of health work should not lag behind that of other social work. WHO was morally committed to the advancement of a sound health policy for the world, and the delegation of Egypt was of the firm opinion that the budget proposed by the Director-General was essential at the present stage of the Organization’s development.

Dr Karabuda (Turkey) reminded the Committee that WHO was an organization whose stated aim was to raise the level of health of the world as a whole. The needs of the world were increasing and therefore an increased budget was necessary. The Organization was under a compulsion to follow the laws of evolution and should not risk disillusioning those who had put their trust in its humanitarian work. In spite, therefore, of the threatening shadow of the personage referred to by the delegate of Belgium, he supported the proposals for an increase in the budget. His delegation, however, would wish that increase to be used for financing field programmes.

Sir Claude Corea (Ceylon) appreciated that all governments had serious financial difficulties: his own country had them also. It would, he admitted, be pleasant for members of the Committee to return home feeling that they had not added to the financial burdens of their countries; but in that case they would not have assisted WHO, on which such important duties rested, to carry out its obligations. He had been disappointed to hear objections from some countries to the proposals before the Committee, although those countries readily spent large sums on other, admittedly important, kinds of work. Why, in face of those large expenditures, did they give so much thought to spending a few hundred thousand dollars more on improving the health of the world?

He had heard with great interest the representative of UNICEF and thought that a challenge had been thrown down which WHO must accept. If UNICEF felt itself unable to pay for the personnel required for joint projects, WHO must not simply abandon such work. The two organizations must work jointly and he thought it reasonable that, if WHO had the benefit of supplies bought with UNICEF funds, WHO should pay for the staff. It appeared to him that the important point before the Committee was whether WHO could carry out the additional work. The Director-General—the Health Assembly’s most important accredited agent, whose words carried weight—had said that if the Assembly did not provide the financial aid in question, his efforts would be crippled and the work of the Organization would be cut back. So far, the Organization had made very substantial progress; was it right that the Committee should hold back that work and make it for the future static instead of dynamic as it had been in the past?

The Director-General had built up a good organization, with a capable staff, and made available an impressive body of experts. The choice before the Assembly was whether they should use that structure or leave it idle. The Director-General in his introductory statement to the programme and budget estimates listed nine separate reasons which rendered necessary an increase in the budget. Clearly, careful thought had been given before this increase of work and expenditure had been suggested; and which of the members of the Committee was prepared to challenge the necessity for any one of the pieces of work set out in that document? It made provision for carrying out the current work and for 87 new projects, every one of which was justifiable for the countries concerned and the total cost of which would be $3 000 000 spread over three years.
He feared that some governments were falling into the fatal habit of thinking that the World Health Organization had done enough, and that its work should now be stabilized. That, he thought, was a wrong attitude in face of the large amount of misery in the world. Much had been done against communicable diseases, but much yet remained to do. Facilities for training that only WHO could provide were imperatively necessary. It was not possible to cry halt and say that no more need be done for public health. He himself represented a small country which was not rich but which was prepared to pay its share of any necessary increase. Moreover, the proposal before the Committee was not the budget of the Director-General only; it had also been blessed by the body of experts who constituted the Executive Board.

Sir Claude suggested that it would be very wrong to deny the new projects to countries that were waiting for them. Some other countries did not need such help, but they were none the less Members of the Organization and as such should support its general work. The efforts made by those countries so far had been admirable, and he hoped that they would not now take the line that they could not pay more and that the work of WHO must be stabilized. Admittedly much was being provided by those countries in other directions, for example for large schemes of economic development; but good health conditions were basic to that development also.

He found it difficult to understand the inference of the delegate of the United States of America—a country which had done great things to assist other less fortunate countries—that, because Congress had fixed a maximum of $3 000 000 for the United States contribution to WHO, that situation must be an accepted fact. He appealed to countries not to take such an attitude but to recommend the adoption of a budget which was based on experience and enthusiasm.

The Chairman reminded the meeting that none of the speakers except the delegate from the United States of America had made any formal proposals.

Dr Evang (Norway) remarked that the discussion had opened pessimistically but that the three last speakers had helped to produce a better atmosphere: a stranger in attendance might now think that he was listening, not to finance officers, but to health workers planning for progress. It was astonishing what the World Health Organization had so far done with comparatively little money. All but the smallest countries represented at the Assembly had larger national health budgets than the budget proposed for WHO in 1955, and even finance officers would find that health work, in the not very long run, brought money into their national coffers. The money that the Organization spent was not lost, it was redistributed; and a very good redistribution was proposed in the budget of the Director-General. The countries that wished to reduce those proposals reminded him of members of a sickness insurance society who were lucky enough not to suffer from illness, and therefore complained that they did not get their money back. Yet most such countries spent more on research than the amount of their contributions to WHO.

There was really only one proposal before the Committee, that submitted by the Director-General. The delegates of some countries had said that the amount of the budget should be cut and the figure of $9 000 000 had, in fact, been suggested. But the question of who should make the necessary cuts had not been touched on. The responsibility should not be left to the Director-General, as it would place him in a most difficult position. It was not even a task for the Executive Board. Further, it was not possible to discuss reductions in the budget unless the Committee was informed exactly what cuts it was proposed should be made. The ordinary procedure for reconciling expenditure and income was to go through the facts on both sides looking for items of expenditure which might be cut or possible new sources of income. The statement by the representative of UNICEF clearly barred any possibility of appealing again to that organization. He agreed that a clear-cut definition of responsibilities was necessary between the two organizations, both financially and technically.

He was surprised that so old a friend of the World Health Organization as Dr van den Berg had suggested a limited interpretation of Article 2 (a) of the Constitution. He himself, having helped to draft the Constitution in 1946, was clear that the intention of that article was exactly to underline what the present Director-General, and the former, had always emphasized—that the first function of the Organization was to act as the directing and coordinating authority on international health work.

Dr Evang thought it unfortunate that some countries put more emphasis on health work done outside WHO than on that done through WHO,
and he suggested that delegates should take up that point with their governments. The Committee had even heard one country ask for a reduction of the budget on the ground that it contributed large sums to health work done by other agencies. He recalled that in 1949, when the President of the United States of America had introduced his proposal for technical assistance for economic development, that proposal had been Point 4 of his programme. Point 1, however, had promised unflinching support to the United Nations and to the specialized agencies.

The Committee had gone over the possibilities of saving on the proposed budget. The increase due to salary increments was automatic. The increase in staff was so small that he wondered how the Secretariat could carry out the work that was laid on it. There was no possibility of cutting expenditure on the regional offices. As for the introduction of Spanish as a working language, it would not be right to limit the direct access of so many delegates to the discussions of the Organization, and it would be particularly unfortunate to do so after the invitation to hold the next Health Assembly in a Spanish-speaking country. As for the field projects, nothing could be cut out there; indeed the proposals of the Director-General were comparatively modest.

The way was now open, the machine was working and the status of the Organization was improving; governments knew that the Organization was helping them. One delegate had suggested to the Committee that before expanding the programme, they should wait for the good time to come. It would not come unless the members of the Committee helped it to come. WHO was one of the few international organizations that had a real chance of improving conditions in the world. He therefore called for support of the Director-General's proposals.

Mr Sole (Union of South Africa) wished at the outset to refer briefly to a difficulty which had been felt by his and perhaps by other delegations: the absence of any really satisfactory procedure for a rational examination of the budget. The representative of the Executive Board had clearly explained the functions of the Board in that respect, but the delegation of South Africa thought that those functions, in the absence of some other body, did not permit of a satisfactory examination. The Committee on Programme and Budget would reach a decision on the ceiling of the budget, but it could give only very general attention to its details. The South African delegation had no formal project to submit at the present stage, but thought the Assembly should consider the possibility of setting up a finance committee of some nine to fifteen members with special financial and budgetary experience, to consider not the technical aspect of the proposals, but their financial implications. It might meet each year, say in February, and consider the Director-General's budget proposals and the comments made thereon by the Executive Board. Its report could be sent to governments in time for them to consider it and instruct their delegates before the Health Assembly met. There was a precedent for such procedure in the United Nations Advisory Committee on Administrative and Budgetary Questions, and he would like to see similar machinery adopted by the World Health Organization. The delegate of Norway had said that a cut in the budget could not be properly considered unless the specific reductions were considered. A committee on the lines he had indicated could suggest small cuts in various items which in the aggregate might produce a substantial saving.

Mr Sole considered that the delegate of the Netherlands had put his finger on one important aspect of WHO's financial organization: the need to distinguish clearly between extra-budgetary and intra-budgetary projects. He endorsed those views warmly and hoped that the Organization would, in its future programmes, continue to make that distinction. Emergency measures had been necessary in the last two years mainly because of the interdependence of the regular and the Technical Assistance programmes. Some Members had criticized the idea of stabilizing the budget of the Organization. WHO, however, was an intergovernmental organization and governments were single entities. The United Nations, in which were represented a great majority of the governments represented on the present committee, had adopted resolutions calling on WHO and other specialized agencies to stabilize their budgets. The question had been raised as lately as at the last session of the General Assembly in New York, and he was not aware that any government represented at the Health Assembly had voted against the resolution then put forward. It was inevitable that the Health Assembly should contemplate some expansion of WHO's work, but if
delegates were to satisfy their governments that funds should be provided for such an expansion, the expansion must be limited and controlled. His delegation thought the increase proposed for 1955 was excessive in view of the financial condition of the world. There had in recent months been some possibility of a recession in the United States of America. Any such recession would have severely affected most countries represented on the Committee.

Another point which his delegation considered fundamental was the attitude of the Government of the United States of America, which had been made quite clear to the Committee. He was confident that there were no better friends of WHO than the members of the United States delegation. They had suggested that a heavy increase in the budget might seriously undermine the confidence of the United States Government and people in WHO. That would be a much more serious matter than a reduction of about a million dollars in the budget. The United States delegation had put the situation clearly and frankly and they were in a position to assess the consequences. The South African delegation accepted their presentation of the situation and therefore supported their proposal for an effective working budget of $9 000 000.

Dr Robertson (Canada) said that Canada had been a strong supporter of WHO from its inception, believed that it was the most valuable of the specialized agencies, and hoped that it would continue to develop as a healthy organization with a realistic programme concentrated on the kinds of work which offered the greatest return for the money and effort expended. The Canadian Government had followed with interest and gratification the efforts made to put the Organization on a sound administrative and financial basis and to develop a well-balanced programme, but there were still difficult problems which would require careful attention in the next two or three years.

One of those problems was to find the best method of assessing the active and inactive Members, so as to eliminate the present distortion of contributions and the rather fictitious character of the budget structure. Canada was anxious to avoid any procedure which would interfere with the orderly and reasonable growth of the work of the Organization, or any action which would impose disproportionate burdens on particular Members or endanger an equitable relationship between the contributions of the United States and those of countries that paid more per head of population than the largest contributor. One of the principal functions of the Executive Board was to study the programme and budget of the Director-General. This year they had centred their attention on the salient points of the 1955 programme and budget and on the main changes as compared with 1954. The Board had done a very good job in that regard, but the work of the Health Assembly would have been easier if it had had before it the detailed and critical analysis that the Board was stated to have made.

In the light of its other heavy commitments, the Canadian Government was anxious that the budgets of the various United Nations organs should be stabilized as far as possible; that was both desirable and practicable now that the initial difficulties had been overcome and there was more experience of practical working. One of the main increases in the Director-General's budget for 1955 resulted from a proposal to undertake eighty-seven new projects. The Executive Board had not compared those new projects with current projects under the regular or the Technical Assistance programme; had a more detailed analysis been made, it might have been possible to cut some of the current projects without impairing the general programme. Such an approach would not weaken or disrupt the proper objectives of the Organization but would rather strengthen it and contribute to the maintenance of its prestige and good reputation.

Dr Robertson agreed that WHO could not escape its responsibilities in regard to the cost of technical personnel for joint UNICEF/WHO projects, but it should come to arrangements with UNICEF for a proper distribution of financial and technical responsibilities, taking into account its own limited funds and the need for using them to the best advantage. In that way it would be possible to avoid a recurrence of the financial difficulties that had been experienced in recent months.

He noted that substantial increases for travel of staff on home leave were included in the estimates. The Canadian Government, like some other governments, was of opinion that home leave every two years was not in the best interests of the Organization or consistent with the practice of most national governments. The Intergovernmental Committee for European Migration had at its last session decided to grant home leave every three years instead of every two. The Canadian Government was convinced that the time was approaching when the United Nations specialized agencies must re-examine their current policies in the matter and
devise a system of home leave which would take into account their own resources, the legitimate interest of international staff, and the procedures followed by national governments.

The Director-General had recommended the adoption of Spanish as a working language from the beginning of 1955. The Canadian Government thought that measure reasonable and in conformity with the policy of other organs of the United Nations. It hoped, however, that Spanish-speaking Member States would agree that the adoption of Spanish as a full working language should be gradual in view of the present needs of the Organization.

On the question of the relation which should be maintained between the regular programme and the Technical Assistance programme, he recalled that Canada had made a contribution of $1,500,000 to Technical Assistance funds for 1954, an increase of $700,000 as compared with 1953. There was, nevertheless, a feeling that an attempt might be made to assess countries in the specialized agencies for the financing of projects to which they had voluntarily made a liberal contribution. The Canadian delegation had always maintained that WHO should participate in the Expanded Programme of Technical Assistance and that the Executive Board should be given the authority to adjust that participation to the amounts made available to the Organization. He hoped, therefore, that the spirit which had dictated the previous resolutions of the Health Assembly on that question would continue to prevail. In the circumstances the Canadian delegation would be prepared to vote for a budget ceiling which did not involve any substantial increase over the level of appropriations in 1954.

The Director-General wished to clear up a few of the points that had been raised during the discussion at the morning and afternoon meetings. He had been criticized for using regular budget funds to carry on Technical Assistance projects. He accepted that criticism, but he had done so for 1953 on the authority of the Executive Board and the Sixth World Health Assembly, which had instructed him not to stop any project that was in operation. In August 1953 he had taken measures to stop expansion. He had not discontinued any projects but had cut down fellowships, the provision of experts, and the purchase of supplies so that the Organization might face the year 1954 in solvency. He had always agreed with the principle that Technical Assistance work should be kept separate from work under the regular budget. However, unless the Health Assembly gave him clear instructions to stop projects, it would be necessary to use over $600,000 of the regular budget in 1955 on continuing projects originally financed from Technical Assistance. The delegation of the United States of America and those of some other countries had said that he was trying to expand the programme. Before presenting his budget, he had visited four regional committees and explained to them the position in which the Organization found itself. The programme and budget he had presented were, with very few variations, made up of what had been approved in the regional committees. He was responsible for the presentation of the programme and budget, but he asked for and received advice from the regional committees; and in putting his budget together he had considered that advice.

Reference had been made in the debate to 87 new projects—50 country projects and 37 inter-country projects—planned for 1955. The expenditure of a million dollars on those projects sounded large unless it was considered how and where that money was spent. It should be remembered that WHO operations covered 117 countries and territories.

With every wish to be optimistic he felt it necessary to state that, if the Assembly approved the budget he requested, there would not be 87 new projects. To maintain the financing in 1955 of those projects which had been transferred from Technical Assistance to the regular budget would cost over $600,000, and therefore not more than $400,000 would be available for new projects in 1955. He would have liked to believe that he was presenting a large programme of expansion, but thought it necessary that he should acquaint the Committee with the position and call attention to the exposition of the situation contained in his note showing the effect on the proposed regular programme for 1955 of modifications in the programme for 1954.

The Chairman thanked the Director-General. His explanation would be extremely useful and delegates would be able to consider it before resuming their session the next day.

The meeting rose at 5.50 p.m.

1 Unpublished working document
NINTH MEETING

Thursday, 13 May 1954, at 10 a.m.

Chairman: Dr E. Aujaleu (France)

I. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Recommendation of Budgetary Ceiling (continued)

The CHAIRMAN requested delegations who wished to submit formal proposals on the point under discussion to do so in writing; the only written draft resolution so far received, a proposal by the delegation of the Lebanon, had been distributed. It read as follows:

The Seventh World Health Assembly

1. RESOLVES that the budget level for 1955 shall be US $11,953,460, to be financed by assessments against Members after deducting casual income available for 1955 of $950,000; and, further,

2. RESOLVES that the effective working budget for 1955 shall be US $10,311,100.

He asked the representative of the Executive Board to make a declaration upon relations between UNICEF and WHO.

Dr Hyde, representative of the Executive Board, reminded the Committee of the increasing complexity of the situations with which WHO was faced. The views of UNICEF on its relations with WHO had been presented at the eighth meeting by the representative of UNICEF (see pages 224-6).

The great importance of joint UNICEF/WHO programmes had been recognized by the Board, which hoped that the Assembly would agree to their expansion. He personally had seen some of them in operation and considered that they were among the most impressive of the projects in which WHO was engaged.

In order to arrive at an understanding of the differences of view held by the Executive Boards of UNICEF and WHO, attention should be drawn to certain points in the WHO Executive Board's report on the proposed programme and budget estimates (Official Records No. 53). A review of the relationships established between the two organizations was contained in Appendix 1 (page 25) resolution 57 (I) of the United Nations General Assembly (reproduced on page 34), which had established UNICEF, outlined the basic purpose of the organization—to improve child health (paragraph 1)—and authorized it to receive funds and to make expenditures for the provision of supplies, material, services and technical assistance for the furtherance of that purpose (paragraph 2(a)). The resolution also stated that UNICEF should request the utilization, to the maximum extent feasible, of the staff and technical assistance of the specialized agencies, and in particular of WHO (paragraph 4(c)). In December 1950, the United Nations General Assembly had passed resolution 417 (V) (reproduced on page 36 of the report), which laid down that the Executive Board of UNICEF should take all necessary steps to ensure collaboration between the Administration of the Fund and the specialized agencies (paragraph 6(c)), and should formulate the policies, determine the programmes, and allocate the resources of the Fund for the purpose of meeting, through the provision of supplies, training, and advice, the emergency, long-range, and continuing needs of children with a view to strengthening the permanent child-health and child welfare programmes of the countries receiving assistance (paragraph 6(b)); and that the Administration of the Fund should obtain from the intergovernmental and non-governmental organizations having a special interest in child and family welfare the advice and technical assistance required for the implementation of its programmes (paragraph 6(d)). That resolution, which had been reaffirmed in October 1953 by resolution 802 (VIII) of the General Assembly (reproduced on page 37), was the most recent statement of the purpose of UNICEF. In view of that statement, he had been surprised when the UNICEF representative had said that governments contributed to UNICEF to enable it to achieve its distinctive purposes, not to enable it to finance responsibilities which were logically and by agreement those of another organization; for, in the opinion of the WHO Executive Board, the distinctive purpose of UNICEF was to develop child-health services through the provision of supplies, training and advice.
The First World Health Assembly had adopted a resolution (reproduced on page 25 of the report) stating that it found that the health projects of UNICEF fell within the competence of the World Health Organization and declaring that the World Health Organization was ready and willing to handle these projects as soon as suitable arrangements could be made. A joint committee on health policy had been set up by WHO and UNICEF to advise on the health projects financed by UNICEF. In April 1949, it had drawn up the principles which were to govern the relations between the two organizations. Those principles, which had been approved by both WHO and UNICEF as the binding agreement between the two organizations, were reproduced on page 26 of the report.

It was under the terms of provision (e) of the principles that UNICEF had reimbursed WHO for services provided. The Fifth World Health Assembly, however, had approved the principle that WHO should assume, subject to the limitation of its financial resources, responsibility for the employment of the technical personnel required for joint activities to be initiated in the future (resolution WHA5.71, reproduced on page 31 of the report). In presenting his proposals for 1955, the Director-General had therefore included an item of approximately $600,000 to pay for personnel at present being paid for by UNICEF. The Executive Board had recognized that UNICEF could still be called upon to reimburse $600,000 for personnel engaged in joint projects was therefore not one that was clear and decided. The representative of UNICEF had called attention to what might be done by UNICEF with the $600,000 in question, but the Committee must also consider what that sum would mean to the programme of WHO. He felt it should be clearly recognized that under the existing agreement between the organizations the way was still open for reimbursement in respect of the technical personnel concerned. The difficulty might have arisen partly from the fact that it had been left to the Director-General of WHO to determine what were “the limitations of its financial resources”, and the Executive Board of UNICEF had never been aware of what were the limitations of the resources of WHO. Some clarification on that point might be of help in the relationships with UNICEF.

Dr. Bustamante (El Salvador) believed that, if the standard of health was to be raised throughout the world, each country should in the first place dedicate the highest possible budget to the carrying out of health activities. He noted that while in the past El Salvador had benefited in no small measure from WHO aid, that aid would certainly be reduced in the future. As far as the payment of contributions was concerned, he thought that the amount paid by small and poor countries was in proportion to their resources and that therefore a just relationship existed between the assessments of the larger and stronger countries and those of the smaller countries. While the programmes of WHO were well orientated, they were, as compared with the needs of the world, a mere drop in the ocean. International co-operation and goodwill had to be based on concrete efforts, and if no funds were allocated to carry out the high ideals of WHO they would remain in the realm of theory. The discussions that had taken place previously had shown that the programme presented by the Director-General was generally approved, and there could be no doubt that the members of the Executive Board, who were designated by eighteen Member States, had made a thorough examination of the budget in relation to the urgency of the countries’ needs. The speaker believed that WHO should maintain its co-ordinating role, and should try to provide technical assistance to other organizations working in the field of world health.

It had been noted with satisfaction that the most able public-health administrators attended World Health Assemblies, but he ventured to suggest that ministers of finance, to whom reference had also been made, might view with some concern the fact that about $500,000 in salaries and expenses were being spent in order that a $10,000,000 budget might be discussed. Although $10,000,000 perhaps sounded a large sum, nevertheless the maintenance of the proposed budget would only imply an increase of one hundred-thousandth in the national budgets of Member States, which, on the other hand, were spending from 15 to 50 per cent. of their budgets on measures which, even if their ultimate aim was the maintenance of peace, were directed against public health. It might perhaps be useful to explain to individual tax-payers what proportion of their taxes was used for world health; they would perhaps be saddened to know that the contribution to world
health was so small. It was for WHO to decide whether it was to be a really effective organization or merely a symbol of good and humanitarian intentions. Dr Bustamante was of the opinion that the budget proposed by the Director-General should be approved and that countries should be prepared to contribute even more in the future.

The Chairman asked the Committee to note the following draft resolution proposed by the delegate of the United States of America:

The Seventh World Health Assembly
1. RESOLVES that the budget level for 1955 shall be US $9,950,000, to be financed by assessments against Members after deducting casual income available for 1955 of $950,000; and further
2. RESOLVES that the effective working budget for 1955 shall be US $8,607,200.

Mr Harry (Australia) wished to make it clear that, although the position adopted by the Australian Government with regard to the budget ceiling would involve some criticism, that criticism was not directed against the Director-General or his staff or against the individual members of the Executive Board. The Australian Government was a firm upholder of the objectives of WHO, and had contributed both financially and in other ways to the activities of WHO, the Expanded Programme for Technical Assistance, the Colombo Plan, and the South Pacific Commission.

Mr Harry reminded the Committee that the examination of the budget ceiling and programme for 1955 was taking place before the Director-General’s programme for 1955 had been discussed even in a preliminary way. Delegates had been informed that the Organization was suffering from a financial crisis, and that the budget level suggested by the Director-General would have to be accepted if the Organization’s commitments to continuing projects—financed both from the regular budget and from Technical Assistance funds—were to be met. It was the view of the Australian Government that such a situation, which would tend to occur each year unless the procedure for developing the Organization’s programme and budget was altered, should never have been allowed to arise. Instead of informing the World Health Assembly that the proposed 1955 programme was in accordance with the general programme of the Organization and could be carried out if sufficient funds were made available, the Executive Board should have performed two specific actions at its January session: firstly, it should have examined the programme from the point of view of priorities; and secondly, taking into account the fact that the necessary appropriation might not be granted, it should have recommended the elimination from the programme of the projects which it considered to be of least priority. If the Executive Board had performed those two functions, the Assembly would have been in a position to establish the budget ceiling with the confident feeling that the programme could be adjusted to it, and would have been able to make any necessary adjustments in a satisfactory way. The Australian Government would suggest that in future the Executive Board should establish a list of priorities within the programme, and should include that list in its report.

With regard to the financial implications of the programme, the Australian Government also felt that the establishment of some additional machinery might be necessary. He welcomed the proposal of the delegates of New Zealand and the Union of South Africa that a finance committee of the Assembly, which would meet between the January session of the Board and the World Health Assembly, should be set up to examine the financial implications of the programme. In that way the Executive Board would be freer to concentrate its discussions upon programme priorities.

Mr Harry finally expressed the views of the Australian Government on the specific budget increases proposed by the Director-General, which fell into five categories: automatic increases for personnel; increases due to a wider use of Spanish; increases due to the development of regional organizations; increases in relation to joint WHO/UNICEF projects; and increases for field projects. Automatic increases in payments due to personnel and increases due to a wider use of Spanish were acceptable. With regard to the development of regional organizations, it could have been hoped that a consequence would be reduction or at least stabilization of the headquarters establishment. UNICEF/WHO projects should be considered not alone but along with all other projects financed by the regular budget (he did not think that Technical Assistance funds could be used for that purpose, as the Netherlands delegate had suggested); and only if the projects were of sufficiently high priority should WHO embark upon commitments to pay technical personnel. The Australian Government felt, however, that WHO should undertake in 1955 the payment of personnel employed in projects to which WHO was already committed, even though such a decision might lead to an increase in the budget. On the important question of field activities, the Australian Government believed that the level
of projects for 1955 should be brought back to the level for 1954, and that, if possible, all projects should be examined and cuts in the budget be introduced on a priority basis.

The views of the Australian Government could thus be summarized as follows: firstly, that the level of projects for 1955 should be brought back to the level for 1954 with the exception of automatic increases and increases due to a wider use of Spanish; and secondly, that in future years the Executive Board should establish priorities for the programme. It was essential that some machinery should be established to examine the financial implications of the programme before the Health Assembly met, and that all projects should be more adequately appraised; regional directors and regional committees were not in a position to consider the priority of projects from a universal viewpoint. Only if they were satisfied with the necessity for projects would governments agree to provide the resources necessary for the expansion of the work of WHO.

Dr Segura (Argentina) thought that the financial implications of any proposed increase in WHO’s activities should be carefully taken into account, for governments had to consider their national obligations. He fully understood the reservations of some of the larger Member States with regard to the proposed budget. It was his belief that WHO should direct its efforts more to co-ordinating health activities than to the execution of programmes. It would thus be less affected by fluctuations in the resources made available to it. Each country should try first to solve its public-health problems at the national level. The resources granted to different organizations by governments should be carefully directed in order to avoid any duplication of funds and effort.

As far as the proposed budget was concerned, Dr Segura was of the opinion that economies could always be effected if sufficiently desired. In the Americas, the Pan American Sanitary Organization had not only avoided any increase in its budget in 1953 but had even been able to make some reductions in its administrative expenses. WHO might well bear that example in mind. In his opinion, the budget ceiling should not be increased, although he was willing to accept the majority opinion of the Committee.

Dr You Chhin (Cambodia) stated that his delegation endorsed the budgetary ceiling for 1955 proposed by the Director-General; that represented the budget level necessary for carrying out a minimum programme, the continuance of which had to be ensured. The Cambodian delegation would accordingly support the proposal submitted by the Lebanese delegation.

Professor Canaperia (Italy) found his task lightened by previous speakers and would accordingly confine himself to expressing the Italian delegation’s views on the budgetary ceiling proposed by the Director-General. That ceiling would mean an increase of some $1,800,000 over the 1954 budget, with proportionate increases in the contributions of Members.

Others had referred to Chart 6 in the Executive Board’s report (Official Records No. 53, page 21), setting out how the proposed increases in the effective budget would be used. On the three less important items—additional provision in respect of Spanish, statutory increases and regional offices—he had nothing to say, and would therefore confine his remarks to the two more important.

The largest item of increase arose out of the transfer to the regular budget of certain projects that had been initiated under the Technical Assistance Programme. On that score, he shared the concern that the Netherlands delegate had expressed at the previous meeting. The basic cause was the fact that voluntary contributions for Technical Assistance had not come up to expectations, and the resulting transfers to the regular budget the previous year were now being regularized. He was somewhat afraid that the transfer meant transforming voluntary contributions into obligatory ones, which would mean a change in the basic principles underlying the Technical Assistance Programme. He would accordingly prefer to see a clear division between the supplementary programmes undertaken by the Organization and financed from other sources and the programme to be carried out within the regular budget.

The representative of the Executive Board had already made the position clear regarding the second largest item, the increase required for the services of technical personnel for continuing UNICEF/WHO projects. He would just draw attention to two suggestions the Executive Board had made in connexion with the recommendation that the Assembly should re-examine existing relationships and financial arrangements between the two organizations (Official Records No. 53, paragraph 54 (2) and (3)). The first was that a joint UNICEF/WHO appeal for voluntary contributions might be made and an agreed percentage of the donations received might be made available to WHO for the technical staff of joint projects; the second, that governments might be requested to earmark a certain proportion of their voluntary contributions to UNICEF for
the same purpose. While such action might possibly succeed in preventing the marked increase now proposed in WHO's budget, it would be difficult to explain to governments making voluntary contributions to UNICEF that they had to make a further contribution for the requisite WHO staff to carry out projects.

In its report, the Executive Board had pointed out the desirability of having the joint projects financed as a unit, with complete coverage of all expenses through one financial process (paragraph 54 (2)). If that measure were put into effect it would, he was sure, greatly contribute to the maintenance of that co-operation with UNICEF in the field of child health which, in the past, had yielded such valuable results.

He had followed with great sympathy, and would indeed endorse, the appeals made in the Committee for an expansion of the Organization's efforts to give material aid to the countries faced with grave health problems. Yet, in drawing up any health programme, whether at the national or at the international level, account had to be taken of financial resources. Efforts to carry out well-conceived plans were frequently thwarted for lack of funds, and the only way out was to be selective and establish an order of priority. He agreed with the delegate of Norway on the difficulties of cutting out items from the proposed programme at the present stage of the discussion, but, once the budgetary ceiling was fixed, a working group might perhaps be appointed to go through the programme and budget estimates with a view to making the necessary changes required by any overall reduction in the budget.

In conclusion, he stressed the consistent interest the Italian Government had always shown in the activities of the Organization. It would not, however, be able to accept such a marked increase in the budget as that proposed because of the financial repercussions on Italy's contribution, which was already a heavy burden to the country. The Italian delegation would accordingly support the proposal of the United States of America for a budget of $9 950 000.

Professor Ferreira (Brazil) remarked that delegations usually came to the Health Assembly with instructions from their governments not to accept any increase in the budget. Nevertheless, as the delegate of El Salvador had pointed out, the Constitution of WHO was no declaration of theoretical principles, and governments, when signing it, had assumed real obligations and commitments. The declared objectives of the Organization implied material obligations, and it was, he believed, true for most countries that they were spending more on the national scale for public health than was put at the disposal of WHO to meet its obligations towards the whole world. It was therefore the duty of delegates not only to fight the battle of the budget within the Health Assembly but to do their utmost in their home countries to bring about better understanding of the issues involved. The demands on account of WHO's budget were certainly not so high as to cause any great difficulties. To his mind it would be better to dissolve the Organization entirely than stabilize its activities at the existing level.

The Director-General had prepared and submitted a budget which he regarded as the minimum possible for fulfilling the obligations assumed by the Organization. After careful study, that budget had been accepted by the Executive Board, which had advised the Assembly on possible ways in which reductions could be effected. The budget of WHO was not a purely accounting or financial problem; it was primarily a public-health problem, and he therefore doubted whether the establishment of a financial committee, as suggested by the South African delegate, would greatly facilitate the work of the Executive Board. Would the Assembly be in a better position than the Executive Board to find items where justifiable cuts might be made? As a matter of fact, no previous speaker had made any specific suggestions to that effect.

All were aware that the main consideration governing the level of the budget was the position taken by the United States of America. The United States delegate had spoken of the possible undermining of the Organization's prestige if the United States of America should be faced with the acceptance of a gross increase in the budget by the Assembly. It would, in his opinion, be a greater blow to that country's position in the eyes of many delegations if it were unable to face such a difficulty. The origin of the trouble lay with the governments, not among the delegations. As the Health Assembly knew, other international agencies had larger funds placed at their disposal. Any attempt, therefore, to freeze the Organization's activities at the present level could not be justified, and the small amount at issue could scarcely be regarded as creating any real difficulty for the future of WHO.

Dr Dia El-Chatti (Syria) said the previous speakers had already done much to make the situation regarding the budgetary ceiling for 1955 clearer. On the one hand, the Syrian delegation felt that the Director-General was acting rightly in proposing a modest increase. On the other hand he had found himself in full agreement with the statement made
at the previous meeting by the delegate of the United States of America. He was also convinced that the suggestions made by the delegations of Switzerland and the Union of South Africa were justified.

The delegation of Syria would be prepared to vote for a ceiling on the 1955 budget of not more than $9,000,000. A special working group, if established, could, he was sure, recommend economies, though he hoped that the item of education, and established, could, he was sure, recommend economies, though he hoped that the item of education, and in particular fellowships of an international character, would not be affected. The Director-General had stated at the previous meeting that the plans submitted for 1955 had been drawn up by the regional committees and that they reflected the requests of the individual countries concerned. That unhappily was not the case for the Eastern Mediterranean Region, at any rate as far as Syria was concerned.

Mr García-Oldini (Chile) found the present discussion a duplication of what took place every year within the various international agencies on the question of the budget. Two opposing views invariably emerged in such discussions, the first based on an attitude of generosity and humanitarian sentiments and the second having regard to the hard realities of life. While it was impossible not to take both factors into account, the middle course of a compromise between the two was the one that would lead to an acceptable solution.

WHO, in its efforts to eliminate pain and suffering throughout the world, and the various other international agencies, working in their separate fields of competence for the betterment of the human race, were all faced with the same budget problems, and that in turn created for governments a multiplicity of financial problems that were not easy to solve.

Regarding the specific items of increase set out in the chart submitted by the Executive Board (Official Records No. 53, page 21), he considered that the provision for increased use of the Spanish language could not be eliminated. That was indeed an action that should have been taken long ago and he was grateful to the previous speakers who supported the proposal, in particular to the delegate of Lebanon.

Nor could any objection be raised to the increased provision for statutory obligations, for the regional offices or for the continuation of those field projects already under way. Regarding the other field projects for which an increase was requested, he had understood the Director-General to say at the eighth meeting that it would not be possible to implement them all, and that the total sum available for the purpose would only be about $400,000. The Director-General had not indicated where cuts would be applied, and he felt it essential that all projects should be carefully scrutinized, and an order of priority laid down, before any were eliminated.

He fully supported the proposal of the South African delegate for the establishment of a finance committee to study the budget estimates. He himself had been a member of a similar committee within ILO and had found it extremely instructive. It was impossible in a large group to get the same results; the discussion that had taken place on the budget at the present Health Assembly had no real constructive value. The best way to avoid a similar waste of time in the future would be to set up such a committee, which, after studying the budget, could meet with programme experts. The resulting joint recommendations would, he was sure, enable the Assembly to cut expenditure and yet carry out the proposed programme in full.

Dr Engel (Sweden) observed that scientific and medical research was constantly providing new ways and means of improving health. National health administrations, as well as WHO, regularly had to take account of that fact, and he was certain that national health budgets in practically every country had increased during the past few years, despite the opposition of the financial authorities concerned. The unsolved tasks lying ahead of WHO were many and varied and would undoubtedly be constantly expanding. Hence, any stabilizing of the Organization’s activities would, in reality, be a backward step.

After thorough consideration of the budget estimates submitted by the Director-General, the Swedish delegation had been unable to find much that could be curtailed without serious repercussions on the Organization’s work. As the Director-General had pointed out, the increase for new projects amounted to no more than $470,000, or about four per cent. of the total budget.

The Swedish delegation endorsed the suggestion, made by a number of previous speakers, that, having regard to the increasing costs of administration, a review of the administrative organization and functions for the purpose of rationalization should be carried out before the next budget was prepared. It also supported the Australian proposal that the Executive Board should establish an order of priority in the programme.

Sweden was one of the Organization’s most highly assessed Members. But it was satisfied and proud to be able to take so active a part in international work for health, knowing that money spent on that object was an excellent investment. The Swedish
delegation would not, therefore, oppose the well-
documented and realistic budget submitted by the Director-General and approved by the Executive Board.

The Chairman announced that he had just received a joint proposal submitted by the Netherlands and United Kingdom delegations, that the budget level for 1955 should be US $10,999,360, to be financed by assessments against Members after deducting casual income available for 1955 of $950,000; and, further, that the effective working budget for 1955 should be US $9,500,000.

Dr Stampar (Yugoslavia), recalling his long experience both as a delegate and as a member of the Executive Board, said that, in the early days of the Organization's existence, he had favoured the stabilization of the budget over a certain period of time, in order to see how its activities would develop. He did not, however, favour a permanent stabilization. Undoubtedly the Organization must be dynamic, though at the same time it had to take every care in the allocation of its resources.

He had been much impressed by the statement of the UNICEF representative, from which it was clear that UNICEF would no longer be prepared to finance the technical staff for joint projects. That indeed was a quite understandable attitude, but it had raised a financial crisis for WHO; hence extraordinary care would be required in deciding the ceiling of the budget for 1955. He favoured a clear analysis of the position to decide whether the Organization was really able to finance joint activities with UNICEF and, if so, to what extent.

While the Yugoslav delegation was consistently willing to support a large budget, it nevertheless was very much concerned as to how the money would be used. The most important consideration was still to use the available resources intelligently. He was always in favour of giving aid for the development of national health administrations, but it nevertheless seemed to him that substantial economies could be effected in executive programmes of that kind. It was true that the Member States of the various regions had considered the proposals, and they were obviously aware of their own needs. As an international body, however, the Health Assembly was entitled to examine the proposals put forward. The Executive Board, in accordance with its constitutional functions, examined the budget and submitted comments thereon to the Assembly. It had to be borne in mind, however, that members of the Executive Board served in their personal capacities, not as representatives of their governments. It was therefore for the members of the Health Assembly, in the latter capacity, to examine the implications of the budget.

That being so, he supported the suggestion made by the delegate of the Union of South Africa for the establishment of a special committee for the purpose of considering the budget estimates before each Health Assembly. Such a procedure would undoubtedly bring to light items on which savings could be effected, such as administrative costs and staff. For instance, he could not help feeling that the staff of the Organization was somewhat inflated.

He was unable to share the optimistic views expressed by the Norwegian delegate; nor was he in agreement with the criticisms made by certain other delegations. He was somewhat concerned, too, at the attempts to cut the amount provided for fellowships. To his mind, that was a most important part of the programme and a very valuable aid in developing national health administrations.

He queried the value of sending foreign experts for short periods to advise governments on specific questions. The language difficulty and lack of knowledge of local conditions frequently nullified any possible value that might result.

The Chairman said that the discussion would be continued at the next meeting.

The meeting rose at 12 noon.
TENTH MEETING

Thursday, 13 May 1954, at 2.30 p.m.

Chairman: Dr E. AUJALEU (France)

1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Recommendation of Budgetary Ceiling (continued)

Dr DIBA (Iran) said that his delegation had heard with much interest the speeches of delegations who had spoken for or against an increase in the budget for the year 1955. Some delegates had put forward certain financial reasons which prevented them from voting for an increase; he found that attitude understandable in view of the special conditions which most of their countries had to face. Others had called attention to the urgent needs of vast regions of the world and the disappointment national health administrations would feel if the impetus towards a better level of health given by WHO to many of them in the last five years were arrested; it was clear that a stabilization of the activities of WHO would not be well received in such countries. It appeared that the main idea embodied in the Director-General’s proposals was the establishment of long-term programmes; such programmes would be particularly interesting to those countries which still had to make a great effort to improve the health conditions of their population. In many cases the first phase of that effort had begun, and for final success the work undertaken must continue to be supported by the wise advice of WHO, the sole organization competent to give it.

His delegation did not consider it necessary to discuss the details of the increase in the budget as set out in the diagram on page 21 of Official Records No. 53, particularly since the proposals of the Director-General had been studied in detail by the Executive Board, which apparently considered that a reduction of the budget would hamper the work that the Organization must undertake in the year 1955. It might perhaps be possible to postpone expenditure on some of the proposals presented for 1955; the important point, however, was the increase proposed in respect of new projects. Examination would show that most of those projects were not really new but were necessary to complete work already begun and on which national health administrations—after making the necessary preparations—had asked for the help of WHO, help which the Organization had not yet been able to give because of its financial difficulties in the last two years. His delegation hoped that a budget ceiling would be approved which would avoid any prejudice to the future work of the Organization, and therefore supported the proposals of the Director-General.

Dr ANWAR (Indonesia) said that his Government wished to express its gratitude for the health work it had been able to do in his country thanks to the cooperation of WHO. It felt that the earlier years of the Organization had been formative and that, although great progress had been made, experience would still be needed to find the best methods of turning into practice the principles of the Constitution of WHO. He agreed with the delegate of Ceylon that a cut in the budget would be a retrograde step, and felt strongly that WHO, the international organization with the largest number of Members, should not lag behind others.

He called attention to the comment in the report of the Executive Board (Official Records No. 53, paragraph 92), that the proposed programme of WHO for 1955 would be seriously impaired by any significant reduction in the Director-General’s proposal. That comment appeared to him of particular importance when it was considered that the programme was the result of integrating the proposals of different governments for helping their people. The Government of Indonesia would always support the World Health Organization with gratitude for the great help that they had received. He would therefore support the budget ceiling proposed by the Director-General.

Sir Arcot MUDALIAR (India) said that the Indian delegation had authority to accept in full the proposals in the Director-General’s budget. He had listened to the views expressed in the present Com-
mittee and in the Committee on Administration, Finance and Legal Matters, and had been reminded of the verse:

O wad some power the giftie gie us
Tae see oursels as ithers see us!

If we could see the other person's point of view, even if it was not exactly in agreement with our own, it would be possible to arrive at a more satisfactory approach to such problems as were before the Assembly.

He thought that the proposals of the Director-General were hardly to be criticized except in minor details: the needs of the world were so great that it could not be said that any of those proposals were not necessary. They raised, however, some practical difficulties, which had been referred to in the course of the debate. In particular, there had been the proposal by the delegate of the Union of South Africa that a finance committee should be set up to consider the financial implications of the programme and budget estimates. In his view such a committee would be a fifth wheel: it would not help the Assembly but would rather create difficulties. He recalled that the Executive Board had in earlier years itself set up a Standing Committee on Administration and Finance, which had examined the type of questions to which the delegate of South Africa referred; there were present at the Executive Board alternates of the members of the Board who had finance and budgetary experience and were competent to study such questions. He preferred that procedure to the present arrangement by which the Executive Board as a whole worked as an administrative and financial committee. He agreed with Dr Stampar that such questions should be studied carefully, but that kind of work was better undertaken by a small committee.

There was always much to be said for a system of priorities, but such priorities should be considered in the regional committees; the Director-General and the Executive Board should review the programme of the Organization as a whole.

In regard to the relations between UNICEF and WHO, he wished, in the first place, to pay tribute to the work of UNICEF, which had greatly helped the reputation of WHO throughout the world as perhaps the most helpful and practical of the specialized agencies. Those who, like himself, had worked with other agencies also realized what a reputation WHO held among the international agencies, and much of that reputation was due to the helpful spirit in which UNICEF had co-operated in joint projects. He thought that the masterly statement which the representative of UNICEF had made to the Committee the previous day contained an unanswerable case. It was not possible to judge what should be the respective functions of the two organizations on the strength of extracts from resolutions or from statements made by representatives of the organizations. He agreed that the correct policy was for the World Health Organization to take responsibility for the cost of project personnel—a view which, he was glad to note, had more than once been supported by representatives of WHO. He therefore hoped that the Committee would accept in principle that full responsibility. Recalling, however, that the Committee on Administration, Finance and Legal Matters had reached a compromise decision on the scale of assessment, by which the transition from the current scale to one more closely based on that of the United Nations would be spread over a period of two years, he suggested that the transfer to the budget of WHO of the $600,000 for technical personnel on joint projects might similarly be spread over two years, so that WHO would provide towards those expenses $300,000 in 1955 and the full amount the following year. The Executive Board of UNICEF might be asked to consider the suggestion at its September meeting and might be willing to assist the Director-General in the problem before him.

Sir Arcot agreed that the programmes of UNICEF were essential and dominant, but they were in the limited field of child health. WHO, on the other hand, had to take into account considerations in the wider field of public health generally. It might, therefore, be useful if, when new projects were brought up by UNICEF, there could be previous consultation with WHO and a firm agreement on financial matters by the two organizations.

As regards the budget, a compromise might be reached between those who felt it was too large and those who felt it was not more than adequate. Some delegations had represented, as was their function, the financial difficulties of their governments, difficulties which must be taken into consideration. Undeveloped countries, on the other hand, felt the pinch and wished to go ahead with the useful work that they were doing. Budgets in different years must therefore vary. He thought that he could properly refer to the fact that India was the fourth largest contributor to the budget, but he had no wish to suggest that his Government did not cheerfully take their full share in the work,
particularly as they thought that WHO was the specialized agency which was working most effectively for peace.

For those reasons his delegation was putting forward a compromise proposal which would reduce the Director-General's budget by $400,000; any necessary reduction in the programme, particularly if UNICEF were able to provide $300,000 as he had suggested, could be accepted, so as to preserve the work and prestige of the Organization.

Dr van den Berg (Netherlands) thought that what he had said at the eighth meeting in regard to Article 2 (a) of the Constitution had been misunderstood by the delegate of Norway. Dr Evang apparently thought that he had read Article 2 (a) as saying that the World Health Organization should be a directing and co-ordinating authority on international health work. There was in fact no disagreement between himself and Dr Evang about the wording of the article, but there was a misinterpretation of the agreed wording. His delegation thought that it was misinterpreting Article 2 to say that it conferred on WHO certain rights and obligations: it contained only a list of functions. The Organization was empowered to act in the fields set out in that article, but it did not thereby acquire rights or obligations. Article 2 (j), for example, empowered the Organization to promote co-operation among scientific and professional groups, but that did not mean that where there was such co-operation WHO must provide technical officers. Similarly Article 2 (h) prescribed as a function “to promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries”. That did not mean that the Organization had to intervene actively to prevent traffic accidents. Such a suggestion was obviously ridiculous, but not more ridiculous than to say that wherever any international health work was going on, WHO must provide and pay for technical officers.

Dr Evang had pointed to the fact that everywhere more attention was being paid to public health. He agreed that that was one of the great achievements of the Organization. Not only was it the case at the national level, but important developments were taking place in health co-operation among groups of countries, so that within a certain time it would probably be decided that a certain proportion of health work should be carried out by the agencies of such groups. He could not accept the suggestion that in such circumstances it would be the duty of the Organization to intervene and provide technical officers. Indeed, there was much more important health work in the Americas for which WHO did not and was not expected to provide funds.

In regard to the relations between WHO and UNICEF, he expressed appreciation of the explanation given by the representative of the Executive Board that morning, in particular the reference to sub-paragraph (e) of the principles adopted by the Joint Committee on Health Policy (Official Records No. 53, page 27) which stated that WHO's liabilities were subject to the Constitution and to its resources. Another important remark by Dr Hyde had been that there had never been a clear definition of what could and what could not be done by the World Health Organization in joint projects. Dr van den Berg thought that technical advice should always be given to other organizations by WHO when it was possible to do so with the regular staff, but that when it was necessary to appoint special technical officers to carry out work for other organizations, WHO should be reimbursed. He recalled that the Director-General had said that co-operation for WHO in joint projects with other agencies was now a much heavier obligation than had been foreseen when WHO was established. No one at that time could have foreseen the degree to which such co-operation would extend.

In connexion with his suggestion that staff for UNICEF projects should be paid from Technical Assistance funds—which the delegate of Australia had thought was not possible—he referred to paragraph 82 of Official Records No. 53, which stated that it had originally been planned that the cost to WHO of some of the joint projects would be met from Technical Assistance funds, which were now not expected to be adequate.

The delegate of South Africa had made a suggestion for establishing a special finance and budget committee. In principle he would prefer that that work should be done by the Executive Board. The delegate of India had referred to the former Standing Committee on Administration and Finance set up by the Board in pursuance of the instructions of the First World Health Assembly. That committee had now been abolished, and if the Executive Board felt that they could not undertake the examination of the budget which had been suggested by the delegate of South Africa, he would be prepared to accept the special committee which that delegate had proposed.

Dr Castillo-Rey (Venezuela) did not see how anyone could expect WHO to deal with all health problems in all parts of the world. The first contri-
bution of governments towards world health should be to raise the health level of their own people, giving their public-health programmes the highest budget possible; they should then second that work with their contributions to the World Health Organization. In his opinion the task of WHO was in the first place to give guidance and establish general principles; secondly, to provide technical assistance to national health administrations; thirdly, to foster the greatest possible uniformity of procedure throughout the world; fourthly, to help with the training of personnel; and finally to disseminate information on medical problems throughout the world. He did not consider that the budget of WHO should continually increase; it should find its proper level. The basic functions he had referred to should be maintained, and other types of work should be undertaken when the funds were available. For those reasons his delegation would support the proposals of the United States of America.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) wished to speak on the proposal put up jointly by the delegations of the Netherlands and the United Kingdom. Dr van den Berg would understand that he was now speaking on behalf of the United Kingdom delegation only. The joint proposal, like the proposal of the delegate of India, was a compromise. It did not suggest a cut of the full amount by which his delegation thought the proposals of the Director-General could be reduced. That full reduction was represented in the proposal of the United States delegate, and that, if it were accepted, would remove many difficulties felt by some governments.

The joint proposal of the Netherlands and the United Kingdom was that the effective working budget should be reduced to $9 500 000 in place of the $10 300 000 proposed by the Director-General. Part of that reduction could be secured by deleting an expenditure of some $700 000 on field projects, the cost of which his delegation thought should be met from Technical Assistance funds as they became available. The rest of the cut would be an overall reduction of $100 000, which it should be possible to make by a number of small adjustments. His delegation accepted the need for four out of the five elements shown on page 21 of Official Records No. 53: statutory increases amounting to $169 000, the additional provision of $166 000 in respect of Spanish, the $112 000 provided for regional offices, and the $621 000 for UNICEF continuing projects. If WHO did not pay for technical personnel for UNICEF projects, that last sum would be available to increase the casual income for the next year, which would be a fortunate result, because the casual income for 1955 was produced by scraping the very bottom of the barrel; but his delegation thought that it was proper that WHO should take over the personnel costs in joint projects so that those projects for which UNICEF could not otherwise pay should be continued.

He hoped that the Committee would find the joint proposal of the delegations of the United Kingdom and of the Netherlands acceptable as a compromise.

Mr RAJAN (United Nations Children's Fund) said that he had listened with interest to the statement made by the representative of the Executive Board. He agreed that the terms of reference laid down in resolutions of the General Assembly empowered UNICEF to provide for training and advice to strengthen maternal and child welfare, but that should not be taken as meaning that supply was not the main function of UNICEF. Many speakers at the original debate in the General Assembly had strongly emphasized that supply function, and UNICEF had therefore concentrated on providing supplies to be used for improving child health. No other agency performed that function to anything like a comparable extent.

He agreed, then, that UNICEF had power to provide for technical advice; if that had not been so it would have been constitutionally impossible for it to have helped WHO in its present financial emergency. But such help should be considered as an emergency expedient and not as a precedent for future years. He hoped that delegates would accept the division of functions between the two organizations. True, WHO’s obligation was limited to what could be done under its Constitution and by its available resources. He thought, however, that it was for WHO to see that its resources were adequate to carry on what it accepted as necessary functions, and he reminded the Committee of the statement in the report of the UNICEF Executive Board (see Annex 8, section 4, paragraph 7 (iii)) that an agency's budget should reflect the agency's view as to the priority to be attached to each field of activity. It should not be influenced by the extraneous consideration that another agency might furnish
funds in order to prevent projects in which there was joint interest from being discontinued or retarded. His Executive Board also felt that, if WHO found it necessary to reduce its liabilities, any projects to be dropped should be chosen on the grounds that they were minor, not on the ground that they were joint projects. He would repeat what he had said to the Committee at the eighth meeting: that when WHO found itself unable to finance its share of joint projects, UNICEF did not feel that it had any obligation to accept the burden. It had its own financial problems, and was faced by great demands. It could not therefore accept an unknown obligation which it would have to meet from an income derived from voluntary contributions and therefore impossible to forecast.

He had heard with interest the statement of the delegate of India that WHO should accept in principle responsibility for the technical personnel and his suggestion that the transfer should be spread over two years. He could not predict the reaction of the UNICEF Executive Board to such a proposal. It would doubtless wish to consider any request in relation to its own financial resources and the other demands on those resources, but would certainly be gratified at the acceptance in principle by WHO of responsibility for technical personnel.

The Director-General said that he had to speak in reply to a point raised by the delegate of Chile, who had placed on the statement made by himself at the end of the eighth meeting an interpretation slightly different from that intended. In that statement he had referred to his note on the effect upon the proposed regular programme for 1955 of modifications in the programme for 1954. He had been trying to show that the existing financial situation did not affect 1954 only, but also 1955 unless the Health Assembly instructed him to stop projects which were now in operation. More than $650,000 would be needed in 1955 to cover under regular funds the costs of continuing projects transferred in 1954 to the regular budget from Technical Assistance. As he had stated at the seventh meeting, the $1,050,000 budgeted for new projects in 1955 would have to be reduced by deferring a sufficient number of new projects to effect the financial reductions required to meet those costs. He agreed that it was very desirable to keep separate the regular and Technical Assistance programmes, but that process would require some time. If the Health Assembly agreed that no projects in operation should be stopped, he would do his best to make provision to continue them on the lines he had just described. In that case, there would be only about $400,000 left for new projects if his programme and budget proposal was approved.

He would mention one or two more points. Nearly all the speakers had agreed that some items of the proposed increase of about $1,780,000 would have to be carried on. Most agreed that provision would have to be made for the statutory increases, that provision should be made for the additional use of Spanish, that the regional offices should be further developed and that it was necessary to accept the personnel costs of joint projects with UNICEF. Some, on the other hand, had simply said that they would support the resolution of the United States delegation. He had a responsibility to make clear what would happen under the different proposals that were before the Committee. The proposal of the United States delegation would provide only about $100,000 above the 1954 level. That would not even cover the statutory increases, and it would therefore mean no increase of work and—of more importance—it would mean stopping some of the projects now being carried on. That would not only be a waste of WHO money, but would also waste the money that governments had put into those projects in their own countries. The proposal from the delegation of India would make it possible for WHO to carry on what it was at present doing, but would not provide for new projects. The delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland had proposed the same figure for the budget, but on different grounds. The Netherlands did not wish to provide the funds for technical staff for joint projects with UNICEF; the United Kingdom did. If the United Kingdom and Netherlands proposal was adopted, he would therefore have difficulty in interpreting the intentions of the Health Assembly without a clear decision on that point. The Executive Board of UNICEF had made it clear that they did not wish to continue to provide the funds to WHO to cover the cost of staff of joint projects; if, however, UNICEF would agree with the Netherlands proposal, that proposal would in fact mean a cut of only $200,000.

The United Kingdom delegation said that if the UNICEF Executive Board should be willing to pay for the staff for joint projects, the $600,000 provided in the 1955 budget for that purpose could be carried
to the Suspense Account. He thought it necessary to avoid a possible misunderstanding there. The sum of $714,000 that appeared in the diagram on page 21 of *Official Records* No. 53 represented new projects under the regular budget, but it was now needed to cover expenses on current Technical Assistance projects transferred to the regular budget in 1954. His intention had been to provide in the 1955 budget some $700,000 to meet some of the requests, to the value of $3,000,000, outstanding from governments, but it was now clear that the money could not be used for that purpose.

Finally, he assumed it was not necessary to say that he preferred the proposal he had put before the Committee. As the Director-General, responsible for the work of the Organization, he had to make the position clear. His own proposal permitted a very small expansion. If the other proposals were adopted, the Committee now knew the consequences: it would not be possible to provide for the increased use of Spanish, for the necessary expansion of regional offices, or for paying the field staff for joint projects with UNICEF. If the proposed budget was reduced he asked that the Health Assembly should give him clear instructions as to how the cuts could be secured.

**Dr Brady (United States of America)** said that his delegation desired a vote by roll-call on the proposals before the Committee.

**Mr Amerasekera (Ceylon)** observed that the request of the United States delegate for a vote by roll-call was in accordance with Rule 66 of the Rules of Procedure. Rule 68, on the other hand, stated that a secret ballot might be taken if the Health Assembly so decided. He would therefore make a formal proposal that the voting in the present case be by secret ballot.

The **Chairman** said that he would put to the vote the proposal of the delegate of Ceylon. If it was rejected, the voting would be by roll-call as proposed by the United States delegation.

**Mr Sole (Union of South Africa)** asked whether there could not be a discussion of the proposal of the delegate of Ceylon before it was put to the vote. He knew of no precedent either in the United Nations or in any specialized agency for a vote by secret ballot on a budget.

**Dr Evang (Norway)** observed that an ordinary vote by show of hands would obviously save time. He wondered whether the delegations of Ceylon and of the United States of America could not both withdraw their proposals. If not, he personally would favour the proposal of the delegate of Ceylon.

**Mr Amerasekera (Ceylon)** and **Dr Brady (United States of America)** agreed to withdraw their proposals.

The **Chairman** said that, of the various proposals concerning the level of the budget and the effective working budget in 1955, he would first put to the vote that of the United States delegation, which was the furthest removed from the original proposal. Next came the proposal of the Netherlands and United Kingdom delegations, followed by the proposal of the Indian delegation, and finally the proposal of Lebanon, which was simply the original proposal of the Director-General.

The **Chairman** put the various proposals to the vote.

**Decision:** The proposal of the United States delegation was rejected by 38 votes to 24, with 4 abstentions.

The proposal of the Netherlands and United Kingdom delegations was rejected by 30 votes to 28, with 7 abstentions.

The proposal of the delegation of India was rejected by 34 votes to 16, with 14 abstentions.

The proposal of the delegation of Lebanon was adopted by 28 votes to 25, with 11 abstentions.

2. **Adoption of Third Report of the Committee**

**Dr Kaprio (Finland), Rapporteur,** in view of the decision just taken, indicated the figures to be inserted in the resolution contained in the draft third report of the Committee, namely: US $11,953,460 for the budget level and US $10,311,100 for the effective working budget.

**Decision:** The report, thus completed, was adopted (for text, see page 430).

3. **Review and Approval of the Regular Programme and Budget Estimates for 1955 (resumed)**

**Agenda, 6.4**

The **Chairman** invited the Committee, now that the ceiling of the budget was determined (assuming that the Health Assembly in plenary session endorsed the Committee's proposal), to proceed to a detailed examination of the various activities proposed in the Director-General's proposed programme and budget estimates, beginning with the “operating programme” (*Official Records* No. 50, Annex 1, Part II).
Central Technical Services (Official Records No. 50, pages 51-64)
Office of the Assistant Director-General
No comments.
Epidemiological and Health Statistical Services
No comments.
Therapeutic Substances
No comments.
Editorial and Reference Services
Dr REGALA (Philippines) wondered whether it would be appropriate to mention a point that had been raised by the delegation of Pakistan at the second meeting of the Working Party on International Quarantine. It concerned the publication in the Chronicle of the World Health Organization of a statement in connexion with a matter on which the Organization had not yet taken any definite stand.

Dr Gear (Assistant Director-General, Central Technical Services), Secretary, explained that the article to which the delegate of Pakistan had referred had appeared not in the Chronicle but in the WHO Newsletter, which was the responsibility not of the Division of Editorial and Reference Services but of the Division of Public Information. There would be an opportunity to raise the question in the Committee on Administration, Finance and Legal Matters.

Advisory Services (Official Records No. 50, pages 65-83)
Office of the Assistant Director-General
No comments.
Communicable-Disease Services
Dr Sicault (Morocco, French Zone) wished to draw the attention of the Director-General to the importance of establishing throughout the world a number of centres for trachoma research. In the international campaign against trachoma at present being carried on in Morocco, a number of theoretical questions, whose solution would be of importance in future campaigns, were constantly being raised. There had been some meetings of experts to discuss such questions, but there did not seem to exist anywhere in the world a specialized centre where research into all of them could be carried on with the assistance of WHO. He therefore proposed that the question of establishing such centres should be examined in connexion with the inter-country programmes, and that the facilities already existing in Morocco, which could be developed into a centre, should receive official recognition and aid from WHO. Those facilities consisted of a clinic and a laboratory, for the development of which 15 million French francs could be made available the following year. Long-term consultants would be needed to plan research programmes, and similar provision could be made for other parts of the world where trachoma was an important problem. Later there could be expert meetings between the directors of the various research centres to discuss a number of questions still in need of clarification.

He did not know whether he should make a formal proposal or leave it to the Director-General to take his suggestions into consideration.

Dr Diba (Iran) noted that, whereas “Malaria and Insect Control” figured in the sub-heading to the section on Communicable-Disease Services, there was no paragraph on malaria in the text. That was surprising in view of the fact that at present new problems were arising for countries struggling against malaria, in particular the problem of resistance to insecticides and the difficulties that occurred when it was proposed to end malaria-control schemes. Iran was contemplating the termination of the expensive spraying campaign that it had been carrying on for the last four years and in that connexion it would welcome advice from WHO.

Mr Harry (Australia) had understood from the discussion on the budget level that, since many Technical Assistance projects planned for 1954 had been transferred to the regular budget, some of the regular projects in the Director-General’s proposed programme for 1955 would have to be deferred to allow for the continuation of those Technical Assistance projects. He wondered whether the Director-General could indicate under each heading what transfers were contemplated and the amount of money involved.

The Director-General observed that the Committee was at present discussing headquarters activities. The transfers to which the delegate of Australia referred concerned regional projects, and the question would perhaps be more appropriately raised when the Committee came to discuss that part of the programme.

Dr Sutter (Assistant Director-General, Advisory Services), Secretary, replying to the points raised by the representative of Morocco (French Zone), noted that the proposed programme included provision for a meeting in 1955 of the Expert Committee on Trachoma, to review the results of the trachoma cam-
Campaigns carried on in various countries over the past two years. On page 76 of Official Records No. 50 would be seen provision for a grant for laboratory studies on the trachoma virus, in accordance with a recommendation made by the Expert Committee at its last session.

In reply to the points raised by the delegate of Iran, he noted that the possibility of terminating spraying campaigns in areas where the incidence of malaria had been reduced was at present under consideration at various malaria conferences, and that studies on resistance to insecticides were proceeding. The latter question would be studied by the Expert Committee on Insecticides, a meeting of which in 1955 was provided for under "Environmental Sanitation". Provision was also included for studies on the absorption of insecticide by mud walls.

Dr SICUALT (Morocco, French Zone) regretted that he was not satisfied with the reply of Dr Sutter. The proposed grant for laboratory studies on trachoma virus was only $1000, which was quite inadequate for the promotion of research on such an important problem. He wondered whether, if the Expert Committee on Trachoma was to meet early in the year, a larger sum should not be provided, to be used for undertaking a long-term programme in accordance with any recommendations the Expert Committee might make. He would not propose any formal resolution, but he wished to draw attention to the importance of the question of trachoma research in general and of an early meeting of the Expert Committee in particular.

Dr SUTTER, Secretary, said that it was expected that the Expert Committee on Trachoma would meet in the latter half of 1955.

Professor RHODHAIN (Belgium) said that no provision seemed to be proposed in 1955 for work on onchocerciasis. There was, however, a provision of $5000 for work on filariasis, and he wondered whether part of that sum could be used in connexion with onchocerciasis, which was one of the filariases and was after all an extremely important disease.

Dr SUTTER, Secretary, observed that there was in fact a provision of $1000 for research on onchocerciasis. The provision in respect of filariasis was for a study group to advise WHO on the aspects in which its assistance was most needed and in which practical results appeared the most feasible.

The CHAIRMAN, noting that no further comments were offered, invited the Committee to proceed to the next section.

Organization of Public-Health Services

Dr TOTTIE (Sweden), in connexion with the last sentence on page 66 and with the discussion that had taken place in the Committee on Programme and Budget at the Sixth World Health Assembly, drew attention to a document containing a joint proposal by the delegations of Denmark, Norway, Sweden, Finland and Iceland concerning a programme in dental health. He hoped that planning in the matter of dental health would be on the lines of that proposal, and that a report to that effect could be drawn up by the Rapporteur for submission to the Health Assembly.

Dr HILLENBRAND (United States of America) was glad that the question of dental health had been raised, particularly as there had been repeated requests at various sessions of the Health Assembly that more attention should be given to it. The Sixth World Health Assembly had adopted resolution WHA6.17, one result of which was an important conference on dental diseases at the moment taking place in New Zealand, and to be followed, he hoped, by other such conferences. All over the world increasing attention was being given to dental public health, particularly in his own country, where advancing dental science was bringing new techniques that could be used against the dental diseases that were pandemic in most parts of the world. As an example of the application of those techniques, over twenty million people in the United States were at present drinking water containing fluorine, either naturally present or artificially added. He knew that his Scandinavian colleagues were also traditionally interested in dental problems.

There were over two hundred thousand qualified dentists and dental assistants in the world, and it was time they were enlisted as part of WHO's modern health team. He realized that certain priorities must be observed, but a modest beginning could surely be made in long-range planning of dental health programmes.

1 In this document, after a reference to previous decisions of the Health Assembly, culminating in resolution WHA6.17, it was urged that the Organization should utilize its resources and those of other interested bodies such as the International Dental Federation to develop a comprehensive long-range programme in the field of dental health. It was suggested that after such a study it might be advisable to appoint a permanent dental officer to serve at Headquarters for the purpose of collecting material, planning a conference on caries prevention and advising the headquarters and the regional organizations on education of the public. This permanent dental officer, it was suggested, should also co-ordinate dental research work and, if possible, be the head of a dental section of WHO in the future.
Professor Julius (Netherlands) expressed his support for the proposal of the delegations of Denmark, Norway, Sweden, Finland and Iceland. It appeared that not much action had yet been taken on resolution WHA6.17. He agreed with the United States delegation that dental health was a part of public health. Admittedly it was somewhat of a perfection of health care, but in countries that had reached a stage where dental services could be provided it was surely time for a concerted programme.

Dr Mackenzie, representative of the Executive Board, explained that the question of a WHO dental-health programme had first come before the Board in the form of a document submitted by the International Dental Federation, which contained a number of suggestions including the proposal that the Director-General should appoint a permanent dental-health officer. The Executive Board had discussed the question at length, and it had been agreed on the one hand that some action was desirable, and on the other hand that actual research on dental-health problems was outside the scope of WHO; the Organization's role should be educative. The Director-General had explained at the time that although there existed no dental-health section, WHO was doing a certain amount of dental-health work in connexion with maternal and child welfare and nutrition.

The conclusions of the Board were recorded in paragraph 67 of Official Records No. 53.

Dr Turbott (New Zealand) observed that the proposal of the five delegations spoke of developing a comprehensive long-range programme in the field of dental health and then of appointing a permanent dental-health officer. It seemed to him that it would be preferable in the first place to conduct a study with a view to determining on what aspects of dental health WHO could perform useful and effective work.

Professor Julius (Netherlands) noted with satisfaction the provision for consultant services to meet requests for assistance with technical aspects of demonstration and training activities, seminars and conferences involving health education of the public. Health educators could be of great service in preparing populations to receive teams sent to eradicate diseases, and any provision to promote such activities would have the support of his delegation.

Dr Kaprio (Finland), Rapporteur, asked for the opinion of the Director-General on the proposal concerning dental health. The Sixth World Health Assembly had recommended that provision for a programme in dentistry be made in the programme and budget for 1955 as far as financial possibilities would allow. It appeared that financial possibilities had not allowed for such a programme. At the same time the Executive Board had expressed the opinion that additional attention should be given to the promotion of dental-health programmes.

Was there any need for a formal resolution on the question, or would it be enough for the Director-General to note the present discussion? He was asking that question both as Rapporteur and as one of the delegates in whose name the proposal stood.

The Director-General felt that it was necessary to give the same explanation that he had already given to the Executive Board.

His difficulty had been that he had been given to understand that he must not propose any increase in the staff of Headquarters, and he had not had time to analyse the entire staff situation at Headquarters so as to see how it would be possible to present to the Health Assembly a programme in dental health. From the discussion in the Executive Board he had concluded that the best course would be to use the money provided for short-term consultants to appoint a consultant to study the whole problem with a view to later drawing up a long-term programme. In accordance with the results of that study, and if financial possibilities allowed, he could then ask for funds in 1956. Actually to create a dental-health section might prove to be the most practical course, but on the other hand it might not. He hoped that the Health Assembly would allow him to proceed on those lines.

Dr Mellbye (Norway) said that his delegation was satisfied with the explanation of the Director-General.

Decision: It was agreed that the Director-General should be authorized to proceed on the lines that he had indicated.

Miss Rabo (Sweden) noted with great satisfaction the provision for an expert committee on psychiatric
nursing. It was particularly welcome in view of the great scope of problems of mental disease, the new methods of treatment that were being developed, the special problems of psychiatric nursing, and the low standard of psychiatric nursing even in economically developed countries.

The Chairman noted that there were no further comments on the proposed programme for organization of public-health services. The discussion would be continued at the next meeting.

The meeting rose at 5.30 p.m.

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ELEVENTH MEETING

Friday, 14 May 1954, at 10 a.m.

Chairman: Dr E. AUJALEU (France)

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1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

The Chairman invited the Committee to continue its detailed discussion of the Director-General’s proposed programme and budget estimates.

Advisory Services (Official Records No. 50, pages 65-83) (continued)

Environmental Sanitation

Dr CLARK (Union of South Africa) remarked that his delegation, which attached great importance to the question of insecticides, was glad to see it mentioned both in the section on consultants and in that on expert committees and conferences. It was not necessary to emphasize the important part played by the new insecticides both in the control of epidemic diseases and in the field of agriculture, which had an important bearing on human nutrition. Nevertheless, the great strides made in the development of new insecticides, many of which were toxic, in the past few years had raised a number of difficult problems: for example, the maximum amounts of the various insecticides which could be tolerated in foodstuffs. Such questions had already been studied for some time but no definite conclusions had been reached. As the problem was an urgent one, it was hoped that the Expert Committee on Insecticides, a meeting of which was planned for 1955, would be able to reach conclusions for the guidance of Member States.

Dr MACCORMACK (Ireland) referred to the section on duty travel, which stated that the effectiveness of the work of the Division on Environmental Sanitation depended in large measure on duty travel, and that the record showed how little was being done in the field of environmental sanitation, particularly in the areas of greatest need. It was certainly true that in no country could the health services make any real advance until adequate environmental sanitation had been provided. He therefore agreed wholeheartedly with the suggestion that the attack on the environmental sanitation problem should be carried on through the regional offices, and by means of field contacts for the purpose of education, persuasion, and demonstration.

Dr DAENGSVANG (Thailand) was gratified to note that the 1955 session of the Expert Committee on Environmental Sanitation was to study the problem of refuse disposal, food sanitation, or the health aspects of housing. Those problems were of particular importance in the under-developed areas, and especially in Thailand, where bowel diseases, spread by such agents as flies and in food, were of frequent occurrence. He hoped that the Expert Committee would also consider the question of the sanitary handling of food in restaurants and other eating-places.

Dr LAKSHMANAN (India) noted with satisfaction the emphasis placed in the proposed 1955 programme on the development of environmental sanitation measures. While WHO was not itself in a position to execute environmental sanitation programmes, much could be achieved if the regional offices were to stimulate activities in the field. Stimulation involved constant field visits to assist persons in
charge of the field programmes; the provision for duty travel was therefore to be welcomed.

Dr Metcalfe (Australia) asked to leave to speak about publications. WHO produced a number of publications of the highest technical interest. He drew attention in particular to the first report of the Expert Committee on Poliomyelitis. However, he regretted that the Organization at the same time issued much material of purely propaganda, as opposed to scientific, value, and proposed that the publication of such material be curtailed.

Dr Engel (Sweden) reminded the Committee of the proposal presented to the Sixth World Health Assembly by the Scandinavian countries on the subject of the standardization of laboratory tests of foods with special reference to chemical additives. In accordance with the Health Assembly’s resolution on that point (resolution WHA6.16) a study had been carried out by the Executive Board. As a result of that study, the Board had requested the Director-General to continue to collect information on the subject, including information on existing national legislation, and had recommended that WHO, in cooperation with FAO, collect and disseminate information on selected groups of chemical additives (resolution EB13.R47). He asked how far those studies had advanced and what future action was contemplated in view of the urgency of the problem.

Dr Hemmes (Netherlands) said that his delegation was in complete agreement with the views of the Australian delegation on WHO publications.

Dr Gear (Assistant Director-General, Central Technical Services), Secretary, noted that the point raised by the delegate of Australia concerned the type of public information material issued by WHO, which was the responsibility of the Division of Public Information. It could therefore be more appropriately discussed in the Committee on Administration, Finance and Legal Matters.

With regard to the action taken on the problem of food additives, Dr Gear thought that the representative of the Executive Board might wish first to comment upon the action taken by the Board.

Dr Mackenzie, representative of the Executive Board, said he had little to add to what was said in resolution EB13.R47. The importance of the subject had been recognized, the Director-General had been asked to continue the study, and the fact that the Joint FAO/WHO Expert Committee on Nutrition was interested in the problem had been noted.

Dr Engel (Sweden) said that he was quite satisfied with the reply.

Education and Training Services

Dr Sicauld (Morocco, French Zone) apologized for the introduction of a question of a very general nature. In the course of discussions at the present and previous Health Assemblies he had heard many references to the difficulties met with both in the teaching of public health at medical schools and in achieving co-operation at the local level with practising physicians not particularly interested in public-health questions. The problem was an interesting one because it seemed that in most countries the moral laws of medicine conformed to the Hippocratic tradition, which had defined the attitude to be adopted by the physician towards the individual but not towards society. The notion of public health was relatively new, and few years had passed since the Constitution of WHO had been drawn up. The state of physical, mental, and social well-being which was the undoubted right of every individual, regardless of race or religion, could be attained only by a body of measures which might be called the guiding policy for health; and up to the present no definition had been made of the obligations of the physician in that regard. The medical corps, though highly conscious of the importance of its mission, had not defined its duties towards society within the framework of the principles laid down in the WHO Constitution. The teaching of medical faculties had not, in general, been adapted to the physician's role in public health. However, if the physician was at the service of the individual in his home, he was also at the service of the individual in society, and must participate in measures which might improve the conditions of human life. Such a notion was not self-evident and had never been propounded. It would be highly beneficial, both from a moral and from a practical point of view, for medical training in universities and for co-operation between public-health administrations and physicians, if, in the course of a future Assembly, a declaration were to be made outlining the social obligations to be assumed by those whose mission it was to care for the health of the individual. The opinions of bodies representing the medical profession throughout the world would have to be sought, but nothing would serve the cause of health more than such a declaration. While it would not be possible to define those obligations

in very great detail, a common denominator of world opinion could be found. For that reason, the Committee would doubtless wish to ask the Director-General to provide for the required consultations so that a draft resolution outlining the obligations of practising physicians, and perhaps also of certain auxiliary medical personnel, towards society within the framework of public-health policy could be submitted to a future Assembly.

Dr Regala (Philippines) remarked that increasing concern was felt in the Philippines about the quality of those graduates from medical schools who were sent into public-health work; that concern was perhaps shared by other countries. He asked whether it would be possible for the consultant referred to in the section on Education and Training Services to study the possibility of evolving a programme to strengthen faculties in medical schools by an exchange of teachers. Such an exchange would be of particular importance to the faculties concerned with the basic sciences.

Professor Julius (Netherlands) supported the sentiments expressed by the representative of Morocco (French Zone). While it might be optimistic to hope that within a limited time some declaration of the type suggested could be produced by WHO, without doubt some action was required. Many of the difficulties of the present changing world were due to the fact that norms of behaviour had not kept pace with world developments.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) asked whether the comparative study of the organization, curriculum, and teaching practices of medical schools referred to in the section on consultants was to be a long-term activity. He pointed out that the United Kingdom alone possessed twenty-seven medical schools; since other countries doubtless had comparable numbers, the study would require a great deal of time and considerable planning.

Dr Turbott (New Zealand) raised a question about fellowships. He had noted from the documentation that a number of fellows failed to perform any service on return to their home countries. He asked whether any penal clause existed in the contracts made with WHO fellows by which either part, or all, of the cost of the fellowship could be reclaimed by WHO if the fellow failed to fulfill the terms of his contract. Such a clause existed for the postgraduate bursaries granted in New Zealand.

Dr Grzegorzewski, Director, Division of Education and Training Services, replied to the questions that had been raised.

With regard to a programme for the exchange of teachers, he said that the Director-General would study the possibility of developing further the activities already undertaken along those lines.

The study of medical schools was a long-term activity. WHO had already collected data on the number and location of medical schools, and was now assembling data on the organization of studies. The work was being done in co-operation with the International Association of Universities and other interested bodies. It was not expected that the short-term consultant to be appointed in 1955 would complete the task.

Fellows were in fact obliged by their contracts to serve their countries for a certain length of time at the completion of their fellowships. While WHO could draw the further attention of governments to that obligation, it would be difficult to take any concrete action because of the legal relationship between fellow and government which was involved.

With regard to the declaration on the obligations of the medical profession proposed by the representative of Morocco (French Zone), Dr Grzegorzewski reminded the Committee that similar points had been raised at the first and second sessions of the Expert Committee on the Professional and Technical Education of Medical and Auxiliary Personnel. An item on the agenda of the 1955 session of that committee was a study of the ways in which the practising physician who was not a public-health specialist contributed, and could better contribute, to the cause of public health.

Office of Reports and Analysis
No comments.

Office of Supply
No comments.

The Chairman noted that the discussion of the "operating programme" had been completed. As it was not within the competence of the Committee to consider the Administrative Services, discussion was opened on the regional schedules.

Regional Schedules

Dr Dorolle, Deputy Director-General, thought the moment appropriate to reply to the question put
at the previous meeting by the delegate of Australia about the readjustments that would be necessary in the proposed programme for 1955 as a result of the transfer of certain Technical Assistance projects planned for 1954 to the regular budget.

The number of projects thus transferred had been 33. Appendix 1 to the Director-General’s note on modifications in the programme for 1954 (see Annex 5) showed that the total sum involved in the transfers had been $612 399. Of those 33 projects, 27 were to be continued into 1955 and perhaps beyond. One of those projects was already provided for under the regular budget in the estimates for 1955, but for the other 26 a sum of just over $656 000 would have to be found by deferring the implementation of proposed new projects to that value. A list of new projects proposed for 1955 was to be found in the last column of Appendix 4 to Official Records No. 53, and the question was to decide which of the transfers had been $612 399. Of those 33 projects, 27 were to be continued into 1955 and perhaps beyond. One of those projects was already provided for under the regular budget in the estimates for 1955, but for the other 26 a sum of just over $656 000 would have to be found by deferring the implementation of proposed new projects to that value. A list of new projects proposed for 1955 was to be found in the last column of Appendix 4 to Official Records No. 53, and the question was to decide which of them were to be sacrificed to make room for the 26 continuing projects. That choice could only be made by negotiation with the requesting governments, and obviously that negotiation could not be undertaken until the Director-General knew what was to be the ceiling of the budget. As soon as the ceiling was known, the Director-General would give instructions to the Regional Directors to begin negotiations with governments, and the results would be submitted to the regional committees for examination at the same time as the programme for 1956, and eventually to the Executive Board at its session of January 1955.

It was unfortunate that it would be necessary to modify by such a procedure a programme that had been approved by the Executive Board and was at the moment submitted for the approval of the Assembly. It was the type of difficulty to which the Director-General had been alluding when he had expressed his wish that activities under the regular budget and under Technical Assistance should be more and more separated.

Mr HARRY (Australia) thanked the Deputy Director-General for his explanation of the procedure contemplated by the Director-General for the readjustment of the programme. However, his delegation felt that it might be of value to the Director-General if the Health Assembly could give some guidance as to the kind of adjustment that would be most acceptable, though he appreciated that the actual details must be worked out by negotiation with governments and approved by the regional committees.

To give such guidance, the Health Assembly would require certain information that was not at present available. The Director-General’s note showed which Technical Assistance projects planned for 1954 had been considered so important or of so continuing a character that it had been felt necessary to include them in the regular budget for that year, with the consequent deferment of other projects under the regular budget, but none of the documents before the Committee indicated which regular projects had been so deferred. It would be useful to have that information in tabular form—it need not be in any greater detail than the information already contained in the appendices to the Director-General’s note—together with some indication of the criteria that the Director-General had followed in his negotiations for deferment of projects. Secondly, it would be useful to know exactly which were the 26 projects to be continued beyond 1954, together with their distribution by functions and by regions.

If the Committee could have that information, it would be able to judge of the effect on the total 1954 programme of the absorption of 33 Technical Assistance projects into the regular programme, and it would then be in a position to give the Director-General broad guidance on the transfers to be made in the programme for 1955. For example, it might wish to instruct him to preserve the approximate distribution by functions and by regions that existed in the proposed programme as contained in Official Records No. 50.

The Deputy Director-General stated that both elements of the documentation requested by the delegate of Australia could be made available within a few hours.

The Chairman invited the Committee to proceed to an examination of the proposed programme and budget estimates for the individual regions.

Africa (Official Records No. 50, pages 105-135)

Dr GARCIN (France) said that he had no intention of examining in detail, much less of criticizing, the proposed programme and budget for the African Region, since he noted with pleasure and surprise that, unlike the programmes presented to previous Health Assemblies, it was in complete conformity with that approved by the Regional Committee. He wished, however, to draw attention to two points, which concerned the inter-country programmes, in his opinion the most fruitful and interesting part of the Organization’s work.

The first point concerned the provision for a conference on onchocerciasis (page 134). He was glad that steps were at last being taken to remedy
the error whereby the first session of the Expert Committee on Onchocerciasis had been held in America and not in Africa, where the problem was undoubtedly more serious than anywhere else. He would reiterate the hope, already expressed in the Regional Committee, that it would prove possible for representatives from the Region of the Americas to attend the conference and give the participants the benefit of their experience.

The second point concerned the international conference on yaws control planned for 1955. His delegation particularly welcomed the decision to hold that conference in Africa, but had a small reservation concerning the subject, which appeared too limited. Yaws was admittedly a serious problem in many parts of Africa, but there were other parts where it scarcely existed while treponematoses such as endemic syphilis and bejel were serious problems. It would be desirable to extend the subject of the conference to cover all the treponematoses except venereal syphilis.

Finally, he would return to a subject that he had already mentioned at a previous meeting: the disproportion between the budget for the African Region and the budgets for the other regions. He realized that the provisions made in regional budgets depended to a large extent on the requests made by governments, but he would welcome an assurance that no requests by governments in the African Region, with its vast needs, had been refused on the grounds of the smallness of its allocation.

Dr Metcalfe (Australia), referring to the summary on page 111, was struck by the remarkable increase, over the years 1953, 1954 and 1955, in the sum provided for work on tuberculosis. Tuberculosis was one of the most difficult diseases to control in any country, and without the necessary equipment and above all trained personnel no campaign could be effective. He found it hard to believe that in Africa trained personnel could suddenly have become available to the extent of a twelvefold increase in the provision made.

Miss Rabo (Sweden) noted in the programme for the African Region very few projects in nursing. In October 1953 a regional conference on nursing had been held at Kampala; in normal WHO practice such conferences were only a beginning, but she saw no provision for any follow-up.

Dr MacCormack (Ireland), referring to page 111, noted in the provision for endemo-epidemic diseases a tendency exactly opposite to that pointed out by the delegation of Australia in the provision for work on tuberculosis. It seemed strange that the incidence of endemo-epidemic diseases in Africa could have diminished so greatly within a year as to justify a drop from $108,208 to $28,076.

The Deputy Director-General thought that the last question put by the delegate of France would better be answered by himself than by the Regional Director for Africa, since it concerned the regions as a whole.

If the resources allocated to Africa were lower than those allocated to any other region, it was partly because the Regional Office for Africa was the most recently constituted and its capacity for action was still limited. For a study of the whole question of the allocation of resources between regions, carried out by the Executive Board at its thirteenth session, he would refer the Committee to Official Records No. 52, Annex 4, and to resolution EB13.R23.

Dr Cambournac, Regional Director for Africa, replying to the first two questions put by the delegate of France, said that everything possible was being done to arrange for the conference on onchocerciasis to be held in October of the present year, and for experts from America to be present. The conference on yaws control, planned for 1955, would, it was hoped, be devoted at least in part to treponematoses in general.

In reply to the question put by the delegate of Australia, he said that the provision for work on tuberculosis had been thoroughly discussed in the Regional Committee, which had agreed that in view of the importance and urgency of the problem and the vastness of the Region a sufficiently large provision must be made for all the work that was planned.

As for the question put by the delegate of Sweden, it was expected that many requests for assistance in connexion with nursing would be received in future years, but until those requests were made no larger provision could be made. The same answer applied to the question put by the delegate of Ireland about the provision in respect of endemo-epidemic diseases. One of those diseases, bilharziasis, was among the most important health problems of Africa, and as soon as it appeared possible to undertake campaigns the necessary provision would be asked for.

Dr Metcalfe (Australia) expressed disappointment at the Regional Director’s reply to his question. In effect the Regional Director had said: “The
Regional Committee was satisfied that a certain sum was required, and there is an end of it." Was that really the end of it, or was the Committee entitled to ask for some details on how the money was to be spent?

Dr CAMBOURNAC explained that many requests had been received for assistance in connexion with tuberculosis in Africa, among them requests from Nigeria—one of the most populous areas of Africa, with 30 million inhabitants—Kenya, Bechuanaland and Liberia. The needs of those areas, and of others where smaller projects were planned, had seemed to the Regional Committee great enough to justify the sum proposed.

The CHAIRMAN felt that, if more detailed explanations were required, the Regional Director would be able to give them when he had had time to consult his documents. Meanwhile, he suggested that the Committee proceed to consider the proposed programme and budget for the Region of the Americas.

The Americas (Official Records No. 50, pages 136-210)
No comments.

South-East Asia (Official Records No. 50, pages 211-285)

Dr LAKSHMANAN (India) remarked that the programme for the South-East Asia Region, which covered an extensive field, had been carefully gone into by the Regional Committee and accepted in general by the countries concerned. However, whereas in the past projects in the Region had been mainly of the demonstration type, designed to stimulate governments to undertake nation-wide programmes, his delegation felt that the time had come for a shift towards comprehensive national programmes, with more and more emphasis on long-term planning and on integrating WHO programmes into national health services.

In India programmes of the latter type had already begun, notably in environmental sanitation and health education, and his delegation therefore hoped that WHO would give the Government of India every possible assistance in those two matters.

Finally, although the programme and budget had been agreed to by the Regional Committee, some changes might be necessary in the light of developments in public-health services in the course of the year 1955. He hoped that the Regional Director would give his authorization for such modifications.

Dr ANWAR (Indonesia) agreed that the shift referred to by the delegate of India was desirable; indeed there were already signs of it in the programme now under consideration. On the other hand, at an earlier meeting of the Regional Committee the delegation of Indonesia had expressed the view that demonstration programmes, which some delegations considered useful only in the initial stages of WHO assistance, could still serve important purposes, particularly for training. For example, the maternal and child health demonstration centre in Indonesia was proving very useful for the postgraduate training of midwives in public health, and the tuberculosis demonstration and training centre in Bandung, which it was planned to continue in 1954 and 1955, was proving of great service in connexion with the development of a long-range programme of BCG vaccination. He therefore hoped that the demonstration programmes would continue to be an essential part of WHO policy.

Nevertheless, the shift referred to was already apparent in Indonesia in the plans for assistance in developing a statistical service in the Ministry of Health, in the environmental sanitation project, and in the proposed assistance in the development of nurse training.

On page 219, under "Tuberculosis", it was stated that by 1955 the BCG campaign would have reached a stage where it could be extended to areas outside Java. Actually that had already been done, and still further extension was planned, beginning with the provincial capitals.

Dr DAENGSVANG (Thailand) noted with satisfaction that provision was made for nationals of Thailand to attend the conference on yaws control in Africa. The Committee was probably aware that the yaws conference recently held in Bangkok, apart from the stimulus it had given, had resulted in concrete recommendations making for economy as well as effectiveness in yaws control programmes.

He was also pleased to note that some provision was made for work on environmental sanitation in the South-East Asia Region. His own country, in particular, suffered a great deal from diseases due to bad sanitation.

Dr MANI, Regional Director for South-East Asia, replying to the remarks made about the value of demonstration projects, said that in South-East Asia it could truly be stated both that WHO was maintaining such projects as part of its policy, and that
it was moving away from them. In India, for example, there was a definite shift towards more basic programmes in such fields as environmental sanitation, whereas in Afghanistan and Indonesia demonstration projects were still useful and the shift would take longer to carry out.

In reply to the final remarks of the delegate of India, he said that he would do his best to allow for any changes that might appear necessary in the programme for 1955 as it developed. The difficulties of drawing up a firm programme in the Regional Committee two years before it was put into execution should be realized.

Regarding the remarks of the delegate of Thailand on environmental sanitation, he said that a beginning was slowly being made in that field. A small pilot project was being planned for Ceylon, and it was hoped that the Organization would be able to participate in the truly great effort at present being made by the Government of India in collaboration with the Foreign Operations Administration of the United States of America (FOA). The same applied to the smaller programme in Thailand, where WHO was to help with teaching in a local medical school while the field programme remained the responsibility of FOA.

There being no further comments, the Chairman invited the Committee to consider the proposed programme and budget for the European Region.

*Europe (Official Records No. 50, pages 286-341)*

Dr HEMMES (Netherlands) thought all members of the Committee would be aware that the treatment of poliomyelitis patients suffering from swallowing and respiratory paralysis had been greatly improved by Professor Lassen of Copenhagen and his staff. In the summer and autumn of 1952 a serious epidemic had occurred in the area of that city, and a large percentage of the patients had shown symptoms of bulbar paralysis. A new method of artificial respiration had been applied, and had reduced mortality from nearly 80 per cent. to under 26 per cent. The new treatment involved the activity of many different specialists in both medicine and nursing.

In April of the present year, the European Association against Poliomyelitis had organized in Paris a conference on the subject of the treatment of poliomyelitis in the acute stage. At that conference it had been particularly stressed that the treatment of poliomyelitis patients suffering from swallowing and respiratory trouble should be carried out in specialized departments established at a certain number of hospitals. The highly specialized personnel and equipment required made it impossible to create such a department in every hospital where poliomyelitis patients were admitted, but it had been agreed that that was unnecessary, since experience had shown that one specialized department could be used for a region with a radius of 150 kilometres, on condition that hospitals had ambulances suitably equipped for preliminary treatment during transportation. It had been agreed that such departments should be established in all countries where there was a danger of poliomyelitis, and that, with assistance from WHO, theoretical courses for the specialized personnel required should be started as soon as possible in Copenhagen, to be followed by practical courses at a place to be determined by the next appearance of an epidemic as serious as the recent epidemic in Copenhagen.

He himself and the chief delegate of Luxembourg had undertaken to bring the matter up at the Health Assembly. He was surprised to find that the budget for the European Region was already under discussion, and hoped that an opportunity would be granted him of presenting a formal proposal at a later stage.

Dr MACCORMACK (Ireland) said that he had intended to speak of poliomyelitis, but his points had already been covered by the delegate of the Netherlands.

On page 294, under "Endemo-Epidemic Diseases", appeared the statement: "A meeting of a small advisory group on veterinary public health is planned for 1955, to discuss the best approach for the Regional Office to this branch of public health." That sentence conveyed the impression that no medical personnel was to be present at the meeting. Whereas veterinary personnel could be excluded from some aspects of public health, medical personnel could not be excluded from any.

Dr VAN DE CALSEYDE (Belgium), referring to page 337, wondered whether cardiovascular diseases, important as they were, really merited in the present budgetary situation a provision of $1650.

The Chairman said that the Regional Director for Europe would reply at the next meeting to the various questions that had been raised.

*The meeting rose at 12 noon.*
1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Dr Karabuda (Turkey) noted that the figure for the budget ceiling put forward by the Committee had been modified by the Health Assembly in plenary session. He therefore proposed that the Committee should not begin the discussion of the programme and budget estimates until the budget ceiling for the following year had been definitively fixed by the Health Assembly.

The Chairman pointed out that the budget ceiling had already been fixed by the Health Assembly, and that nothing prevented the Committee from continuing its examination of the programme. The examination was of necessity provisional, as at a later stage, after the Committee on Administration, Finance and Legal Matters had commented upon Part I (Organizational Meetings) and Part III (Administrative Services), the Committee would be asked to consider where cuts should be made to bring the budget to the ceiling adopted by the Assembly. The Committee could continue its consideration of the proposals before it, bearing in mind that at a later stage the whole of the programme, and not simply those items relative to the two regions not yet examined, would have to be re-examined.

Dr Karabuda (Turkey) feared that he had not made his point clear. Certainly there was no objection to continuing the discussion. He had meant rather to suggest that, in the future, the discussion of the programme and budget for the following year should not begin in committee until the budget ceiling had been fixed by the Health Assembly.

The Chairman said the Committee had already examined part of the programme and budget before submitting a proposed figure for the budget ceiling to the Assembly. The budget ceiling, which did not correspond to the proposed figure, had now been decided upon. Time would be gained if the Committee were to give its opinion on that part of the programme and budget proposals which had not yet been examined, even though it was understood that, as soon as the comments of the Committee on Administration, Finance and Legal Matters on Parts I and III were known, the Committee would have to examine what adjustments would have to be made to bring the budget into line with the ceiling fixed by the Assembly, an action which would perhaps necessitate a reconsideration of certain points. He proposed that the discussion be resumed.

It was so agreed.

Regional Schedules (continued)

Europe (Official Records No. 50, pages 286-341) (continued)

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) inquired when it was proposed to complete two of the projects being carried out under “Inter-Country Programmes” (pages 294-296): the Scandinavian public-health training courses (under item 5, Public-Health Administration) for which financial provision on a diminishing scale had been made in the period 1953 to 1955 ($19,750 in 1953, $16,000 in 1954, and $12,600 in 1955); and the study on the separation of the mother and child (under item 10, Mental Health) for which a financial provision of approximately $20,000 per year had been made in 1953, 1954 and 1955. While recognizing the necessarily long-term nature of the second project, he hoped that it would not be prolonged into the second generation, as had occurred in a North American study on the child which had continued for twenty years.

Professor Cramaroessa (Italy) thanked the Regional Director for the help given to Italy in connexion with professional training institutions, and in particular with the school of public health (page 290). Unfortunately it had not been possible to complete the project satisfactorily because of administrative
difficulties connected with the structure of the Office of the High Commissioner. However, the proposals for changing that Office into a Ministry proper provided for a department that would have general responsibility for the organization and functioning of the school of public health. Nevertheless, it had been possible to organize three-month courses for physicians and visiting nurses who were going to be employed in the provincial health services, and short courses for provincial laboratory personnel on the diagnosis of Q-fever, on brucellosis, and on the resistance of mycobacteria to antibiotics. In accordance with the policy of the school that its activities should be closely bound up with university institutions and all educational institutions working in the public-health field, those courses had been organized in co-operation with the Istituto Superiore di Sanità and the medical faculties of the universities.

The Chairman asked the Director of the Regional Office for Europe to reply to the points that had been raised.

Dr Begg, Regional Director for Europe, said that the comments of the Assembly on the programme proposals for Europe for 1955 would be of particular value to the Regional Committee at its next session, when consideration would be given both to the programme for 1956 and to necessary revisions in the programme for 1955. Any comments from delegates of countries not included in the European Region would have been of great interest, especially with regard to their possible participation in inter-country European programmes, particularly those concerned with training.

The Committee had made a number of suggestions for new programmes, and one activity proposed for 1955 had been questioned. Before those specific points were dealt with, the attention of the Committee should be drawn to the financial problem facing the European Region in 1955. Considerable revision of the 1955 programme would be necessary, firstly because of the reduction in the budget, and secondly because of the necessity to do something about those projects originally proposed in the regular programme for 1954 which had been deferred because of the financial crisis of that year.

A proposal had been made that the Regional Office for Europe should initiate a type of activity in the field of poliomyelitis designed to provide training in some of the specialized techniques for the management of cases afflicted with disturbances of the swallowing mechanism and respiratory system. Such a suggestion was in line with the development of views in the European Region, where it was now recognized that the virus diseases, including poliomyelitis, were perhaps of even greater importance than some of the other communicable diseases. There would therefore be no practical problem involved in the organization of courses such as those proposed, but the implementation of the proposal would depend upon the financial situation.

The delegate of Ireland had asked whether medical officers as well as veterinarians were to be included in the advisory group on veterinary public health (Inter-Country Programmes, item 4, Endemo-Epidemic Diseases). The answer was in the affirmative.

The delegate of Belgium had questioned the advisability, in the present financial situation, of initiating action on the cardio-vascular diseases. Dr Begg informed the Committee that such a project had been under consideration at the last three sessions of the Regional Committee. Recognizing that in Europe some of the killing and disabling diseases of adult life were acquiring increasing prominence while others were acquiring less, the Regional Committee at its last session had thought that the initiation of a study of the elements involved was justified. The 1955 proposal was merely for the provision of funds sufficient to call together a small group of experts, to engage a consultant, or to take any other measure which would outline the importance of the cardiovascular diseases in their public-health aspects and in the organization of public-health services. It would be unwise to defer the initiation of that type of programme for too long.

The delegate of the United Kingdom had raised the important point of the time-limit to be given to projects. A time-limit had in fact been fixed for the two specific projects referred to, though on the general questions of public-health training, not only in Scandinavia but elsewhere, and of the essential relationship between the mother and child, it would be difficult to fix a time-limit for WHO's interest. It was planned to continue to assist the Scandinavian public-health training courses on a diminishing scale for five years. The situation with regard to the study on the separation of the mother and child being carried out in London and Paris was somewhat different, as the International Children's Centre in Paris had been participating in the project before WHO had begun to do so. While WHO would participate fully until the end of 1955, it was planned...
that in 1956 the Organization’s commitment should be limited to assistance in producing a report giving the conclusions of the study.

Dr van den Berg (Netherlands) was disappointed with the Regional Director’s remark that action could be taken on the proposal of the Luxembourg and Netherlands delegations regarding poliomyelitis only if financial conditions permitted. In the opinion of his delegation the problem of poliomyelitis was of the highest priority. The need to cope with the serious epidemic in Denmark had given rise to an important improved method of treatment. The proposal of the delegations of Luxembourg and the Netherlands expressed the wishes of the delegates of at least ten European countries who had met recently in Paris. While it must be recognized that many international health activities to be carried on in Europe were outside the scope of WHO’s action, the activity in question undoubtedly fell within its scope. The Netherlands delegation did not wish to take the responsibility for seeing epidemics of poliomyelitis break out, and many persons die, because the new techniques had not been learned in time. They therefore urged that WHO should fulfil its duty in this regard as soon as possible.

Dr Tottie (Sweden) informed the Committee that an inter-country study of the problem of poliomyelitis had been arranged between Sweden, Denmark, Norway and Finland, and that, as a result, the Swedish Government had asked that the WHO Regional Committee for Europe study at its next session the question of the organizing by WHO of teams of persons in countries where epidemics had already taken place, teams of persons who would be ready to take action against the serious complications that arose immediately after the acute phase. If persons who contracted poliomyelitis were to be saved, action must be taken at once.

Dr Mellbye (Norway) was glad that the problem of poliomyelitis had been raised; he had studied the proposal of the Luxembourg and Netherlands delegations with great interest. Denmark, Sweden and Norway had had extensive experience in the treatment methods introduced in 1952 by Professor Lassen and his collaborators, and in his view such complicated treatment problems should be considered not by the present Committee but by the next session of the Regional Committee for Europe.

With regard to the question raised by the delegate of the United Kingdom on the public-health training courses being held in Göteborg, Dr Mellbye hoped to be able to give a satisfactory answer at the next session of the Regional Committee for Europe.

Professor Briskas (Greece) remarked that in Paris the important question of poliomyelitis had been widely discussed and definite conclusions reached. The interesting phase of poliomyelitis was not the acute phase, as it passed so quickly, but afterwards. WHO should not wait until an epidemic broke out in Sweden, Denmark, Greece or elsewhere, but should form and train, in the countries where epidemics had already taken place, teams of persons who would be ready to take action against the serious complications that arose immediately after the acute phase. If persons who contracted poliomyelitis were to be saved, action must be taken at once.

Professor Cramarossa (Italy) supported the proposal which had been made by the delegate of Sweden and upheld by the delegate of Norway. The question of the treatment of the acute phase of poliomyelitis—reserved for cases involving respiratory paralysis—was of the utmost seriousness, and should be considered at a session of the Regional Committee for Europe. It would be advantageous if that session could be held after the International Poliomyelitis Congress, to be held in Rome in September 1954.

Professor Grasset (Switzerland) agreed with the delegate of Italy; the Rome meeting would give an opportunity for specialists in the various aspects of poliomyelitis to arrive at co-ordinated conclusions. Rapid diagnosis, and typing of the poliomyelitis virus, were both questions of importance. It was important to know as quickly as possible if an epidemic of the “Leon” or “Brunhilde” type in one European country would spread quickly to another, or whether some other type of virus was involved.

Three years previously the Swiss delegation had been in favour of setting up an expert committee. In Europe many medical congresses were held and it would be interesting if WHO could sometimes take the opportunity of those meetings—such as the one held in Frankfurt a month previously—to gather together a group of experts to obtain their opinions on such matters as the new methods of diagnosis, and the typing of poliomyelitis virus on tissue cultures.

Dr Hemmes (Netherlands) considered that the proposal of the delegate of Sweden that a team
should be organized to give help in other countries at the time of the outbreak of a serious epidemic was of great importance. He suggested, however, that it would be beneficial if a theoretical course on the complicated problems involved could be held before any epidemic occurred. The practical course with the help of a team such as that described by the delegates of Sweden and Norway would form the second stage in the same course.

The Chairman asked the Regional Director for Europe if he wished to add to his earlier remarks.

Dr Begg said that, while there was no doubt that some such action as that suggested could be taken in the future, he would be in a better position to formulate a proposal in September 1954, at the time when the Regional Committee would be reviewing the programme for 1955 and 1956.

Dr van den Berg (Netherlands) was willing to accept the Regional Director's comments provided that a precise proposal for the organization of such a course was placed before the Regional Committee in September 1954.

*Eastern Mediterranean (Official Records No. 50, pages 342-409)*

Dr Diba (Iran) considered that the proposed programme for the Eastern Mediterranean well represented the needs of the Region, and that thanks should be extended to the Regional Director for the way in which, by contacts with governments and visits to countries, he had drawn up such a programme in spite of the fact that no Regional Committee had met since 1950.

He asked the Regional Director whether a certain latitude could be allowed to governments so that, if funds did not permit all the projects to be completed, they could themselves decide upon the adjustments to be made to their programmes carried out in co-operation with WHO.

The summary on page 354 showed that it was proposed to decrease the amount of funds available for certain programmes in 1955. Environmental sanitation and rural health were matters of great importance to the Region, and the Iranian Government hoped that in future programmes that would be taken into account. A considerable decrease was also proposed in the maternal and child health programme. Some governments had already initiated long-term programmes for maternal and child health, another subject of importance to the Region, and it was hoped that the reduction might be remedied by help from UNICEF. No allowance at all had been made for mental health programmes, even though the seminar held in Beirut in 1953 and visits by experts had shown the importance of the question. He hoped that it would be possible to hold a meeting of the Regional Committee at which such needs could be discussed.

The Chairman asked the representative of the Regional Director for the Eastern Mediterranean to reply.

Dr Taba, Deputy Regional Director for the Eastern Mediterranean, said that both environmental sanitation and maternal and child health problems were given high priority in the programmes of the Region. As no meeting of the Regional Committee had taken place during the last three years, the needs of the different countries had been discussed with delegates at the Assembly and also with governments during visits to countries. In connexion with mental health, it was planned to complete the regional survey in 1955 and to grant a number of fellowships. No specific request had been received from the Iranian Government for assistance in that field, but any such request would be considered with all due attention when received.

*Western Pacific (Official Records No. 50, pages 410-459)*

Dr Marcel (Viet Nam) drew the attention of the Committee to the programmes of assistance to Viet Nam proposed for 1955 (pages 453-455): $9838 from Technical Assistance funds for the tuberculosis campaign; $15,425 from Technical Assistance funds for public-health administration, and $20,169 from the regular budget for maternal and child health. At the Sixth World Health Assembly he had suggested to the Committee on Programme and Budget that environmental sanitation should figure more prominently in the programme. He would be grateful if the Director-General and the Regional Director would give precise instructions on the importance of environmental sanitation to the public-health administrator to be sent to Viet Nam, a country where drinking-water, the public roads, and housing were problems of pressing importance.

Dr Marcel also drew attention to the inter-country programmes with which Viet Nam was concerned: a training course in statistics, to be financed from Technical Assistance funds (page 459); a nursing education seminar, to be financed from the regular budget (page 458); nursing care, to be financed from Technical Assistance funds (page 458); and a health education conference, to be financed from the regular budget (page 458). The Assembly had decided upon a budget ceiling for 1955 which would entail a reduction in the programme proposed. Viet
Nam would willingly forgo the funds assigned to it for the inter-country programmes in nursing and health education, as programmes in those subjects had already been initiated from national funds and by means of economic aid from America, but his delegation would insist that the statistical course should be maintained.

The Chairman thanked the delegate of Viet Nam for his proposal.

Dr Garcin (France) emphasized his delegation's interest in inter-country programmes. He noted that the Western Pacific Region was one of those that made the most provision for such programmes. His next remark did not apply only to the Western Pacific Region, but concerned all the inter-country programmes. Among them seminars and conferences figured largely, but very little provision was made for joint action in the field, for example co-ordinated vaccination programmes covering several countries or collaboration in the control of communicable diseases in frontier regions. He thought that such inter-country activities offered very interesting possibilities and had so far perhaps been too much neglected by the Organization.

Dr Metcalfe (Australia), referring to the summary on page 420, remarked that the sum provided for endemo-epidemic diseases—one of the most important problems of the area—had been reduced from $99,000 in 1954 to $44,000 in 1955, whereas the funds for public-health administration had been increased from $48,000 in 1953 to $245,000 in 1955. He wondered what exactly was covered by "public-health administration", and why the funds allowed for combating epidemic diseases were so small. He also noted a great increase in the sum provided for "other education and training projects". If any cuts had to be made in the budget, they might be made in that item and in public-health administration.

Dr Turbott (New Zealand) said that in looking through the proposed programme for the Western Pacific Region he had noticed that of twenty projects requested by various countries only four were in the field of environmental sanitation. All those four projects were well planned and would doubtless give excellent results, but the proportion seemed somewhat low.

He had then proceeded to examine in detail the entire proposed programme for 1955 to see what proportion of the budget for field activities in each region was to be used for work in environmental sanitation. The result was as follows: Africa, 5.6 per cent.; Americas, 10.3 per cent.; South-East Asia, 1.3 per cent.; Europe, 2.9 per cent.; Eastern Mediterranean, 3.6 per cent.; Western Pacific, 11.9 per cent.

His first reaction had been one of satisfaction that the proportion was highest in the Western Pacific, but that satisfaction had diminished when he had reflected on the implication of the figures as a whole, that countries in general were not requesting the type of assistance that was really basic to health. That the Director-General would share his feeling was shown by the following passage in the Introduction to the Proposed Programme and Budget Estimates:

"There is a growing recognition of the importance of good sanitation in health programmes and, correspondingly, there is an increasing willingness to attack the problem at some vital point. However, the rate of accomplishment is still distressingly slow. In some countries it has been difficult to find the means for the construction of sanitary works. In other countries, where large and dense populations live in poverty, even the simplest aspects of the problem of environmental sanitation have a tendency to lead to an attitude of frustration and passivity. This is undoubtedly a field in which WHO can and must exercise its role of leadership.

It seemed that the so-called developed countries, in helping other countries to advance, were tending to concentrate on those activities that gave the most concrete and spectacular results. And yet it was not by such activities that they had themselves got results in the first place, but through the provision of safe water supplies, the disposal of waste and so forth, in other words through environmental sanitation.

He had therefore decided to test the feeling of the Committee by submitting the following draft resolution for presentation to the Health Assembly:

"Recognizing that in the field of environmental sanitation more leadership is required from the World Health Organization,

The Seventh World Health Assembly REQUESTS the Executive Board at its next session to give consideration to this problem and to consult with the Director-General as to the best means of stimulating Member countries to give due prominence to environmental sanitation projects when formulating requests for assistance from the World Health Organization.

He deliberately stipulated the next session of the Executive Board, because if the consideration of the question was deferred until the session in January
1955 nothing would be done for at least another year.

Dr Marcel (Viet Nam) and Dr You Chhin (Cambodia) expressed warm support for the proposal of the delegate of New Zealand.

Professor Julius (Netherlands) also supported the proposal, noting that it was in the same sense as paragraph 9 of resolution 496 (XVI) of the Economic and Social Council.

Dr Lakshmanan (India), while agreeing with the sentiments that had prompted the draft resolution proposed by the New Zealand delegation, felt bound to draw attention to one difficulty. Over the last few months the Indian Government had been conferring with the Regional Director for South-East Asia with a view to determining how WHO could assist in the development of environmental sanitation in the country, but so far no solution had been reached. It seemed that WHO's assistance could take two forms: expert advice or help in training personnel. India already possessed excellent schools capable of training enough personnel for environmental sanitation work, and there were enough experienced persons to give the necessary advice. What was lacking was equipment, and there WHO could not help. His delegation would therefore be pleased if the Executive Board could examine the question and arrive at a solution.

Dr Brady (United States of America), while generally in agreement with the draft resolution, felt some reservation about the time at which it was proposed that the Executive Board should discuss the matter. There were several questions—for example, the need for capital investment, the possibility of contributions from third parties, and the part to be played by UNICEF—which would need detailed examination, and the Secretariat would have very little time to prepare the necessary documentation for the next session of the Board. He wondered what was the feeling of the representative of the Board.

Dr Bustamante (El Salvador) felt that, while the New Zealand proposal at first sight appeared most worthwhile, there should be further consideration before it was decided to request the Executive Board to study the matter at its next session. It must be remembered that many countries might at present be unprepared for the introduction of environmental sanitation projects, possessing neither adequate personnel nor the resources necessary for buying the costly equipment involved and for its maintenance.

Dr Metcalfe (Australia) expressed his complete agreement with the New Zealand proposal. In the long run, WHO would be judged by its success in promoting the control of communicable diseases and environmental sanitation. From that point of view, the figures that the New Zealand delegate had given were alarming, and he felt that, whatever adjustments might have to be made in the programme, there should be no reduction in provision for environmental sanitation or the control of communicable diseases.

Dr Turbott (New Zealand), replying to the delegate of the United States of America, said that his intention in proposing that the question be considered at the next session of the Board had been to ensure that there would be a preliminary discussion which would permit the Director-General to make the necessary preparation for a full-scale discussion in January. If the preliminary discussion did not take place until January, the whole question would remain in abeyance for at least a year.

Dr Mackenzie, representative of the Executive Board, said that he was perfectly satisfied with Dr Turbott's explanation.

Dr Fang, Regional Director for the Western Pacific, assured the delegate of Viet Nam that his statement would be taken into consideration when the programme was put into operation. He also wished to thank him for his understanding of the difficulties that would be created by the reduction in the Director-General's proposed budget.

In reply to the delegate of France, he said that he was not aware of the situation in other regions in the matter of inter-country programmes, but as far as the Western Pacific was concerned he would refer the Committee to pages 456-9 of Official Records No. 50. It would be seen that the programme of BCG demonstration and training in 1953 had been carried out jointly in Brunei and Sarawak, and was now being extended to Cambodia and Viet Nam. The Committee would also note the provision for a BCG area supervising team to assess on a regional basis the results of the BCG vaccination programmes carried out in various countries and territories of the Region over the last few years. Next came the provision for the inspection of the four BCG laboratories in the Region, which was considered a regional responsibility. The programme for the control of venereal diseases and treponematoses, which it was initially planned to carry out in Fiji, the Cook Islands and Western Samoa, would later, it was hoped, be extended to all the South Pacific islands. Finally, he drew attention to the provisions under smallpox and trachoma; in both those cases
pilot projects in selected areas were considered necessary before embarking on large-scale projects in countries and territories.

In reply to the question raised by the delegate of Australia, he noted that the difference between the provision for endemo-epidemic diseases in 1954 and in 1955 was in fact only $15,000, the figure for 1954 being $59,000 and not $99,000. It was accounted for by the smallpox and trachoma surveys which were being carried out in 1954 but were not to be repeated in 1955.

The increase in the provision in respect of public-health administration was accounted for mainly by the proposals to set up an urban health demonstration centre in Singapore, at a cost of about $58,000, and a rural health demonstration centre in Malaya at a cost of about $18,000. He drew attention to some of the other projects in public-health administration, noting that with the reduction in the budget many of them would now become of purely historical interest.

In connexion with the large increase in the provision for education and training services, he recalled a statement he had made at a previous Health Assembly to the effect that in a region where trained personnel were so scarce as in the Western Pacific, an ever-increasing effort must be made in that direction. He drew attention to the individual items under education and training, explaining why assistance in each case was considered justified, and noting that many of those projects, too, could now not be realized.

The draft resolution proposed by the delegate of New Zealand was the concern of the Chairman. As for the remarks of the delegate of Australia on which projects should have priority when the programme was reduced, he was sure that the Director-General would give all the Regional Directors an opportunity to present their views on the question, and he personally would put forward the point of view of the Australian delegation.

Dr. Mani, Regional Director for South-East Asia, said that he would not normally have intervened in the debate on the programme for the Western Pacific Region. However, the New Zealand delegate had quoted figures for the proportion of the budget to be devoted to environmental sanitation, and the South-East Asia Region seemed to have distinguished itself by having the lowest proportion and the greatest need.

He had always been frightened of figures, and he admitted that they did not convey much to him. Whether the figures quoted by the delegate of New Zealand were or were not accurate, the actual plans for 1955 in the South-East Asia Region were as follows: to establish a division of environmental sanitation in the Directorate of Health in Burma, to start a course in environmental sanitation in the University of Thailand, to initiate urban and rural pilot projects in Ceylon, to begin the training of sanitary inspectors in Afghanistan, and to assist as far as possible in the great sanitation programme about to begin in India with the assistance of the United States Foreign Operations Administration (FOA).

He agreed that environmental sanitation was fundamental to health development, but it was perhaps the most difficult kind of health project to initiate. It required a great deal of capital investment and of concentrated health education. That work was necessarily slow. He did not think that the development of environmental sanitation projects by WHO in South-East Asia could have been any quicker.

He stressed that WHO's work should not be judged merely by the money spent. At hardly any cost it had been possible, in the Region, to organize a meeting of over twenty public-health engineers for fruitful initial discussions of the huge Indian national sanitation programme, assisted by the Foreign Operations Administration, to which he had referred. Again, when it had been found that many expensive sedimentation and chlorination plants were being ruined through inadequate maintenance, a WHO waterworks seminar had been organized which had cost only a few thousand dollars, but would probably save hundreds of thousands.

The delegate of Australia had expressed the hope that when the budget was adjusted the various environmental sanitation projects would remain unaffected. As far as South-East Asia was concerned that wish was vain, for all the projects he had mentioned were new ones for 1955 and the budget for 1955 had now been cut.

The delegate of India had said that it was difficult to see how WHO could help plans for environmental sanitation in his country, since it could not supply equipment. But there were other possibilities of assistance. The FOA-assisted project, for which a capital of $23,000,000 had been put aside for the first two years alone, would require many more sanitary engineers than India possessed. Secondly, negotiations had recently been started with UNICEF for the supply of a certain amount of equipment for sanitation projects in which the main work would be done by the Government of India, WHO furnishing the minimum staff.

He hoped that what he had said would give a
clearer idea of the situation and the problems in the South-East Asia Region as far as environmental sanitation was concerned.

The Chairman put to the vote the draft resolution proposed by the delegate of New Zealand.

Decision: The draft resolution was adopted (see fourth report of the Committee, section 1).

Dr MacCormack (Ireland) suggested that it might be made clear in the records that the resolution had been adopted unanimously.

It was so agreed.

Region Undesignated (Official Records No. 50, pages 460-464)

No comments.

Cancer

Dr Bernard (France) wished to speak on a question that it had not been possible to raise in connexion with any of the sections of the proposed programme and budget estimates.

The French delegation had always followed with interest the work of WHO in the field of cancer, but it had noted at the same time that that work was limited mainly to the activities of the Sub-Committee on the Registration of Cases of Cancer as well as their Statistical Presentation. While the work of that sub-committee was of great value, particularly for improving the identification of forms of cancer, there existed other important problems, among them that of discovering the true incidence of cancer in certain parts of the world. To solve that problem it would be necessary to undertake geographical studies, endeavouring to discover all the new cases occurring over a given period in a particular area where the population, and its distribution by age and sex, was known. The difficulty of such studies was so great that, to the best of his knowledge, only the United States of America, Denmark, and, more recently, France and Japan, had carried them out successfully.

It would be still more interesting to investigate the cause of the development of cancer in parts of the world where conditions of life were widely different from those in the countries he had just mentioned. He was thinking, for example, of the especially high incidence of cancer of the liver in certain regions of Africa and Asia. Unfortunately, the areas that offered the greatest possibilities in that respect were those where the facilities for carrying out such studies were the least developed and where the demographic situation was the least known.

His delegation therefore wished to draw the attention of WHO to the desirability of organizing as soon as possible special investigations of the incidence of cancer in different parts of the world. Such a study would, of course, lie outside the realm of the mere analysis of statistical data and would involve special inquiries in the field under the direction of specialists.

He apologized for proposing a new field of activity to an organization that already had only too much to do with its limited resources, but he hoped that the Director-General would be able to take account of his suggestion, since it concerned a health problem more serious than was generally realized and applying to the whole world.

Professor Julius (Netherlands) said that to him the remarks of the delegate of France had not come as entirely unexpected, for cancer had been mentioned more than once in the plenary session of the Health Assembly. In a way, cancer was a tempting field for WHO, for, despite what the delegate of France had said, the importance of the problem was generally recognized; but it was also a dangerous field, for in the present limited state of knowledge WHO could not take any useful action without entering the domain of fundamental research, which was contrary to its policy.

Dr Mellbye (Norway) supported the views of the delegate of France. In his own country cancer was a very serious problem.

The Chairman invited the observer for the International Union against Cancer to address the Committee.

Professor Maisin (International Union against Cancer) referring to the remarks of the delegate of the Netherlands, said that on the question of cancer there were fields other than that of fundamental research in which the World Health Organization could render great services. For example, it was thanks to the assistance of WHO that the Union had been able to organize at Oxford in 1950 a symposium on the geographical pathology of cancer. Since then a section of geographical pathology had been set up within the Union, and from its work, as well as from the results of the symposium, it had become apparent that research in geographical pathology was perhaps from the human point of view more important than any other kind of research in the health field. As delegates knew, research in the field of health was normally carried out on animals, and the resulting data were not always applicable to man. If investigations of the type suggested by the delegate of France could be carried out in various parts of the world, he was sure that etiological data of the highest importance would be obtained;
and few other organizations were in so good a position to do that work as WHO.

Incidentally, it was usually believed that Central Africa or the Far East were the ideal areas for such studies. From recent experiences of his own, he could say that the areas of Morocco and southern Algeria were perhaps the most promising in the world, for here, in the oases, were to be found small and well-defined communities, living in stable and unchanging conditions from the point of view of hygiene and nutrition, so that the epidemiology of cancer could be very rapidly ascertained.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, recalled that the question of cancer had first been considered when the Interim Commission had admitted the International Union against Cancer to official relations with WHO. The First World Health Assembly had examined the position of WHO in regard to cancer research, and had decided to give it only sixth priority, not because the problem was unimportant, but because it presented only a few aspects suitable for international activity. The Director-General had therefore been instructed to develop such aspects as the comparability of statistics and the determination of nomenclature, and work on those lines had accordingly been undertaken through the Expert Advisory Panel on Health Statistics and the various meetings of the Expert Committee on Health Statistics. At the same time the relations with the International Union against Cancer had been developed as far as possible, and staff members had been sent to attend meetings wherever feasible. As an example, a congress to be held by the Union in July 1954 was to be attended by the Director-Consultant on Health Statistics, Dr Pascua. Another international body with which WHO was collaborating on somewhat the lines suggested by the delegate of France was the International Society of Geographical Pathology, since its field was recognized to be one where WHO could be of assistance within the limits of its resources.

Recently UNESCO had appointed an International Advisory Committee on Research in the Natural Sciences Programme, and cancer had been discussed at the first meeting, where he himself had been present as representative of the Director-General. The Advisory Committee had adopted a resolution recommending to the Director-General of UNESCO that, following a proposal of the UNESCO Executive Board that that organization should develop an interest in cancer, he should first discuss the matter with the Director-General of WHO. The Director-General of UNESCO would be present at the Health Assembly the following Tuesday, and might well mention the matter.

Finally, WHO was able to give a certain amount of assistance in the matter of cancer through the usual machinery of requests from governments. Those were the limited fields in which, on the instructions of the Health Assembly and the Executive Board, WHO was at present contributing to cancer research.

The Chairman observed that the Committee had now completed its preliminary examination of the Director-General’s proposed programme and budget estimates for 1955.

The meeting rose at 12.20 p.m.

THIRTEENTH MEETING

Monday, 17 May 1954, at 11 a.m.

Chairman: Dr E. de Paiva Ferreira Braga (Brazil)

1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Adjustment of the Programme to the Budget Ceiling

The Chairman observed that, although the Committee had not yet received the report from the Committee on Administration, Finance and Legal Matters, it knew the budget ceiling decided upon by the Health Assembly and could proceed to consider the best way of adjusting the programme accordingly.

Mr Harry (Australia) wished first to thank the Director-General and his staff for preparing a document which, in showing the distribution of Technical Assistance projects by main subject heading and by region, would be very helpful to his delegation and probably to others.

Another item of documentation that it would be useful to have as soon as possible would be an
The Director-General said that it would require a little time to give the new information requested by the delegation of Australia.

Professor Julius (Netherlands) remarked that at first sight it seemed fair and logical that the Committee, which had been partly responsible for imposing a reduction on the Director-General's proposed budget, should decide in detail how that reduction was to be made. On closer examination, however, it seemed less certain. When he read Homer in Dutch, he could tell, without necessarily knowing Greek, whether the translation was good or bad, but he could not, without that knowledge, point out particular faults to the translator. In the same way, the Committee, while capable of judging and approving the programme as a whole, did not know enough about individual projects—who had requested them and how, the probable duration, the equipment needed and so forth—to decide which should be retained and which eliminated. The most it could do was to fix broad priorities, and even for that it did not possess adequate information.

He therefore proposed that the Executive Board and the Director-General should be instructed to determine such priorities and then eliminate projects from the bottom of the list to the extent necessary.

Dr Brady (United States of America) observed that the adjustment of the programme could be approached from two angles. The budget ceiling adopted represented a decrease of about $800,000 in the budget proposed by the Director-General, or an increase of about the same amount in the budget adopted for 1954.

In the discussions that had already taken place in the Committee a certain number of principles seemed to have been agreed upon: for example, that the statutory increases and the provision in respect of the Spanish language should be retained. One matter that had not been discussed as much as it might have been was the proposed increase for the development of two of the regional offices. Personally, he considered that the provision for the Regional Office for Africa was justified, but that, since no decision had yet been taken on the permanent location of the Regional Office for Europe, the provision in that respect called for further discussion.

In analysing the whole situation, some of the following points should be taken into consideration: the merits of individual fellowships not attached to projects, the question of relations with UNICEF, and the relative value of country and inter-country projects, which were about equally represented, to the extent of half a million dollars each, in the new projects proposed by the Director-General. Finally, as the delegate of Australia had said, it was necessary to know which of the proposed projects involved definite commitments to governments.

Examining the matter on those lines, it should be possible to arrive at some scale of priorities, which, however, in his view, would mainly concern the programme in the field.

Dr Turbott (New Zealand) agreed with the delegate of the Netherlands that the Committee was in no position to examine the proposed field projects in detail. The proper place for such discussions was the regional committees. He felt that the Committee should either adopt the proposal of the delegate of the Netherlands or appoint a working party to draw up priorities.

Dr Mellbye (Norway) found himself in disagreement with the delegation of the Netherlands. It was only natural that the Health Assembly, which was the most responsible body in the Organization, and which had voted for the reduction in the total budget, should decide what cuts were to be made in individual projects. Otherwise it would be throwing an excessive and unfair responsibility on the Director-General and the Executive Board.

Dr Yen (China) said that discussions so far seemed to show that delegates accorded a low priority to new projects, while feeling that the provision in respect of statutory increases and the use of the Spanish language should be confirmed. And yet the provision for Spanish appeared to be a new project. So it was difficult to see what was really desired. For a detailed examination it would be necessary to have more information of the kind that the delegate of Australia had asked for, so that in the end the Committee would have to know as much as the Director-General himself, or even as much as the Director-General and the Regional Directors combined. At the same time it must be remembered that decisions taken in the Committee would affect above all the interests of the regions.

He therefore suggested that a working party composed of at least one representative of each region, together with the Director-General and the
Regional Directors, should meet to fix general limits for the budget for each region—without considering individual projects—and report back to the Committee.

Dr Sicault (Morocco, French Zone) observed that if delegates referred to pages 26 and 27 of Official Records No. 50, which gave an analysis of estimated expenditure by major functions, they would see that the only important increase over the budget for 1954 was in the provision for the Advisory Services. It was therefore in that part of the programme that readjustments must be made, and there were two possible approaches: to decide on reductions in the provisions for particular main activities, for example malaria control, tuberculosis control or nursing, or to determine reductions in the allocations of particular regions. However, as the delegate of the Netherlands had said, the Committee was not sufficiently acquainted with all the projects in every part of the world to determine the details of a reduction of $800 000 on either of those principles. The Director-General and his staff could draw up a working document, but even so the Committee would scarcely be in a position to consider reductions project by project and country by country. It could, as he had said, decide on reductions by region, leaving it to the Regional Directors to work out the details, or by major functions, but the rest, as the delegate of the Netherlands had suggested, must be left to a much smaller body, namely the Executive Board.

Dr Al-Wahbi (Iraq) said that the United Kingdom delegation, in proposing its budget ceiling, which had been adopted, had asked that there should be no reduction in the proposed statutory increases or the provision for the increased use of the Spanish language, and that WHO's commitments in respect of joint projects with UNICEF should be maintained as far as possible. That meant that the whole impact of the reduction fell upon the field programmes, which his delegation resented.

If, however, the Health Assembly were to adopt the draft resolution on relations with UNICEF proposed by the delegation of India (see page 275), the disaster might be lightened. Many of the governments represented in the present Committee were also represented on the UNICEF Executive Board. His Government was one of those, and both in UNICEF and in WHO it had always put forward its view that the programme of WHO should not in future depend on UNICEF or Technical Assistance or any other outside funds, but that all projects should be included in the regular budget. It was on that basis that his Government, the previous year, had tripled its contribution to UNICEF, and he did not see why all governments should not increase their contributions to WHO.

Finally, he wished to appeal once more to the Committee not to reduce too drastically the field projects, which were for the less fortunate countries the most important part of WHO's work.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) observed that it was not the first time that it had been necessary to decide on reductions in the programme at a fairly late stage. There must be precedents for the procedure to be followed. He wondered whether the Director-General or his representative could give any information or suggestions.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, said that two methods had been employed in the past. The Second World Health Assembly had appointed a working party to advise it on the adjustments of the programme; the Third World Health Assembly had simply adopted resolution WHA3.71, giving the Executive Board and the Director-General broad directives for the detailed adjustments.

Mr Harry (Australia) said that since he had asked the Director-General for information on which projects were of a continuing nature his attention had been drawn to the figures on page 66 of Official Records No. 53, which showed that, of the total proposed budget for the field programme, $2 154 951 was for continuing projects. Allowing for projects transferred from Technical Assistance to the regular budget and for the cut of $800 000 that had been voted, it would therefore appear that the total sum available for new projects, apart from individual fellowships, would be about $188 000. The adjustments would be a question of allocating that sum to the projects of the highest importance. The position would of course be different if, as the delegation of India had suggested, WHO paid only a proportion of the cost of personnel in joint projects with UNICEF. It would be useful to have as soon as possible exact information as to the limits within which the Committee would be working in making the readjustment.

The Director-General said that the figures quoted by the delegate of Australia were correct as far as the situation was known at present.

The United Kingdom delegate had asked whether he had any suggestions to make on the procedure for readjusting the programme, and the United
Mr Harry (Australia) said that he still felt the documentation would be useful. Appendix 4 to Official Records No. 53 showed the distribution of continuing and new projects by region, but his delegation would also like to know the distribution by main functions, as it was on those lines that, in his view, guidance should be given to the Director-General. Of course, the information would be necessary only if the amount still available for new projects left some scope.

The Chairman noted that the Committee had three proposals before it. The Netherlands delegation proposed that the whole question should be referred to the Director-General and the Executive Board, the delegation of China proposed that a working party should be appointed, and the delegation of Morocco (French Zone) suggested that the Committee itself should examine the question when the necessary documentation was available. He suggested that a decision be taken at the next meeting.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) observed that any working party appointed would require some guidance from the Committee on the important factors mentioned by the Director-General. He therefore felt that in any case there should be some preliminary discussion in the Committee itself.

Dr Gear, Secretary, said that the documentation requested would be prepared for the next meeting.

The meeting rose at 11.50 a.m.

FOURTEENTH MEETING

Monday, 17 May 1954, at 2.30 p.m.

Chairman: Dr E. Aujaleu (France)

1. Review and Approval of the Regular Programme and Budget Estimates for 1955 (continued)

Agenda, 6.4

Adjustment of the Programme to the Budget Ceiling (continued)

The Chairman summarized the three possible procedures for adjusting the proposed programme for 1955 to the reduced budget adopted by the Assembly: (1) the necessary cuts could be decided upon by the Committee itself; (2) a working party, consisting of one person from each region, could be set up to advise the Committee on the necessary cuts; (3) the Committee could lay down general directives but leave the Director-General and Executive Board to decide upon the specific cuts to be made. In view of the shortness of time, he suggested that it might be advisable to adopt the third alternative. The first alternative would involve very lengthy debates; the second, while preserving
the essential prerogatives of the Health Assembly and its committees, would in practice result in a small number of persons reaching decisions on general directives which the Committee would then wish to discuss further. While the third alternative perhaps gave the impression that the essential prerogative of the Assembly to vote upon the budget was being passed to a body whose members were appointed in a personal capacity and not as government representatives, it nevertheless had the advantage of speed and was in any case not an innovation. The Committee might therefore wish to take decisions on five or six important points of principle which would then constitute the directives by which the Director-General and Executive Board would be guided.

Dr Braga (Brazil) read the text of a draft resolution submitted by the delegation of Brazil as a fourth alternative:

The Seventh World Health Assembly,

Having decided that the effective working budget for 1955 should be $811,100 less than that proposed by the Director-General in his programme and budget estimates;

Considering that it is essential to provide, within the reduced effective working budget, for the statutory increases of the Organization, the further development of certain regional offices, and the further steps envisaged towards making Spanish a full working language;

Realizing that the Technical Assistance funds which may ultimately become available to the World Health Organization in 1955 will not be known until late in 1954;

Appreciative of the generous financial assistance provided in the past by the UNICEF Executive Board in meeting the costs of international health personnel which could not be provided by the World Health Organization within its limited financial resources,

1. DECIDES that the reduction in 1955 of $811,100 should be effected in Appropriation Section 5;
2. REQUESTS the Director-General to defer the implementation of new 1955 projects under the regular budget to the extent necessary to effect the total reduction of $811,100;
3. NOTES with satisfaction that the UNICEF Executive Board, at its meeting in March 1954, took the following decision concerning conditions governing approval of projects jointly assisted by WHO and UNICEF:

"The Executive Director was directed by the Executive Board to withhold action until the next Board session on any jointly assisted projects which might be deleted from the proposed 1955 WHO budget";

4. REQUESTS, in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor;

5. URGES the UNICEF Executive Board to give favourable consideration to the possibility of reimbursing WHO in 1955 to the extent of half, at least, of the cost of international health personnel engaged in the joint UNICEF/WHO projects, including all personnel costs of BCG projects, continuing into 1955 and for which UNICEF has been reimbursing the cost in 1954;

6. REQUESTS the Director-General, to the extent possible in the light of available resources, to re-transfer to Technical Assistance funds those projects which, in 1954, are being financed from regular funds;

7. REQUESTS the Director-General to submit a report to the Executive Board at its fifteenth session reflecting the adjustments made to the 1955 programme pursuant to this resolution;

8. RECOMMENDS that as far as practicable for future years the Director-General develop the regular programme and the Technical Assistance programme in such a way as to keep them completely separate.

Dr Sicault (Morocco, French Zone) supported the proposal of the Chairman. He wished to make clear his views, which he feared had been misunderstood at the thirteenth meeting. He thought that the Committee was both too large and insufficiently informed on the specific projects to discuss detailed budget cuts, and that the Director-General must of necessity make suggestions as to what action should be taken. Moreover, the Director-General had
indicated that the amount of reductions necessary might be affected by decisions which the Committee had yet to take, particularly in relation to UNICEF. The best action, therefore, would be for the Committee to give general directives to the Director-General but leave him to decide himself, with the aid of the Executive Board, on the specific reductions.

Dr MacCormack (Ireland) reminded the Committee that, before adjustments could be discussed either by the Committee or by a working party, and before the Brazilian draft resolution could be decided upon, two important matters had still to be considered: relations with UNICEF, and the Technical Assistance programme. As discussion of those points would take some time, the Committee could not but agree to ask the Director-General to decide upon the specific cuts to be made. He wondered if the Director-General would care to suggest points upon which he would like the guidance of the Committee.

Dr Stampar (Yugoslavia) also supported the proposal that the necessary adjustments should be made by the Director-General. Naturally if more money should become available to WHO under the Technical Assistance programme, or if UNICEF should reverse its decision, the financial difficulties of WHO would be lessened. He appealed to the Director-General and to the Executive Board not to introduce any considerable reductions in the education and fellowship programmes; the credits available for those programmes, which had already shown very good results, were not large. The Director-General should bear in mind the necessity for strengthening national health administrations.

Professor Grasset (Switzerland) thought that the Committee should bear past experience in mind. The establishment of a working party to study budget adjustments four years previously had not been very successful: matters had frequently been referred back to it, and the final outcome of its discussions had been a proposal which had only just succeeded in gaining the consent of the Assembly. It was, in fact, impossible to find experts capable of taking the necessary decisions. The Swiss delegation, therefore, supported the proposal that the Director-General should be given the task of adjusting the budget to the present financial position.

Sir Andrew Davidson (United Kingdom of Great Britain and Northern Ireland) considered the Director-General's request for some guidance from the Committee on general issues very reasonable. At the thirteenth meeting the Director-General had made it clear on which issues he required such guidance: joint projects with UNICEF, Technical Assistance projects, and regional offices. With regard to relations with UNICEF, doubtless the Director-General would be discussing with the Executive Director of UNICEF the possibility of staggering the assumption by WHO of responsibility for the payment of technical personnel. In connexion with the Technical Assistance programme, the Assembly must give the Director-General the necessary authority to adjust the programme, with regard to both continuing projects and new projects which might be proposed. The main increase in the provision for the regional offices was occasioned by the proposed move of the Regional Office for Europe from Geneva; perhaps it would be possible to delay the move for a year or more.

Dr Anwar (Indonesia) also felt that the deliberations of a working party, if they were to be of any real value, would take too long.

It appeared that the necessary adjustments would have to be made in that part of the budget relating to field projects. As those projects had been drawn up as a result of consultations between the regional offices and the national health services of the countries concerned, the delegation of Indonesia proposed that, before deciding on the adjustments, the Director-General should once again consult with the regional offices, which would in their turn consult with the national health services.

Mr Harry (Australia) said that his delegation was prepared to support a resolution along the lines of that suggested by the delegation of Brazil. As there was no time to examine the programme project by project, the Director-General and the Executive Board should be asked to make the necessary adjustments, general principles being laid down for their guidance. He reserved the right to make further suggestions as to the points upon which guidance should be given.

Dr Vannugli (Italy) also spoke in favour of the proposal to leave the decisions to the Director-General and the Executive Board, who would have at their disposal all the elements required for a fair solution of such an important and delicate problem.

The Chairman noted that all members who had spoken were in favour of the procedure by which the proposed programme and budget would be
referred, with certain directives, to the Director-General and the Executive Board, and that some of those directives were already included in the Brazilian resolution. He asked the Director-General for his comments on that procedure.

The Director-General said that, if the Health Assembly would provide the necessary guidance, he would suggest possible adjustments for approval by the Executive Board. He stressed the importance of the remarks made by the delegate of Indonesia, and reminded the Committee that only about $300,000 was available for the financing of new projects; that figure, which included the sum to be spent on fellowships, revealed the difficult situation with which WHO was faced. What was to be done about joint projects with UNICEF and the Technical Assistance programme would depend on the Assembly's instructions.

Dr Braga (Brazil) pointed out that his draft resolution provided that the question of adjustments should be referred to the Director-General, who, after consultation with regional directors and governments, would make the necessary adjustments and report them to the fifteenth session of the Executive Board.

The Chairman thanked the delegate of Brazil for pointing out a difference between the proposal which the Committee appeared to support and that of the Brazilian delegation. When he had himself spoken of referring the question to the Director-General and the Executive Board, he had had in mind the fourteenth session of the Board, i.e., the one immediately following the Assembly. The delegate of Brazil, on the other hand, proposed that the Director-General should study the problem during the second half of 1954, make the necessary adjustments, and report to the Executive Board in January 1955, by which time the execution of the budget for 1955 would have begun. The first proposal gave joint responsibility to the Director-General and the Executive Board, while the second gave the Director-General full powers to carry out the necessary cuts himself.

Dr Braga (Brazil) stressed that under his proposal guidance would be given to the Director-General immediately.

The Chairman took the feeling of the meeting to be that its role should be to give general directives. It remained to be decided whether the Director-General should himself make the necessary adjust-
Relations with UNICEF

Dr Kaul, Director, Office of External Relations, presumed that the Chairman wished him to speak on item 6.14 of the agenda (Decisions of the Sixteenth Session of the Economic and Social Council and the Eighth Session of the General Assembly affecting WHO’s activities), a subject of which relations with UNICEF formed a part. He drew attention to the documentation before the Committee.

He outlined the arrangements with regard to relations with the United Nations family of organizations, explaining that the pattern of development had been determined by the interdependence of economic, social, and political factors in the world. Each of the organizations had certain obligations and responsibilities towards the others. The International Health Conference, which had drawn up the WHO Constitution and set up the Interim Commission, had resulted from a decision of the first session, in 1946, of the Economic and Social Council, whose function it was to co-ordinate activities in the economic and social fields. As laid down in Article 62 of the United Nations Charter, it was a function of the Council to make studies and draw up reports with respect to economic, social, cultural, educational, health and related matters, and to make recommendations to the General Assembly, members of the United Nations, and the specialized agencies concerned. In accordance with Article 57 of the United Nations Charter, and with its own Constitution, WHO, like other specialized agencies, had been brought into relationship with the United Nations.

The co-ordination of activities was a continuous process depending not only on legislative requirements, but also upon its own particular machinery. An Administrative Committee on Co-ordination, presided over by the Secretary-General of the United Nations and with the heads of each of the specialized agencies as members, had been set up by the Economic and Social Council. That committee met at least twice a year and reported direct to the Council; its reports were presented each year to the WHO Executive Board and to the Health Assembly. The report of the seventeenth session of ACC was before the Committee. ACC had also set up machinery to co-ordinate programmes and prevent the duplication of activities: standing committees, such as the Consultative Committee on Administrative Questions, the Consultative Committee on Public Information, and the Consultative Committee on Statistical Matters, which were inter-agency bodies meeting once or twice a year as necessary; and inter-agency ad hoc groups, which dealt with such matters as community development projects, rehabilitation of the physically handicapped, and long-range activities for children.

Action undertaken by WHO in co-operation with other agencies had been described in the Report of the Director-General for 1953. In some cases technical responsibilities were shared: for example, with FAO on nutrition programmes and with ILO on social and occupational health programmes; and WHO worked in collaboration with UNESCO on fundamental education programmes, and with the United Nations on social welfare programmes. Attention should be drawn to the Director-General’s report on decisions of the General Assembly and Economic and Social Council, 1 in particular the reference to resolution 496 (XVI) of the Economic and Social Council on the concerted programme of practical action in the social field—a new field of inter-agency co-operation—and the remarks on some of the practical points which might require consideration when community development techniques were applied to health work. The views of the Health Assembly on how WHO’s contribution to community development and other activities in the social field could be strengthened would be appreciated by the Director-General.

With regard to relations with UNICEF, Dr Kaul drew the attention of the Committee to resolution 802 (VIII) of the General Assembly, which extended the existence of UNICEF indefinitely without introducing any change in its terms of reference. He suggested that the Committee might wish to discuss the question further in the light of the Executive Board’s recommendations on the subject.

Dr Melville Mackenzie, representative of the Executive Board, commented upon the working relationship established between the WHO Executive Board and UNICEF. He stressed the fact that the Joint Committee on Health Policy, which consisted of five members of the Executive Board of WHO and five members of the Executive Board of UNICEF, discussed technical policies and not individual projects. Decisions on individual projects had been delegated to the heads of the two organizations, on the understanding that any case of difficulty should be brought before the Joint Committee. Up to the present no such difficulties had arisen. One administrative point, however, had given rise to discussion. It had been decided at the third session of the Joint Committee that "WHO's role in carrying out the . . . arrangements is subject to

1 Unpublished working document
the provisions of its Constitution and the limitations of its resources, but beyond this it will provide the services which will be reimbursed by UNICEF”. It had not been possible to define what was meant by “the limitation of its resources”.

The Chairman reminded the Committee that, before passing to a consideration of the general question of relations between WHO and UNICEF, a decision had to be taken on the $620,000 which UNICEF was so far not prepared to take to its charge.

Dr Lakshmanan (India) considered that WHO should, within its resources, and after drawing up a balanced programme of public health, assume responsibility for the employment of technical personnel engaged in joint UNICEF/WHO projects. In the case of any further projects, the WHO Executive Board should explore the possibilities of receiving assistance from the UNICEF Executive Board and report to the Eighth World Health Assembly. The following draft resolution on relations between UNICEF and WHO had been submitted to the Committee by the Indian delegation:

Considering that the projects that have been carried on by WHO jointly with UNICEF are among the most important activities of WHO and have contributed greatly to the improvement of maternal and child health on a wide basis;

Believing that the co-operative relationship which has proved to be so effective should be maintained and strengthened;

Considering that WHO, as the directing and co-ordinating agency in international health, is the best source of technical knowledge and competence within the international field;

Recognizing that UNICEF, originally an emergency organization, has recently been put on an indefinite basis;

Noting that UNICEF has been instructed by the General Assembly of the United Nations to:

“... as appropriate, obtain from inter-governmental and non-governmental organizations having a special interest in child and family welfare the advice and technical assistance which it may require for the implementation of its programmes;”

Noting that under this general policy UNICEF is now reimbursing WHO for certain of the technical personnel provided by WHO for joint projects under provisions of the agreement reached by the UNICEF/WHO Joint Committee on Health Policy in 1949;

Recognizing the importance of maintaining a proper balance within the WHO programme as between maternal and child care programmes and other numerous public-health needs and governmental requests;

Recognizing that the different systems of finance and budgeting within UNICEF and WHO create disturbing uncertainties in planning,

The Seventh World Health Assembly
1. Expresses its gratitude to UNICEF for its close co-operation and active support to WHO in strengthening national health services with particular reference to services for children and mothers;
2. Reaffirms the principle enunciated by the Fifth World Health Assembly to the effect that:

“... WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future;”

3. Decides that WHO must maintain a balanced public-health programme;
4. Requests the Director-General to provide technical personnel at the cost of WHO to UNICEF/WHO joint projects under the terms of present agreements up to the resources of the Organization and in line with paragraph 3 above;
5. Requests the Executive Board through the Joint Committee on Health Policy to determine with the UNICEF Executive Board the manner in which technical personnel will be provided by WHO to joint health projects beyond this limit; and
6. Requests the Executive Board to report to the Eighth World Health Assembly on the arrangements made with UNICEF.

Dr Anwar (Indonesia) supported the draft resolution.

Dr Brady (United States of America) considered it inappropriate for one international organization to ask another for money; some way must be devised to enable WHO and UNICEF to assume their normal financial roles. He drew attention to the table (Annex 8, appendix) which set out the cost to WHO, both on the regular budget and under Technical Assistance, of projects considered to be operations of the joint type. In item 2, the estimated cost to WHO in 1955 of projects clearly identifiable as joint UNICEF/WHO projects was given as 30 per cent. of the regular budget and 35 per cent. of the
Technical Assistance funds. Further figures were contained in item 5, which gave the estimated cost to WHO of projects of the type UNICEF might consider eligible for assistance. The figures, taken together, to be drawn from the regular budget of WHO, gave a total of about 37 per cent. In the previous two years WHO had had to rely upon UNICEF entirely for those credits, whereas the responsibility for expenditure in public health really lay with WHO. The Committee should decide how much money it thought should be devoted to joint activities, and submit the proposal for approval by the Health Assembly. New projects with budgetary implications for WHO should, he thought, be considered not in isolation, but in relation to all WHO projects.

Dr Bernard (France) had been greatly interested in the distinction made by the representative of the Executive Board between the technical aspects and the administrative and financial aspects of joint UNICEF/WHO activities. Problems had arisen not on technical questions—for the Joint Committee on Health Policy functioned to the complete satisfaction of WHO—but on administrative and financial relations. Those relations should be founded upon mutual respect for the autonomy and initiative of each of the two organizations, an idea that was well expressed in paragraph 6 of the report of the UNICEF Executive Board on its 119th to 125th meetings (reproduced in Annex 8, section 4).

UNICEF had had to reimburse WHO for the cost of technical personnel in order that joint projects for the improvement of child health should not be interrupted. The Director-General's request had been quite legitimate, and the Health Assembly should be grateful to UNICEF for acceding to the request in 1952 and 1953. But the Director-General of WHO should not be placed in the embarrassing position of having to seek funds from another organization to finance functions belonging to WHO. The Committee must not authorize joint programmes which would rapidly outstrip available resources.

The French delegation, consequently, welcomed the draft resolution which had been submitted by the Indian delegation. It wished, however, to suggest a variant to the operative part, amended only in form:

1. expresses its gratitude to UNICEF for its close co-operation and active support to WHO in strengthening national health services with particular reference to services for children and mothers; 2. reaffirms the principle enunciated by the Fifth World Health Assembly to the effect that: ‘‘...WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future;’’

3. requests the Director-General to include in future programmes for joint UNICEF/WHO activities only projects for which he is sure that the technical personnel engaged by the Organization can be remunerated;

4. requests the Executive Board to determine, in agreement with the UNICEF Executive Board, the conditions under which certain joint projects could be implemented in the event of the finances required exceeding the ordinary resources of the Organization;

5. requests the Executive Board to report on this matter to the Eighth World Health Assembly.

This resolution had been discussed with the Indian delegation; and because of the importance attached by that delegation to paragraph 3 of its own draft resolution, which read: "3. decides that WHO must maintain a balanced public-health programme’’, the French delegation was prepared to accept the inclusion of that paragraph. The French delegation therefore proposed the adoption of the following resolution: paragraphs 1, 2 and 3 of the resolution submitted by the delegation of India, followed by the last three paragraphs of the resolution submitted by the delegation of France.

The Chairman asked whether the Committee wished the Director-General to maintain the figure of $621,366 for technical personnel for joint projects. Having settled that matter, it could then consider the question of future relations between WHO and UNICEF.

Dr Braga (Brazil) expressed complete agreement with the views put forward concerning financial help to WHO from other international organizations; the sudden discontinuance of that help, however, might cause difficulties. The draft resolution proposed by his delegation at the beginning of the meeting contained a specific proposal to solve the difficulty, namely that UNICEF be asked to consider the possibility of reimbursing WHO in 1955 to the extent of one half at least of the cost of the international health personnel. In 1956 WHO might be able to dispense with that help.

Mr Harry (Australia) said the principle his Government had maintained—and which had been
The Committee and the Executive Board — was that WHO should decide what proportion of its budget should be devoted to projects of the type concerning UNICEF, e.g., maternal and child health, and, within the limits of the sum represented by that proportion, should bear the cost of the technical personnel for joint UNICEF/WHO projects. Once the proportion was fixed the Director-General would be in a position to negotiate further with UNICEF concerning the projects to be carried out. In the original programme for 1954 maternal and child health projects represented 10.5 per cent. of the total (regular and Technical Assistance); in the revised programme, after economies and adjustments, the proportion finally arrived at was 9.8 per cent. In the proposed budget for 1955 the proportion in the regular budget for maternal and child health was about 12 or 13 per cent., and under Technical Assistance some 10 per cent. The Australian delegation suggested that in revising the programme for 1955 the Director-General should maintain the proportion of 10 per cent., and that within the resulting sum he should negotiate with the UNICEF Executive Board regarding the projects to be carried out jointly, the cost of technical personnel being borne by WHO.

The Director-General drew attention to the fact that maternal and child health represented only a fraction of the joint UNICEF/WHO projects. The largest amounts were for the campaign against communicable diseases, and environmental sanitation was now becoming an important programme. In those circumstances it was difficult to fix a percentage based on maternal and child health activities.

Mr Harry (Australia) explained that his proposal was designed to arrive at the total budget figure step by step under subject headings. He had selected maternal and child health as one of the headings in that method of approach.

Dr Turbott (New Zealand) thought it would be impossible for the Committee to take a decision on one particular item without having the whole picture before it.

Dr Sicault (Morocco, French Zone) suggested that even in a particular case such as that under discussion it was necessary to determine whether there were specific functions attributed to WHO on the one hand and UNICEF on the other, in other words, whether health policy was entrusted to the World Health Organization or whether it was a joint responsibility. It appeared that UNICEF, to assist WHO, had extended its work beyond the special field of maternal and child health to that of infectious diseases and, recently, of environmental sanitation.

Dr Anwar (Indonesia) said that, in supporting the Indian draft resolution, he had had in mind the importance of all joint UNICEF/WHO activities, and particularly those in Indonesia, where, although maternal and child health projects formed an important part of the joint activities, the mass yaws campaign was probably the most important at the present time. He did not therefore favour the fixing of a percentage for maternal and child health.

Dr Melville Mackenzie, representative of the Executive Board, suggested that it might be desirable to delete the words "through the Joint Committee on Health Policy" in paragraph 5 of the Indian resolution, leaving it to the Executive Board to decide on the machinery by which it would negotiate with UNICEF regarding technical personnel. The Joint Committee on Health Policy had been set up for another purpose. No mention was made of it in the French amendment.

Dr Lakshmanan (India) said that he had discussed his delegation's draft resolution with the delegate of France before the meeting and had agreed to replace paragraphs 4, 5 and 6 by paragraphs 3, 4 and 5 of the French amendment. The point raised by the representative of the Executive Board would thus be met.

The Chairman invited the Director-General to say whether he would consider the Indian draft resolution, thus amended, as a directive for revising the 1955 budget. It appeared rather to concern future relations between the two organizations.

The Director-General agreed with the Chairman. The Brazilian draft resolution, however, contained a specific proposal regarding the 1955 budget.

The Chairman recalled that the Australian delegation had proposed that the Committee endeavour to fix the percentage of the total budget to be devoted to activities in the field of maternal and child health. The proposal of the delegation of Brazil was that UNICEF should be asked to pay part of the cost of projects to be carried out in 1955 which ought to be borne by WHO; the Director-General might negotiate on that basis, but it was not certain, after the clear statement of the representative of UNICEF (see pages 224-6), that the budgetary difficulties could thereby be settled.
Mr Harry (Australia) thought the discussion had shown the difficulty of taking in isolation the question of payments to be made on joint projects for one year. What his delegation had in mind was that WHO should, within the budget ceiling now established, continue the projects to which it was committed, including joint projects with UNICEF. The latter should include, so far as possible, projects not yet finally confirmed by UNICEF but for which commitments had been made.

After providing for such projects, a certain amount would remain for new projects. In allocating that amount the Director-General should be guided by the principle mentioned in the Indian draft resolution, of maintaining a balanced programme. The proportion should be broadly the same as that finally reached for 1954. His delegation considered that by tackling the problem in that way the Committee would meet the objectives of the Indian draft resolution and the French amendment.

The Chairman, in view of the complexity of the problem, proposed a short adjournment to allow delegates to discuss informally the various solutions proposed.

The meeting was adjourned at 4.25 p.m. and resumed at 4.50 p.m.

Dr MacCormack (Ireland) proposed that the Director-General be asked his opinion of the Australian suggestion, which would appear to allow of economies.

The Director-General wondered whether the Australian delegate would not wish to add to his suggestion. The Brazilian proposal—already foreshadowed in the Indian draft resolution—was that WHO should ask UNICEF to pay a part of the $621,366 for technical personnel. The Australian proposal, on the other hand, was that WHO should pay that sum and not ask UNICEF for anything more in 1955.

Dr Karabuda (Turkey) supported the Brazilian proposal, but doubted whether it was sufficient in such an important matter merely to express a desire.

Mr Harry (Australia), referring to the Director-General’s remarks, said he had just received the information for which he had asked at the previous meeting: the projects, under major subject headings, to which the Organization was committed. His delegation’s proposal was that that complete list of continuing projects, including joint UNICEF/WHO projects, should be maintained. He therefore proposed the deletion of paragraph 5 of the Brazilian draft resolution.

He further proposed the addition at the end of paragraph 2 of the words “maintaining so far as possible the same balance between the major subject headings as in 1954”. That would give a useful yardstick to the Director-General and the Board when considering the necessary reductions.

Furthermore, he proposed adding the words “by concentrating on priority I projects” after “to re-transfer” in paragraph 6. The Australian delegation felt that if the Director-General, in dealing with the Technical Assistance programme, concentrated on projects of first priority, as set out in Annex 3 to the proposed programme and budget estimates for 1955 (Official Records No. 50), he would certainly be able to re-transfer a sufficient number of the Technical Assistance projects to Technical Assistance funds to provide for the maintenance of the fellowship programme. A certain sum might still remain which could be allocated to new projects, and help to reconstitute the balance of the programme as it was in 1954.

The Chairman proposed that, at that stage, only the amendment connected with UNICEF be considered. The Australian delegation would perhaps present its other proposals when the Committee discussed the questions of Technical Assistance and of fellowships.

Dr Braga (Brazil) accepted the Australian amendments to paragraphs 2 and 6 but could not agree to the deletion of paragraph 5.

Mr Rajan (United Nations Children’s Fund) said he was not in a position to commit his organization, but would like some clarification of the intention of paragraph 5. As he understood it, the $621,366 did not represent the total cost of personnel engaged in joint projects but only that part which WHO was unable at the present time to assume. Was it the intention to ask UNICEF to pay half the $621,366 or half the entire cost of the international personnel on joint projects?

Dr Braga (Brazil) said his delegation’s intention was to ask UNICEF to consider the possibility of paying half the sum of $621,366.

Dr Mellbye (Norway) was somewhat concerned about the implications of any decision the Committee might take on the problem. It would seem to him difficult to take a decision before discussing in detail the future division of responsibilities between UNICEF and WHO.
His delegation thought that programmes in the future must be initiated on a firm and definite basis and that WHO must take financial responsibility for functions for which it was technically responsible.

It was of the greatest importance to international health work that an independent international department dealing with maternal and child health should not be operating outside WHO. But UNICEF might be forced to establish such a department if WHO were not able to take that financial responsibility.

Dr Sicault (Morocco, French Zone) wondered whether, in view of the remarks made by the representative of UNICEF, the appeal by WHO to that organization to pay part of or all the expenses of the technical personnel involved was likely to meet with a response. If it was a case of crying in the wilderness it might be better to decide at once that WHO would pay the $621,366—in which case the deficit would remain at $800,000 and some other means must be found for meeting it. He proposed that projects already begun should be continued and that new projects should be initiated only within the limits of available resources.

Dr Brady (United States of America) thought there was still another proposal before the Committee. He agreed with those delegates who thought it was improper to ask UNICEF to reimburse costs incurred by WHO. On the other hand, for WHO to pay the $621,366 would mean devoting a disproportionate amount of its total resources to a specific type of activity. He proposed that a proportion of that sum, to be decided by the Health Assembly, be accepted by WHO without asking UNICEF for the remainder.

In reply to a question by the Chairman, he said that he did not yet have any formal text to propose.

Dr Turbott (New Zealand) preferred the original Australian proposal, on which the delegate of Ireland had asked the opinion of the Director-General. It had seemed to him very clear-cut and straightforward: continue projects to which WHO was committed, and implement new projects on the principle of maintaining a proportion between subjects.

Dr Bernard (France) proposed that, while waiting for the specific proposal to be drafted by the United States delegate, the Committee should take a decision on the question of future relations with UNICEF. A decision on that point should not give rise to difficulties and would help to decide what was to be done for 1955.

The Chairman, noting that there were no objections to that procedure, put to the vote the draft resolution proposed by the delegation of India, as amended by the delegation of France.

Decision: The draft resolution was adopted (see fourth report of the Committee, section 2).

Adjustment of the Programme to the Budget Ceiling (resumed)

Dr Brady (United States of America) suggested that the following paragraph might be added to the resolution just adopted, as paragraph 7:

DECREES for the year 1955 that WHO, recognizing its need to maintain a well-balanced programme, will provide international health personnel amounting to . . . per cent. of the cost for such personnel in present joint UNICEF/WHO projects.

In reply to a question by the Chairman, who asked how he proposed that the remaining percentage should be met, Dr Brady said that his proposal differed from that of the Brazilian delegation in that it stated what WHO proposed to do; if UNICEF did not then wish to carry on all the projects, some of them would have to be stopped.

Mr Harry (Australia) supported by Dr Kaprio (Finland) and Dr Lakshmanan (India), suggested that it would be more appropriate for the paragraph proposed by the United States to replace paragraph 5 of the Brazilian resolution, since that resolution referred to the 1955 budget, whereas the resolution just adopted referred to general relations with UNICEF.

In reply to a question by Dr Moore (Canada), Dr Brady (United States of America) said the Committee did not have before it data on which to base a recommendation regarding the exact percentage. In his opinion WHO had the total financial responsibility and the sum which should be devoted to specialized activities should be decided upon by the Health Assembly in plenary session.

Dr Moore (Canada) stated that the Canadian delegation would be prepared to support the proposal of the delegate of the United States of America.

After further discussion, the Chairman noted that the general feeling was that the paragraph proposed by the United States delegate would be more appropriate as an amendment to paragraph 5 of the Brazilian draft resolution. The discussion would be continued at the next meeting.

The meeting rose at 5.35 p.m.
1. **Review and Approval of the Regular Programme and Budget Estimates for 1955** (continued)

**Agenda, 6.4**

**Adjustment of the Programme to the Budget Ceiling** (continued)

The Chairman recalled that at its last meeting the Committee had been considering a draft resolution submitted by the delegation of Brazil (see page 271) and amended by the delegation of Australia (see page 278). A further amendment was proposed by the United States delegation, namely to replace paragraph 5 of the draft resolution by the following:

REQUESTS the Director-General, when adjusting the 1955 programme, to provide for half of the cost of the international health personnel in projects for which UNICEF has been reimbursing these costs in 1954.

Dr Turbott (New Zealand) reiterated his preference for the original Australian proposal, which called for a reasonable proportion between major subject-headings. He thought it advisable not to tie the hands of the regional directors. For example, at an earlier meeting the Committee had unanimously recommended that more attention should be paid to environmental sanitation. The regional directors would undoubtedly wish to comply with that recommendation, but they would find difficulty in doing so if they were also instructed to maintain the same balance between major subject-headings as in 1954.

Dr Turbott (New Zealand) replied that he had taken environmental sanitation only as an example and still held that the Australian amendment would prevent the Director-General from manoeuvring within the narrow limits at his disposal. He therefore maintained his amendment.

Mr Harry (Australia), referring to the amendment proposed by the New Zealand delegation, said the Australian delegation fully agreed about the importance of environmental sanitation; the Committee, moreover, had already expressed its opinion on that point. If, however, the Committee decided to leave it to the Director-General to strike a balance among budgetary items, it would not be giving him the guidance he wanted. In the Brazilian draft resolution, as amended by his own delegation, the Director-General was asked to observe the same balance as in 1954 without being tied too rigidly. That formula should give satisfaction to the delegate of New Zealand. In the course of adjustments in 1954, the percentage allocation of Technical Assistance funds had increased from 7.4 per cent. to 9 per cent.; applied to 1955 that would mean an amount of approximately $100,000 for new projects in the field of environmental sanitation.

Dr Turbott (New Zealand) replied that he had already expressed his delegation's views on the general relations between WHO and UNICEF at the previous meeting. His main point was that each organization should have its own autonomy and its own responsibility, administratively and financially. The proposed resolution did not take account of that principle. The delegate of Turkey had at the previous meeting drawn attention to the difficulty of basing a budget on pious hopes. The Committee should adopt a more realistic stand and ask the Director-
General to consider the possibility of assuming the total costs in question. That would not close the door to negotiations between the two organizations; indeed the penultimate paragraph of the resolution adopted at the previous meeting provided for negotiations if the finances required for joint projects exceeded the ordinary resources of the Organization. While it would be a cause for rejoicing and a further sign of understanding between the two organizations if UNICEF agreed after consultation with WHO to give increased aid towards the payment of the technical personnel, the decisions of the UNICEF Executive Board must not be anticipated.

The French delegation therefore could accept paragraph 3 of the Brazilian draft resolution, but not paragraph 4. As for paragraph 5, he supported the United States amendment, with one important modification: the replacement of the words "half of the cost" by "the entire cost".

Dr SICAUT (Morocco, French Zone) asked for clarification of the New Zealand amendment to paragraph 2. He had understood the amendment to mean that the same proportion should be maintained between major sub-headings as for 1954. The delegate of New Zealand had however stated that his amendment was designed to leave the maximum of liberty to the Director-General in affecting a balance. Possibly the words "satisfactory balance" would be more appropriate than "proportionate balance".

Dr TURBOTT (New Zealand) said that "satisfactory balance" was acceptable to his delegation.

The CHAIRMAN proposed that the Committee should vote on the Brazilian resolution as amended by the Australian delegation paragraph by paragraph, with the relevant amendments, leaving aside paragraphs 6 and 8 until such time as Technical Assistance came up for discussion.

It was so agreed.

Decision:

(1) The preamble and paragraph 1 were approved.
(2) The New Zealand amendment to paragraph 2 was adopted, the paragraph as a whole then being approved.
(3) Paragraphs 3 and 4 were approved.
(4) The French amendment to the United States amendment to paragraph 5 was rejected by 21 votes to 18.
(5) The United States amendment to paragraph 5 was adopted.
(6) Paragraph 7 was approved.

(For discussion of paragraphs 6 and 8, and approval of the resolution as a whole, see minutes of sixteenth meeting, section 3.)

Appropriation Resolution

The CHAIRMAN drew attention to the second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget, which contained the proposed Appropriation Resolution for the financial year 1955. The total of "Part II: Operating Programme" could only be the difference between the budget ceiling of $9,500,000 and the sum of Parts I and III, i.e. $8,126,591. Taking account of the resolution just adopted, the figures to be inserted under "Part II: Operating Programme" were:

4. Central Technical Services . . . . $1,715,853
5. Advisory Services . . . . . . . . $4,932,245
6. Regional Offices . . . . . . . . $1,342,736
7. Expert Committees and Conferences . . . . . . . . $135,757

giving the total of . . . . . . . . . . . . . . . . $8,126,591

Decision: The proposed Appropriation Resolution for the financial year 1955, as completed, was adopted (see fourth report of the Committee, section 3).

In answer to a question by Dr SICAUT (Morocco, French Zone), Dr DOROLLE, Deputy Director-General, said that the adoption of paragraph 5, as amended, of the Brazilian draft resolution did not affect the amount of $313,890 available for new projects. The amount would be increased only if UNICEF agreed to reimburse WHO for the whole and not merely half of the cost of international health personnel in joint projects with WHO. In that case it would be increased by about another $300,000.

2. Decisions of the Sixteenth Session of the Economic and Social Council and the Eighth Session of the General Assembly affecting WHO's Activities

Agenda, 6.14

The general introduction to this item had been given by Dr Kaul, Director, Office of External Relations, at the fourteenth meeting under the heading "Relations with UNICEF" (see page 274).

1 Unpublished

Agenda, 6.5

Dr Kaul, Director, Office of Technical Assistance, introducing the subject, said that the report of the Director-General on WHO participation in the Expanded Programme of Technical Assistance (see Annex 4) was complementary to that presented to the thirteenth session of the Executive Board and contained in Official Records No. 52, Annex 12.

It would be seen from the Executive Board’s report that the Technical Assistance Board had earmarked for WHO the sum of $5 078 000 from the Special Account for 1953; that sum had subsequently been reduced and WHO had received only $4 600 525 in that year. The summary in section 3 of the Director-General’s report showed that on 1 January 1954 WHO’s total resources for 1954, including the carry-over from 1953, amounted to $2 752 207. The raising of the expenditure ceiling for the second half of 1954 (decided upon by the Technical Assistance Board at its session in March 1954) had resulted in a small increase in the funds for WHO and raised the total earmarking to $3 283 457. It was not certain whether any further sums of money would be available during 1954; that depended on the rate of payment of contributions pledged, which amounted to approximately 24 million dollars. As a result of a decision taken by the Technical Assistance Committee, $3 000 000 out of the 1954 contributions would have to be used for gradually increasing the present reserve from $3 000 000 to $12 000 000. It was still the aim of the Technical Assistance Board to raise programme expenditure for 1954 to $18 000 000, but the realization of that aim would depend on the resources that might become available.

Referring to changes in the financial procedures and policies decided upon by the Technical Assistance Board and the Technical Assistance Committee, he recalled that the Technical Assistance Programme was dependent on the voluntary pledges made annually by governments and on the extent to which those pledges were fulfilled. There were always delays in payment. The financial situation was further complicated by the fact that contributions were received in the different currencies of the contributing countries. The Expanded Programme had been operated during the past three years on a yearly basis in the same way as the normal programmes of the United Nations and the participating organizations. Both the Technical Assistance Board and the Technical Assistance Committee had been concerned with the danger to long-term continuing programmes of fluctuations in the resources, and the Technical Assistance Committee had now decided that the Reserve Fund in the Special Account should be increased to $12 000 000, that the Technical Assistance Board should base its annual programme on the most conservative estimates of the annual resources in the light of the previous year’s experience, and that the participating organizations should keep commitments under their operating programme within the limits of their share of the Reserve Fund.

While these measures would increase the financial stability of the programme, they did not ensure the financial resources necessary for completing long-term programmes. The appendix to the Director-General’s report (see page 461) contained the statement of the WHO representative at the meeting of the Technical Assistance Committee in March 1954, in which he had explained that WHO would like to see introduced a full assurance that the Technical Assistance Board, when approving a project, would simultaneously approve the finances for the completion of that project, a provision to that effect being included in the financial policies of the Technical Assistance Programme. The Technical Assistance Board had in fact included in its recommendations to the Technical Assistance Committee provisions which would have permitted this measure, and the Executive Board of WHO had fully endorsed it at its thirteenth session. The Technical Assistance Committee, however, had not accepted it, and to that extent the financing of the long-term programmes was not fully assured. On the other hand the present arrangements were a great advance, and the Director-General would continue his efforts to get the programme procedures improved in order to bring about full financial security.

Referring to the question of waivers of local costs, he recalled that, in accordance with decisions of the Technical Assistance Committee, the Technical Assistance Board was authorized to grant exemptions to governments in respect of local costs, in exceptional circumstances. Five countries had been granted general waivers, and eight to ten exemptions from payment of local costs of projects had been made. The Technical Assistance Committee had also approved, with effect from 1 January 1954, a new system of collection of payment of local costs,
whereby governments made lump-sum contributions to the Special Account. With the introduction of that system, the Technical Assistance Board was of the opinion that exemptions from payment were no longer necessary. The representative of WHO on the Technical Assistance Board did not agree, and had pointed out that the provisions for exemption still existed. The Technical Assistance Board, pending a review of the criteria for the granting of exemptions, had extended the existing exemptions until the end of the year.

Dr Kaul then drew attention to paragraphs 1 and 2 of resolution WHA6.9 of the Sixth World Health Assembly, which referred to the study by the Technical Assistance Board of various proposals concerning the administration of the Technical Assistance Programme. The amendments to resolution 433 A (XIV) of the Economic and Social Council referred to in paragraph 2 of resolution WHA6.9 related to the appointing of a whole-time Executive Chairman for the Technical Assistance Board. The Sixth World Health Assembly had decided to defer consideration of the question because further changes were under discussion. Further developments had since taken place, and at the last session of the Technical Assistance Committee one delegation had put forward certain proposals for radically changing the organization of the programme. It suggested the replacement of the automatic allocation of resources to the participating organizations by a system of allocation based on the cost of programmes planned and approved at country level. A second suggestion was that programme approval should be taken over from the Technical Assistance Board by an intergovernmental body, the Board being an intersecretariat body.

The Secretary-General of the United Nations, after consultation with the executive heads of the participating organizations, had requested the Technical Assistance Committee to defer consideration of those proposals until its summer session so as to allow the Administrative Committee on Co-ordination to express its views on them. The Technical Assistance Programme being operated by the participating organizations, any changes in its supervision or operation were of direct concern to them. The Director-General would be considering the matter with the other heads of the participating organizations at the session of the Administrative Committee on Co-ordination.

Dr Melville MacKenzie, representative of the Executive Board, said that the whole question of WHO's participation in the Expanded Programme of Technical Assistance had been considered at the thirteenth session of the Board, which had had before it a report by the Director-General, reproduced as Annex 12 to Official Records No. 52. The Board had asked the Director-General to prepare a further report covering the period between its thirteenth session and the Seventh World Health Assembly, and that was the report now before the Committee (see Annex 4). He drew attention to the four resolutions that the Board had adopted on the question, namely, resolutions EB13.R40, EB13.R41, EB13.R42 and EB13.R43.

Dr Djukanović (Yugoslavia) said that the Expanded Programme of Technical Assistance, first approved in December 1949, represented a great contribution to international co-operation and to the advancement of under-developed countries. The aid that Yugoslavia had received was already giving tangible results. It might be useful at the present stage to review briefly experience to date and the problems that had arisen in implementing the programme.

Many Yugoslav nationals who had been granted fellowships through Technical Assistance had been able on their return to undertake work of the highest importance involving modern medical techniques, and he wished to express the gratitude of his Government for all the facilities that had been made available to those fellows by countries, institutions and individual teachers.

To make sure that Technical Assistance was used to the best advantage and to develop relationships with all international organizations in the field of health, a special governmental committee composed of eminent public-health workers had been set up in his country to examine in detail all proposed programmes and select candidates for fellowships. A publication containing detailed information on the working and living conditions of Yugoslav fellows, on the results they obtained in their courses, and on the practical application of those results when they returned home, was at present in preparation. That publication might be useful to all countries that were seeking to discover the best way to make use of Technical Assistance. Experience in Yugoslavia showed that the sending of fellows abroad for
specialized studies should be further developed, and that a more important place should be given to fellowships in the programme. Short-term fellowships had proved to be of less value, since they did not allow for sufficiently specialized studies.

His delegation appreciated the valuable assistance that health administrations of many countries, including his own, had received from many experts sent as consultants. However, it was felt that that form of assistance should not be given too rigid a plan but should be adapted to the special conditions and needs of the various countries. It had also been found that the aid given in solving certain well-defined problems by means of long-term consultants was of more use to national health services than short visits by individuals or groups.

An analysis, by the governmental committee he had mentioned, of the assistance in the form of supplies given under the Technical Assistance Programme and by UNICEF had shown that the establishment of blood transfusion centres, of rehabilitation centres, of maternal and child health clinics, and of pasteurization plants, and in general the supply of equipment for health centres, were important aids to the development of health services. There was no doubt that the other forms of assistance should be orientated in the same direction, with due regard to the needs of particular countries.

The governmental committee had also arrived at the view that in some respects Yugoslavia's health services had reached a level where it was possible to take fellows from other countries. Fellows from under-developed countries, in particular, would thus be in a position to learn how with modest resources it was possible to obtain valuable results, notably in the control of endemic syphilis and communicable diseases in general, as well as in public-health administration and the rehabilitation of the physically handicapped.

He would now make a few observations on the United Nations Expanded Programme of Technical Assistance as a whole.

The past year had been one of great achievement, since for the first time the interest of governments in the programme had reached a level where it was possible to take fellows from other countries. Fellows from under-developed countries, in particular, would thus be in a position to learn how with modest resources it was possible to obtain valuable results, notably in the control of endemic syphilis and communicable diseases in general, as well as in public-health administration and the rehabilitation of the physically handicapped.

Dr MacCormack (Ireland) said that his delegation shared the view expressed by the WHO representative at the meeting of the Technical Assistance Committee in March that financial procedures in the Technical Assistance Programme should be such as to protect it from financial fluctuations. From that principle there naturally followed the view that the necessary money for the implementation of any project should be actually in the bank before the project began. That seemed to his delegation to imply three requirements: first, that pledges should be paid more regularly, secondly, that the Technical Assistance Administration should be able to develop a pro-
procedure allowing for a reasonable amount of planning two or three years ahead, and thirdly that projects should not necessarily be transferred to the regular budget simply because of financial difficulties under the Technical Assistance Programme—a practice which, as recent events had shown, led to serious repercussions not only on the Technical Assistance Programme itself but also on the regular programme.

In short, the only way to avoid financial fluctuations both in Technical Assistance funds and in the regular budget was firstly so to arrange the regular programme that it could be carried out whatever the state of Technical Assistance funds, and secondly to make no firm commitments with governments under the Technical Assistance Programme until funds were actually available.

Dr Garcin (France) recalled that his Government was in favour of modifying the system of allocations. However, the question was to be considered by the Economic and Social Council at its eighteenth session and in those circumstances a discussion at the present stage by a specialized body such as the Health Assembly might be rather out of place.

Secondly, he had a few observations to make about resolution EB13.R43, to which the representative of the Executive Board had drawn attention. In paragraph 1 of that resolution the Executive Board took off its hat to the European national committees for Technical Assistance, but in paragraph 2 it said that it had no need for them and did not intend to make use of them. Turning to the preamble, he noted that the statement that the Organization’s present channels of communications with governments represented the officially expressed wish of the governments concerned was not quite accurate, since it was precisely those governments, through their national committees, had asked to modify those channels of communications.

In any case, the fact that a government had at one time expressed the desire to communicate through certain channels did not mean that that method must necessarily be continued without modification. In the next paragraph it was stated that the Director-General was the sole authority for selecting the staff of the Organization. He entirely agreed, but the resolution concerned not the staff of the Organization but Technical Assistance staff. Moreover, the national committees were not proposing to choose staff but merely to make suggestions with regard to that choice. The last paragraph of the preamble said that to accept the proposals of the national committees would result in crippling delays in implementing the projects and in additional administrative expenses. That was not necessarily so and his delegation took leave to doubt it.

It seemed strange that the Organization should reject so roundly the assistance offered by the national committees for Technical Assistance, whose establishment had been recommended in basic resolutions adopted by the Economic and Social Council and endorsed by the General Assembly. All the other specialized agencies had agreed to make use of them and had put that decision into operation from the beginning of 1954.

He therefore wished to express his delegation’s formal opposition to the resolution.

Dr Melville Mackenzie, representative of the Executive Board, said that the resolution had been adopted by a majority of the Executive Board after a long discussion. It was open to the Health Assembly to reverse the decision of the Board.

In reply to a question put by Dr Diba (Iran), the Chairman said that the Committee was at present concerned only with item 6.5 of the agenda. When it had considered items 6.6 and 6.7, it would proceed to vote on paragraphs 6 and 8, which had for the moment been left aside, of the draft resolution submitted by the delegation of Brazil and amended by the delegation of Australia. Noting that there were no more speakers, he invited the Committee to take note of the information presented to it and pass to the next item.

(For further discussion, see minutes of the sixteenth meeting, section 1.)


Agenda, 6.6

The Chairman drew attention to the Director-General’s report on the question (see Annex 5) and in particular to the draft resolution suggested in it. Noting that no delegate asked for the floor, he put the draft resolution to the vote.

Decision: The draft resolution was adopted (see fourth report of the Committee, section 5).

The meeting rose at 11.50 a.m.
SIXTEENTH MEETING

Tuesday, 18 May 1954, at 2.30 p.m.

Chairman: Dr E. AUJALEU (France)

On behalf of the Committee, the CHAIRMAN welcomed Dr Luther Evans, Director-General of UNESCO, who was attending the meeting.

1. Report on the Expanded Programme of Technical Assistance (continued)

The CHAIRMAN announced that since the discussion of item 6.5 at the last meeting a draft resolution on legislative developments in the Technical Assistance Programme had been tabled by the delegation of Ireland. He put it to the vote.

Decision: The draft resolution was adopted unanimously (for text, see fourth report of the Committee, section 6).

2. Decisions of the Sixteenth Session of the Economic and Social Council and the Eighth Session of the General Assembly affecting WHO's Activities (continued from the fifteenth meeting, section 2)

Professor JU Lius (Netherlands) apologized for offering further remarks on item 6.14 of the agenda. However, he wished to refer to a number of points made in the Director-General's report on the question; for, while much time had been devoted to a discussion of financial matters, insufficient attention had been given to the psychological and medical aspects of the report.

The report quoted paragraph 9 of resolution 496 (XVI) of the Economic and Social Council (“Programme of Concerted Practical Action in the Social Field”), which read:

9. Considers it advisable, as an immediate objective, to pay particular attention to the use of the following practical methods and techniques for assisting governments in carrying out the activities set forth in paragraph 8:

(a) the promotion and implementation of community development projects, particularly through the establishment of demonstration centres;

(b) the rapid development of programmes and facilities for training both professional and technical personnel and auxiliary and community workers;

(c) the development and strengthening of national and local organizations necessary for administering social programmes;

and in that connexion the following statements were made in the report: “People will work on their own initiative only to accomplish things for which they feel the need”, and “Community development depends mainly on the use of local resources, both for materials and for staffing”. He read the following passages from the resolution:

2. Calls attention to the fact that progress has already been made through national, bilateral and international action in dealing with the age-old problems of ignorance, poverty and disease, but that in spite of all efforts, the need as pictured in the report on the world social situation is so great that resources available are still inadequate;

7. (d) projects [financed by the United Nations and specialized agencies] should be adapted to the geographic, economic, social and demographic conditions of the country concerned, and studies of these conditions essential to effective practical projects should be undertaken but should not delay action to meet urgent needs;

11. Requests the Technical Assistance Board to give sympathetic consideration, as resources permit, to such requests as the governments concerned may make regarding any particular aspects of these programmes.

With reference to the first sentence quoted from the report and to paragraph 11 of the resolution he pointed out the vicious circle which existed in the fact that on the one hand governments would not make requests for help unless a need for action was felt, while on the other hand they would not feel the need for action unless they were helped to do so.
One of the essential tasks of WHO was to make people feel their need for help and thus to persuade them to ask for it. As had been pointed out by Mr Stead (United States of America) at an earlier meeting, local development and local needs should be studied before any help was given. WHO was already achieving something, but efforts should be intensified to persuade people of the necessity for assistance. Experience in England in the nineteenth century showed that such a task was difficult to carry out: as a result of a cholera epidemic in London in 1831, followed by an outbreak of typhus fever some time later, a commission had been appointed to study the situation arising from the Poor Laws; but not until 1848 had the first Health Act been passed as a result of the commission's report. Nevertheless, one of the primary tasks of WHO was to activate local authorities to carry out projects either in combination with WHO or with advice from WHO, and he thought that the International Union of Local Authorities might be of some assistance in that connexion. The need to seek the co-operation of local authorities in carrying out projects should be stressed. The resolution of the New Zealand delegation on environmental sanitation projects could be considered under that head. The many important fields of possible WHO action suggested by the Economic and Social Council should be noted.

The Chairman thanked Professor Julius for his statement, which would be considered by the Secretariat together with earlier remarks on the subject.

3. Technical Assistance Programme for 1955

The Chairman drew attention to the relevant documentation: resolution EB13.R56 of the Executive Board, and a report by the Director-General on the effect upon the proposed regular programme for 1955 of modifications in the programme for 1954.¹

There were two proposals before the Committee: a resolution submitted by the delegation of Ireland (later adopted by the Committee and reproduced in its fourth report, section 7), and two remaining paragraphs (6 and 8) of a resolution submitted by the delegation of Brazil and amended by the delegation of Australia (see pages 271 and 278). As the delegate of Ireland had confirmed that his resolution could in no way be considered an amendment to the Brazilian resolution, the Chairman proposed that the two resolutions be considered separately.

Mr Harry (Australia) asked whether consideration was to be given first to the resolution proposed by the delegation of Ireland or to the remaining paragraphs of the resolution proposed by the delegation of Brazil.

The Chairman was prepared to open discussion on either resolution, in accordance with the wishes of the Committee.

Dr Garcin (France) suggested that as both resolutions were related to the same question a way might be found to discuss both at the same time. As paragraph 8 of the Brazilian resolution in effect summarized the whole of the Irish resolution, he suggested the adoption of the Brazilian resolution, replacing paragraph 8 by paragraph 1 of the Irish resolution.

However, paragraph 1 of the Irish resolution contained a number of considerations on possibilities, though it would seem that there were no material or technical limitations to the possibility of making a complete distinction between the regular programmes and the Technical Assistance programmes. The only limitations were possible wishes of the Health Assembly and the goodwill, which did not seem open to doubt, of the Director-General in fulfilling those wishes. He therefore proposed the deletion of the words "to do everything possible" and the replacement of "as completely as possible" by "completely".

The Chairman said that the Brazilian delegation was prepared to accept that suggestion; he asked the opinion of the Australian delegation (which had submitted an amendment to the original Brazilian resolution).

Mr Harry (Australia) replied that, while the Australian delegation did not object to the proposal, they thought that a simpler procedure would be to delete paragraph 8 of the Brazilian resolution, leaving paragraph 1 of the Irish resolution as originally proposed.

Dr MacCormack (Ireland) observed that the course to be adopted was immaterial to the delegation of Ireland provided that the principle of separating the regular programme from the Technical Assistance Programme was clearly stated.

¹ Unpublished working document
said that to the extent that it became possible the projects to Technical Assistance funds, it could be
extent it might be possible to retransfer some of the question, while it was too early to forecast to what
was therefore $313 890.

$656 000).

Assistance to regular funds in 1954 (approximately
in
amounted to $2 695 682, included the continuing cost
the provision made for continuing projects, which
were not transferred back to the Technical Assistance
funds. Although it would be possible to combine the two
resolutions, since it was generally agreed that the
Director-General should be asked to separate the
two programmes as completely as possible, it would
be both clearer and easier to consider the resolutions
separately, leaving the point of contact between them (paragraph 8 of the Brazilian resolution).

The CHAIRMAN asked whether the Committee
wished first to vote upon the resolution proposed by
the delegation of Brazil or upon that proposed by
the delegation of Brazil.

Mr HARRY (Australia) wished before voting to
clarify the position with regard to the possible
retransfer of Technical Assistance projects from the
regular budget to Technical Assistance. First, he
asked whether further cuts would be required in the
regular budget if the Technical Assistance projects
were not transferred back to the Technical Assistance
funds. Secondly, although appreciating the inability
of the Director-General to make any complete
forecast of the situation, he asked whether there was
any prospect of the retransfer of those projects as a
result of a balance in the Technical Assistance funds
at the end of 1954.

Mr RENLUND, Director, Division of Budget and
Finance, in replying to the first question, noted that
the provision made for continuing projects, which
amounted to $2 695 682, included the continuing cost
in 1955 of projects transferred from Technical
Assistance to regular funds in 1954 (approximately
$656 000). The amount available for new projects
was therefore $313 890. With regard to the second
question, while it was too early to forecast to what
extent it might be possible to retransfer some of the
projects to Technical Assistance funds, it could be
said that to the extent that it became possible the
equivalent amount of money would be available
under the regular budget for financing new projects
or individual fellowships.

Mr HARRY (Australia) was satisfied to have
established the fact that the effect of a retransfer
of those items from the regular budget would be an
actual increase in the amount of money available
for new projects; so that, if the total amount involved
should be retransferred, then the cut in the budget
which the Director-General had been authorized
to make would amount not to $800 000 but to only
$150 000. In connexion with the possibility of such
a transfer being made, Mr Harry raised a further
point. He referred to the summary of Technical
Assistance programmes for 1954 and 1955 by
priorities contained in Annex 3, Official Records
No. 50, which gave, on page 479, the totals for priority
I projects (about $3 275 000), priority II projects
(about $900 000) and priority III projects (about
$1 100 000) in 1955. He asked what the effect would
be if only the priority I projects were implemented
in 1955, assuming that the total Technical Assistance
funds available to WHO in 1955 would be the same
as in 1954.

The DEPUTY DIRECTOR-GENERAL replied that
while the amount of money available under Technical
Assistance funds in 1955 could only be guessed at,
it would be too much to hope that the total sum
of $656 074 required for continuing projects trans-
ferred to the regular budget in 1954 would be
available. There was practically no hope of priority
II and III projects being implemented, since all available
resources would be absorbed by the priority I
projects. More detailed figures on the subject could
be produced if required.

Mr HARRY (Australia) remarked that, as the
Deputy Director-General had said that priority II
and III projects could not be envisaged in 1955, it
seemed to the Australian delegation that, if the
figure of $3 276 556 was the total of priority I
projects, then that figure was roughly the amount
of Technical Assistance funds which the Organization
might expect to receive in 1955, and that the effect
of taking $656 000 into the regular budget would
mean that it would be possible to implement priority
II projects. For that reason, the Australian delegation
felt that practically all those projects could be re-
transferred to Technical Assistance funds in 1955
provided that priority I projects were concentrated
on, and that the total amount available on the regular
budget might be substantially increased to allow for
the implementation of the new projects which would
otherwise be deferred.
Mr Renlund explained that the figure of $3,276,556 referred to by the delegate of Australia represented only the field projects. As the so-called indirect operational and central administrative costs had also to be taken into account, the final sum required to cover priority I projects would amount to $4,274,394. It would therefore seem very difficult to expect that any large proportion, if any, of the $656,000-worth of projects would be retransferred. The actual amount would depend entirely on the resources to be made available in 1955 under Technical Assistance, which would not be known until late in 1954.

Dr Brady (United States of America) referred to the second paragraph of the preamble to the resolution proposed by the delegation of Ireland, which contained the suggestion that credits for the financing of Technical Assistance projects should be accumulated in advance. He reminded the Committee that a rather different proposal had been made by the Technical Assistance Committee, to the effect that a fund should be established, as a safeguard against financial crises, which would start at a figure of $3,000,000 in the first year and increase yearly until it reached $12,000,000. He wondered whether it was appropriate for the Committee, which represented many of the governments that also sat on the Technical Assistance Committee, to adopt a proposal which might be contrary to views expressed by the same governments in that committee.

The Deputy Director-General agreed that the preamble of the resolution proposed by the Irish delegation voiced a point of view which was different from the point of view adopted by the Technical Assistance Committee, to the effect that a fund should be established, as a safeguard against financial crises, which would start at a figure of $3,000,000 in the first year and increase yearly until it reached $12,000,000. He wondered whether it was appropriate for the Committee, which represented many of the governments that also sat on the Technical Assistance Committee, to adopt a proposal which might be contrary to views expressed by the same governments in that committee.

The resolution proposed by the delegation of Brazil was put to the vote in its entirety.

Decision: The draft resolution was adopted in its entirety by 28 votes to none with 9 abstentions (see fourth report of the Committee, section 7).

4. Draft Resolution on Research

Dr Brady (United States of America) asked for permission to submit a draft resolution on research programmes.

On the proposal of the Chairman, it was agreed to adjourn the meeting pending circulation of the draft resolution in writing.

The meeting adjourned at 4 p.m. and resumed at 4.30 p.m.

Dr Brady (United States of America) presented his delegation’s draft resolution, which read as follows:
The Seventh World Health Assembly,

Considering the programme for 1955;

Recognizing that public-health research and coordination of basic health research are an essential function of the World Health Organization;

Confirming the policies on research established by the Second World Health Assembly (resolution WHA2.19) and by the Executive Board in its eighth session (resolution EB8.R34);

Noting that the Executive Board, in its resolution EB13.R78, has requested the Director-General, in preparing his proposed revision of the programme of work for a specific period for consideration by the Executive Board, to emphasize in regard to research those aspects which are particularly international in character;

Realizing the world shortage of highly trained medical research personnel, and the high cost of personnel and equipment required in many fields of modern medical research;

Recognizing that basic research is normally most satisfactorily developed in national and local institutions, which may be assisted by grants from WHO for research contributing to WHO programmes;

Recognizing that, exceptionally, WHO may be forced to implement research programmes itself by consequence of its own projects,

1. REQUESTS the Executive Board and the Director-General to take note of previous resolutions in developing programme policies of the Organization; and

2. URGES that Member States with suitable research resources should, in the formulation of their research programmes, have special regard to the international benefit which may be derived from them.

The draft resolution would serve two purposes: to define the role of WHO in research matters, and to emphasize the value of certain aspects of national research which were international in scope.

Dr Melville Mackenzie, representative of the Executive Board, recalling that the question of research had been raised at earlier sessions of the World Health Assembly and the Executive Board, drew attention to resolution WHA2.19, on the coordination of research, and resolution EB8.R34, on scientific research in the field of health. The position would again be reviewed at the fourteenth session of the Executive Board.

The Deputy Director-General stressed that a resolution on lines such as that now submitted would be extremely valuable as a guide to the Director-General in formulating the part of the general plan of work related to research policy, as requested in resolution EB13.R78.

Dr Mellbye (Norway) asked for more time to study the proposal.

It was agreed to discuss the draft resolution at the next meeting.

The meeting rose at 4.45 p.m.

SEVENTEENTH MEETING

Wednesday, 19 May 1954, at 9.30 a.m.

Chairman: Dr E. Aujaleu (France)

1. Draft Resolution on Research (continued)

The Chairman recalled that at the last meeting the delegate of the United States of America had introduced a draft resolution. There was now a proposal by the delegation of Morocco (French Zone), to replace the last paragraph of the preamble by the following:

Believing that, with regard to programmes of research in connexion with its own projects, WHO should give the utmost possible assistance to local or national institutions which can undertake such programmes or, as an exceptional measure, itself carry them out.

Professor Rodhain (Belgium) wondered whether by “research” was meant scientific research in the proper sense or inquiries and investigations. If the delegate of the United States could give an example illustrating the sense intended, the exact
purport of paragraph 2 of the draft resolution would be clearer. It would be remembered that at the twelfth meeting, when the observer for the International Union against Cancer had spoken, there had been a certain amount of disagreement on the question of research, and references had been made to the distinction between inquiries and research proper.

Dr Raffo-Sivori (Chile), considering the breadth of the interests and aims of the Organization, felt that it must have a firm scientific basis and that research should be organized within WHO itself so as to keep the spirit of scientific inquiry always alive. He therefore welcomed the draft resolution of the United States delegation, which was in conformity with resolutions adopted at previous Health Assemblies. He also approved the amendment proposed by the delegation of Morocco (French Zone), since it widened the scope of the resolution.

As for the remarks of the delegate of Belgium, he believed that the proposers of the resolution intended to refer to scientific medical research. To bring that idea out more clearly, he proposed that after the word "benefit" in paragraph 2 there should be added the words "in the preventive as well as the curative field".

Dr Sicault (Morocco, French Zone) said that the value of scientific research on various problems had been so often mentioned in the course of the present session that the draft resolution appeared particularly timely. However, it had not seemed to him to define clearly enough the role of WHO. He would be the last to maintain that WHO should set up research institutions and become a sort of world scientific foundation, but he felt that it must encourage and stimulate all kinds of research programmes, both fundamental research on such problems as cancer and research on problems that arose during the implementation of its own projects.

That was the object of the proposed amendment, but since the objection had been raised that he appeared to be proposing that WHO should itself become a research institution, he would modify it as follows:

Believing that with regard to programmes of research in connexion with its own projects WHO should give the utmost possible assistance to local or national institutions which can undertake such programmes, and recognizing that exceptionally WHO may be forced to implement them itself.

That wording should remove any possibility of misunderstanding.

Mr Stead (United States of America) thought that it might throw some light on the exact intentions of his delegation’s draft resolution if the Committee were to consider for a moment the question of research in the field of environmental control. As had often been remarked, environmental sanitation was concerned first and foremost with water, waste and food. Other questions, such as the control of insect vectors, were also important, but those three factors were essential to the very existence of a population. The public-health authorities were interested in them from two main points of view, that of safety—pure water, disposal of waste, and uncontaminated food—and, not less important, that of availability; for the task of the public-health administrator was not completed until he had solved the problem from both points of view, using material and supplies that were available in sufficient quantity locally. Research was often the key to the solution of the second problem—that of availability—so that the public-health worker could pass to the first—that of safety.

He would illustrate his point by two recent developments. The first concerned composting of organic waste. There the problem was to achieve the recycling of organic material—from human food to waste, from waste to plant food, and from plants, through animals, again to human food—so that there was no loss of material, which many countries could not afford. Recent developments in aerobic composting had opened the possibility of making all types of organic material immediately available as animal and plant food while obviating all accompanying dangers of propagating communicable diseases.

The second illustration concerned recent experiments in the combined use of sewage and sunlight for the highly efficient production of the forms of life known as algae, a rich source of proteins and fat. The sewage, decomposing in water, generated carbon dioxide, which was an essential element in the development of algae, and nitrogen, which was the nutritional factor they needed. At the same time, the algae drawing energy from the sun generated oxygen, which was essential to the orderly decomposition of the sewage. The result was that the energy contained in sunlight was used with
50 per cent. efficiency in the synthesis of protein, which could be fed to animals or fish to provide human food. That was another example of how the problem of waste disposal and the problem of food supply could be solved simultaneously while the factors of communicable disease remained under complete control.

Those were examples of research that he called truly creative. It would be possible to pile illustration upon illustration, but he would confine himself to remarking that that type of principle could be applied to any sort of living situation with no other equipment than was readily available everywhere.

He would now make a few remarks about different kinds of research. The research worker was often imagined as a gentleman in a white coat in a shining laboratory surrounded by strange instruments. That kind of research was certainly essential for extending the frontiers of knowledge, and indeed it must always come first. However, there also existed what was known as applied research, the aim of which was to see how a scientific principle, discovered without any particular application in mind, could be used in practice. Finally, there was a third type of research, sometimes called developmental, which consisted of showing how a given principle, which had already been shown to have a practical application, could be applied in one particular situation. That third type of research required an intimate knowledge of the resources, climate, customs and so forth of the locality in question.

In its draft resolution its delegation had tried —though without spelling out the distinction so fully—to recognize those three types of research, and to indicate that, while in certain circumstances even fundamental research could properly be undertaken by WHO, its main concern would be with the two latter types. His aim had not been to propose a new activity for WHO, but simply to suggest that where a vacuum existed in any of the three fields, but particularly in the last two, it was for WHO to fill it.

Dr Engel (Sweden), while approving the draft resolution, wished to propose an amendment to paragraph 2. The paragraph referred to “Member States ... in the formulation of their research programmes”. He felt that one should always be a little suspicious of research programmes directed by governments, since in general they were contrary to the freedom of science. Secondly, he did not particularly like the reference to “international benefit”. Good science was always of international benefit. He therefore proposed that the paragraph should be amended to read:

2. URGES that Member States with suitable research resources should co-operate with WHO in research programmes applicable to the field of international health.

Professor Grasset (Switzerland) recalled that it had again and again been emphasized at previous sessions of the Health Assembly that it was not the policy of WHO to give funds for fundamental theoretical research, but only for research on practical questions of diagnosis, treatment, and above all prophylaxis that were of particular interest to it.

He agreed with the delegate of Sweden about the reference to governmental research programmes. The method employed in the past by WHO had been to make use of scientific experts mainly in their individual capacity. Expert committees, for example, consisted of private persons having no responsibility towards their governments, which allowed them complete liberty of scientific action.

On the question of co-ordination, it was not the aim of WHO to stimulate research on questions other than those which were considered at the meetings of its expert committees and other bodies. For that research, the Organization granted subsidies to various institutions, private or public. It could also call on a great number of individual scientists, which, from the international point of view, meant that countries whose research facilities were not yet highly developed could benefit from all the discoveries made through the world in various fields. The expert committees, meeting year by year, assessed the progress made and decided whether research was needed in a particular subject at a particular institute, but, except in a few cases, such as the Tuberculosis Research Office at Copenhagen, it was not WHO’s practice to set up research institutes but rather, as he had said, to grant subsidies to the various existing institutes on which, thanks to its special position, it was able to call.

Professor Cramarossa (Italy) said that his delegation supported the draft resolution. While it understood the motives underlying the amendment proposed by the delegation of Morocco (French Zone), it could not support it, for it would be regrettable if the hope of material assistance directed research into
channels which, with the present shortage of highly trained personnel, mentioned in the preamble, might lead to negative results, while at the same time stimulating requests that WHO with its present resources would be unable to satisfy.

Dr MacCormack (Ireland) observed that the United States delegate, in speaking of research to improve food supplies, had referred mainly to food resources would be unable to satisfy. A great deal of research was also into the channels which, with the present shortage of highly trained personnel, mentioned in the preamble, might lead to negative results, while at the same time stimulating requests that WHO with its present resources would be unable to satisfy.

Mr Sorensen (Denmark) observed that the discussion had shown that one must define very precisely in what sense one was using the word "research". The difficulty began with the Constitution, which, in providing that WHO should promote and conduct research in the field of health, did not state what kind of research was meant.

It seemed to him that in its draft resolution the United States delegation attempted to distinguish between the various kinds of research and to lay down some system of priorities. It seemed to be generally agreed that fundamental research, at least, should not have a high priority for WHO support. However, the results of fundamental research, when they were received from the institutes that obtained them, were not immediately ready for application, but must be tried out in particular circumstances, and that was a type of research which ought to have priority. The same applied to the type of research that consisted of assessing the results of large-scale field programmes after they had been carried out. He felt that those ideas would be conveyed more clearly if the last paragraph of the preamble were amended to read:

Recognizing that for the implementation of sound public-health programmes WHO may be obliged to implement research itself.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) wondered whether the representative of Morocco (French Zone) could define more clearly and specifically what was meant by "with regard to programmes of research in connexion with its own projects" in his proposed amendment.

He wondered whether the remarks made earlier in the meeting by the United States delegate were intended to be taken along with the draft resolution as an interpretation of it, because there seemed to be a certain difference of emphasis. Perhaps what the United States delegate had said on the subject of environmental sanitation had been intended only as an illustration, and perhaps he could have given just as many examples from other fields. (Incidentally, it had seemed to him that the two illustrations given were more the concern of FAO than of WHO.) However, there did seem to be a conflict between the draft resolution and the remarks of the United States delegate, and that conflict was brought out by the reference in the draft resolution to the shortage of highly trained medical research personnel, for in projects of the type that Mr Stead had mentioned it was not medical but other types of research personnel that were required.

Professor Briskas (Greece) agreed with the delegate of Switzerland that the proper function of WHO in the field of research was to make use of the results achieved by individual experts and institutes throughout the world. Therefore, while he was generally in favour of the draft resolution, he proposed the deletion of the last paragraph of the preamble, which would tend to make WHO into a kind of supra-national research institution.

Dr Mathieson (Australia) recalled that the Director-General of UNESCO at the plenary meeting of the Health Assembly the previous day had referred to his organization's plans for undertaking cancer research. The UNESCO documents were not available, and it was not known exactly what was involved, but from press reports it seemed that UNESCO was to take "a fighting initiative in the struggle against cancer".

In resolution EB7.R15 the Executive Board had pledged WHO support to UNESCO and welcomed the interest shown by the Economic and Social Council.

His delegation supported the resolution of the delegation of the United States of America on the point that public-health research should be initiated by WHO through the various national and local institutions. In regard to co-ordination of medical research, it would seem to his delegation that that function was primarily a matter for WHO. However, whilst making the observation, he felt it would be desirable to await reports from the other specialized agencies before any definite policy was determined.
The Handbook of Resolutions and Decisions contained many resolutions emphasizing the importance of co-operation with other specialized agencies, but there was no reference to that question in the draft resolution before the committee. He therefore proposed the addition of a paragraph 3, to read:

REQUESTS the Director-General to keep in close touch with other specialized agencies interested in research in fields related to health, and to keep the Executive Board and Assembly informed of any developments in this connexion which may be of importance to the World Health Organization.

Professor Julius (Netherlands) remarked that there had been many references in the discussion to the different meanings of the word "research". However, research in its widest sense simply meant trying to solve problems, and from that point of view he could perhaps make the question a little simpler.

In general there existed two kinds of problem: problems of the unknown, and what he would call problems of conflict, by which he meant problems of gaps or contradictions in the answers given by fundamental research; but there was often a tendency to confuse the two kinds.

WHO was not a medical organization, but a health organization. Its function was to make use of the fundamental research—the research into the unknown—undertaken by medical scientists. In applying those results, the Organization was faced with the problems of conflict. It was on that latter kind of problem that WHO had itself to undertake research. That was how he had understood the resolution proposed by the United States delegation, and he therefore supported it in its original drafting.

Dr Lynch (Peru) also supported the draft resolution in its original form. He felt that the point made by many speakers, who had maintained that it would be undesirable for WHO to become a research institution, was already covered in the sixth paragraph of the preamble.

With regard to the suggestion of the delegate of Ireland, he felt that the word "medical" should be understood very broadly. If the word "veterinary" were added, it would be necessary to include references to many other fields of research that were implied though not expressly stated.

Dr Bustamante (El Salvador) analysed the United States resolution in order to show that the operative clauses were based on two groups of clear and well-defined premises contained in the preamble, and that to amend those clauses would make it necessary to alter the preamble. The delegation of El Salvador considered that the premises were well taken and for that reason it would support the resolution.

Dr Mellbye (Norway) said his delegation would support the resolution as amended by the delegations of Sweden and Denmark.

Professor Rondain (Belgium), supporting the views expressed by the delegates of Greece and Switzerland, proposed that the last paragraph of the preamble should be deleted. The explanation given by the delegate of the Netherlands had not completely satisfied him. He could accept the rest of the United States resolution.

Dr Karabuda (Turkey) said that in the opinion of his delegation certain research activities, and particularly those relating to public health, such as sanitation, were within the competence of WHO. It might, however, be advisable to add the words "in the field of public health" in the last paragraph of the preamble.

Dr MacCormack (Ireland) thought that the delegate of the United States, in his explanatory remarks, had been speaking of his own country, where there was what might almost be called integration of the activities of the medical and veterinary professions. That was not the case in Ireland and other countries. In his own statement he had drawn a distinction between two aspects of animal medicine: first the unnecessary wastage of animal life caused by the lack of preventive measures in the veterinary field—although he recognized that, as the delegate of the United Kingdom had pointed out, that aspect was more in the field of FAO—and secondly zoonoses, a matter of paramount importance to the medical profession, but in which it would not reach the desired goal without the closest co-operation with the veterinary profession. It was because of the lack of such co-operation that he had urged the
addition of the word "veterinary", in the hope that
governments would provide a little more money for
veterinary research.

The Chairman, noting that there were no more
speakers, said the Committee had before it a draft
resolution submitted by the United States of America,
an amendment proposed by the delegation of
Morocco (French Zone), to which the same delega-
tion had submitted an amendment during the
meeting, and amendments submitted during the
meeting by the delegations of Chile, Sweden, Ireland,
Australia, Denmark and Greece. He asked whether
the authors of any of the amendments wished to
withdraw them in the light of the discussion.

Dr Diba (Iran) suggested that the delegates who
had submitted amendments might meet and try to
arrive at an agreed text.

The Chairman said he could not suspend the
meeting because the final report of the Committee
had to be approved for transmission to the General
Committee. If it was the wish of the Committee
the report could be taken at once and the vote
on the United States resolution and amendments
postponed until the afternoon.

Mr Harry (Australia) thought a decision on the
resolution might be taken at once if the Chairman
could ascertain which amendments were maintained.
The Australian delegation still considered its amend-
ment to be useful.

Dr MacCormack (Ireland) explained that he had
not proposed an amendment. It was entirely for the
United States delegation to state whether it would
object to adding the words "and veterinary" in
the fifth paragraph of the preamble.

Mr Stead (United States of America) believed
that if the opinion of the Committee as a whole
were obtained it would be found that veterinary
research was understood to be included in medical
research. The fact that sessions on zoonoses were
organized by WHO was a recognition that that was
so. He hesitated to introduce a specification which
would entail listing other special areas in the field.
He hoped the resolution could be interpreted as
including the veterinary field.

The Chairman understood that it was agreed
that the words "and veterinary" should not be
added.

Dr Raffo-Sivori (Chile), noting that the undefined
nature of the word "research" had given rise to
some hesitation on the part of certain delegates,
wished to maintain his proposed amendment to
operative clause 2.

The Chairman put to the vote the question
whether to adjourn the discussion.
The Committee decided to proceed to vote on
the draft resolution and the suggested amendments.

Decision:

(1) The first six paragraphs of the preamble to
the draft resolution were adopted.
(2) The amendments to the last paragraph of
the preamble proposed by Greece, Morocco
(French Zone) and Denmark were rejected. The
paragraph was adopted.
(3) Paragraph 1 was adopted.
(4) The Committee adopted the Swedish proposal
that paragraph 2 should read: "urges that Mem-
ber States with suitable research resources should
co-operate with WHO in research programmes
applicable to the field of international health." The
Chilean proposal for the addition at the end of
the paragraph of the words "in the preventive as
well as the curative field" was rejected.
(5) The Committee adopted the Australian pro-
posal to add a new operative paragraph reading:
3. REQUESTS the Director-General to keep in
close touch with other specialized agencies inter-
ested in research in fields related to health,
and to keep the Executive Board and Health
Assembly informed of any developments in this
connexion which may be of importance to the
World Health Organization.
(6) The resolution, as amended, was adopted
(see fourth report of the Committee, section 9).

2. Adoption of Fourth Report of the Committee

Dr Kapiro (Finland), Rapporteur, read the draft
fourth report of the Committee.

Decision: The report (sections 1 to 8) was adopted.

Dr Erickson (United States of America) explained
that the opposing vote of his delegation in no way
reflected on the accuracy of the report. It had been
necessitated by the inclusion therein of an item
establishing a total budget that would entail an
assessment of the United States of America exceeding
the amount authorized by the Congress of the
United States of America.
The **Rapporteur** proposed that two additions should be made to the report: section 9 containing the resolution on research just adopted, and section 10 containing a draft resolution (which he read) on the *Report of the Director-General for 1953*.

*Decision:* The additional sections were adopted.
(For text of the report, see page 430.)

### 3. Closure of the Session

The **Chairman** wished, before declaring the session closed, to express sincere thanks on his own and the Committee's behalf to the Director-General, the Deputy Director-General, and the other members of the Secretariat whose work had so greatly facilitated the task of the Committee. He expressed appreciation to the Vice-President and Rapporteur for their unfailing help. He thanked the delegates for their ready co-operation and the spirit of friendliness and harmony which they had brought to the meetings, and once more expressed appreciation of the confidence they had placed in him.

**Dr MacCormack** (Ireland) voiced the Committee's appreciation of the extremely able manner in which the Chairman had conducted the proceedings. His pleasant and co-operative spirit had set an example for them all, and he had demonstrated his profound knowledge not only of all the subjects discussed but also of the documentation, the Rules of Procedure, and all the matters of which a chairman should be master.

*The meeting rose at 12 noon.*
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING

Thursday, 6 May 1954, at 4.30 p.m.

Chairman: Dr M. Jafar (Pakistan)

1. Opening of the Meeting by the Chairman

The Chairman expressed his appreciation of the honour done to him by his election as Chairman of the Committee. He was fully conscious of the heavy responsibilities involved and would do his utmost to merit the trust placed in him.

2. Election of Vice-Chairman and Rapporteur

Agenda, 7.1

The Chairman announced that the Committee on Nominations had proposed Dr P. Garcia (Philippines) and Mr B. Sorensen (Denmark) for the offices of Vice-Chairman and Rapporteur respectively.

Decision: The proposals of the Committee on Nominations were adopted unanimously.

3. Establishment of Legal Sub-Committee

Agenda, 7.2

The Chairman, recalling that the terms of reference of the Legal Sub-Committee that was to be established were restricted to the study of the legal and constitutional aspects of the questions referred to it by the Committee, made a number of suggestions for its membership. He added that any delegation wishing to participate in the work of the Sub-Committee should inform the Secretariat.

Decision: The Legal Sub-Committee was established with the following membership: Australia, Austria, Belgium, China, Cuba, Egypt, Finland, France, Iraq, Israel, Italy, Japan, Lebanon, Liberia, Netherlands, New Zealand, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, and United States of America.

The Chairman proposed that the following items of the agenda should be referred to the Legal Sub-Committee:

7.7 — Consideration of amendments to the Rules of Procedure of the Health Assembly;
7.11 — Admission of new Members and Associate Members, if any;
7.12 — Amendments to the Constitution of the World Health Organization on membership of the Executive Board: item proposed by the Governments of Belgium, France, Italy, and the United Kingdom of Great Britain and Northern Ireland;
7.14 — Report on withdrawal of point 5 of the notes exchanged in connexion with the Host Agreement between the Government of Egypt and WHO.

Decision: The Chairman’s proposal was adopted.


Agenda, 7.3

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, made on behalf of the Director-General a statement (reproduced in full as an appendix to these minutes, page 298) supplementing the information given in the Annual Report for 1953 (Official Records No. 51), and containing a report on certain developments since the beginning of 1954.

Dr Hyde, representative of the Executive Board, recalled that the Board was composed of a group of individuals acting in their personal capacities and was the servant of the Health Assembly. Since the last Health Assembly it had held two sessions
(the twelfth and thirteenth) and had given serious consideration to many of the problems which would arise at the Seventh World Health Assembly, had analysed them and had formulated recommendations. It had had the choice of making definite recommendations or of presenting certain alternatives, and it had followed both procedures.

The reports of those sessions of the Board were contained in Official Records Nos 49, 52 and 53. He referred particularly to Official Records No. 53 (containing Part II of the report on the thirteenth session) in which basic information had been collected which would serve as a background to the work of the Assembly. It would be of special assistance to those who were relatively new to the problems of finance in WHO and he commended it to their study. Official Records No. 52 included, as Part III, a special study made by the Executive Board at the request of the Health Assembly on programme analysis and evaluation. The annexes to that volume gave additional information on many of the subjects which would be before the Committee.

Dr van den Berg (Netherlands), congratulating the Assistant Director-General on the very important statement he had just made, said that he would comment on it the following day.

The meeting rose at 5.20 p.m.

Appendix

STATEMENT BY THE ASSISTANT DIRECTOR-GENERAL,
DEPARTMENT OF ADMINISTRATION AND FINANCE

It has become the practice over the last several Assemblies for me on behalf of the Director-General to report to the Committee on Administration, Finance and Legal Matters on the administrative and financial status of the Organization. Today I should like to provide the Committee with some information supplementary to that contained in the Annual Report for 1953, together with a report on certain developments since the beginning of this year. It should be of particular interest to the Committee to know that, after five full years of operation, the Organization is in a sound administrative and financial position.

Five years ago, the External Auditor of the Organization informed the Committee on Administration and Finance that, as at 31 December 1948, the Organization had, in fact, been insolvent. That unsatisfactory condition has, so far as the regular budget of the Organization is concerned, been completely overcome, as reference to the financial report for 1953 will very clearly demonstrate.

During the fourth session of the United Nations General Assembly, in the autumn of 1949, considerable misgivings were expressed by some delegations concerning the financial soundness of this organization. No such misgivings need any longer be felt by anyone; the status of contributions to the annual budgets has consistently improved; while it is not yet perfect the present position is, indeed, very good. Furthermore, it will be recalled that at its inception the Organization was in debt to the United Nations in the amount of $1,300,000, which was fully repaid several years ago.

The World Health Assembly which met five years ago was concerned with the need for obtaining headquarters accommodation for the Organization. Today, as I shall report in more detail further along in this statement, the Organization has that accommodation, and it has been paid for in full.

Six years ago, the process of regionalization and decentralization of the work of the Organization had but begun. Today this process is an accomplished fact, and an organization strong at Headquarters and in the regions exists. The organizational pattern is thus well-established, and the structure necessary to carry out the constitutional responsibilities of the World Health Organization exists in fact, and not just as a paper plan.

I should now like to give the Committee some of the more detailed information mentioned earlier:

1. Growth in Membership

During 1953 Nepal was admitted as a Member by the Sixth World Health Assembly, and Yemen became a Member by signing the Constitution. There are now eighty-one Member States. The Sixth Assembly also extended the effects of the admission of Morocco as an Associate Member to the Spanish Protectorate Zone. On 19 March 1954, the Director-General received an application from the Government of the United Kingdom of Great Britain and Northern Ireland for the admission to associate membership of the Federation of Rhodesia and Nyasaland. It is intended that the associate membership of Southern Rhodesia (admitted by the Third World Health Assembly on 16 May 1950) should lapse upon the admission of the Federation. The application is submitted to this Seventh World Health Assembly for consideration.

2. Staff Developments

During the year ending 31 March 1954, the increase in the staff of the Organization was very slight because of the restriction of funds for the Technical Assistance Programme. The actual increase was from 1228 to 1244. Headquarters staff decreased by 4 per cent. to 408, regional and other office staff increased 5 per cent. to 456, and field staff increased 3 per cent. to 380. Of the total, 843 staff members are paid from the regular budget, 333 from Technical Assistance funds and 68 from UNICEF funds.
3. Building Fund

In Official Records No. 52, Annex 18, there will be found the final report of the Building Committee. From this report it will be seen that, in addition to the $25,000 transferred to the Assembly Suspense Account during 1953, there will remain a surplus of approximately $2,500 when the Building Fund is finally liquidated. The accommodation for the headquarters office as originally planned has now reached completion, including the payment of all known obligations. This has been achieved at a cost of Frs. 4,425,763, of which Frs. 3,000,000 was a grant generously made by the Swiss Government, and Frs. 1,425,763 provided by WHO. It is indeed with great satisfaction and gratification that I can report the fulfilment of this undertaking, and especially the fact that there exists no outstanding financial obligation, all the expenses having been fully paid.

4. Regional Organizations

The regional organizations may be considered to be fully functioning now in all regions except Europe and Africa. These two continue to be partially serviced by Headquarters, the former as a practical and economical measure because of its location in the Palais des Nations, the latter because of its late development. In the Western Pacific Region some staffing adjustments will become necessary in the Regional Office to provide for adequate servicing of the regional programme.

The time has come to begin to develop plans for the establishment of more long-term and more adequate office accommodation for those regional offices where such facilities do not now exist. Steps are being, or will be, taken to explore possible arrangements with host governments. It is hoped that solutions equal to or even better than those found for Headquarters will be offered by the host governments for the regional offices. While there is no item on the agenda of this Seventh Health Assembly to deal specifically with this subject, it is desirable that the Members of the Organization be aware of these developments.

5. Financial Position of the Organization

5.1 Collection of Contributions and Advances to the Working Capital Fund

The general financial position of the Organization continues to be satisfactory. The collection of contributions from the active Members was approximately 95 per cent. of the amount due during 1953.

Satisfactory progress has also been made in the collection of arrears of contributions for previous years. As a result, the cash deficits of the years 1948, 1949 and 1950 outstanding on 1 January 1953 have been completely liquidated and the only remaining deficit in respect of 1952 has been reduced from $179,910 to $57,113 as at 30 April of this year.

In spite of this satisfactory development certain Member States are still in arrears because of failure to make a provision in their national budgets for prompt and continued payments. The Committee will have before it for consideration a detailed report on this situation.

Additional payments of advances to the Working Capital Fund have been received during the year. At the present time only three Member States owe all or part of their advances. Of these, two, Nepal and Yemen, joined WHO during the year 1953, and payment of their advances has been promised as soon as the necessary legislative action has been taken. The total amount of unpaid advances from active Members is $616,700 or 0.18 per cent.

During the period 1 January to 30 April 1954, collection of contributions from active Members was $2,267,592 or 29.7 per cent. The corresponding figure for the same period of 1953 was 25.2 per cent., which reflects a satisfactory increase in the prompt payment of assessments.

5.2 The 1953 Situation

This committee will be aware of the situation which developed during 1953 as a result of reductions in Technical Assistance funds, so that the Executive Board and Assembly last year found it necessary to adopt measures to cushion the effect on the total programme of the Organization. The tentative earmarking to WHO of $5,078,000 was reduced during the year to $4,604,000, and, in compliance with the decisions of the Technical Assistance Board, the Organization made every effort to conserve convertible currencies to assist in meeting 1954 programme costs. Thanks to these measures, the total amount of funds obligated during 1953 was some $4,189,000, and the unused balance of nearly $415,000 was carried over for use in 1954.

Under the regular funds of the Organization, too, the Director-General restricted operations as far as possible, in order to be in as good a position as possible for 1954. As a result the regular budget surplus for 1953 amounted to $805,291, of which $332,598 in cash was placed in the Assembly Suspense Account. Additional arrears of contributions received since 1 January 1954 have increased the cash balance in the Assembly Suspense Account to $672,644 as at 30 April 1954.

In order to make it possible to carry on certain of the joint UNICEF/WHO projects during 1953, the UNICEF Executive Board made available $443,546 to reimburse WHO for the costs of international personnel on those projects.

In spite of all the devices which were developed in 1953 to lessen the impact on health programmes of the shortage in Technical Assistance funds, the adverse effect on programme planning and execution was still very serious, and many projects planned and agreed with governments could not go forward for lack of funds.

5.3 The 1954 Situation

It is not possible to evaluate adequately the adverse effects on the health services of governments which resulted from the action that had to be taken to live within the reduced Technical Assistance funds, but they have been considerable. For that reason, every effort must be made to avoid such situations in the future. For 1954 the original earmarking of Technical Assistance funds to WHO was $2,337,500, together with the carry-over from 1953. The exact amount of the carry-over was not known until the closure of the accounts for 1953.

At the time of the thirteenth session of the Executive Board it was estimated that the total amount of Technical Assistance funds to be made available to WHO in 1954 would approximate $2,800,000. The Director-General presented to the Executive
Board a report outlining the resultant financial problems confronting the Organization as affecting the 1954 programmes and including certain proposals designed to meet the situation. This report is reproduced as Annex II to the Executive Board’s report (Official Records No. 52).

In accordance with the Executive Board’s request, a detailed report is being submitted to this Health Assembly on the modifications which have been made in the Technical Assistance Programme to adjust it to the amount of funds available, taking all resources into consideration, and on the developments which have occurred between the meeting of the Executive Board and the Seventh World Health Assembly. The action which has been taken by the Director-General in effecting the necessary adjustments and which were authorized by the Executive Board last January may be summarized as follows: (a) Wherever possible, new activities, planned under Technical Assistance funds, as well as those planned under the regular budget, have been postponed; (b) Reductions have also been effected in the projects remaining in the revised programmes by, for example, deferring fellowships and postponing the purchase of supplies and equipment; (c) Some Technical Assistance projects have been transferred to regular funds after effecting economies or postponing new regular projects. Some projects have been taken over for financing by the Pan American Sanitary Bureau; (d) Negotiations with UNICEF have resulted in the additional allocation by the UNICEF Executive Board in March 1954 of funds to cover the reimbursement of the international personnel costs of joint projects in addition to the allocations made by the UNICEF Executive Board at its meeting in September 1953; (e) It was necessary to arrange a loan of $185,000 from Technical Assistance funds against future earmarkings to be made to WHO; (f) It was necessary for the Director-General to withdraw $250,000 from the Working Capital Fund to increase the regular budget so as to provide for essential projects continuing from 1953.

The Technical Assistance Board, at its meeting in March 1954, decided to establish additional earmarkings and WHO received a further amount of $531,000 under this decision. With the receipt of this additional earmarking the Director-General has found it possible to transfer some projects back from the regular budget to Technical Assistance funds in a sufficient amount to replace the $250,000 previously withdrawn from the Working Capital Fund. This action has made it unnecessary to ask this Assembly to approve a supplemental budget for 1954 to reimburse the Working Capital Fund. After deducting this amount, together with the amount of $185,000 borrowed against future allocations, there remains some $96,000. This remaining amount is to be used to restore to that limited extent some of the items which had previously been postponed. The detailed report of the Director-General (see Annex 5) will be considered by the Committee on Programme and Budget. The item on the agenda of this Committee—7.4 Financial problems in 1954—may be deleted.

6. Establishment of the Executive Board Special Fund as a Separate Fund

The Executive Board at its thirteenth session recommended that the World Health Assembly establish as a separate fund the Special Fund of the Executive Board which under Article 58 of the Constitution is to be established to meet emergencies and unforeseen contingencies. At present this fund is set aside as a part of the Working Capital Fund. The Board has recommended that it be made a separate fund in order to assure strict compliance with the Constitution and so that it may not be subject to annual approval. The Board further proposed that it be financed by a transfer from the Assembly Suspense Account, thereby providing for an effective cash increase of the Working Capital Fund. The Assembly may wish to consider whether to maintain this fund at $300,000 or whether on the basis of experience it would be safe to establish it in some lesser amount, e.g., $100,000.

7. Casual Income for the 1955 Budget

The Executive Board at its thirteenth session recommended that this Assembly review the situation as regards casual income, to ascertain whether further funds might have become available for financing the 1955 budget.

As I have mentioned earlier, the Director-General has deliberately accumulated money in the Assembly Suspense Account, by savings on the 1953 budget, in anticipation of the need for financing a supplemental budget for 1954 because of the sharply reduced earmarking to WHO of Technical Assistance funds. Since the Technical Assistance Board in March of this year made an additional earmarking of Technical Assistance funds, it is no longer necessary to use the accumulated funds for this purpose. Those funds could now, if the Assembly wished, be used instead to assist in financing the budget for 1955. The collection of certain arrears of contributions since the first of this year has also added to the cash balance available in the Assembly Suspense Account. The total amount available in cash in the Assembly Suspense Account would be some $357,000 or $557,000, depending on the decision the Assembly takes regarding the necessary size of the Executive Board Special Fund.

The miscellaneous income for 1953 is reflected in the final accounts for that year at slightly more than $313,000. The other amounts available from other sources total approximately $80,000.

To summarize, therefore, the total amount of casual income which could be used to assist in financing the 1955 budget, depending on the decision of the Assembly as to the size of the Executive Board’s Special Fund, would be from $750,000 to $950,000.
SECOND MEETING

Friday, 7 May 1954, at 9.30 a.m.

Chairman: Dr M. Jafar (Pakistan)


Dr van den Berg (Netherlands) said that the statement made to the Committee on the previous day by the Secretary was most important, not only as regards the present situation of the Organization, but as guidance for future financial policy. His delegation noted with satisfaction the statement that WHO was now in a sound administrative and financial position. In his view, one of the most important developments in the history of WHO had been the careful attention that had from the beginning been given to setting up a sound administrative and financial policy, and he considered that some of the criticisms which in the past had been made on that policy had been unnecessary.

There had, none the less, been some serious difficulties in the past. The main source of those difficulties was that the Organization had started without capital, with money borrowed from the United Nations, an insufficient Working Capital Fund, some unforeseen expenses and some delays in payment of contributions. Although those difficulties had now been substantially overcome, many references to financial difficulties had been made since the beginning of the present session of the Health Assembly. It was important to bear in mind that the difficulties now under discussion were different from those of the earlier years of the Organization. The earlier difficulties had been due to weaknesses in the organization of WHO itself; the current difficulties were the result of the unsatisfactory arrangements in regard to Technical Assistance funds. In technical language, the former might be called endogenous and the latter exogenous. As a result, in 1953 the Director-General had found it impossible to continue certain Technical Assistance projects except by financing them from the Regular Budget. In the highly exceptional circumstances of 1953, that action had been necessary, but it would be disastrous if the Organization were forced to take similar extempore measures in the future. They would be easier to avoid if the exogenous difficulties were kept separate from the endogenous, and he hoped that members of the Committee who would be present in the committee where the budget ceiling was to be fixed would bear that distinction in mind.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) said that his delegation had heard with satisfaction the statement made at the first meeting by the Secretary and appreciated the effective and energetic way in which the Director-General had dealt with the problems that had faced him in his first year of office. He wished to mention one point only: his delegation had been relieved to see how quickly the money taken from the Working Capital Fund had been repaid to it by the Director-General. In his view it had not been a wholly proper way in which to use money from the Fund, which had been set up to facilitate the financing of the regular programme and should not be used to solve difficulties arising in connexion with Technical Assistance funds.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that if the delegate of the United Kingdom wished to raise any question whether the Director-General's action had been taken under sufficient authority, that question should be debated by the Committee.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) in reply to the Chairman, said that he did not wish to press that issue.

Mr Pleić (Yugoslavia) said that his delegation would like to make some general comments on the Secretary's statement, which related to some of the most important problems before the Organization. They noted with satisfaction that after five years' working the Organization was now in a
healthy financial and administrative position. That was a matter for pride, and for gratitude to all who had been responsible for securing it. The efforts to mitigate the repercussions on the regular budget of the reduction in Technical Assistance funds were particularly noted. That reduction was the main problem before the Organization, and he would therefore make a remark on other measures that might be taken to solve it as far as the programme of work was concerned. The Assistant Director-General had said that the increase in the staff of the Organization had been very slight. That was true; but, if the programme of work had been reduced from lack of funds, one would have expected a corresponding reduction in staff. The programme of work of the Organization should be the last thing to suffer from shortage of funds; all possible savings should first be made in administration and staffing.

The Secretary said that the delegate of Yugoslavia had raised a question that was logical and which had been expected: Why, in face of the reduction of work, had there been even a slight increase of staff? It might be useful to explain what problems had faced the Director-General and the Executive Board. Many of the projects started in 1953 had continued into 1954. If those projects had been stopped, the effects, on the work of the Organization, on national health services, and on relations with governments, would have been disastrous. In section 5.2 of his statement he had said that the UNICEF Executive Board had made available some $443,000 to keep those projects in operation and to avoid the withdrawal from some of them of WHO experts who were necessary for their continuance. Economies in current projects had been made by cutting some items, such as fellowships, supplies and equipment. Such cuts had been considered a lesser evil than the withdrawal of experts, but the decision had not been an easy one to take. The Committee would note that a substantial sum had been provided for fellowships in the budget for 1955 to take account of the fellowships postponed in 1954.

The Secretary also called attention to the comment in paragraph 70 of the report of the thirteenth session of the Executive Board on the proposed programme and budget estimates (Official Records No. 53) "that there was no increase of consequence in administrative services in the three-year period 1953-55 despite the increased workload in the total programme ".

Dr Dia El-Chatti (Syria) said that to save on international experts was less harmful than to save on fellowships; his delegation hoped that the Committee would find it possible to avoid a cut in education work, particularly fellowships.

The Chairman said that that question was rather one for the Committee on Programme and Budget, and suggested that the delegate of Syria should raise it in that committee.

There being no further speakers, he declared the general discussion closed.

Decision: The Committee noted the relevant sections of the Annual Report of the Director-General for 1953.


Agenda, 7.26

The Chairman informed the Committee that the External Auditor, Mr Brunskog, was present and would be ready to answer any questions.

Mr Sole (Union of South Africa) asked whether in the discussion of the Financial Report the Committee should discuss questions on the Working Capital Fund, or whether they should be dealt with under item 7.20, "Establishment of Executive Board Special Fund ".

The Chairman suggested, and Mr Sole agreed, that the question should be raised under item 7.20.

Mr Corkery (Australia) said that his delegation had difficulty in commenting on the Financial Report because it had been received too late to allow for a proper study of so complex and detailed a document. He asked whether it would not be possible to ensure that Member governments received copies of the Financial Report six weeks before the Health Assembly.

The Secretary reminded the Committee that the question of the time at which the report should be issued had been discussed at earlier Health Assemblies. It did not appear that any solution could be found unless the World Health Assembly were prepared to change the dates of the fiscal year. The present position arose from decisions made in the early days of the United Nations and the specialized agencies, when it had been decided
that the assemblies of all specialized agencies should be held in the first half of the year. When the fiscal year corresponded to the calendar year it was not possible to prepare and issue a financial report on the many complicated and widespread activities of an organization such as WHO in time for distribution six weeks before the opening of the Health Assembly in May. It would be possible if the fiscal year ended in September or June.

**Decision:** The Committee accepted the Financial Report and the report of the External Auditor (for text of draft resolution approved, see first report of the Committee, section 1).

3. **Establishment of Executive Board Special Fund**

Agenda, 7.20

The Secretary referred to one element of the question which might not be clear from the agenda and which also affected item 7.19, "Review of status of the Assembly Suspense Account". In the discussion of procedure at the first meeting of the General Committee it had been agreed that it would be useful if the Committee on Administration, Finance and Legal Matters could report to the Committee on Programme and Budget, which was to consider the budget ceiling, the possible sources of casual income available to the Organization in 1955. If the recommendation of the Executive Board were adopted—that a special fund be established separate from the Working Capital Fund by drawing on the Assembly Suspense Account (resolution EB13.R31)—the amount of casual income available would be reduced.

Mr Sole (Union of South Africa) said that his delegation had noted that the External Auditor had not again in his last report raised the question of increasing the Working Capital Fund. The question had however been raised in another form, because the establishment of the special fund was in effect another way of increasing the Working Capital Fund. The South African Government had always opposed any such increase. He asked whether, in order that the Committee might have full information on the question, it would be possible to provide a statement showing the amount of the budget and of the Working Capital Fund in the United Nations and the other specialized agencies.

Mr Hardy (Canada) said his delegation would first like to know how much the Executive Board had spent in the last two years of the sum of $300,000 put at its disposal by the Working Capital Fund resolutions.

The Secretary said that so far there had been only two withdrawals from the Fund under that provision, both in 1951: $20,000 for assistance to refugees in Turkey and $30,000 for assistance to India in case of epidemics. The Committee would note that the Director-General, in his report on the effect on the proposed regular programme for 1955 of modifications in the programme for 1954, suggested that in view of that experience the Assembly might wish to reduce the amount of the proposed special fund from $300,000 to $100,000.

In reply to the delegate of the Union of South Africa, he said that he did not have information on the amounts of the budgets and working capital funds of all the specialized agencies. In the United Nations the Working Capital Fund was about half the annual budget; in WHO, about one third, and experience suggested that that proportion was very satisfactory for WHO. The proposed increase of the budget might therefore involve an increase in the Working Capital Fund. He thought that the proposal now before the Committee met the needs of the situation with the least amount of disturbance.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) said that his delegation felt that the proposal to separate the Working Capital Fund and the special fund was essential and proper, both constitutionally and for good accounting. He welcomed the proposal to reduce the amount in the Executive Board Special Fund to $100,000; his delegation would object to the transfer of $300,000 to the fund because it was not an appropriate time to reduce casual income by so large an amount.

Dr Hyde, representative of the Executive Board, said that the Board had considered that it was necessary to establish a separate special fund but had expressed no strong views on the amount to be made available.

Sir Arcot Mudaliar (India) said that his delegation would support the reduction of the amount from $300,000 to $100,000, which appeared to them sufficient to meet the probable needs.

Mr Sole (Union of South Africa) said that his delegation, while understanding that the Constitution called for the establishment of a special fund,

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2 Unpublished working document
must point out that so far the Organization had got on very well without it. The proposal was, in effect, to increase the cash balance in the Working Capital Fund, and his Government was not satisfied that any foreseeable emergency would call for an increase even of the amount of $100 000. The true purpose of the Working Capital Fund, his Government considered, was to finance operations of the Organization in the period between the beginning of the year and the receipt of contributions from Members. In fact, early payment of contributions had improved, as the Secretary had pointed out at the previous meeting. The South African Government thought that rather than increase the Working Capital Fund, by whatever means, it would be better to increase efforts to secure early payment of contributions and payment of arrears. If, however, the Committee felt that the Constitution required the establishment of such a fund, a token amount would be sufficient.

Mr Cidor (Israel), supporting the views expressed by the delegate of the Union of South Africa, said his delegation could not envisage an emergency which would call for such a large sum as that suggested by the Board, since experience had shown that when a real emergency arose international solidarity produced spontaneous gifts from all over the world. He therefore suggested a token sum of between $50 000 and $70 000.

The Secretary thought it might be useful to draw attention to certain important elements relating to the item. Under Article 58 of the Constitution, a special fund must be established, and the First World Health Assembly had established it as part of the Working Capital Fund. It could therefore be stated in reply to the delegate of the Union of South Africa that a special fund had always existed, at least in theory.

The Director-General had proposed that a separate fund should be set up because it would then be quite clear that the provision of the Constitution had been complied with, and because it seemed undesirable that the World Health Assembly should have to deal with the matter each year, as was the case when the special fund was a part of the Working Capital Fund.

It was difficult to determine what sum might be required to meet an emergency. Not more than $50 000 had been used in one year in the past, but it seemed clear that it was the intention of the Constitution to provide a sufficient sum to meet an emergency of an epidemic nature. The Director-General had suggested that at the present stage $100 000 might be sufficient, but at the same time he felt that it would be desirable to increase that amount in a few years time should the finances of the Organization permit.

In reply to a point raised by the delegate of the Union of South Africa, the Secretary explained that the improvement in the rate of contributions was due primarily to the fact that the Organization had introduced arrangements for the payment of contributions in sterling, under which half the annual contribution paid in sterling had to be paid before 1 April. The use of sterling being limited in certain parts of the world, other currencies were required, and the increase in contributions received did not, therefore, necessarily indicate a sounder financial position. He added that the payment of arrears would have no effect on the budget proposed for any one year since such funds could not be used by the Director-General until authorized by the World Health Assembly.

Mr Hardy (Canada) said there did not appear to be any real controversy about the constitutional obligation to establish the Special Fund. The question was whether to establish it immediately or later. The decision depended on the Organization's general financial situation, which, although improved, was not yet as good as it might conceivably be. A number of speakers had pointed out the direct relationship between the establishment of the fund, the amount of casual income which might be available for financing the regular budget in 1955, and the eventual ceiling of that budget. The Canadian delegation considered $100 000 to be somewhat small, hardly more than 3 per cent. of the Working Capital Fund. Emergencies to that amount could certainly be met from the Working Capital Fund. Without wishing to imply that all funds in the Suspense Account should be used for financing the budget, he suggested that there would be greater flexibility in establishing the budget ceiling if the sum of $100 000 were not withdrawn from that account in the present year. Therefore, his delegation believed it would be wise to postpone the establishment of a Special Fund. The Working Capital Fund Resolution should provide for withdrawal by the Board to meet emergencies of an amount up to $100 000, which experience seemed to have proved sufficient.
Ambassador Hurtado (Cuba) said there was no doubt as to the constitutionality of the establishment of a Special Fund to meet emergencies; the problem was to determine the amount to be allocated to it. There were, however, precedents which might be useful in determining an adequate sum. The sum should be as small as possible because it would represent a frozen amount until an emergency arose. The Cuban delegation, therefore, supported the proposal to set up the fund in the amount of $100,000 proposed by the Director-General.

Dr Garcia (Philippines) agreed that it would be difficult to determine the exact amount needed to meet emergencies. After hearing the views expressed by the delegates of India and Cuba, however, he felt that the figure of $100,000 suggested by the Director-General was reasonable.

Dr Vollenweider (Switzerland) supported the proposal of the Canadian delegate.

Dr Van den Berg (Netherlands) said there were two points at issue: whether a separate fund should be established, and if so what should be the amount. He was strongly in favour of establishing the fund. No serious reason had been advanced against its establishment. The figure of $100,000 suggested by the Director-General appeared to be adequate for 1955. Certain delegates had advocated a reduction of the sum originally proposed in order to make available as much casual income as possible. He was not in favour of seeking all possible means to increase the casual income, since that would only provide relief for one year.

Dr Diehl (United States of America) expressed, as a newcomer, his appreciation of the clear explanations given by the Secretary. While his delegation appreciated the excellent reasons which had prompted the Director-General and the Board to recommend the establishment of the fund, and while there was no doubt that provision to meet emergencies must be made, the United States Government was somewhat concerned about the creation of a new reserve fund, particularly at a time when the Organization was facing very real problems in the financing of its regular programme. The United States delegation therefore supported the Canadian proposal for postponing the establishment of a separate fund and for continuing the existing system of earmarking a part of the Working Capital Fund for use in emergencies.

Mr Brady (Ireland) considered that it would be desirable to meet the constitutional issue by establishing a special fund. Such action would have the added advantage of improving the position of the Working Capital Fund.

He drew attention to the statement in the report of the ad hoc committee of the Executive Board, paragraph 7 (see Annex 2) that the External Auditor still held the view that early consideration should be given to some increase in the Working Capital Fund.

He felt that the amount of the special fund should be the maximum figure which experience had indicated as necessary and therefore supported the proposal for $100,000. He suggested that the Committee should consider the draft resolution recommended by the Board in paragraph 3 of its resolution EB13.R31, the figure of $300,000 in paragraph 2 being changed to $100,000.

Dr Dia El-Chatti (Syria) supported the Canadian proposal as there was no urgent need to set up a special fund.

Dr Hayek (Lebanon) was in favour of the immediate establishment of the special fund and agreed with the figure of $100,000 proposed by the delegate of Ireland.

Mr Corkery (Australia) said his delegation had no opposition in principle to any of the proposals made. The question was really one, in his opinion, of what was "good business" from the point of view of the Organization. It had only been necessary to use small sums on two occasions in the past when the finances of the Organization had not been so healthy as at present and the administration's methods of work had not been so well established. His delegation felt that the figure of $100,000, although somewhat high in the light of past experience, was not unreasonable. On the other hand, was it good business to tie up $100,000 for a number of years? In view of those considerations, the Australian delegation favoured the proposal of the delegate of Canada; if it were not accepted, they would vote for the Board's proposal, the figure of $300,000 being changed to $100,000.

In reply to a question by the Chairman, Mr Hardy (Canada) confirmed that he had made the formal proposal to postpone the establishment of a separate fund and continue the existing practice of financing emergencies from the Working Capital Fund. He had been glad to note that his proposal had the support of the United States and other delegations.

Mr Sole (Union of South Africa) proposed that, if the Canadian proposition were rejected, the figure
in paragraph 2 of the draft resolution proposed by the Executive Board should be changed to the token amount of $50,000.

The Chairman summed up the discussion and proposed to take a vote first on the question of principle—whether or not the Executive Board Special Fund should be established immediately—and subsequently, if necessary, on the amount of the fund.

A vote would first be taken on the proposal of the delegate of Canada for postponement, which was the furthest removed from the text of the Board's resolution.

**Decision:**

1. The proposal of the delegate of Canada was rejected by 30 votes to 25, with 2 abstentions;
2. The proposal to approve the resolution recommended by the Board in resolution EB13.R31, the figure of $300,000 in paragraph 2 being changed to the token sum of $50,000, was rejected by 26 votes to 26, with 3 abstentions;
3. The proposal to approve the resolution recommended by the Board in resolution EB13.R31, the figure in paragraph 2 being changed to $100,000, was adopted by 40 votes to 2, with 10 abstentions (see first report of the Committee, section 2).

**5. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955**

Agenda, 7.15, 7.16 and 7.17

The Chairman suggested that the Committee should first have a general discussion on the three items concerning assessments and subsequently take a decision on each separately.

Mr Sole (Union of South Africa) said that the question was one on which the South African delegation had been pressing the Health Assembly for a decision for some time. At the outset of the Organization's existence it had been decided in assessing the contributions of Member States to WHO to adopt, so far as possible, the practice of the United Nations (Official Records No. 13, page 316). The United Nations Committee on Contributions was a body which on the whole commanded world-wide respect for the expertness of its recommendations and the reliability of the statistical data on which they were based. Although its recommendations were opposed from time to time by individual States which perhaps felt that sufficient attention had not been paid to their special interests, its recommendations had, he believed, almost invariably been accepted by the United Nations General Assembly. He would therefore urge the Committee and the Health Assembly to maintain the tradition of following as closely as possible the advice and recommendations of the United Nations Committee on Contributions. He recalled that the majority of the members of the Committee on Administration, Finance and Legal Matters, by reason of their countries' membership of the United Nations, were at least morally committed to the recommendations adopted by the General Assembly in favour of uniformity in administrative and budgetary matters, including assessment of contributions.

There had been delay in WHO, as in other specialized agencies, in achieving uniformity, but the Third World Health Assembly had reaffirmed (resolution WHA3.91) the principle laid down by the First World Health Assembly, and the Fifth Health Assembly two years ago had noted the request of the South African delegation that the
Health Assembly should implement that basic principle by taking into account changes in the United Nations scale since 1948. The Health Assembly had at that time requested the Board to study the scale and report to the Sixth Health Assembly. Unfortunately the report from the Board had not enabled the Sixth Health Assembly to take a decision, and it had called for further study by the Board, the results of which were now before the Committee. In making that request the Sixth Health Assembly had again reaffirmed the basic principle of following closely the United Nations practice.

A reason advanced by certain delegations for postponing action on the matter had been that the United Nations was likely to fix a definite or semi-permanent scale of contributions. Those who had served on the United Nations Committee on Contributions would know that a semi-permanent scale had been considered impracticable, although desirable. The scale was reviewed annually and the amendments suggested had invariably been accepted by the General Assembly. It had further been argued that in 1953 a ceiling of 33 1/3 per cent. would be applied for the first time to the contribution to the United Nations of the United States of America. A draft resolution proposed by the delegate of India (see page 308) had been circulated that morning, again proposing postponement of a decision and noting that the United Nations would reassess contributions by its Members at the end of 1954. He reiterated that a reassessment would be made by the United Nations at the end of each succeeding year, unless—which was most unlikely—they could decide on a semi-permanent scale. If the proposed resolution were adopted, WHO would be debarred from reviewing the scale which equity demanded should be reviewed in the light of the considerable changes that had taken place in the economy of several countries since the first scale had been accepted in 1948.

The Indian delegation had advanced the further argument that governments should have more time to study the matter. As he had stated at the outset, the Committee should not be frightened by the complexity of the matter. The problem had been before the Health Assembly for more than two years, and he stated in all seriousness that governments would begin to doubt the efficacy of the financial control exercised by the Health Assembly if it continued to postpone decisions on such matters. He was not criticising in any way the Secretariat, which had done everything possible to supply all the statistical and other data required by the Health Assembly and by his delegation. On the other hand he had been disappointed that the Executive Board, which possibly had more time at its disposal and was a smaller and more compact body than the Committee, had not found it possible to make a firm recommendation on the various alternatives which it had transmitted to the Health Assembly.

He apologized for the length of his preliminary statement, but felt obliged to stress that his Government was strongly of opinion that a decision must be reached during the present Health Assembly on the scale to be applied.

The practical aspects of the problem presented three basic considerations which might be discussed in chronological order.

The CHAIRMAN intervened to suggest that the delegate of the Union of South Africa should continue his statement at the next meeting, since the General Committee was due to meet immediately.

The meeting rose at 12 noon.

THIRD MEETING
Friday, 7 May 1954, at 2.30 p.m.
Chairman: Dr M. JAFAR (Pakistan)

1. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955 (continued)

Agenda, 7.15, 7.16 and 7.17

Mr SOLE (Union of South Africa), continuing the statement he had begun at the previous meeting, made some observations on the minimum assessment applied to certain WHO Members. In WHO, as in the United Nations, there was an arbitrary minimum assessment. The minimum assessment in the United Nations was lower than that in WHO. It was entirely in keeping with his delegation's proposal for the application of the United Nations
scale in WHO that the minimum of that scale should be automatically applied to those Members of WHO which were given the minimum assessment. If the proposal was adopted, therefore, the minimum assessment for WHO Members in future would be 0.04 per cent.

He referred to the difficulties which the existing WHO practice of fixing contributions in units caused to the responsible financial authorities of Member governments. The percentage system used in the United Nations was, on the other hand, relatively easy to understand, and accordingly his proposal would result in greatly facilitating understanding of the position. The scale of assessment for Associate Members would also be established in percentages.

With reference to the question whether or not inactive Members should be excluded from the scale of assessment, there was much to be said, on both logical and financial grounds, for such exclusion. The Members concerned had announced their withdrawal from the Organization and for several years past had taken no active part in its work. It could be contended that the present method of including them in the scale of assessment and thus building up arrears of contributions against their names acted as a deterrent to their eventual return. On the other hand, their exclusion from the scale might present constitutional difficulties, inasmuch as WHO had not yet recognized their withdrawal and such action might be construed as so doing. That, in turn, could be held to be a departure from the terms of the Constitution, which made no provision for withdrawal from membership. Accordingly, before taking any decision on the point, the constitutional problem would have to be fully explored. There were also political considerations that were applicable, but those, he felt, should be left aside at the present juncture. The present instructions of the South African delegation were to oppose the exclusion of inactive Members from the scale until an examination had been made of the constitutional problems.

Coming to the question whether or not the present system of giving full application to the per capita principle in establishing the scale of assessment should be maintained, he said that the United Nations, although accepting that principle as an objective, had not as yet given it full application. In 1952 the partial application of the principle then in operation had been slightly changed by a General Assembly resolution instructing the Committee on Contributions to defer further action on the per capita ceiling until new Members were admitted or a substantial improvement in the economic capacity of existing Members permitted the adjustments to be gradually absorbed in the scale. It was inherent in the South African approach to the problem that the application of the per capita principle in establishing the WHO scale of assessment should be brought into line with United Nations practice.

Despite the importance his Government attached to the taking of a firm decision at the present Health Assembly, it would be undesirable, he felt, to hasten matters unduly. Perhaps the Committee could first have a full discussion on the three main issues he had raised and thereafter set up a working group to examine the various alternatives for revising the scale of assessment in detail.

Sir Arcot MUDALIAR (India) entirely agreed with the delegate of South Africa that the Committee was faced with an intricate problem raising a number of difficult issues. After mature consideration the delegation of India had presented a draft resolution on the matter, reading as follows:

The Seventh World Health Assembly,
I. Having considered the report of the Executive Board resulting from its study on scales of assessment;
Considering the various scales and alternative methods of assessment contained in the report;
Noting the report of the United Nations Committee on Contributions,
1. THANKS the Committee for its advice and assistance; and
2. NOTES that the scale recommended by the United Nations Committee on Contributions for assessment of contributions to the United Nations, on which the proposed revision of the WHO scale has been based, applies only to 1954 and will be further reviewed by that committee in 1954;
II. Realizing the importance and complexity of the problem of revising the present scale of assessments; and
Believing that governments should have more time to study the problem,
1. DECIDES to defer until the Eighth World Health Assembly the possible revision of the WHO scale of assessments; and
2. RESOLVES that the assessments for 1955 shall be fixed at the same scale and under the same
provisions as for 1954, except that the assessment of Nepal shall be fixed at five units.

It was essential that governments should have time to consider the matter so as to be in a position
to give clear instructions to their delegations. The
WHO scale had been in force for a number of years,
but only minor difficulties had arisen and there had
been no appeals from Member States against their
assessments on the grounds of hardship.

The United Nations position in regard to its
scale of assessment appeared to be somewhat ano-
malous. It was noted in the draft resolution pre-
sented by his delegation that the scale recommended
by the United Nations Committee on Contributions
for assessment of contributions to the United Nations,
on which the proposed revision of the WHO scale
had been based, applied only to 1954 and would
be further reviewed by the committee in 1954. The
provisions of Rule 159 of the General Assembly’s
Rules of Procedure were also relevant. That rule
read as follows:

The Committee on Contributions shall advise
the General Assembly concerning the apportion-
ment... of the expenses of the Organization
among Members, broadly according to capacity
to pay. The scale of assessments, when once
fixed by the General Assembly, shall not be
subject to a general revision for at least three
years, unless it is clear that there have been
substantial changes in relative capacities to pay...

The fact that, notwithstanding that rule, the General
Assembly had seen fit to make changes each year
clearly showed that the existing United Nations
scale was not definitive. If WHO was to adopt any
United Nations scale, it must be the definitive scale,
established in conformity with Rule 159.

With reference to the two alternative methods for
revising the scale of assessment submitted by the
Executive Board in resolution EB13.R80, he directed
attention to the resulting changes in the contributions
of a number of Member States. It would be extremely
hard, he was sure, for the delegations concerned to
justify such unprecedented rises to their governments.
Therefore, since governments had not received any
definite proposals for revision from the Executive
Board, his delegation considered it more appropriate
to defer a decision, in order to give governments
more time to submit their suggestions and recom-
endations. It was obvious from the method
chosen by the Executive Board in listing the points
to be considered (Official Records No. 52, page 139,
section 5), that the position was still fluid and that
to come to a firm decision at the present session
would be extremely difficult. The delegation of
India, and possibly many others, would be obliged
to seek instructions from its Government.

The issues raised by the delegate of South Africa
should certainly be fully discussed. However, in
view of the importance and complexity of the
problem, the delegation of India proposed, in its
draft resolution, that the possible revision of the
scale should be deferred until the Eighth World
Health Assembly and that the assessments for 1955
should be fixed at the same scale and under the same
provisions as for 1954, except that the assessment
of Nepal should be fixed at five units. The delegation
of India also supported the reduction proposed by the
Executive Board in the assessments of two other
States.

Dr. Keefer (United States of America) welcomed
the opportunity of examining some of the complex
problems with which the Committee was faced.
Those of its members who were physicians were
particularly interested in enabling WHO to carry
out the most comprehensive programme possible;
there were, of course, unlimited opportunities
lying before the Organization. The immediate
problems of finance, however, were both difficult
and complicated, and it was incumbent upon the
Committee to examine them in the light of present-
day realities.

The first problem was to explore the methods
whereby the funds for 1955 requested by the Direc-
tor-General might best be provided. It was the
view of the United States Government that that
problem could not and should not be solved by
an increase in the assessment budget so long as
inequities subsisted in the scale of contributions.
The Executive Board had given particular attention
to the problem and had pointed out various mo-
difications that might be made in the scale of assess-
ment so as to provide at least a partial solution to
the problem of financing the Organization’s pro-
posed programme. The Committee should examine
very carefully the alternatives presented.

The first question dealt with in the Board’s report
was how the scale might be changed to reflect the
current relative economic positions of the various
Members, without departing from the Organization’s
already agreed principles, namely, a ceiling of 33\(\frac{1}{3}\) per cent. on the assessment of the highest contributor, the per capita limitation, and the establishment of a minimum rate of five units.

The general basis for the Board’s proposal was the United Nations scale. Ever since the First World Health Assembly, WHO had recognized the desirability of keeping in step with the United Nations on the matter, and it was a sound practice to have the United Nations’ advice on the relevant economic data. Because of the principle of a 33\(\frac{1}{3}\) per cent. ceiling, adopted both by WHO and by the United Nations, the rate of the United States contribution was not at issue. Accordingly, the United States would be guided by the wishes of the majority on how the remainder of the scale could be most equitably shared out.

The alternatives put forward for consideration by the Board (Official Records No. 52, page 138) dealt with a second problem which should, the United States Government believed, be given immediate attention: the inclusion in the WHO scale of assessment of the Members that had made clear their intention of taking no further part in the Organization’s work or of making payments towards it.

Method II was the one proposed by the Board as a possible means of overcoming the problem, and he would just indicate why the United States supported that alternative in principle, although not in detail. The United States Government attached tremendous importance to having the financial structure of the Organization placed on a sounder basis, and considered it unrealistic and inequitable to adopt a gross budget on the assumption that Members that had withdrawn of their own accord would continue to pay their share of the Organization’s expenses. It resulted in gross unfairness to the paying Members and could have no possible salutary effect in bringing the inactive Members to reconsider their decision.

On the Board’s specific proposals for the distribution of costs among the active Members, the United States delegation had two reservations. Whatever system was adopted to reflect the relative capacity to pay of Members other than the United States, it was essential that China, as an active Member, should be included in the scale of assessment. His second criticism was that the proposals did not do justice to those Members whose contributions should, on the basis of relative capacity to pay, be fixed at the minimum rate, namely, five units or 0.04 per cent. Under Method II, the necessary change in value of the unit should not be allowed to increase the minimum percentage of contribution. Therefore the “floor” for contributions should be established in percentage terms, at 0.04 per cent., in the same way as the ceiling was established at 33\(\frac{1}{3}\) per cent., rather than in terms of units.

While fully appreciating the point of view of the delegation of India in making its proposal to defer any revision of the scale of assessment until the following year, the United States delegation were still convinced that the best interest of the Organization required action at the present Health Assembly to eliminate the inactive Members from the scale of assessment. If necessary, the agenda of the Health Assembly should be modified to give delegations time to consult their governments.

Dr Van den Berg (Netherlands) said he would refrain at the present stage from speaking on the advantages or disadvantages of the various alternatives put forward for a possible revision of the scale of assessment, since he intended to support the proposal of the delegation of India to defer a decision.

The delegate of India had given two reasons for postponing a decision. He himself had originally intended to add a third reason in support of the Indian draft resolution, and after hearing the previous speakers, he was now in a position to add a fourth.

The contention of the delegate of India that governments should be given more time to study the question seemed reasonable in the light of the short discussion that had taken place. Moreover, although for the delegate of South Africa the fact that the United Nations scale of assessment had been established for 1954 only was not a serious obstacle to taking an immediate decision, the delegate of India had made it clear that a distinction must be drawn between modifications of the United Nations scale arising out of changes in relative capacity to pay, in accordance with Rule 159 of the Rules of Procedure of the General Assembly, and fundamental changes adopted by the General Assembly notwithstanding that rule. There was a body of opinion in favour of bringing WHO practice regarding the scale of assessment into line with United Nations practice. It was, however, clearly evident that the United Nations had not as yet reached a definitive decision in the matter and accordingly the delegation of India was right in the stand it had taken.

As for the problem of inactive Members, it was not beyond the bounds of possibility that it would resolve itself within the next year, so perhaps it could be left aside for the moment. That was indeed his third reason for supporting the draft resolution.
His fourth reason was that the detailed study of the problem which was obviously needed could not be made in the time available to the Committee, since it had been suggested that a decision on the scale of assessment should be taken before the Committee on Programme and Budget decided the ceiling for the 1955 budget, and the General Committee had ruled that the discussion of the budget ceiling should begin the following Tuesday.

Mr CIDOR (Israel) was in full agreement with the views expressed by the delegates of India and the Netherlands. He had a purely practical consideration to add. As all were aware, in all countries the national budget was the responsibility of the Minister of Finance. An examination of either of the methods put forward for revising the scale of assessment would show that the contributions of more than forty States would be considerably increased whereas those of less than thirty States would be decreased. It was difficult to imagine forty delegations returning to face their ministers of finance with a decision to increase the national contribution without prior consultation on the basis of all the relevant information, including the views expressed in the present discussion. Therefore his delegation would warmly support the draft resolution presented by the delegation of India.

Dr VOLLENWEIDER (Switzerland) pointed out that the United Nations found itself obliged to change its scale of assessment every year, so that the adoption of the United Nations scale would compel WHO to reconsider its own scale each year, which was certainly not desirable and might even prove impracticable. As the delegate of South Africa had remarked, WHO had for years found itself unable to take any decision on a revised scale. That meant that each year the Health Assembly would find itself in a similarly unsatisfactory position. Accordingly, and also for the reasons adduced by a number of other speakers, the delegation of Switzerland supported the draft resolution of the delegation of India. It had in fact intended itself to make such a proposal.

Dr PACHACHI (Iraq) said that his delegation was in complete agreement with the views expressed by the delegate of South Africa. He had had an opportunity in the United Nations to appraise the great value of the services performed by the United Nations Committee on Contributions. That committee had established a reputation for efficiency, competence and hard work, and its objective decisions had been of great value to the United Nations.

Perhaps the best aspect of the system now in operation in the United Nations was the yearly review of the scale of assessment and of the principles governing it. The terms of reference of the Committee on Contributions had been changed several times during the past eight years to meet the ever-changing economic conditions of the Member States. For instance, the consideration originally allowed to war-devastated countries had gradually been eliminated until they were now assessed on a basis of equality with remaining Member States. Another principle accepted by the United Nations, which he believed should be given equal importance in WHO, was the special consideration given to countries with low per capita incomes—the so-called under-developed countries—whose economies had suffered heavily since 1950 through the sharp rise in the prices of manufactured goods in world markets. The economic dislocation and hardship experienced by most of them as a result of adverse balances of payments had been very severe. That was a striking example of the ever-recurring and unforeseen economic changes that made a periodic review of the scale of assessment both desirable and necessary.

He accordingly agreed with the delegate of South Africa that a fixed scale was unrealistic and its application could result in serious inequities. It was in fact surprising that the WHO scale had remained virtually unchanged since 1948. The result had been over-assessment in some cases and under-assessment in others. To take Iraq as an example, its contribution to WHO was only two and a half times less than its contribution to the United Nations, although the latter's budget was five times larger than that of WHO. In other words Iraq's contribution to WHO was twice as high as it ought to be. His delegation was accordingly unable to agree with the proposal of the delegation of India. There was in fact no justification for further postponement, since the matter had been under consideration for many years and had been the subject of exhaustive study by the Executive Board.

The delegation of Iraq would support the application of the United Nations scale as put forward in Method I, scale A, which it preferred to scale B. There was no justification for maintaining the assessment of inactive Members at the present level, since those countries had been originally under-assessed after the war.

He was in full agreement with the sentiments of the Executive Board regarding the universality of the Organization. It was to be hoped indeed that the inactive Members would one day resume their interest and participation.
Dr MESTIRI (Tunisia) said that he had been instructed to state that the Tunisian Government would find it hard to accept any increase in its obligations without a prior extension of its rights within the Organization. Accordingly, the Tunisian delegation—which had no right of vote—would give its moral support to the resolution proposed by the delegation of India.

Mr BRADY (Ireland) said his delegation supported the adoption of the United Nations scale of assessment. The absence of a permanent scale in the United Nations was no argument for the retention by WHO of an out-of-date and inequitable scale. If some contributions would be increased under the new scale it was because the countries concerned had an increased capacity to pay.

Reference had been made to the difficulty of reaching a decision before the discussion on the budget ceiling began in the Committee on Programme and Budget. He felt, however, that the relevant documents had been available to delegations for long enough and that the Committee must accept its responsibilities. It had also been said that the United Nations modified its scale of contributions each year. WHO had decided in 1948 to adopt the United Nations scale and to review it periodically. Although WHO was not bound to review the scale annually, it should not wait too long before bringing it up to date.

His delegation felt that in view of recent changes in the membership of other international organizations it would be preferable, at least for the time being, to continue the current arrangements for the assessment of inactive Members.

Dr EVANG (Norway) said his Government took an eminently practical view. It felt that WHO, being essentially a technical body working in the health field, was not in a position to evaluate fully the economic position of its Members, and should therefore be protected from the necessity of discussing the scale of assessment every year at its Assembly. It was not possible to adopt the United Nations scale completely and automatically, since the membership of the two organizations was not the same, but it should be followed as closely as possible.

He supported the view expressed by the delegate of South Africa that the exclusion of inactive Members from the scale of assessment was not permissible under the WHO Constitution and should not be discussed. He wondered on what information the delegate of the United States of America had based his statement that certain governments had no intention of participating in the work of WHO. Events during the past year offered considerable hope that some governments might return to active membership. The USSR had just rejoined UNESCO and ILO, and, in the field of health, there were encouraging signs in the recent non-political invitations issued by the USSR to medical delegations from various countries. While they must always be prepared for disappointment, he felt that they must not give up the idea of the universality of WHO or take any step which would make it more difficult for inactive Members to return.

Mr PLEIĆ (Yugoslavia) supported all those delegates who had spoken in favour of a more equitable scale. He felt that it should conform as far as possible to the United Nations scale, since that organization had carried out serious research on the question. However, even the United Nations scale was not an ideal solution, and the United Nations Committee on Contributions had decided to consider again the revision of its scale. It must also be borne in mind that because of the special character of WHO it was not desirable to adopt the United Nations scale automatically. The implications of the application of the United Nations scale to WHO would require very lengthy and thorough examination; he therefore supported the delegate of India’s proposal that decision should be deferred for a year.

Mr HUNT (United Kingdom of Great Britain and Northern Ireland) felt that the Health Assembly should not defer its decision, since there was no reason to believe that it would be in a better position to decide the following year. The United Nations scale was based on the assessed capacity of Members to pay. Some countries might find it difficult to accept the increase in their assessments, but it was unreasonable that other countries should be over-assessed and unfair to expect them to continue to bear the burden for another year. It might not be necessary in the future for WHO to review the scale every year in order to keep it in line with the United Nations scale, but there should be a periodic review. He urged the Committee to take a decision at the present Health Assembly and to decide in favour of the United Nations scale.

His delegation supported the view expressed by the United States delegation that inactive Members should not be assessed for 1955. That view merely recognized the fact that the expenses of the maintenance of WHO were borne by the active Members, and it would be unrealistic to pretend otherwise.
The *per capita* arrangements constituted a most important provision and should be maintained.

Mr Amerasekera (Ceylon) said his delegation had been particularly struck by the fact that some of the changes suggested in the scale of assessment seemed illogical in relation to the economic situation of the countries concerned. For example, some countries with a lower *per capita* income would have their contributions increased, while contributions would be decreased for others with higher *per capita* incomes. He thought that the scale originally adopted by the United Nations Committee on Contributions had been based on a number of factors such as population, *per capita* income, temporary dislocation of the national economy and ability to acquire foreign currency, all of which taken together amounted to one fundamental principle generally applied in taxation, namely ability to pay. It did not seem, however, that the scale of assessment applicable under all the alternatives proposed by the Executive Board was consistent with that principle. Apparently a number of other factors had been taken into account on which information was not readily available, so that his delegation had found it difficult to understand the basis of the assessments now suggested by the United Nations Committee on Contributions.

His Government was not prepared at the present stage to state that the existing WHO scale was more accurate than the scale which was proposed by the Committee on Contributions and on which the new WHO proposals were based, but he firmly believed that if any changes made were to be for the better they must be carefully examined by individual governments. He failed to see the logic of decreasing the assessments of countries where economic conditions had improved and increasing those of other countries where there had been no such improvement. Ceylon's assessment, for example, was tripled in the revised scale, though its capacity to pay had certainly not increased threefold.

He did not consider it proper to take the basis on which the Committee on Contributions had calculated its assessments as applicable to Members of WHO, since the entire context of the Organization's activities was different from that of the United Nations. There was no reason for assuming that the scale proposed by the Committee on Contributions was correct or that WHO's present scale was incorrect. Although there were certain inequities in the present scale, there were bound to be just as many in the new one, and delegations must have an opportunity of consulting their governments before expressing an opinion on the matter. It might be desirable for the question to be studied by a small working group appointed by the Committee before the Health Assembly was called upon to decide. In any case, he supported the draft resolution of the delegation of India.

Dr Bernhardt (Federal Republic of Germany) said his Government understood that for some Member States there were reasons for taking the United Nations scale into consideration, but, as shown in *Official Records* No. 52, page 142, the increase for Germany, if the United Nations scale were adopted, would be 72 units, which was much the highest increase applicable to any Member State. Therefore, the draft resolution presented by the delegation of India was not adopted, he wished to submit a proposal for the maintenance of the present assessment for Germany, since that country, like Austria, was still occupied. It might be possible to arrange for the German assessment to remain at the same level until one year after the occupation came to an end.

Mr Fœssel (France) opposed the draft resolution of the delegation of India. The scale of assessment had not been changed since the establishment of WHO, whereas economic conditions in the world had altered enormously since 1948, so that the scale no longer corresponded to reality. He would not dwell on the resulting injustice, whereby some States gained through the unduly large contributions paid by others. The Executive Board had that morning been reproached for not completing its task; the Health Assembly should not lay itself open to the same charge by deferring a decision on the scale of assessment and the continued inclusion in it of the inactive Members.

With regard to inactive Members, the co-operation of Members who might become active should not be rejected in advance. Such a procedure would, moreover, complicate the work of the Secretariat. He further noted that the changes made in the United Nations scale of assessment applied largely to inactive Members of WHO. There would be no point in applying the United Nations scale unless such Members were included, and it would be inequitable to continue their present low assessments.
He favoured the appointment of a small working group to study the question and report back to the Committee in a few days' time.

Professor Pesonen (Finland) agreed with the views expressed by the delegate of the United States of America on the need to put the WHO budget on a sound financial basis. They all knew that the United Nations was trying to find the optimum scale, but it had not yet put into application the per capita provisions, and it would be wiser to wait until it had done so before adopting its scale. He therefore supported the proposal of the delegation of India.

Professor Ferreira (Brazil) pointed out that in dealing with the question of assessments the consent of governments was as essential as the adoption of a perfect scale. Governments must be consulted before the scale was altered, and he therefore wholeheartedly supported the proposal of the delegation of India.

Dr Abul Ela (Egypt) supported the view of the delegate of South Africa that the question of the scale of assessment should be settled at the present session of the Health Assembly. The fact that the United Nations scale had been changed from one year to another was no reason for ignoring it, since such changes were based on constant study and research, and their aim was to obtain greater equity. He therefore urged the adoption of the United Nations scale.

The Chairman put to the vote the proposal to establish a working group.

Decision: The proposal was adopted by 33 votes to 17, with 5 abstentions.

The Chairman proposed the following countries as members of the working group: Brazil, Ceylon, Egypt, France, India, Iraq, Ireland, Norway, Philippines, Union of South Africa, United States of America.

Mr Hardy (Canada), Dr Bernhardt (Federal Republic of Germany) and Dr Vollenweider (Switzerland) said that they would also like to participate in the work of the group.

Mr Corkery (Australia) said his delegation had intended to speak in the general debate. He presumed he would have an opportunity to do so after the working group had reported to the Committee.

Mr Cidor (Israel) requested that the Netherlands should also be a member of the working group.

Dr van den Berg (Netherlands) declined since he felt that the working group was already large enough.

He wished to clear up a misunderstanding regarding the position of the Executive Board. Some members appeared to think that the Executive Board wished to alter the scale of assessment. In fact, as could be seen from page 137 of Official Records No. 52, paragraph 1.10, the Board had taken into consideration the fact that the Health Assembly might decide that there should be no change that year.

Dr Hyde, representative of the Executive Board, said the history of the Board's action in the matter should be considered. The Fifth World Health Assembly had requested the Board to study the scale of assessment in the light of the decisions of the First and Third World Health Assemblies and to report thereon to the Sixth World Health Assembly. At its eleventh session the Board had dealt with the problem and had been informed that a serious study of the subject was being made by the United Nations. It had reported to that effect to the Sixth World Health Assembly, which had postponed the matter until 1954. Resolution WHA6.10 had reaffirmed "the principle that the scale of assessments should be based as far as possible on the criteria used by the United Nations". The Board had therefore been obliged to follow the United Nations scale as far as it could. The Board had not been asked to recommend to governments how they should assess themselves but merely to study the question and clarify the points at issue. It had done so and had placed all the facts before the Health Assembly.

The Chairman, in answer to a question by Sir Arcot Mudaliar (India) on the terms of reference of the working group, said the group should study the material provided by the Executive Board and the views expressed by various delegations in accordance with instructions from their governments and do its best to reconcile the differing viewpoints.

Dr van den Berg (Netherlands), supported by Professor De Laet (Belgium), said the committee had before it a procedural proposal to defer decision on the subject for one year. If that proposal were adopted there would be no need to set up the working group, and he therefore thought that a vote should be taken on it first.
The Chairman explained that the procedure followed had been correct and that after the working group had reported to the Committee the proposal of the delegation of India would be the first to be put to the vote.

Mr de Erice (Spain) requested that the working group should also report to the Committee on the point raised by the delegate of Norway, the constitutionality of the proposed exclusion from the scale of assessment of the inactive Members.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, reminded the Committee that it had established a legal sub-committee to which it would be proper to refer legal questions. The working group might consider what constitutional questions were involved, but it would not be appropriate for it to express any opinion on them.

Mr Evang (Norway) withdrew from his position on the working group as he felt that Europe was already adequately represented.

Decision: It was decided that the working group should be composed of the delegations of Brazil, Canada, Ceylon, Egypt, Federal Republic of Germany, France, India, Iraq, Ireland, Philippines, Switzerland, Union of South Africa and United States of America.

After some further discussion on the exact terms of reference of the working group, the Chairman said the group should be given considerable latitude in its work. It should crystallize the salient points and submit to the Committee whatever alternative proposals it could devise, aiming at the largest possible area of agreement.

The meeting rose at 5.40 p.m.

FOURTH MEETING

Monday, 10 May 1954, at 10 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955 (continued)

The Chairman called on the Rapporteur of the Working Party on Assessments to introduce its report (see Annex 6).

Mr Hardy (Canada), Rapporteur of the Working Party on Assessments, said the Working Party's report was quite straightforward, but he would summarize its main provisions for the benefit of those delegates who had not had time to study it.

The Working Party had considered three items of the Committee's agenda: the report of the Executive Board on the study of the scale of assessment, the assessment of China, and the scale of assessment for 1955. The first and third of those items had been studied in conjunction, in the light of the proposals and suggestions of the Executive Board and the views expressed in the Committee, under the four main headings indicated in section I of the Working Party's report. At the Committee's previous meeting a number of delegations had felt very strongly that the adoption of the latest United Nations scale should be postponed for one year, whereas others had believed that it should be used as the basis for the WHO scale from 1955 on. A compromise solution had finally been agreed on by eleven of the thirteen members of the Working Party, as indicated in section I(1) of the report. That solution implied that by 1957 WHO would have a scale based on the United Nations scale for 1954.

With regard to the application of the per capita ceiling principle, it had been generally agreed that since the WHO scale would continue to be used in 1955 it would be logical to continue to apply the per capita ceiling. The Working Party had not been able to make a unanimous recommendation on the application of the per capita ceiling in 1956 and 1957, when the United Nations scale would be adopted, and the two alternatives stated in section I(2) of the report had been put forward.

Much the most controversial and difficult question considered by the Working Party had been the method of assessing inactive Members, and five proposals had been submitted. Basically, the Committee had to decide between Methods I and II suggested by the Executive Board. Various alterations to those two basic methods had been put forward by the Working Party and were shown in
its report as the proposals of the delegations of Iraq, the United States of America and Canada. Finally, the Working Party had examined the relationship between the scale of assessment and the budget ceiling. There had been a certain amount of discussion on the subject, but it had been felt that it was not appropriate to make any more precise statement than that given in the report, so as not to prejudice the decision of the Committee on Programme and Budget.

On the assessment of China, the Working Party had endorsed previous resolutions on the subject and put forward a draft resolution.\footnote{Adopted at the seventh meeting of the Committee. For text, not included in the report of the Working Party as reproduced in Annex 6, see first report of the Committee, section 4.}

The CHAIRMAN thanked Mr Hardy and expressed his appreciation of the way in which the Working Party had approached its task. He pointed out that the Committee had before it the analysis and suggestions made by the Executive Board, the draft resolution proposed by the delegation of India (see page 308) and the report of the Working Party, and suggested that the whole problem should be discussed in the light of those documents.

Dr Van den Berg (Netherlands) also congratulated the Working Party on its report, which was very satisfactory in various aspects, although it had not been possible to find a compromise on every point.

He was glad the majority had suggested that the existing scale should be retained for the following year, and also that a gradual transition, which would enable countries to adapt themselves to the new conditions, had been proposed. No compromise had been reached on the assessment of inactive Members; he felt that although the existing position was not entirely satisfactory it was not opportune at that time to change it. With regard to section I(4) of the report, he believed that the Committee should know the exact relationship between the scale of assessment and the budget ceiling before bringing that relationship to the attention of the Committee on Programme and Budget.

Mr Corkery (Australia) said his delegation attached great importance to the question of the scale of assessment. Since Members were in fact taxing themselves, they must keep in mind and adhere strictly to the principles attributed.

He congratulated the Working Party on its report. The compromise proposed on the scale of assessment was acceptable to his delegation. With regard to the draft resolution in Appendix 2, however, he took it that when the scale for 1958 was established it would be desirable to provide for a degree of automaticity not explicitly provided for by the draft resolution, which should therefore be amended to make that clear.

His Government would be affected by the suggestion that the per capita ceiling provisions might no longer be strictly applied as they had been in the past. He would be prepared to support the suggestion that they should not be applied as from the date of adoption of the full United Nations scale, although that might mean a small increase in his country’s contribution.

He had some doubts as to the constitutionality of assessing inactive Members outside the budget, since Article 56 of the Constitution provided for the expenses of the Organization to be apportioned among Members. His delegation would prefer to stop the assessment of inactive Members. However, if that suggestion was not acceptable, the Committee might consider entering the contribution of inactive Members at the minimum in the scale, namely five units. That would maintain the principle supported by some delegations of assessment of inactive Members without unduly distorting the budget.

Sir Claude Corea (Ceylon) expressed appreciation of the effort made by the Working Party, but regretted that there were many important matters in its report with which he could not agree. The report was open to criticism from three points of view as being: (a) illogical and inconsistent, (b) unfair and unreasonable, (c) unconstitutional.

It was inconsistent in that it recommended that the WHO scale of contributions should be continued in 1955, but that the United Nations scale should be used as a basis for 1956 and 1957. If the Committee was satisfied that the United Nations scale was suitable for adoption in 1956 and 1957, why should it not be adopted for 1955? He urged the Committee not to recommend any scheme open to the charge of inconsistency.

The report’s recommendations were unfair to a number of countries. Even in the United Nations, as evidenced by the report of the Fifth Committee to the eighth session of the General Assembly, there was considerable and continuing dissatisfaction about the scale of assessment. His delegation was most anxious to know on what the calculations had been based and what factors had been taken into account in arriving at Ceylon’s unit assessment in the United Nations scale. It was not clear whether all countries signatory to narcotic drugs agreements had been taken into account in evaluating the
expenses incurred in the working of those agreements. Moreover, it seemed highly inequitable that some countries whose per capita income had increased had been given a lower assessment, while others whose per capita income had decreased had been given a higher assessment. The report of the Executive Board had been received too late for governments to have an opportunity to consider all the ins and outs of the question, and it would not be fair to take a decision imposing an extra charge on some governments until they had been able to examine the question more fully. He pointed out that the Executive Board, which had had a whole year at its disposal, had reached no final decision. The question of a definitive scale of contributions was much too important to be decided in a hurry. He urged the Committee not to pass a resolution likely to put Ceylon, which had always been a most regular contributor, in a very difficult position.

Finally, the Working Party's report was unconstitutional because the draft resolution proposed in Appendix 2 would impose on later Assemblies a decision taken by the present Health Assembly. The Working Party had recognized the situation and had made an ingenious attempt to evade the difficulty by saying “notwithstanding the provisions of Rule 84 (e) of the Rules of Procedure”. That rule vested in each regular session of the Health Assembly the right to review the apportionment of the contributions among Members and Associate Members. Unless the rule was amended, the present session of the Health Assembly could not take a decision which would be binding on its successor. Moreover, Article 56 of the Constitution stated: “...the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly”. Thus not only the Rules of Procedure but the Constitution itself vested that right in the Health Assembly.

In those circumstances, the only reasonable course, and the one which he recommended to the Committee, was to accept the first part of the Working Party's report, dealing with assessments for 1955. With regard to the scale of assessment for 1956 and 1957, he suggested that the Health Assembly should appoint a special committee to study the question and report to the Executive Board, which could then make a final recommendation and place it before governments in time to allow them to decide on a definitive scale at the 1955 Health Assembly.

His delegation felt very strongly on the matter and urged that governments should be given more time to decide. He therefore supported the proposal of the delegate of India (see page 308).

Dr Voltenweider (Switzerland) paid tribute to the work of the Working Party and of the Secretariat. The discussion which had taken place had shown how complex the problem was and what diametrically opposed views still subsisted. Like the delegation of Ceylon, his delegation believed that any hasty decision which would place some Members in a difficult position should be avoided, and that postponement would lead to a more satisfactory solution. It therefore supported the views expressed by the delegate of Ceylon.

Dr Sigurjónsson (Iceland) said that in view of the extent of revision of contributions necessary for the adoption of the United Nations scale it was desirable to carry it out in two stages. He felt, however, that a more adequate compromise between the views expressed in the Committee would have been reached if the Working Party had recommended that the adoption of the United Nations scale should begin in 1955 instead of waiting until 1956. He further believed that the adoption of the United Nations scale should also apply to the minimum assessment, which should be fixed at 0.04 per cent. of the effective budget and not expressed in units. He therefore proposed that the Working Party's draft resolution should be amended by deleting the words “and, further,” from sub-paragraph 2 (2) and adding a sub-paragraph 2 (3), to read:

“the minimum assessment shall be fixed at 0.04 per cent. of the effective budget; and, further,”.

Mr Brady (Ireland) speaking as Chairman of the Working Party, said that it was not difficult to find material for criticism in any report, particularly in one recommending a compromise. He would point out, however, that the only basis on which it had been possible to reach agreement in the Working Party regarding the scale of assessment had been to take a decision in respect of 1955 on the understanding that the application of the United Nations scale would be started in 1956 and completed in 1957.

It had been clear to the Working Party that no Health Assembly could bind the decisions of future Assemblies. The efficient conduct of business, however, demanded that each Assembly should not necessarily reconsider all matters discussed at previous sessions, and in practice earlier decisions were often automatically confirmed in subsequent years.
On the question of constitutionality, the Health Assembly had the right to determine its own procedure and could accordingly revise the rule cited by the delegate of Ceylon, if it so desired. As for Article 56 of the Constitution, it was not so precise regarding the fixing of the scale of assessment annually as that delegate had maintained. The Health Assembly had frequently exercised its prerogative in that respect by merely adopting the scale in operation for a previous year.

He therefore felt that it would be quite in order to take at the present Assembly a decision relating to the years 1956 and 1957. Such action would not in any way detract from the right of a future Assembly to take whatever decision it might think fit. It merely imposed a moral obligation to give due weight to the views expressed in the present discussion.

Reference had been made to the question of a definitive United Nations scale. The term "definitive" in relation to a scale of assessment seemed to him illusory. Social and economic data were constantly changing. A scale based on such criteria must therefore also be subject to change.

The suggestion to establish a special committee to study the matter had one peculiar aspect. Complaint had been made of the inadequacy of the time available to governments to study the Executive Board's report on the matter. Since the special committee would have to report to the Executive Board in the first instance, a similar timetable would prevail in 1955, and conceivably that would leave the door open to a similar complaint the following year, with further pleas for deferment.

Finally, he would just stress that the draft resolution submitted by the Working Party was not fully satisfactory to any large group of members. Being a compromise, it suffered from the inherent defects of compromises but at the same time enjoyed the advantages arising out of harmonious and cooperative efforts. It was in that spirit, rather than on the basis of constitutional niceties, that the Working Party's proposals had been submitted. He wished to pay a warm tribute to the members of the Working Party for their admirable cooperation, as well as to the Secretariat and, in particular, to the Rapporteur.

As for the point raised by the delegate of the Netherlands earlier in the meeting, there was clearly a relationship between the scale of assessment and the budgetary ceiling, since any change in the scale entailing increases in assessments would undoubtedly influence the attitude of the delegations concerned towards the level of the budget.

Dr Evang (Norway) stated that his delegation was ready, in the interests of harmony and cooperation, to accept the draft resolution submitted by the Working Party. Nevertheless, the procedural and constitutional issues raised by the delegate of Ceylon should not be brushed aside. According to Rule 111 of the Rules of Procedure, the Health Assembly must receive a report before it decided upon any such amendments. He therefore wondered whether in adopting the draft resolution the Committee would not also have to place a formal resolution before the Health Assembly asking it to waive the relevant rule of procedure.

Dr Scheele (United States of America), wishing to clarify further the point raised by the Netherlands delegate, remarked that certain members seemed somewhat disturbed about the effect that any substantial increase in their assessments or percentages would have on their contributions or ability to meet their obligations to WHO. Obviously any increase in the level of the budget would further compound such difficulties. That explained the reference in section I(4) of the report to the inter-relationship between the budget level and the scale of assessment.

After commending the spirit that had prevailed in the Working Party, he submitted the following amendment to the draft resolution contained in Appendix 2 to its report:

Add to paragraph 1 the following: "and that the minimum assessment shall be 0.04 per cent."

Insert a new paragraph 2 reading:

2. RESOLVES that the application of this scale of assessment should be based on the principle set forth in paragraph 3.2.1 of the Executive Board's report (Official Records No. 52, page 138). Specifically:

(a) active Members should be assessed on the basis of the operating parts of the budget (Parts I, II and III), plus that portion of Part IV relating to China;
(b) the assessments of inactive Members should be included in the undistributed reserve (Part IV) of the budget, this amount to be over and above amounts in (a) above.

Renumber paragraphs 2 and 3.

The first part of the proposed amendment covered the point raised by the delegate of Iceland. The second proposal, that the application of the scale of assessment should be based on the principles set forth in paragraph 3.2.1 of the Executive Board's report, was purely a financial arrangement.
designed to put WHO’s finances on a sound and realistic basis; it in no way changed the status of the inactive Members, raised no constitutional issue on that score, and placed no restriction on their return to active participation in the Organization’s work. He emphasized that the United States Government had no desire to place difficulties in the way of their return nor to exclude them from the privilege of sharing the assessments for WHO; it merely objected to the continuation of an assessment budget substantially in excess of the amount which was likely to be received from the assessments. The Executive Board had recognized that situation and proposed Method II as a means for rectifying it.

To make clear the full implications of the United States proposal in relation to the budget figures, an analysis of the effect on individual contributions was attached to the proposed amendment. If the United States proposal were adopted for 1955, and if the budget assessment on active Members remained the same as in 1954, contributions would generally be no higher, and in many cases less, than if the Director-General’s proposals for an increased budget were adopted and the present system of assessment maintained. There would be a reduction in the income for 1955 from the proposed $10,311,000 to $9,350,000, which nevertheless represented a sizeable increase over 1954, when the income was approximately $8,500,000. The United States delegation urged the adoption of its proposal for application in 1955, since the impact of the slight changes in some contributions would be more easily assimilated than at a time of transfer to the United Nations system. Such adjustments were essential before any raising of the level of assessments could be contemplated. The scheme would cause little hardship, would put WHO’s finances on a much sounder basis than at present, and might permit increases in the budget at a later date, thus compensating for the curtailment of the programme in the immediate future.

In that connexion, he reminded the Committee that the United States nominally paid 33 1/3 per cent. of the gross assessment budget, in accordance with the expressed wishes of previous Health Assemblies. In actual fact, because of the non-receipt of contributions from inactive Members and the partial payment by China, the United States contribution to the 1954 effective working budget amounted to 39.2 per cent. of the total. Other active Members were similarly affected. Furthermore, the United States contribution was limited by a legislative decision of its Congress to an annual amount not to exceed $3,000,000, and its contribution for 1954 was already almost at that maximum. By adopting his proposal, the Committee would be providing a reasonable increase in revenue without compromising the United States position. By virtue of the ceiling on its contribution, the United States could not support an increase in assessment to above $9,000,000. As long, therefore, as no change was made in the present unrealistic method of assessment, it would mean that, so far as the United States was concerned, there could be no increase in WHO’s budget and income; income for 1955 and later years would have to remain at its present level.

Any decision to raise the assessment budget without putting the scale of assessment on a sounder basis seemed to the delegation irresponsible and liable to produce serious repercussions in the United States of America.

Mr de Erice (Spain) added the Spanish delegation’s tribute to those already paid to the Working Party for its excellent work on a very important question.

There were two important points to which he would like to draw the Committee’s attention. The first related to the question of constitutionality. In the view of the Spanish delegation, anything that the Assembly might do towards revising the scale and establishing assessments for both active and inactive Members would be absolutely constitutional and legal. Rule 84 of the Rules of Procedure had to be read in conjunction with Article 56 of the Constitution, and if that were done his interpretation would be seen to be correct.

His second point concerned the scale of assessment. The general consensus of opinion seemed to be in favour of the application of the United Nations Scale A. Any decision now to apply that scale to the WHO scale of assessment would not bind later Health Assemblies, should a change in policy be deemed desirable.

Dr Biancorosso (Italy) congratulated the Working Party on the solution it had found for the various problems.

The Italian delegation had no observations to make on that part of the draft resolution relating to the scale of assessment, but would be compelled to abstain from voting upon it since Italy, as a non-Member of the United Nations, had been debarred from participation in the establishment of the United Nations scale.

With regard to the second question considered by the Working Party, once the United Nations scale was applied in WHO, the per capita ceiling principle should be applied only to the extent that it was applied in the United Nations.

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On the assessment of inactive Members, he would confine his remarks to Method II, as submitted by the Executive Board, which excluded those Members from the scale of assessment (Official Records No. 52, page 154). Six countries would benefit, under that method, to the amount of half a million dollars, from the adjustments required to restrict per capita contributions to the rate applicable to the United States of America, which, added to the reduction in the amount payable by the largest contributor, would leave about a million dollars to be spread over the contributions of the remaining Members. The increase the Director-General was asking in the general budget would therefore not fall equitably on all Member States. The burden would in fact fall chiefly on those which might be classified as less able to pay. Hence, in view of the obvious inequity that would result, the Italian delegation preferred Method I, bearing in mind, too, the present legislative restriction on the size of its contribution and the fact that any change had to be approved by Parliament.

Dr Van den Berg (Netherlands) thanked the Chairman of the Working Party and the delegate of the United States of America for their explanations regarding the relationship between the scale of assessment and the budgetary ceiling. He gathered that, if changes in the scale of assessment resulted in increased contributions for certain Members, then those Members would be inclined to oppose any increase in the budget. The relationship thus appeared to him to be indirect, rather than direct, and he would like to have the report amended in that sense.

The legal and constitutional objections that had been raised were much more serious. The delegate of Spain had made it clear that there was no basis for the contention that adoption of the Working Party’s proposals would be contrary to the Rules of Procedure. But another constitutional problem remained: that of the assessment of inactive Members. He felt that the Health Assembly had made a serious mistake in not accepting the withdrawal of certain Members. The policy followed had led to a differentiation between active and inactive Members for which there was no constitutional or legal basis. In actual fact, no distinction could be drawn between different types of Members, and he accordingly thought it would be both unwise and unconstitutional to make any change in the assessment of the so-called inactive Members.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) stated that his delegation supported the proposal of the delegation of the United States of America on the exclusion of inactive Members from the scale of assessment, purely on financial grounds. The United States delegate had made a most important statement in which he had attempted to outline a solution for the several difficulties confronting the Health Assembly, not only with regard to the scale of assessment, but also with regard to the budgetary ceiling.

Mr Cidor (Israel) regarded the Working Party’s report as a step in the right direction which he had hardly dared to expect in view of the complicated nature of the question. Even after the discussion that morning, he still felt that there might be a majority of the Committee in favour of the resolution proposed by the delegation of India. He accordingly wondered whether it might not be possible to reach a compromise between that resolution and the one put forward by the Working Party. Paragraph 1 of the Working Party’s draft resolution might be left as it stood, and paragraph 2 drafted in the form of a recommendation to governments to accept the application of the United Nations scale of assessment in 1956 and 1957 and to give their delegations to the relevant Health Assemblies definite instructions to that effect. In that way, the countries faced with financial difficulties would have an opportunity to reconsider the question in the light of the views expressed at the present Health Assembly, and all constitutional problems would be avoided. In the former connexion, he had been struck by the French delegation’s remark at the third meeting that those countries paying lower contributions than would be the case under the United Nations scale were being subsidized by the remaining Members.

Mr Sole (Union of South Africa) thought it might be useful to draw attention to the Agreement between WHO and the United Nations, which was mentioned in Article 69 of the Constitution. Under Article XV, paragraph 3 (f) of that Agreement WHO agreed to conform, as far as might be practicable, to standard practices and forms recommended by the United Nations. That was an important obligation and one that ought to be borne in mind in relation to the scale of assessment.

The meeting rose at 11.55 a.m.
FIFTH MEETING

Monday, 10 May 1954, at 2.30 p.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955 (continued)

Agenda, 7.15, 7.16 and 7.17

Mr AF GEIJERSTAM (Sweden) expressed the appreciation of his delegation to the Working Party on Assessments (for report, see Annex 6), and particularly its Chairman and Rapporteur.

In view of the reaffirmation by the Sixth World Health Assembly, in resolution WHA6.10, of the principle that the scale of assessment should be based, as far as possible, on the criteria and principles of the United Nations scale, the delegation of Sweden supported the recommendation of the Working Party in respect of the scale of assessment.

With regard to the per capita provision, he stressed that the United Nations had adopted the provision as a matter of principle but that it had not yet come into full effect. In the interim his delegation could accept its application in WHO to the extent that it was applied by the United Nations. However, if it was agreed to limit the application of the per capita ceiling principle and the present scale of assessment was maintained, the contributions of certain countries would be proportionately much greater than that of the largest contributor.

He did not wish to express any preference concerning the method to be followed for computing the assessments, especially as it would be seen from the annex 1 to the amendment submitted by the delegation of the United States of America at the last meeting that Sweden would benefit greatly from the application of Method II, if the per capita provisions were applied. However, if the Committee decided to recommend Method II, then his delegation would wish the per capita provisions to apply also.

Mr HARDY (Canada) observed that the Canadian delegation at sessions of the specialized agencies had always upheld the view that the United Nations scale should be adopted to the greatest possible extent, for the reasons which had been clearly stated by the delegate of South Africa at the beginning of the discussion. It had been argued at the previous meeting that it would be unfair to certain countries to change from the present scale to the 1954 United Nations scale. Unfortunate would be a more appropriate term. It would be seen from Appendix I to the Working Party’s report that if anything had been unfair it was the over-assessment for a number of years of forty-nine of the active Members of WHO, among which were some of the larger contributors. A certain number of the over-assessed countries would also benefit by a reduction of the minimum contribution to conform to the United Nations scale.

He was glad to note that the Working Party had been able to come to the unanimous recommendation that if the present WHO scale were maintained for 1955, the per capita provision should also continue to be fully applied. When the time came to adopt the United Nations scale the Health Assembly would have to consider whether that provision should continue to be fully applied or only to the extent to which it was applied by the United Nations. The delegation of Canada would favour continuing to apply it to the full.

He had not been convinced by the argument put forward at the previous meeting that the Committee should not deal with the question of the assessment of inactive Members because it raised certain constitutional issues. Referring to the resolutions adopted by the Health Assembly on the occasion of withdrawals of Member States (Handbook of Resolutions and Decisions, second edition, pages 124 and 125) he said that the World Health Assembly had never clearly expressed the constitutional position with regard to withdrawal from the Organization; the resolutions had been carefully worded and made no mention of that aspect of the question. On the other hand certain arrangements had been made on purely
financial grounds in order to put the Organization's financial administration on the soundest possible basis. Method II submitted by the Executive Board and the proposals made during the discussions by certain delegations, including his own, merely attempted to improve the existing financial arrangements. Any one of those proposals, including that of the delegation of Australia to assess inactive Members at a token amount, could be adopted without jeopardizing their constitutional position. If, however, it was thought that the constitutional position of the inactive Members would be jeopardized by the adoption of one of those proposals, he proposed that the Health Assembly should repeat the wish expressed in its previous resolutions that the inactive Members should resume an active role in the Organization as soon as possible. In the light of those considerations he saw no real objection to adopting Method II or any version of it that had been proposed by other delegations.

Dr Frandsen (Denmark) said that, while his delegation would prefer the immediate adoption of the United Nations scale, it could support the compromise suggested by the Working Party. As regards methods, it preferred Method II. His delegation therefore supported the Working Party's draft resolution as amended by the United States proposal.

Mr Dupont-Willemin (Guatemala) paid tribute to the work done by the Working Party. He agreed with the delegate of Ceylon that governments had not had time to study the proposed scale for 1956 and 1957. His delegation believed that the amendment proposed by the delegate of Israel at the end of the fourth meeting provided an acceptable solution, and they would therefore support it.

Sir Claude Corea (Ceylon) thought that the proposal he had made at the previous meeting had been misunderstood, as it had been suggested that the difficulties now being experienced would recur at the Eighth World Health Assembly. He therefore wished to reiterate his proposal. A special advisory committee should be set up to examine the scale of assessment within a specific period. Its report should be available at the end of three months, when the Board would at once examine it and forward its recommendations to the Member governments, which would thus have definite proposals, based on an examination of every aspect of the question, including the report of the United Nations, in time for full consideration before the Eighth Health Assembly.

He stressed that most of the delegations at the present Health Assembly did not have the authority of their governments to take a decision on the matter, and his proposal indicated how that difficulty could be overcome. He could not therefore agree with the delegate of Ireland that it would cause unnecessary delay.

With regard to procedure, he agreed that a Health Assembly could, if it thought fit, waive a rule of procedure, but it should do so only in cases where the waiver affected decisions which it was entitled to take at the same session. Certain proposals now before the Committee would entail waiving a rule of procedure on a matter which fell within the competence of the following Health Assembly.

He had quoted Article 56 of the Constitution merely to show that provision had been made in the Constitution for the Health Assembly to deal with assessments. It could be argued that it was not clear whether the action taken under that article affected all Health Assemblies or only the particular one taking the action. But Rule 84 of the Rules of Procedure, interpreting that article, quite clearly called for apportionment of contributions by the Health Assembly at each regular session. It had further been argued that the terms of a resolution were not important because the next Health Assembly could take any action it wished. If that was so, it was unnecessary to pass a resolution of an imperative nature. If, on the other hand, it had been the practice that a decision of one Health Assembly should be followed by subsequent Assemblies, the establishment of such a practice could not be taken as a reason for ignoring the Rules of Procedure which the Health Assembly had itself laid down. Article XV, paragraph 3 (f) of the Agreement between the United Nations and WHO did not affect the issue; under that article, WHO agreed to conform as far as practicable to standard practices and forms recommended by the United Nations. His contention was not that the United Nations practice should not be followed, but that governments had not had sufficient time to consider the United Nations scheme of assessments.

He proposed the following resolution as an amendment to that proposed by the delegation of India at the third meeting:

The Seventh World Health Assembly
I. (as proposed by the delegation of India);  
II. reaffirms the principle that the scale of assessment should be based as far as possible on the criteria used by the United Nations, and in accordance with principles similar to those on which the contributions of Members of the United
Nations are based, subject to such adjustments as are necessary to take into account:

(a) the difference of membership of the two organizations,

(b) the application of the per capita provision of the WHO assessment resolutions,

(c) the limitation of the assessment of the largest contributor to one-third of the total assessments;

III. Realizing the importance and complexity of the problem of revising the present scale of assessments; and

Believing that governments should have more time to study the problem,

1. RESOLVES that the WHO scale of assessment for 1954 shall be applicable to 1955 except that the assessment of Nepal be fixed at 5 units;

2. RESOLVES to appoint a special advisory committee to study fully the question of the United Nations scale of assessment in relation to the present WHO scale of assessment and submit a definite scheme of assessments taking full account of all other governing factors to the Executive Board within a period of three months;

3. DIRECTS the Executive Board to consider such report and draw up a definite scale of assessment based on it and convey it to Member governments at least six months prior to the Eighth World Health Assembly and include the consideration of such a scale in the Assembly agenda;

4. URGES on the Eighth World Health Assembly the prime importance to WHO of fixing at that Assembly a definite scale of assessment which, subject to the provisions of the Constitution and the Rules of Procedure, will stabilize the scale for a definite period and eliminate the inconsistencies in the present scale.

He added that the amendment of the delegation of Israel to the Working Party's draft resolution was in the same spirit and met his objection to the imperative nature of that resolution.

Dr Van den Berg (Netherlands) drew attention to the particular importance of the statement by the delegate of Canada; its significance went beyond the debate on the scale of assessment to the legal position of the so-called inactive Members. It would have simplified matters if the Health Assembly had accepted the withdrawal of such Members, but as it was they had full rights and had only been classified as inactive for budgetary purposes. The legal objections to not assessing them still held.

Dr Hayek (Lebanon) said that his delegation believed that the time had come when the United Nations scale must be taken as the basis. The inactive Members should not figure in the assessments for the regular budget, except in Part IV, "Undistributed Reserve". He therefore supported the draft resolution of the Working Party, as amended by the delegation of the United States of America.

Dr Evang (Norway) agreed with the delegate of the Netherlands on the constitutional position regarding certain Members: some had withdrawn and took no active part, one was not in a position to represent more than a small fraction of its people. The amendment introduced by the delegation of the United States of America had further complicated the issue. He strongly supported the views of the delegations of the Netherlands, South Africa and Australia on the constitutional position. While a change might be desirable at some time, it was wiser to postpone a decision at the present stage, when it was not clear how a change could be effected and what its consequences might be.

Referring to the remark of the delegate of the United States about possible serious repercussions if the United States proposal was rejected, he asked whether it might not be unwise to create even a fleeting impression that the eighty-one Member governments of the Organization would act under pressure from one Member, regardless of how fruitful and constructive had been that Member's relations with the Organization. All the delegations appreciated the position of the United States delegation and understood that the Act of Congress limiting the United States contribution to three million dollars had placed that country in a unique position within WHO. For the benefit of delegates attending for the first time, he recalled that when that Act of Congress had been passed in 1948 the Organization had been placed in a most difficult position: the question had arisen whether the United States of America was really a constitutional Member, since under the Constitution the Health Assembly alone had the authority to fix contributions. The problem had been settled at that time on the suggestion of a government no longer Member of WHO that the provision be waived and the United States of America accepted as a Member. A strong hope
had, at the same time, been expressed by several delegations that Congress might be willing to reconsider the position at the earliest possible moment. The United States Public Health Service had repeatedly tried to bring the matter before Congress, and the United States delegation at each Health Assembly had urged patience in view of the difficulties. When in 1951 a budget had been accepted by a small majority at the joint meetings of the Committee on Programme and the Committee on Administration, Finance and Legal Matters, the General Committee of the Health Assembly had allowed a revision of that decision, because of the difficulty it might cause to the United States. The time had now come when delegates should ask themselves whether those concerned in the United States of America did not need support from the Organization in bringing the matter before Congress. Perhaps the United States delegation would consider whether it could be satisfied by a reduction of the percentage to be paid by the United States of America. He had always agreed with the United States delegations that their Government should not have to continue paying so high a proportion. Such a solution would avoid difficulties of the kind that had arisen.

Mr Brady (Ireland), referring to the remarks of the delegate of Ceylon, reiterated the view that the Working Party’s proposal did not infringe the Constitution, and that it was within the competence of the Health Assembly to take the action proposed in regard to the Rules of Procedure.

In a spirit of compromise he wished to propose certain amendments to the Working Party’s draft resolution, which he thought would leave the resolution stronger than the other changes suggested. If his proposals were not agreeable to the other members of the Working Party, he would withdraw them. The suggestions were that the word “RESOLVES” at the beginning of paragraph 2 should be changed to “RECOMMENDS”, and that the words “shall, notwithstanding the provisions of Rule 84 (e) of the Rules of Procedure”, in the same paragraph, should be deleted. He felt it would be more appropriate to address a recommendation to the Health Assembly than to adopt a procedure of negotiation with individual governments.

The Chairman asked whether the proposals just made would satisfy the delegation of India.

Sir Arcot MUDALIAR (India) said that his delegation had first put forward its draft resolution with a view to deferring the matter for another year. Then, a result of the discussions in the Working Party, his delegation had felt that in order to arrive at a definite decision, some compromise might be expected, both from those who held the view that a change in assessments was necessary and from those who considered that a change should be made only after the countries concerned had had an opportunity to explore all the possibilities. Certain delegations were not in a position to express their governments’ views on the important financial question involved. On the other hand, he felt that some agreement should be reached on the date of transfer to the United Nations scale and the extent to which it should be applied. Unless more precise indications were given to governments than those put forward by the Executive Board, it would be impossible for the Eighth World Health Assembly to reach a decision. It was that point which had led his delegation to accept paragraph 2 of the Working Party’s draft resolution. He entirely agreed with the amendments suggested by the delegate of Ireland, which took into consideration the spirit of the amendment of the delegation of Israel.

While some of the Member States had been over-assessed in comparison with the United Nations scale, there had been no request from any Member or Associate Member for a review of its assessment under Rule 84 (e) of the Rules of Procedure, although it must be said that certain Member governments had repeatedly asked that assessments should follow the United Nations scale.

Since, under the proposal of the Working Party, the assessments for 1956 and 1957 might be affected by the United Nations scale, it would be desirable for governments to have information on that scale in advance. He did not feel, however, that the receipt of the documentation one month earlier than in 1954 would be of much assistance.

The problem was to find a method equitable for all Member States. He regretted the impression that might have been given by the remarks of the delegate of France that some Member States were being subsidized by others. All Members of WHO had equal rights, and if some of them were assessed at a higher rate than others it was to be considered a privilege. Nevertheless, it was clear that some solution must be found, and he could see no other course than to take the United Nations scale as a basis, allowing for certain other factors such as differences in membership and the per capita ceiling. While fixing the contributions for 1955, therefore, it would be helpful if the present Health Assembly were to give an indication of its views concerning assessments for 1956 and 1957. That was why he supported paragraph 2 of the Working Party’s
draft resolution, with the amendments proposed by
the delegate of Ireland.

The United States request for a particular method
of assessment raised very serious problems. A
decision on the lines of the Australian proposal
would not be in conformity with the Constitution.
Members that had withdrawn were still considered
as Members and, under Article 84 (e) of the Rules
of Procedure, it would not be proper to fix a token
assessment without a specific request from the
governments concerned.

While agreeing that the remarks of the delegate
of the United States of America about possible
repercussions of rejection of his delegation's pro-
posal might have been put somewhat differently,
he felt sure they had not been intended to be taken
too specifically. He supported the suggestion of the
delegate of Norway that a reduction might be made
in the United States assessment for 1955, if the
present scale of assessment were continued. While
he could not accept Method II recommended by the
Board, he felt that, in the position in which the
United States found itself, other Member States
should be prepared to lend their support.

Now that the proposal had been made that the
word "recommends" should be used in place of
"resolves", Member States should be satisfied
that they could make requests concerning their
assessments under Rule 84 (e) of the Rules of Pro-
cedure. Perhaps the delegation of Ceylon might
consider the possibility of transmitting to the
Executive Board or the Director-General its govern-
ment's views on the assessment of Ceylon under the
United Nations scale, or on any other factor involved.
He had always held the opinion that the scale of
assessment was a different matter from individual
requests. It was the desire of the Organization to
retain all its present Members and to welcome any
other States that were in a position to join. Every-
thing possible should therefore be done to help
States who were in a difficult position.

Dr Castillo-Rey (Venezuela) said that there were
certain general questions which deserved attention.
In the first place, the Committee was not a sovereign
body, but the Seventh World Health Assembly was,
and could arrive at such decisions as it thought
fit. It could transmit recommendations for considera-
tion at the Eighth World Health Assembly, which
in its turn could decide if it approved of the recom-
mandations and could adopt them as it thought
fit. Questions of that order had diverted the Com-
mittee's attention from the substance of the matters
under discussion. It was not in accordance with the
spirit of the Constitution that any Member State by
virtue of its contributions to the Organization should
be considered as exercising pressure on the other
Members at the Health Assembly, or that suggestions
should be made that some countries were subsidized
by others. The proper position was that all Member
States co-operated in the World Health Organization
towards a common end.

The Chairman said that, as an amendment to the
resolution proposed by the delegation of India had
been submitted by the delegation of Ceylon, the
resolution could not be withdrawn (under Rule 61
of the Rules of Procedure) and was still before the
Committee.

Mr Foesse (France) said he wished to raise a
small point concerning the amendment proposed by
the delegation of Israel. He suggested that after
the word "recommends" in paragraph 2 there
should be added the words "per contra" to bring
out the fact that the draft resolution represented
a compromise between two points of view.

Dr Schelle (United States of America) said that
he had noted the position arising from the fact
that Congress had placed a ceiling of three million
dollars on the annual contribution of the United
States of America to the World Health Organization.
He had not suggested and did not wish to suggest
that other delegations or the Organization should
attempt to influence that decision of Congress.
In his view it was not likely that the ceiling would
be altered. He wished simply to call attention to the
fact that if the budget of the Organization were raised,
without other action, the United States would
automatically fall into arrears with its contributions.
He had also previously pointed out that in spite of the
provision in the scale of assessment governing the
percentage to be paid by the contributor making
the largest contribution, the United States had in
fact paid not 33 1/3 per cent. but 39 per cent. of the
real working budget.

Two methods had been suggested to avoid that
contingency. First, that the budget should be kept
at a figure not exceeding nine million dollars. That
method would not alter the present fact that the
United States of America actually paid 39 per cent.
and not 33 1/3 per cent. of the working budget.
The second would be to reduce the percentage of the
budget to be paid by the United States. He would
not be able to agree to any such proposal without
consulting his Government.

The Chairman, in reply to a question from
Mr Brady (Ireland), said that the draft resolution
proposed by the delegation of India, as amended by
the delegation of Ceylon, was being translated and would be shortly circulated. He suggested that the subject had been fully discussed and that the Committee might adjourn for twenty minutes. He would study what were the proposals before the Committee and he hoped that the Committee would then be able to proceed to vote.

The meeting adjourned at 3.55 p.m. and resumed at 4.30 p.m.

The Chairman said that he and the Secretary had been engaged in placing in their order the amendments that had been received to the original proposals. He recalled that at its third meeting the Committee had had before it only the resolution from the delegation of India. The Executive Board in its report had made no formal proposals. By priority therefore, the Indian resolution was the first before the Committee. The Working Party had then submitted to the Committee the resolution set out in Appendix 2 to its report (see Annex 6). To that draft resolution an amendment had been proposed by the United States of America (see page 318). Some smaller amendments to the Working Party’s draft resolution had been proposed by the delegates of Canada (see page 322), France (see page 325), Ireland (see page 324) and Israel (see page 320), and another small amendment had been proposed by the delegate of Iceland (see page 317).

He proposed, therefore, that the order of voting should be to take as the original proposal the draft resolution of the delegation of India and to consider first, as being furthest removed from it, the resolution proposed by the Working Party, with the amendments, all on the same lines, proposed by the delegates of Canada, France, Ireland and Israel. He asked in the first place whether the delegates of France and Israel wished to withdraw their amendments in favour of the joint amendment that had been passed on to him by the delegate of Ireland.

Mr Cidor (Israel) said that they had agreed to accept the amendment of the delegation of Ireland, with a very small alteration which he understood had been agreed with the delegate of Canada.

Mr Foesselt (France) agreed that his delegation’s amendment should be withdrawn in favour of the amendment of the delegation of Ireland.

Mr Corkery (Australia) wished to propose a further amendment to the draft resolution of the Working Party. He pointed out that that draft resolution did not include any proposals with regard to the application of the per capita ceiling or the method of assessing inactive Members, and that the Working Party’s report suggested that those questions should be considered separately. Perhaps his amendment could be brought forward after the other amendments before the Committee had been cleared up.

The Chairman said that when voting had once started it would have to continue, and asked Mr Corkery to explain his point.

Mr Corkery (Australia) said that if the Committee, as a result of its consideration of paragraph I(3)(b) of the report of the Working Party, should decide to recommend that in 1955 the active Members only should be assessed, he wished to propose a final paragraph to the resolution, reading:

DECIDES that for 1955 assessments shall be made against the active Members only.

Mr Hardy (Canada) said that his delegation felt some difficulty as to the application of the per capita principle. If the resolution before the Committee meant that the per capita ceiling would be fully applied in 1955, he had no change to propose. Further, if paragraph 2 of the draft resolution of the Working Party were amended by replacing “RESOLVES” in the first line by “RECOMMENDS”, that would mean that the Eighth World Health Assembly would fully examine the question of the per capita ceiling and his delegation would again be satisfied. But in any other event he would have to reserve the views of his Government as to the application of the per capita ceiling for the years 1956 and 1957.

The Chairman said that the discussion on the per capita ceiling would come after the consideration of the draft resolution, and that the delegate of Canada could then raise his point.

In reply to a question from the delegate of Ceylon, he explained that the position in regard to the proposals now before the Committee was governed by Rule 60 of the Rules of Procedure, which required that the proposal furthest from the original proposal should be voted on first. The original proposal was that of the delegation of India, and the proposal of the delegation of Ceylon was an amendment to it. If the other proposals, including the amendments to the draft resolution submitted by the Working Party, were rejected, the proposal of the delegation of India and the amendments to it proposed by Ceylon would then be considered.

Dr van den Berg (Netherlands) said that he understood that the draft resolution of the Working Party was being taken as an amendment to the resolution proposed by the delegation of India.
He considered rather that it was an independent proposal and that therefore the Committee should vote first on the proposal by the Indian delegation.

The CHAIRMAN read Rule 60 of the Rules of Procedure of the Health Assembly. He pointed out that he had not said that the Working Party's resolution was an amendment to the original Indian proposal.

Mr Pleić (Yugoslavia) supported Dr van den Berg and said that there were two wholly separate proposals before the Committee. Chronologically that from India was first, and it was also the furthest from the original proposal of the Executive Board.

The CHAIRMAN pointed out that there was before the Committee no proposal from the Executive Board. He referred to Official Records No. 52, page 139, in which the Executive Board merely said: "The Seventh World Health Assembly will wish to give consideration to the following points: ". He referred again to Rule 60 of the Rules of Procedure, and pointed out that it did not refer only to one original proposal with amendments; it covered equally two proposals, as in the case before the Committee. Of those two, that from India was the original.

He read paragraphs 1 and 2 of the draft resolution proposed by the Working Party, including the amendments proposed by the four delegations, and asked the Committee to vote on the amendments to paragraph 2.

Dr van den Berg (Netherlands) on a point of order, asked whether the amendment proposed by the delegation of the United States of America had been withdrawn, and pointed out that if not it should be taken first, because, although it did not affect paragraph 2 of the draft resolution of the Working Party, it did add to paragraph 1.

Mr Hardy (Canada) said that he did not wish to complicate the position further but that it might help the Committee to know that the Working Party had considered that there were three main questions, first, the adoption of the United Nations scale of assessment, on which they had framed proposals, secondly the per capita ceiling, and thirdly the assessment of inactive Members. He suggested, therefore, that the Committee should vote on the draft resolution of the Working Party as amended, then consider the per capita ceiling, and then consider the assessment of inactive Members. That order seemed to him simple and logical, but he was not clear whether it was possible under the Rules of Procedure.

The CHAIRMAN said that he had started to deal on those lines with the proposals before the Committee, but that further amendments had since come in. In the circumstances he proposed to adjourn the meeting until Tuesday morning and, in the meantime, a document would be prepared setting out the various proposals before the Committee in a way which would help the Committee to take decisions on them at the next meeting.

The meeting rose at 4.55 p.m.

SIXTH MEETING

Tuesday, 11 May 1954, at 10 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955 (continued)

Agenda, 7.15, 7.16 and 7.17

The CHAIRMAN directed attention to a document setting out his ruling on the order of voting on the various proposals before the Committee. Before taking up the proposal of the delegation of Australia to add to the draft resolution submitted by the Working Party the provision "decides that for 1955 assessments shall be made against the active Members only", the Committee would have to decide whether or not it was constitutional.
Mr CORKERY (Australia) stated that, as his delegation believed that there were great benefits to be derived from the universality of membership of the specialized agencies, he saw little point in piling up arrears of contributions against countries which had decided of their own accord to withdraw from participation in the Organization; the accumulation of arrears was bound to act as a deterrent to participation. The amendment proposed by his delegation was designed to bring the Organization's financial practice into conformity with the de facto position, namely that the Organization's programme was financed by the active Members only. Purely on grounds of efficient business management, there was much to be said for eliminating the tedious financial arrangements necessitated by the maintenance of the inactive Members in the scale of assessment.

Any reference to inactive Members had been purposely left out of the amendment so as to avoid raising constitutional issues. His Government fully subscribed to the Organization's objective of the attainment by all peoples of the highest possible level of health, and it was in promotion and furtherance of that objective that he hoped the Committee would not raise "fine legal points" against the admissibility of the Australian amendment. The adoption of the amendment would also affect the position of the highest contributor by giving real effect to the Assembly's decision to place a 33\(\frac{1}{3}\) per cent. ceiling on that country's contribution.

Mr STROBL (Austria) said that the terms "inactive" and "active" Members did not appear in the Constitution and the concept was therefore not in conformity with it. The amendment proposed by the delegation of Australia should be referred to the Legal Sub-Committee for an opinion as to its constitutionality.

Dr VAN DEN BERG (Netherlands) referring to the remarks of the delegate of Australia, recalled that the Committee was required to deal with legal as well as administrative and financial matters. Constitutional and legal considerations could therefore not be disregarded.

The CHAIRMAN, directing the Committee's attention to Article 56 of the Constitution, also recalled Dr van den Berg's remark at an earlier meeting that neither the Constitution nor the Rules of Procedure of the Health Assembly contained any classification of Members according to different degrees of activity. As Chairman of the Committee he was not in a position to ignore the Constitution.

Mr AMERASEKERA (Ceylon) said that his delegation considered that there was only one proposal before the Committee: the draft resolution submitted by the delegation of India. In accordance with his interpretation of Rule 59 of the Rules of Procedure, the subsequent proposals that had been submitted were amendments to that draft resolution.

The CHAIRMAN pointed out that he had already given a ruling to the effect that the draft resolution submitted by the Working Party was a separate proposal, and not an amendment to the draft resolution proposed by the delegation of India.

Mr DE ERICE (Spain) remarked that the first need was for the Committee to be assured that it was acting constitutionally. It was plain from Article 75 of the Constitution that the Health Assembly was empowered to settle any question concerning the interpretation or application of the Constitution. He accordingly proposed the adoption of a resolution to the effect that, in conformity with Article 75 and having regard to Article 56 of the Constitution, the Health Assembly might establish the scale of assessment in any form it thought fit without in any way contravening the Constitution.

The point at issue was not the direct and immediate levying of contributions, but the establishment of a scale of assessment fixing the distribution of expenses among Members, and that was clearly within the competence of the Health Assembly.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said that there could be no disputing the fact that the work of the Assembly had to proceed in accordance with the provisions of the Constitution and the Rules of Procedure. The amendment proposed by the delegation of Australia and that proposed by the United States delegation would have substantially the same effect from the financial standpoint, and he accordingly wondered whether it would be necessary to vote on both of them. Whatever decision was taken regarding the scale of assessment, however, the Organization had evolved an efficient system of financial arrangements to meet the problem of non-payment by inactive Members.

Dr HAYEK (Lebanon), believing that, despite the complexity and importance of the matter, the discussion had been sufficiently comprehensive, proposed the closure of the debate in accordance with Rule 56 of the Rules of Procedure.

Mr CORKERY (Australia) opposed the motion, since it would be unfortunate if he was not given some opportunity to reply to the points that had
been raised regarding the amendment proposed by his delegation.

Dr Scheele (United States of America) also opposed the motion on similar grounds.

**Decision:** The motion for the closure of the debate was adopted by 37 votes to 20, with 7 abstentions.

The Chairman, declaring the debate closed, ruled the Australian proposed amendment out of order because it was not in conformity with the Constitution.

Dr Metcalfe (Australia), speaking on a point of order, requested either to be allowed to speak to the Chairman's ruling or to have it put to the vote.

The Chairman, while maintaining his ruling, said that he had no desire to be dictatorial and suggested that the Committee might vote on whether to refer the matter to the Legal Sub-Committee for an advisory opinion.

Dr van den Berg (Netherlands) suggested that, to gain time, the Committee should proceed to vote on the various proposals before it. The constitutional issues would arise only if the proposal of the delegation of Australia were adopted; a decision on them might well be deferred until after the voting.

The Chairman considered that to vote on the amendment proposed by the delegation of Australia would be tantamount to recognizing it as admissible. He accordingly preferred that the question should be referred first to the Legal Sub-Committee.

Mr Amerasekera (Ceylon), considering that Rule 49 of the Rules of Procedure would apply in the present instance, endorsed the Chairman's proposal.

Dr Alan (Turkey) failed to see wherein the proposal of the delegation of Australia was unconstitutional. According to Article 56 of the Constitution the Health Assembly was required to fix a scale for the apportionment of the expenses among the Members. The Australian proposal might simply be regarded as fixing the assessment of inactive Members at zero.

Mr Harry (Australia) did not object to the Chairman's proposal, but would have preferred the Committee to follow the course suggested by Dr van den Berg. The difficulty with the latter's amendment lay in the wording. The vote might be taken on the understanding that, if adopted, the proposal would be referred to the Legal Sub-Committee for redrafting.

The Chairman reminded the delegate of Australia that the debate was closed, and that no further amendments could be accepted.

Mr Geeraerts (Belgium) said that frequent references had been made during the discussion to Article 56 of the Constitution, to Rule 84 of the Rules of Procedure, and to the Agreement between WHO and the United Nations, and many legal interpretations given with which the delegation of Belgium was unable to agree. He considered it essential that the constitutional issues involved should be examined by the Legal Sub-Committee.

Mr Strobl (Austria) recalled his earlier proposal to refer the question to the Legal Sub-Committee. It would, he was sure, be the best solution.

Dr Evang (Norway) agreed with the Chairman that the amendment proposed by the delegation of Australia was not acceptable. If the matter were referred to the Legal Sub-Committee, however, would the discussion on the constitutional issue be reopened in the Committee when the Sub-Committee's opinion was received?

The Chairman said it would be quite in order to allow discussion on the opinion submitted by the Legal Sub-Committee.

**Decision:** The Committee decided, by 43 votes to 11, with 5 abstentions, to ask the Legal Sub-Committee for an opinion on the constitutionality of the proposal of the delegation of Australia.

The meeting rose at 11 a.m.
I. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955 (continued)

Agenda, 7.15, 7.16 and 7.17

The CHAIRMAN recalled that the amendment proposed by the delegation of Australia to the draft resolution submitted by the Working Party on Assessments had that morning been referred by the Committee to its Legal Sub-Committee for an opinion whether it was in accordance with the Constitution. He called upon the Rapporteur of the Sub-Committee to present its report.

Mr Calderwood (United States of America), Rapporteur, Legal Sub-Committee, reported that the Sub-Committee had met that morning and had elected Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland) as Chairman, Mr L. A. D. Geeraerts (Belgium) as Vice-Chairman and Mr H. B. Calderwood (United States of America) as Rapporteur.

The Sub-Committee had examined the provisions of Article 56 of the Constitution and heard a statement from Mr Zarb, Chief of the Legal Office, who had reviewed the resolutions adopted by the Health Assembly relating to the announcement of withdrawal by certain Members, and considered the terms of the proposal of the delegation of Australia. The Committee had come to the conclusion that the amendment proposed by the delegation of Australia was not constitutional for the following reasons:

(a) The Health Assembly had consistently regarded certain States as remaining Members of the Organization in spite of the fact that they had notified their withdrawal;

(b) Under the terms of Article 56 of the Constitution the expenses of the Organization had to be apportioned among all Members in accordance with a scale based on the consideration of factors which had to be applied uniformly to the whole membership of the Organization.

The CHAIRMAN thanked the Rapporteur and inquired whether, in view of the opinion expressed by the Legal Sub-Committee, the Committee wished to vote on the amendment of the delegation of Australia.

Decision: It was agreed not to vote on the amendment proposed by the delegation of Australia.

Mr Corkery (Australia) said he assumed that the position was that the Committee noted the report of the Legal Sub-Committee and had, therefore, decided that the amendment proposed by his delegation was inadmissible.

The CHAIRMAN confirmed that that was the position.

He reviewed the proposals before the Committee. The resolution proposed by the delegation of India would be taken as the original proposal. The draft resolution contained in Appendix 2 to the report of the Working Party on Assessments (see Annex 6, page 481) was the furthest from that original proposal, and would therefore be voted on first. The draft resolution of the Working Party did not deal either with the per capita ceiling or the assessment of inactive Members. Those questions would be considered after the draft resolution of the Working Party and the amendments thereto had been dealt with. Of the amendments to the draft resolution of the Working Party, that proposed by the delegation of the United States of America (see page 318) would be taken first. If that amendment were adopted it would be unnecessary to consider the amendment proposed by the delegate of Iceland, providing for a minimum assessment of 0.04 per cent.

Mr Sole (Union of South Africa), speaking on a point of order, asked whether it was intended to take separately paragraph 1 of the United States amendment, which dealt with the question of a minimum assessment, and paragraph 2, which dealt with a different point.

The CHAIRMAN said that he had intended to put the proposal as a whole, but that it was open to any Member under Rule 58 of the Rules of Procedure of the Health Assembly to request that the two paragraphs should be taken separately.

Dr Schelle (United States of America) said that his delegation asked under Rule 66 for a roll-call
vote on its amendment. In reply to a question from the CHAIRMAN, he said that the roll-call vote was asked for on paragraph 2 only of the amendment proposed by his delegation.

Mr CIDOR (Israel) suggested that it would be preferable to take paragraphs 1 and 2 separately. The first covered the same point as the amendment proposed by the delegation of Iceland, the other amended the draft resolution of the Working Party.

Dr Sigurjónsson (Iceland) said that he thought paragraph 1 of the United States amendment had some bearing on paragraph 2 of that amendment. It might therefore be better to take the two paragraphs together.

Mr CIDOR (Israel) said that he did not wish to press his suggestion.

Mr Pleše (Yugoslavia) supported the proposal that the paragraphs should be taken separately, and asked that the Chairman should before each vote read the wording of the paragraph on which the Committee was voting.

Professor Canaparia (Italy) suggested that as the draft resolution of the Working Party contained three paragraphs it would be clearer if the Committee were to consider those paragraphs in order, with the amendments applicable to each.

The CHAIRMAN said that it would be difficult at that stage to change the order of dealing with the various proposals before the Committee as set out in the document he had presented at the sixth meeting. If there was no strong objection he would prefer to proceed on the lines of that document.

He put to the vote paragraph 1 of the amendment proposed by the delegation of the United States of America.

Decision: Paragraph 1 of the United States amendment was adopted by 39 votes to 6, with 14 abstentions.

Dr Boidé (France) said that he had asked for the floor before the vote was taken. He asked whether the amendment just approved would not fit better under paragraph 2 of the draft resolution of the Working Party. The first paragraph referred to units, whereas the amendment just adopted referred to percentages.

The CHAIRMAN said that the amendment had already been adopted; therefore, since the point raised by Dr Boidé was a matter of substance, it could not be considered.

On paragraph 2 of the amendment proposed by the delegation of the United States of America a vote was taken by roll-call:

In favour: Australia, Austria, Canada, Cuba, Denmark, Dominican Republic, Ecuador, Federal Republic of Germany, Iceland, Iran, Japan, Lebanon, Nicaragua, Pakistan, Philippines, Portugal, United Kingdom of Great Britain and Northern Ireland, United States of America.

Against: Afghanistan, Argentina, Belgium, Brazil, Burma, Cambodia, Ceylon, Finland, France, Haiti, India, Indonesia, Iraq, Ireland, Israel, Italy, Jordan, Laos, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Panama, Union of South Africa, Yugoslavia.

Abstentions: China, Egypt, Guatemala, Liberia, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Viet Nam, Yemen.

The proposal was therefore rejected by 26 votes to 18, with 13 abstentions.

The CHAIRMAN said that the Committee should now proceed to vote on the joint amendment proposed by the delegations of Canada, France, Ireland and Israel, namely to replace paragraph 2 of the draft resolution by:

2. RECOMMENDS to the Eighth World Health Assembly that the United Nations scale of assessment for 1954, as adjusted to the World Health Organization membership, be adopted for 1956 and 1957 in the following manner.

Mr Sole (Union of South Africa), on a point of order, asked why it was not proposed to vote on the amendment proposed by the delegate of Iceland. He pointed out that the latter part of the first paragraph of the Working Party's draft resolution now read "except that the assessment of Nepal shall be fixed at five units and that the minimum assessment shall be 0.04 per cent". Apart from the mixture of units and percentages and from the possible prejudice to the understanding that Nepal should be assessed on the minimum applicable under the scale, the proposal of Iceland affected paragraph 2 of the Working Party's draft resolution, which related to 1956 and 1957, not to 1955.

Dr Sigurjónsson (Iceland) agreed with the argument of the delegate of the Union of South Africa but did not wish to raise any difficulty. He said that if the amendment on which the Committee was about to vote was adopted he would withdraw his amendment, because the matter would come
up again for consideration at the Eighth World Health Assembly.

**Decision:** The amendment proposed jointly by the delegations of Canada, France, Ireland and Israel to paragraph 2 of the draft resolution of the Working Party on Assessments was adopted by 28 votes to 13 with 16 abstentions.

The **Chairman** said that the next item was consideration of the per capita ceiling, and read to the Committee the alternatives put forward in section I(2), sub-paragraph (b) of the report of the Working Party.

**Mr Hunt** (United Kingdom of Great Britain and Northern Ireland) said that his delegation would like an assurance that the per capita ceiling, to which his Government attached great importance, would in any case be fully applied in 1955. His delegation assumed that was implied in the resolution of the Working Party as now amended, but he would be glad to have the assumption confirmed.

**Mr Siegel** (Assistant Director-General, Department of Administration and Finance), Secretary, said that it seemed to him that, under paragraph 1 of the draft resolution as amended, there would apply in 1955 the 1954 scale of assessment, with changes in the assessment of Nepal and in the minimum assessment only. If the resolution as a whole were rejected and the resolution of the delegation of India were adopted, the effect would be the same. The per capita ceiling would therefore apply fully in 1955 in either case.

**Decision:** A vote was taken on alternative (1), which was adopted by 26 votes to 11 with 18 abstentions.

**The Secretary** read the amended draft resolution to the Committee.

The Seventh World Health Assembly

1. **RESOLVES** that the WHO scale of assessment for 1954 shall be applicable to 1955 except that the assessment of Nepal shall be fixed at five units and that the minimum assessment shall be 0.04% ;

2. **RECOMMENDS** to the Eighth World Health Assembly that the United Nations scale of assessment for 1954, as adjusted to the World Health Organization membership, be adopted for 1956 and 1957 in the following manner : (1) Half of the adjustments necessary to make the revision shall be effected for the 1956 scale ;

   (2) The remaining adjustments shall be effected for the 1957 scale ;

   (3) The per capita ceiling principle shall be applied only to the extent to which it is applied in the United Nations scale of assessment ; and, further,

3. **RECOMMENDS** that in establishing the scale of assessment to be used in 1958 the Health Assembly further adjust the WHO scale to take into account the latest available United Nations scale of assessment.

**Mr Hardy** (Canada) suggested that the wording of the first paragraph would be more consistent if it were altered to read: "RESOLVES that the WHO scale of assessment for 1954 shall be applicable to 1955, except that the minimum assessment, including that of Nepal, shall be 0.04 per cent.". That was not a question of substance but purely one of style.

**Dr Alan** (Turkey) suggested that the delegate of Canada could put forward his proposal at the plenary meeting.

**Dr Sigurjónsson** (Iceland) suggested that there might be some inconsistency in paragraph 1 and inquired whether five units would not be less than 0.04 per cent.

The **Secretary** said that there was a difference, though slight. The wording which had been adopted was somewhat awkward, but to reopen the question would be to reconsider a point of substance already decided.

The **Chairman** said that it was not possible at that stage to reopen the discussion. He put to the Committee the draft resolution of the Working Party as amended.

**Decision:** The draft resolution was approved by 46 votes to 3, with 9 abstentions (see first report of the Committee, section 3).

The **Chairman** said that the decision just taken made it unnecessary to vote on the draft resolution proposed by the delegation of India. He would put to the vote the draft resolution on the assessment of China.¹

**Sir Arcot Mudaliar** (India) said that the objection which his delegation had taken to the proposal at the Sixth World Health Assembly still held good. He requested that the following note be added to the record:

¹ See footnote on page 316.
The Indian delegation desires to have it recorded that it dissents from the resolution adopted by the Committee on Administration, Finance and Legal Matters regarding the assessment of China.

While the Indian delegation does not by any means wish that WHO should withhold such assistance as it may find it possible to give to any part of the world, and would welcome any aid given to the people in Formosa, it cannot accept the position suggested that the Government of Formosa can be considered as representative of the people of China.

The delegates of Ceylon, Ireland, Israel, Norway, Sweden, the United Kingdom of Great Britain and Northern Ireland, and Yugoslavia said that they proposed to abstain from voting and wished their abstentions to be noted in the record.

Decision: The draft resolution was approved by 34 votes to 2, with 21 abstentions (for text, see first report of the Committee, section 4).

Mr DE ERICE (Spain) said that he understood that the discussion on assessments was completed, but no mention had been made of the Spanish Protectorate Zone in Morocco, which was an Associate Member. He suggested that the Committee should adopt a resolution that the Spanish Protectorate Zone in Morocco should be assessed at three units.

The SECRETARY pointed out that the scale included the assessment of Associate Members, and that that of Morocco stood for 1955 at three units on the present scale. The question raised by the delegate of Spain possibly concerned the division of the assessment between the French Zone and the Spanish Zone for the Associate Member Morocco. He suggested that the Committee might consider it unnecessary to add them to the report.

Decision: The draft resolution was approved by 34 votes to 2, with 21 abstentions (for text, see first report of the Committee, section 4).

The SECRETARY pointed out that the scale included the assessment of Associate Members, and that of Morocco stood for 1955 at three units on the present scale. The question raised by the delegate of Spain possibly concerned the division of the assessment between the French Zone and the Spanish Zone for the Associate Member Morocco. That question, which seemed to him to need further study, might await the recommendations of the Executive Board as to the assessment of all Associate Members.

Mr DE ERICE (Spain) suggested that in that case a resolution might be adopted that the contribution of the Spanish Protectorate Zone in Morocco should be established as that of an Associate Member when the Executive Board so determined.

The CHAIRMAN asked the Spanish delegation to submit its proposal in writing so that it might be considered by the Committee in due course.

(For further discussion, see minutes of eighth meeting, section 3.)
It had become impossible to arrange meetings of the Regional Committee in 1951 or 1952, and the Executive Board, at its eleventh session, had asked the Director-General to obtain the views of Member States in the Region for solutions they might wish to suggest. The views submitted had been considered in the Committee on Administration, Finance and Legal Matters of the Sixth World Health Assembly, which had adopted a resolution (WHA6.47) in which it was suggested that the business of the Regional Committee should be carried out by two sub-committees, and which asked the Director-General, with the means at his disposal, to continue to supply technical aid and services to all Members of the Region. In pursuance of that resolution, the Regional Director had written to Member States in the Region the letter shown in section 1 of the appendix to the report, asking them if they approved of the procedure and, if so, whether they wished to attend sub-committee A, to be held in Alexandria early in October 1953, or sub-committee B, to be held in a nearby country in the second half of that month. Ten countries had accepted for sub-committee A; France and Italy had accepted also for sub-committee B; the United Kingdom had reserved the right to be represented at any regional meeting or meetings that might be arranged. Israel had expressed doubts of the constitutional correctness of the procedure, and had eventually asked that its implementation should be postponed until those doubts had been cleared. In those circumstances, France and the United Kingdom had felt that they could not take part in sub-committee B in the absence of Israel, which left only Italy willing to attend sub-committee B. In that situation, the Director-General had come to the conclusion that it was not possible to carry out the procedure that had been suggested by the Sixth World Health Assembly, and that therefore the meeting of sub-committee A, which was only part of that procedure, should not be held. Four States objected to that decision and, in pursuance of Rule 8 of the Rules of Procedure of the Executive Board, which provided for attendance at meetings of the Board of a representative of a country particularly concerned in a matter to be discussed by the Board, representatives of those States had been heard at the sixteenth meeting of the Board in January 1954. The Board had adopted resolution EB13.R45, expressing the hope that the two sub-committees would meet in 1954, transmitting to the Seventh World Health Assembly the report of the Director-General, already mentioned, and inviting the Health Assembly to study a procedure that would permit the provisions of paragraph 2 of resolution WHA6.47 to be carried out with as little delay as possible.

Dr Hayek (Lebanon) recalled the lengthy discussions on the problem in the past, and noted once again that it was for the World Health Assembly and the Committee on Administration, Finance and Legal Matters to attempt to arrive at a precise and unambiguous decision. Instead of going over the ground again he would submit the following draft resolution, based on resolution EB13.R45 of the Executive Board. The opening words of that resolution, "The Executive Board ". would be replaced by "The Seventh World Health Assembly ". The text of the preamble and paragraph 1 of the operative part would remain, the rest of the Board's resolution being replaced by the following:

2. decides to put into effect paragraph 2 of the resolution WHA6.47;

3. requests the Director-General to make the necessary arrangements, whether constitutional, administrative or practical, in order to ensure definitely the meeting of the two sub-committees A and B in 1954, whatever reasons or conditions might arise to prevent the meeting of one or another of the two sub-committees;

4. invites the Director-General to report on this subject to the Executive Board at its fifteenth session.

Dr Frandsen (Denmark) moved postponement of the discussion of item 7.9 until the following meeting, since it was likely to be a long one and the Committee had just finished one long debate.

The Chairman drew attention to Rule 54 of the Rules of Procedure, requiring an immediate vote on a motion for the adjournment of a debate.

Decision: The motion was rejected by 25 votes to 15, with 12 abstentions.

Dr Van den Berg (Netherlands) proposed a brief suspension of the meeting to allow time for distribution of the draft resolution in writing.

The meeting adjourned at 4.10 p.m. and resumed at 4.40 p.m.

Dr El Wakil (Egypt) said it was to be regretted that the Health Assembly was again faced with the problem, which had been thought solved by resolution WHA6.47, of finding means to enable the Member States of the Eastern Mediterranean Region to meet to exchange their views on the very delicate health problems which were of particular interest to them. The Executive Board, in its resolution EB13.R45, had invited the Seventh World Health
Assembly to study a procedure that would permit the provisions of paragraph 2 of the Sixth World Health Assembly's resolution to be put into effect as rapidly as possible.

He recalled the circumstances that had contributed to prevent the implementation of that resolution, which had been adopted by a large majority and welcomed by most of the Member States of the Region. The Regional Director had written to the States concerned on 8 June 1953 asking whether they accepted the Health Assembly's proposal and, if so, in which of the two sub-committees they intended to participate. Ten States having replied that they would participate in sub-committee A, the Regional Director had convened that sub-committee for the first week of October 1953. The hope that a compromise solution had been found was, however, destroyed by a letter, dated 15 September 1953, from the Deputy Director-General to the Regional Director requesting cancellation of the proposed meeting, on the grounds that it was uncertain when sub-committee B would be able to meet and that the two sub-committees had to meet simultaneously, since together they formed the Regional Committee.

The delegation of Egypt could not share the view that one sub-committee could not meet without the other, since one country in the Region would thereby be enabled to exercise a right of veto on the application of Health Assembly resolutions. In that respect the problem went beyond the Regional Organization and affected the prestige of the Organization.

Israel's attitude was all the more difficult to understand because the delegation of Israel had raised no objection to the resolution at the time of its adoption by the Sixth World Health Assembly, but had waited several months before questioning its constitutionality. He did not think the Constitution could be invoked unless it were in connexion with the attitude taken by Israel in opposition to the wishes of the overwhelming majority of countries in the Region. The consideration that the Constitution of the Organization was based on the traditional principle that the opinion of the majority should prevail encouraged him to invite the Committee to give effect to the proposal of the Sixth World Health Assembly, which had also received the support of the Executive Board.

He recalled that the Regional Office had worked out in detail a method of harmonizing the decisions of the two sub-committees, which rendered groundless any apprehension that might be felt on that score.

In conclusion he reaffirmed his Government's hope that measures would be taken permitting an early meeting of sub-committee A, and its view that there was no reason why the meeting of sub-committee A should be postponed until one State had agreed to participate in sub-committee B. The delegation of Egypt therefore supported the draft resolution proposed by the delegation of Lebanon.

Ambassador Hurtado (Cuba) recalled that the problem was not a new one for many of the members present. A very important discussion had taken place in the Committee on Administration, Finance and Legal Matters of the Sixth World Health Assembly, and he did not believe that the decision taken had been such a failure as some delegates seemed to think. The resolution that had been adopted was an important step forward, and the technical health aims of the Region could be realized by the solution proposed. It was perhaps not very wise to have adopted an arrangement under which practically all the Members of the Region were represented on one committee but, on the other hand, it was not for a minority to impose its wishes on the majority as if it possessed a de facto right of veto. The Regional Director, by travelling widely throughout the Region, had been able to ascertain its needs and provide technical advice to most of its Members. The technical work had thus been continued to some extent. But it was necessary to ensure the effective functioning of the regional system. The resolution of the Sixth World Health Assembly was still valid and means should be found of applying it.

He urged delegates not to raise political issues but to confine themselves to consideration of the technical aims of the Organization.

The Cuban delegation, which took a realistic point of view, felt that the best solution was that offered by the draft resolution submitted by the delegation of Lebanon.

Mr de Erice (Spain) recalled the speech made last year on the same problem by the delegate of Greece, when resolution WHA6.47 had been adopted almost unanimously. In the second paragraph of that resolution it had been laid down that the Regional Committee should be divided into two sub-committees, and that the establishment and the functioning of those sub-committees should be carried out in conformity with the wishes of the Members of the Region. Now the Committee was faced with the fact that resolution WHA6.47 had not been implemented. Since that resolution clearly implied that the sub-committees could function separately, he considered that its provisions should
be implemented, in the way suggested by the delegation of Lebanon, whose draft resolution he supported.

Dr Pachachi (Iraq) recalled that the Health Assembly resolution had not been implemented because of Israel's refusal to join one of the sub-committees. It might therefore be useful for the Committee to hear from the delegation of Israel whether its Government maintained that attitude.

Mr Cidor (Israel) said that the discussion was an old one and one to which his delegation had consistently tried to make a constructive contribution. Reference had been made to the unyielding attitude of his delegation. But he thought there had been intransigence only on the part of certain countries which refused to agree that the Regional Committee should be convened in the normal manner. His country was prepared to participate in a meeting of the full regional committee and to collaborate on technical matters with other countries in the Region, in conformity with the provisions of the Constitution. An attempt had been made to substitute for the Regional Committee two sub-committees which, it was expressly stated in paragraph 2 of resolution WHA6.47, should be constituted in accordance with the wishes of the countries concerned. Israel had been given no possibility of choosing which sub-committee it would attend, because of the decision, taken at the outset, to hold one of the two sub-committees at Alexandria, where citizens of the State of Israel were not at present admitted.

The delegation of Israel had abstained from voting on the resolution of the Sixth World Health Assembly and it had been opposed by those who were now so anxious to implement it. It would be impossible to substitute two sub-committees for one committee unless they could meet, if not simultaneously, at least within a short enough time for their resolutions to constitute the opinion of the entire Region. A decision that it was permissible for only one of the sub-committees to meet would destroy the intention of the resolution and allow an international organization to be used to isolate one Member State for political, not technical, reasons.

The Health Assembly had formulated a wish, not a decision, and his Government maintained the constitutional objections it had raised to that wish. His Government was, however, as it had always been, interested in the smooth functioning of the Organization and did not wish to persist in its objections if a balance could be established that would make it possible for it to join another sub-committee; but it could not accept the position of being the only State in the Region to belong to one sub-committee and of being continually in a minority vis-à-vis another sub-committee which refused to meet with it. His Government was ready to consider any constructive proposal for a temporary way out of a situation which it deplored and which it considered had been brought about by unconstitutional means.

The delegation of Israel had not had sufficient time to study the draft resolution proposed by the delegation of Lebanon. He wished, however, to draw attention to the fact that, under paragraph 3, it was the Director-General who was now being asked to make the necessary arrangements. Hence the proposal was in contradiction with resolution EB13.25 of the Executive Board, which requested the present Health Assembly to study how paragraph 2 of the resolution of the Sixth World Health Assembly could be implemented.

The Chairman called on the Legal Adviser to indicate the constitutional difficulties to which reference had been made.

Mr Zarb, Chief, Legal Office, said that in the documents reproduced in Official Records No. 52 the question of the constitutionality of resolution WHA6.47, in which the Health Assembly merely expressed a wish, had not to his knowledge been raised. It was the constitutionality of the procedure contemplated by the Regional Director in his letter of invitation which was challenged.

Dr Pachachi (Iraq) said that, after hearing the statement by the delegate of Israel, he felt compelled to analyse the constitutional objections referred to, and believed that the present World Health Assembly would be well advised to dispose of them once and for all in order to avoid any contention in the future that they had never been contested and were therefore still valid.

The delegation of Iraq had not shared the optimistic belief prevailing at the end of the Sixth World Health Assembly that the difficult and often explosive problem of the Regional Committee for the Eastern Mediterranean had been settled at least partially, and that the Members of the Region would be able in the near future to resume their meetings. In effect, Israel had succeeded in nullifying the effects of the compromise resolution and the Health Assembly was now faced with a new aspect of the same problem, namely, how to implement resolution WHA6.47.

He recalled that in 1953 his delegation had submitted a proposal to redelineate the Eastern Mediterranean Region, excluding Israel.1 It had ex-

1 See Off. Rec. Wld Hlth Org. 48, 312
plained its reasons and emphasized the fact that the Arab States would never, in any circumstances, co-operate with Israel on a regional level so long as the problem of Palestine remained unsolved. It still maintained that its suggestion represented the best course open to the Health Assembly. He wished to stress, as his delegation had done at the previous Health Assembly, that the essence of regionalization was voluntary co-operation and that, in any regional arrangement, the wishes of the countries concerned should be the paramount consideration. But in the matter under consideration the reverse seemed to be the case, since the wishes of one Member State seemed to take precedence over those of the majority.

The delegation of France had proposed a compromise solution, subsequently adopted as resolution WHA6.47. Although that resolution had not fully met the views of the delegation of Iraq, his Government had nevertheless joined in its unanimous adoption in the plenary session of the Health Assembly in a spirit of co-operation and compromise. He recalled that, while Iraq had expressed its readiness to attend meetings of sub-committee A, Israel had questioned the constitutionality of the resolution and had managed to bring about postponement of the meeting of sub-committee A proposed for October 1953.

He proposed to deal with the objections raised in the letter of 17 September 1953 from the Government of Israel to the Director-General (Official Records No. 52, page 117). The whole Israeli case seemed to be based on the theory that the procedure adopted to establish the two sub-committees was unconstitutional. He hoped that the request in paragraph 9 of that letter, that further action be held up until constitutionality had been authentically established, meant that once that had been done Israel would be willing to abide by the resolution and facilitate its implementation.

He would try to remove the Israeli objections by establishing the constitutionality of the procedure. He recalled that, before the adoption of the resolution by the Committee on Administration, Finance and Legal Matters of the Sixth World Health Assembly, he had asked the Regional Director whether it would be possible for him to ascertain from the Members of the Region, in writing and separately, their views on the constitution of the two sub-committees, since his delegation had instructions not to sit, even for a matter of minutes, on any regional committee on which Israel was represented. The Regional Director, after consulting the Director-General and the Legal Adviser, had replied that such a procedure would be perfectly feasible. No objection had been raised and the resolution had been adopted on that understanding. Accordingly the Regional Director sent out his letter of 8 June 1953. The delegation of Iraq failed to understand, therefore, why Israel now raised objections which could have been raised at any time before the adoption of the resolution. It seemed only natural to assume that Israel was endeavouring to mask its real objective, namely, to nullify the effects of the resolution. It was a well-known legal maxim that, in the absence of specific legal provisions, precedents should be taken into account; reference to precedents had been made in the letter from the Regional Director. In that connexion he reminded the Committee that the United Nations proposal to convene the General Assembly to discuss the highly important Korean question had been dealt with by correspondence.

After putting forward legal objections, the Government of Israel dealt with what it termed the practical aspects of the problem. Its remarks concerning the necessity for a full exchange of views implied that no exchange of views had yet taken place. He failed to understand how the Government of Israel could make such a statement when the question had been so frequently discussed in the Organization for the last three years.

The Israeli letter then referred to parliamentary principles and procedures. If the Government of Israel was so concerned about parliamentary principles, why did it not begin by accepting the most fundamental principle, namely, the wish of the majority? But Israel had consistently sought to violate the wish clearly and repeatedly expressed by the majority of countries of the Region.

The Government of Israel had further objected that it was contrary to all established practice for the decisions of the Regional Committee to be “ distilled ”, as it were, from the decisions of the two sub-committees by a Regional Director who was not a member of the committee. He wished to point out that the procedure was implicit in the reply given by the delegate of France concerning the procedure for handling the reports of the two sub-committees (Official Records No. 48, page 326), to which no objection had been raised by the delegation of Israel. In the circumstances the attack on the Regional Director was unwarranted.

From the foregoing analysis of the legal aspects, the following facts clearly emerged. The two sub-committees had been properly and constitutionally set up even though they had not yet been convened. Ten Member States had signified their desire to be
represented on sub-committee A. France and Italy had stated that they were prepared to participate in both sub-committees, and the United Kingdom of Great Britain and Northern Ireland had reserved its right to be represented at any regional meeting or meetings. Only Israel had not replied to the Regional Director's letter, with the intention of delaying the proceedings and finally destroying the whole project.

Dr Pachachi then recalled the circumstances which had prevented the two sub-committees from meeting. On 14 September 1953, the Government of France had informed the Director-General that it considered the aim of the Health Assembly resolution could only be achieved if both sub-committees met at the same time and if Israel accepted to participate in one of them. On 15 September 1953, the United Kingdom had stated that, in the absence of Israel, the resolution could not be complied with and neither sub-committee should be convened. While the United Kingdom and France had the right to refuse to participate without Israel, their action had unfortunately encouraged Israel in her obstructive attitude, although he was convinced of the sincere wish of those two Governments to facilitate the functioning of the new arrangement. But he could not agree that both sub-committees should necessarily meet simultaneously. There was no provision to that effect, which would indeed be impracticable from the point of view of the Regional Director and his staff. Moreover, meetings should depend on the convenience of Member States.

The Government of Iraq could not understand the attitude of the Secretariat in the matter. Certain Member States having expressed a different view from that of France and the United Kingdom, the Secretariat should have taken the sense of the other Members and followed the wishes of the majority. Instead they had set themselves up as arbiters and, accepting the minority opinion, had decided that the sub-committee should not meet. Their justification for so doing was outlined in the Director-General's letter of 6 November 1953. He admitted that the Health Assembly resolution had expressed a wish, but surely it was the duty of the Secretariat to see that that wish was met? He would like explanations of the reasons that had prompted the Secretariat's attitude.

In conclusion, the delegate of Iraq expressed the opinion that it was time to take a firm stand in the matter in order to prevent further obstacles from being placed in the way of the implementation of the resolution. His delegation could accept the draft resolution proposed by the delegate of Lebanon, with some minor alterations. He wished, however, to ask what the delegate of Israel had in mind in referring to a better balance between the two sub-committees.

(For continuation of discussion, see ninth meeting.)

The meeting rose at 6 p.m.

EIGHTH MEETING

Thursday, 13 May 1954, at 9.30 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Second and Third Reports of the Legal Sub-Committee

Mr Calderwood (United States of America), Rapporteur of the Legal Sub-Committee, introduced the reports (for text, see page 445).

The Chairman, noting that there were no comments, submitted for the approval of the Committee two draft resolutions based on the recommendations contained in the second report.

Decision: The draft resolutions were approved (for text, see first report of the Committee, sections 5 and 6).

2. Adoption of First Report of the Committee

Decision: The report was adopted without comment (for text, see page 435).

3. Request by the Government of Spain in respect of the Spanish Protectorate Zone in Morocco

Mr De Erice (Spain) recalled that his delegation had, at the Committee's seventh meeting, made an
oral proposal to the effect that the contribution of Spanish Protectorate Zone in Morocco as an Associate Member should be established by the Executive Board. He had since submitted that proposal in writing and would like to know when it could be considered by the Committee.

The Chairman noted that the Spanish delegation had submitted its draft resolution in connexion with the item on the scale of assessment. He was sure that it was not the intention of the delegate of Spain to reopen discussion on that item; he suggested that the proposal could be considered in connexion with item 7.13: Rights and obligations of Associate Members in regional committees.

Mr de Erice (Spain) said he would have no objection to the procedure suggested by the Chairman.

He called attention to the fact that the names of the delegation of the Spanish Protectorate Zone in Morocco appeared under an incorrect heading in the provisional list of delegations and observers, and, by virtue of resolution WHA6.37, his Government requested the Director-General to amend that list so that that delegation would appear under the heading of the Spanish Protectorate Zone in Morocco. The delegation's card in the committee rooms should also be altered accordingly.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, apologized for the error in the provisional list of delegations and observers and assured the delegate of Spain that the amendments he requested would be introduced when the list was revised. There would, of course, be no difficulty in making the necessary alteration to the card in the committee rooms.

(For discussion of the Spanish proposal under item 7.13, see minutes of tenth meeting, section 5.)

The meeting rose at 9.55 a.m.

NINTH MEETING

Friday, 14 May 1954, at 10 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Report on the Situation regarding the Regional Committee for the Eastern Mediterranean (continued from the seventh meeting, section 4)

Agenda, 7.9

Mr Calderwood (United States of America) remarked that the question under discussion had been before the Committee many times and most delegates were familiar with the factors involved. For various reasons it had proved impossible to implement the wish of the Sixth World Health Assembly that the functions of the Regional Committee should be carried out through two sub-committees. Certain constitutional objections had been raised to that procedure, but he was quite sure the Committee would agree that there were no grounds for such objections. Apart from that, the Member States of the Region concerned had affirmed their willingness to give the plan a trial. The Executive Board had called attention to the fact that the two sub-committees had not met and suggested that the Assembly might wish to determine the procedure to be followed in order that the two sub-committees could carry out their functions.

The Committee had before it the proposal of the Lebanese delegation (see page 334), which was largely a repetition of the resolution adopted by the Sixth World Health Assembly; it differed, however, from the Executive Board's proposals, in that the Executive Board held that the Health Assembly should assume responsibility for defining the procedure to enable the sub-committee to function. He fully concurred in that view: it was the responsibility of the Health Assembly; the task should not be imposed on the Director-General or the Regional Director.

Divergent views had been expressed on the conditions to be fulfilled in order to enable the Director-General or the Regional Director to convene the two sub-committees. The obstacles did not seem to him insuperable, and he wondered whether it might not be advisable to establish a working party to
study the question of the conditions to be fulfilled and submit proposals to the Committee on the procedure to be followed.

The Chairman thought it better to discuss the proposal of the delegate of the United States of America before calling on the remaining speakers on his list.

Dr van den Berg (Netherlands) strongly supported the proposal as a wise move towards settlement of the problem. The Committee had already benefited from the advice of other working parties and he hoped similarly good results would be obtained in the present instance.

Dr Pachachi (Iraq) was not clear what the proposed working party would have to do. The delegate of the United States had mentioned conditions that would enable the two sub-committees to meet and function. As everyone was aware, all Members of the Region, with one exception, were ready and willing to meet, and the Governments of France, Italy, and the United Kingdom of Great Britain and Northern Ireland had also intimated their readiness to participate in any regional meeting that might take place.

The whole problem could be resolved in a moment if the Israeli delegation would signify its readiness to participate in sub-committee B. The talk of conditions, therefore, seemed somewhat unrealistic. Was it a question of the conditions that Israel would impose for participation in the work of the Region? The remaining Members had no conditions to lay down. The United States delegate had pointed out that the constitutional objections raised by Israel were not serious. But those were the only objections, apart from technical considerations, that Israel had put forward. Hence, if they were disposed of, nothing remained to be settled.

Dr Evang (Norway) entirely agreed with the views expressed by the delegate of the United States of America. The time had come to work out on a practical and realistic basis the conditions under which the two sub-committees could meet. As practical men, the members of the Committee were interested in the matter only in so far as it related to the functioning of WHO.

The main stumbling-block to the functioning of the sub-committee had been that the countries concerned could not agree on a time and place of meeting. In addition, therefore, to the terms of reference suggested by the delegate of the United States, the working party should consider whether or not the Lebanese draft resolution should be amended to the effect that the two sub-committees should meet at the same place and at the same time, the place being decided by agreement between the interested parties or, if they failed to agree, being selected by the Director-General of WHO.

Dr el Wakil (Egypt) agreed with the delegate of Iraq. It was customary to entrust to a working party technical work that could not easily be done in a main committee. In the present instance, the problem would be very readily resolved by the application of good will, since the overwhelming majority of the countries in the Region were ready to meet, and one country only had refused. He wondered whether the role of arbiter was to be assigned to the working party; that would, in his opinion, certainly be beyond the usual functions of such a group. Moreover, the task of fixing the place and date of meetings was purely administrative, and again should not be entrusted to a working group. In those circumstances, he believed it would be better to face the situation as it was.

Mr de Erice (Spain) said that the attitude of the Spanish delegation on the question under discussion was guided by a spirit of international collaboration. The point at issue in regard to resolution WHA6.47 was not that of the actual functioning of the two sub-committees, but rather the fact that the Director-General had been unable to give effect to the wish of the Assembly as expressed therein.

There was every cause for optimism, however, in the fact that the tone of the discussions at the present session was very different from that of previous occasions. In that connexion, he paid a tribute to the constructive attitude of the Israeli delegation and its evident desire to find a solution to the problem. That being so, he would suggest that Israel might provisionally become a Member of the European Region. In several of the specialized agencies, such as UNESCO and FAO, that course had been followed, and it would appear to set a logical precedent for similar action in WHO. There was a particularly close parallel with FAO, which also was concerned with the transmission of disease and with conditions of a regional character generally. Moreover, there was a precedent within the Organization: Greece had provisionally agreed to join the Eastern Mediterranean Region until the European Region had been constituted.

It might be difficult for the delegation of Israel to give an immediate reply, and he therefore suggested that his proposal be left in abeyance until it had had time to consult its Government.

He endorsed the proposal of the United States of America for the establishment of a working group,
which he thought should consider, among other matters, the rules of procedure of the two sub-committees. It was his understanding of the terms of resolution WHA6.47 that the establishment of the two sub-committees implied also the possibility of their functioning separately. Even if only one of the sub-committees functioned, the Director-General and the Regional Director could provide the necessary liaison with the remaining members. The proposed working party might study ways for effecting that liaison between the two sub-committees.

The Chairman again asked speakers to confine their remarks to the establishment of a working party.

Dr Hayek (Lebanon) asked if the delegate of the United States of America could explain the real objective of the proposed working party. Was it to study the functioning of the two sub-committees with a view to clarifying paragraph 3 of the draft resolution submitted by his own delegation? He would also like to know the views of the delegation of Israel on the suggestion just made by the delegate of Spain.

Professor Briskas (Greece) explained, with reference to the statement of the delegate of Spain, that Greece had become a Member of the Eastern Mediterranean Region merely because at the time the European Region had not yet been constituted. There was, therefore, absolutely no analogy with the present case.

Dr Pachachi (Iraq) said that it would seem from the statements of the delegates of the United States of America, of Norway and of Spain that each of them had a different conception of the terms of reference of the proposed working party. Until the Committee had a clear idea of what those terms of reference were to be it would be impossible to vote on the question.

He again emphasized that there would be no need to establish a working party or to prolong the discussion if the delegate of Israel would intimate his Government’s readiness to co-operate and participate in sub-committee B.

Mr Calderwood (United States of America) explained that he had mentioned both conditions and procedure. It seemed to him that, since the Director-General had found it impossible to convene sub-committee B, the Health Assembly might indicate what conditions had to be fulfilled in order that the Director-General might convene both the sub-committees. In speaking of procedure, he had had in mind the rules of procedure of the sub-committees. According to the provisions of the Constitution, the Regional Committees were empowered to determine their own procedure. The present case was somewhat different, however, and questions might arise regarding the constitutionality of decisions taken in separate meetings. It was the prerogative of the Health Assembly to settle constitutional issues. Guiding principles should therefore be established by the Health Assembly and the two sub-committees left to work out their own rules of procedure, apart from the issue of unconstitutionality.

The Chairman thought one point should be cleared up before a working party could be set up: an objection on constitutional grounds had been raised to the resolution adopted by the last Health Assembly. Perhaps the Secretariat would be able to give some clarification of the position.

Mr Zarb, Chief, Legal Office, wished to specify that the legality and constitutionality of the decision taken by the Sixth Health Assembly had not been questioned. It was on the legality of the procedure proposed by the Regional Director in his letter of invitation that the Israeli Government had formulated criticisms and doubts.

Mr Cidor (Israel) confirmed Mr Zarb’s statement.

Dr Pachachi (Iraq) also concurred in Mr Zarb’s remarks. However, the Committee should find no difficulty in endorsing the procedure in question; it had not been challenged in the Health Assembly the previous year, it had been based on expert advice, and, finally, the delegate of Israel had himself agreed to waive the objections in question. Accordingly, no further difficulty subsisted in that connexion.

He still found the question of the terms of reference of the working party somewhat confused. The delegate of the United States of America had given no clear indication which of the many rules of procedure necessary for the two sub-committees were to be discussed.

The Chairman asked the Regional Director for the Eastern Mediterranean to make a statement.

Dr Shousha, Regional Director for the Eastern Mediterranean, recalled that, during the discussion on resolution WHA6.47 at the Sixth World Health Assembly, he had been asked by the delegate of Iraq whether or not its provisions were feasible. He had replied that the Regional Director would implement the Health Assembly’s decision by every possible means. He had, therefore, prepared his letter of invitation to the Member States of the Region immediately after the closure of the Assembly. In doing so, he had consulted the Legal Adviser to
WHO, and had drafted the letter on the lines proposed in the discussion by the French delegation.

The CHAIRMAN said he was still not clear why it had proved impossible to hold meetings of the sub-committees. If that could be specified, the Committee might be able to establish some suitable arrangement to overcome the difficulty.

The DIRECTOR-GENERAL said a full explanation had been given in his letter addressed to all Member States of the Region and reproduced in his report to the Executive Board (Official Records No. 52, page 119). All were aware of the inherent difficulties of the problem, and he was now asking the Assembly for guidance on how to implement its wishes as expressed in resolution WHA6.47; he would be prepared to carry out any instructions given him.

Mr CIDOR (Israel) felt that the basic difficulty for the Director-General lay in the decision of the Assembly itself, which stipulated that the constitution of the two sub-committees should be fixed in accordance with the wishes of the countries concerned. Agreement on that point had not been obtained, and if a working party was set up its task should be to find means of giving effect to that provision.

Dr PACHACHI (Iraq) pointed out that the agreement of the overwhelming majority of the countries concerned had been obtained. The single country outstanding was surely not suggesting that, in order to carry out the wishes of the Health Assembly, there should be unanimous agreement.

Mr BRADY (Ireland) moved the closure of the debate on the proposal to set up a working party, in accordance with Rule 56 of the Rules of Procedure. The longer the debate continued, it seemed to him, the more difficult would become the task of the working party, and eventually of the Committee.

Dr PACHACHI (Iraq) objected to the motion because no clear idea had as yet been given of the proposed terms of reference for the working party; hence it would not be right to take an immediate vote on the question.

Mr DE ERICE (Spain) also opposed the motion for closure as being somewhat premature. There was little point in establishing a working party without giving it clear instructions on its task.

Decision: The motion was rejected by 18 votes to 13, with 13 abstentions.

Mr DE ERICE (Spain) suggested, chiefly with the object of bringing the discussion to an early close, that the terms of reference of the working party might be established on the following lines:

In order to implement resolution WHA6.47, with respect to the functioning, even separately and independently, of the two sub-committees mentioned therein, a working party is established to recommend in as short a time as possible appropriate procedures to enable the Director-General to convene each of the sub-committees separately and to carry out the necessary liaison between the two through the Director-General and the Regional Director.

Dr TOKDEMIR DAOUD (Libya) said that, if he understood correctly the statement that had been made by the Secretariat, one thing only had prevented the holding in 1953 of the two sub-committees: the question whether the procedure that had been followed by the Regional Director had been legal and constitutional. All that was required, therefore, was to find the right procedure, and the sub-committees would meet.

Dr EVANG (Norway) again supported the proposal of the delegate of the United States of America, who he thought had put clearly to the Committee the questions that the working party should consider. The fact that the Chairman had recently found that no other member of the Committee wished to speak supported his own view that the Committee understood the case before it.

Dr EL WAKIL (Egypt) again asked the United States delegate what procedure he had in mind for the working party. If it were not made clear the Committee might find itself acting as a legislative body and laying down rules of procedure for the Regional Committee. Was the working party to consider the question on broad lines, or should it go into details?

The CHAIRMAN replied that it was necessary that some details should be worked out, or the same problem as had arisen in 1953 might recur in 1954. The Committee should ask the working party to suggest a formula that would enable the Director-General and the Regional Director to decide on a procedure that would secure the meeting of the two sub-committees.

Dr EL WAKIL (Egypt) said it did not appear to him that the working party could constitutionally work out rules of procedure for the Regional Committee. Each regional committee should frame and adopt its own rules of procedure.

The CHAIRMAN thought it was premature to assume that the working party would exceed its powers. The question before it was to work out the practical answer to the difficulties that had been experienced in 1953. The constitutional questions
were met by the resolution of the Sixth World Health Assembly. What was now wanted was a practical procedure by which that resolution could be put into effect.

Mr HESSEL (France) warmly supported the terms of reference suggested for the working party by the Chairman.

Dr HAYEK (Lebanon) supported the proposal of the Chairman, which appeared similar to that put forward by the delegate of Spain, with the additional request to provide practical suggestions with regard to paragraph 3 of the draft resolution proposed by his own delegation.

The CHAIRMAN put to the vote the proposal to appoint a working party.

Decision: The proposal was carried by 35 votes to 2, with 14 abstentions.

The CHAIRMAN asked for suggestions for the composition of the working party, particularly from the delegate of the United States of America.

Mr CALDERWOOD (United States of America) did not wish to take away from the Chairman the prerogative of nominating members of the working party.

Dr HAYEK (Lebanon) suggested that the working party should be composed of representatives of the delegations of the United States of America, France, Italy, the United Kingdom of Great Britain and Northern Ireland, Iraq, Egypt, Pakistan, and the Netherlands.

Dr EL WAKIL (Egypt) suggested adding Spain to the list.

Dr PACHACHI (Iraq) thought that Israel should also be represented.

Mr CIDOR (Israel) said that he was very grateful for the suggestion made by the delegate of Iraq, but wished to make a slightly different proposal. The working party should work in a peaceful and non-contentious atmosphere; it would therefore, he thought, be better that it should not include representatives of countries in the Eastern Mediterranean Region. The working party could, of course, consult representatives of those countries informally.

The CHAIRMAN observed that a question of principle had been raised: whether delegates of countries in the Region concerned should be included in the working party.

Dr HAYEK (Lebanon) said he had suggested representatives of such countries solely on the ground that they were lawyers and that the working party would be considering legal questions.

Dr PACHACHI (Iraq) thanked the delegate of Lebanon for the compliment, but said that he was not a lawyer.

Dr HAYEK (Lebanon) thought it would be useful that delegates of the countries concerned should be on the working party so that they could explain their difficulties. He thought that private discussions would be hardly adequate for that purpose.

Mr DE ERICE (Spain) proposed that, in order that the agreement at which the working party would arrive should be properly representative of the views of the Committee, the Latin American countries should be represented by the delegate of Cuba and the Asian countries by the delegate of Japan.

Dr EL WAKIL (Egypt) thought that countries of the Eastern Mediterranean Region should be represented on the working party, so that all points of difference could be resolved and a comprehensive plan submitted for the approval of the Committee.

The CHAIRMAN suggested that the present difficulty might be met by using a procedure which had been adopted in other phases of the work of the Organization: to appoint a nucleus of a few members from outside the Region concerned, to whom the representatives of the countries interested would express their views in turn. After the present prolonged debate, the views of the several parties should be sufficiently clear. The representatives of countries in the Region, who would have definite views on what should be done to secure the meetings of the two sub-committees, would put their views in order to help the working party to formulate practical suggestions for consideration by the Committee.

Dr VAN DEN BERG (Netherlands) supported the proposal of the Chairman.

Mr CALDERWOOD (United States of America) asked whether the delegate of Lebanon would in the circumstances be prepared to withdraw the list he had suggested and leave it to the Chairman to submit to the Committee a list on the lines which the Chairman had just suggested.

The CHAIRMAN suggested that, if that proposal were agreeable to the Committee, it might proceed to other items of the agenda; before the meeting rose he would announce the names of those whom he suggested for the working party.

It was so agreed.

Mr CIDOR (Israel) said he had asked for the floor earlier in the meeting because he wished to put before the Committee some points which did not
bear directly on the proposal to appoint a working party but which would be important to the working party. The delegate of Iraq had made some statements to which his Government could not reply by silence. He would not take more than ten minutes of the time of the Committee. The decision to appoint a working party had not eliminated the problems he had still to answer.

**Dr Pachachi (Iraq) and Dr El Wakil (Egypt)** said that they must reserve the right of their Governments to answer any points included in the statement of the delegate of Israel with which they might not agree.

The **Chairman** said that, in the circumstances and as the Committee had taken a decision to appoint a working party and had closed the debate on that question, it would be better to proceed to other items of the agenda.

Mr **Cidor** (Israel) said that he would hand in his statement so that it might be included in the minutes.

The **Chairman** asked if there was any objection to that suggestion.

Mr **Siegel** (Assistant Director-General, Department of Administration and Finance), Secretary, said that it was necessary to distinguish between statements handed in for reproduction and distribution in full and the summary statements which were included in the minutes of the meeting.

The **Chairman** asked which of the alternatives members of the Committee preferred: a statement recorded and circulated as such or a summary included in the minutes.

Mr **Cidor** (Israel) said that he agreed to the inclusion in the minutes of a summary of his statement.

Dr **Pachachi** (Iraq) said that he would also wish to have included with the minutes a summary of any comments he might find it necessary to make on the statement of the delegate of Israel.

The **Chairman** pointed out that the debate was not yet finished and that members would have a later opportunity to deal with any statements to which they wished to reply. The statement of the delegate from Israel would be summarized in the usual way and included with the minutes (see Appendix).

(For decision on composition of working party, see section 4 of these minutes, page 346.)

2. **Sessions of Regional Committees at Regional Headquarters; Payment of Travel Expenses of Representatives to Meetings of Regional Committees**

Agenda, 7.10 and 7.28

Dr Hyde, representative of the Executive Board, suggested that the Committee might like to discuss item 7.28 of the agenda at the same time as item 7.10.

It was so agreed.

Dr Hyde referred the Committee to the report in Annex 5 to *Official Records* No. 52. The Executive Board at its eleventh session had recommended that the Sixth World Health Assembly should authorize the reimbursement of the travel expenses of one representative to one session a year of the regional committee and suggest to regional committees that they should consider the possibility of holding their sessions at regional headquarters every alternate year. The Sixth World Health Assembly had deferred consideration of both those questions so that the regional committees might have an opportunity to study and comment on the proposals. The comments made by the various regional committees on the proposal to reimburse travelling expenses were summarized in paragraph 2.1 of the report and their comments on the place of regional committee meetings were summarized in paragraph 2.2. In paragraph 2.3 it was explained that, as the Regional Committee for the Eastern Mediterranean had not met in 1953, those two matters had not been studied and commented on by the States in that region.

The Board, after considering the comments, had adopted resolution EB13.R27, in which it withdrew its earlier recommendations on the payment of travel expenses and recommended that expenses of attendance at meetings of regional committees should not be reimbursed by WHO, and resolution EB13.R28, in which it recommended that regional committees should consider holding their meetings from time to time at the site of the regional office, taking into account the costs involved for the Organization and the Member States concerned. The Board had also decided in those same resolutions that the comments of the regional committees should be transmitted to the Seventh World Health Assembly.

Mr **Sole** (Union of South Africa) said that he wished to place on record that his Government had consistently held the view that meetings both of central organizations and of regional committees should be held away from headquarters only if the
host government was prepared to pay the additional expenses involved.

The Chairman read Article 48 of the Constitution which provided that regional committees should meet as often as necessary and should determine the place of each meeting. It was in the light of that article of the Constitution that the Executive Board had made its recommendations.

Dr van den Berg (Netherlands) agreed with Dr Hyde that the two items under discussion were related. His Government would like to accept the principle that governments should themselves pay the expenses of their representatives attending meetings of regional committees. If meetings of regional committees were always held at the regional headquarters, that principle would give too much advantage to the country in which the regional headquarters was situated.

The Chairman proposed to the Committee a draft resolution on item 7.10.

Decision: The draft resolution was approved (for text, see second report of the Committee, section 1).

The Chairman then proposed a draft resolution on item 7.28.

Decision: The draft resolution was approved (for text, see second report of the Committee, section 2).

3. Selection of the Country or Region in which the Eighth World Health Assembly will be Held

Agenda, 7.8

Dr Hyde, representative of the Executive Board, said that the Board had had great pleasure in adopting its resolution EB13.R59. He recalled to the Committee that Dr Zozaya, the delegate of Mexico, had extended at the Sixth World Health Assembly a generous invitation to the Organization to hold its Eighth Assembly in Mexico City. The Organization had studied the questions involved, and it would be seen from the document before the Committee that every point that had been asked for by the Organization had been met by the Government of Mexico: additional costs, facilities and immunities for delegations, and the installations and equipment necessary for the effective holding of the meetings. The Committee would note that the Board, in its resolution, recommended to the Health Assembly a draft resolution expressing appreciation of the invitation extended by the Government of Mexico, deciding that the Eighth World Health Assembly should be held in Mexico in 1955, and requesting the Director-General to enter into an appropriate agreement with the Government of Mexico and report thereon to the Executive Board at its fifteenth session.

Sir Arcot Mudaliar (India) warmly supported the action of the Executive Board and said that his delegation had earlier expressed their high appreciation of the invitation.

On the general question of holding Health Assemblies elsewhere than at Headquarters, he thought it important that there should be certain minimum conditions for the acceptance of invitations. Two questions were involved: the additional cost and, even more important, the privileges and immunities necessary for delegates attending the Assembly. Those conditions had been generously fulfilled by the Government of Mexico, and he was glad to note that that Government had been the first to accept all of them. He hoped that the practices followed by some other specialized agencies with regard to the meetings of their governing bodies would never be followed by the World Health Organization.

Dr van den Berg (Netherlands) referred to the statement, made earlier in the meeting under item 7.10 by the delegate of the Union of South Africa, that meetings should only exceptionally be held away from headquarters. He did not share that view where regional committees were concerned, but he did agree with regard to meetings of the Health Assembly. It was possible to hold an efficient meeting of a regional committee in almost any city, but it was very difficult to organize more complicated meetings such as those of the Health Assembly except where facilities similar to those at Geneva were available. The Netherlands delegation thought there should be few exceptions to that rule; if meetings of the Health Assembly were held away from Headquarters as often, for example, as once every three years, that procedure could not be considered exceptional. He recalled, however, that the World Health Assembly had not met away from its Headquarters since its second session in Rome in 1949. He agreed that Mexico City was a suitable place and that the Mexican Government had made ample and generous arrangements.

Decision: The resolution recommended by the Executive Board in its resolution EB13.R59 was approved with acclamation (see second report of the Committee, section 3.)

Dr Zozaya (Mexico) thanked the Committee for their decision and for the generous references that had been made to the action of his Government.
In Mexico City they had not perhaps all the facilities available in Geneva, but they could provide some compensatory advantages. He would therefore be very happy to see them all in Mexico City in 1955.

4. Report on the Situation regarding the Regional Committee for the Eastern Mediterranean (resumed from section 1)

Agenda, 7.9

The Chairman recalled his promise to suggest at the end of the meeting a list of members for the proposed working party. He proposed that the nucleus of the working party should be composed of delegates of the United States of America, Japan, Spain, the Netherlands and India. He had deliberately kept the number small so that they could hear the views presented to them and come quickly to a decision and would be less tempted to engage in lengthy discussions.

Mr de Erice (Spain) said that he assumed that the representatives of countries wishing to attend sub-committees A and B respectively would be heard by the working party.

The Chairman agreed. He hoped that the States concerned would agree on times for such hearings with the nucleus working party and arrange to present their views. He thought that there were only two points of view to be heard, and he therefore hoped that two representatives only would attend for that purpose and not representatives of all thirteen countries in the Region.

The meeting rose at 11.55 a.m.

Appendix

SUMMARY OF THE STATEMENT ADDED TO THE MINUTES OF THE NINTH MEETING AT THE REQUEST OF THE DELEGATE OF ISRAEL

Mr Cidor (Israel) regretted that, because the representatives of certain countries in the Eastern Mediterranean Region did not address themselves to the real point at issue, it should be necessary to come back over the points raised in the long debates on the subject during the sessions of the past two years.

The Committee had heard a long statement three days ago from the delegate of Iraq on the details of the problem with which the Committee was concerned, but they had not heard a word on the essence of the problem. The delegate of Iraq had dissected isolated sentences from the letters of the Israeli Government which appeared in Annex 14 to Official Records No. 52, without referring to the basic problem. An attempt had been made to suggest that a serious principle was involved in giving effect to the wish expressed at the Sixth World Health Assembly, but that was not the case.

So that the position of his own delegation should be clearly understood, he would repeat what he had said in his brief remarks at the meeting on Tuesday. Two sessions of the Regional Committee for the Eastern Mediterranean had been held in 1949 and 1950, at Geneva and Istanbul respectively, at which all the countries of the Region had met in complete accord, and in the calm atmosphere suitable to such discussions had considered the common health problems of the Region. But in the following year the Arab States had decided, for reasons in no way concerned with the constructive work of international organizations, to impose on the State of Israel an economic, political and diplomatic boycott. As part of that boycott, instructions had been given to the representatives of the ministries of that group of States to disregard the principle of international co-operation in the organizations of which they were Members and, as far as possible, to eliminate the participation of Israel in the work of regional committees.

The representatives of those countries had, therefore, come to the following session of the World Health Assembly with instructions that made it impossible to apply the principles laid down in Chapter XI of the Constitution. The rigid attitude of those delegates had obliged the Sixth Health Assembly (in its resolution WHA6.47) to postpone indefinitely examination of the questions arising from the absence of meetings of the Regional Committee, and to express the wish that the Regional Committee should provisionally carry out its work through two sub-committees, the constitution of which would be determined with the consent of the interested countries. The resolution had been adopted without enthusiasm, simply as an attempt to neutralize in part and provisionally the unconciliatory attitude of the countries concerned, which might have serious results on the work of the Organization. It was not the fault of Israel that such a compromise had been necessary.

The delegate of Iraq had not referred to any of those points. He had introduced into the debate opinions which, he said, were " implicit " in the text of the resolution in order to divert attention from the real point, which was to reach agreement with the interested countries and study the procedure which would allow the wish of the Sixth World Health Assembly to be implemented.

To justify his attacks, the delegate of Iraq had emphasized what he called the refusal of Israel to apply the parliamentary procedure, to which the Israeli Government had referred in its letter of 17 September 1953 to the Director-General of the Organization. It could be only lack of experience in parliamentary procedure which had led the delegate of Iraq to the view that such procedure could permit the majority to silence the minority, to prevent it from taking part in debate, and to leave it in isolation with the governments of one or two friendly countries whose seats of government were not in the Region. The purpose of the resolution of the Sixth World Health Assembly was precisely to avoid such a disguised exclusion of the minority from the Regional Committee. The attempt to use the resolution to produce a situation opposed to that intended by the Health Assembly was the ground on which his Government had refused to follow the

1 See page 344.
procedure that had been suggested. The situation, therefore, was not that a veto had been imposed by one State in the Region on the wishes of other States; it was a defence of the principles on which was based the compromise proposed by the French delegation at the Sixth World Health Assembly and approved by delegates to that Assembly.

To deny those principles would reduce WHO from an organization composed of sovereign States, large and small, united in complete equality, to an organization in which any group that had a majority of votes in a region would be able to suppress any Member of the region with which it might decide not to meet on a regional level.

The whole merit of parliamentary procedure was exactly that it brought different opinions together in free discussion. It was in order to avoid dictatorial action under cover of false interpretations such as those put forward by the delegate of Iraq that his Government had not been able (according to its letter of 17 September 1953) to accept the procedure proposed.

In the same spirit, the delegate from Iraq had constituted himself the defender of the Regional Director, whom, according to his interpretation, Israel was supposed to have seriously offended, tacitly, of course. The Government of Israel did not consider that it had to apologize to the Regional Director, for everything that was said in its letter was straightforward and contained no tacit insinuations. Dr Shousha had been good enough to give an assurance that he had never understood the text of that letter as a personal attack on himself. Israel's appreciation of his technical work had been expressed and repeated, in speeches and in writing, and there was no need to reiterate it again. The fact that the Israeli Government were not in unconditional agreement with everything that he had done in the case under discussion in no way affected that appreciation. If every criticism of a man's work were to be interpreted as a personal attack on himself, the world would never know peace.

The delegate of Iraq had said, in explaining the reasons that had prevented the Arab countries of the Middle East from reaching agreement with Israel on the composition of the two sub-committees (in accordance with the wish of the Sixth World Health Assembly) that he had received instructions not to meet the delegates of Israel even for five seconds to discuss technical matters of common interest. The delegation of Israel, on the other hand, had received formal instructions not to take part in any arrangements that would reduce the World Health Organization to a tool of a political manoeuvre, which, by a roundabout procedure, sought to obtain de facto what it had not been able to obtain de jure. What the countries that had inflicted the long and pointless debate on the Assembly during the last three years were seeking had been stated clearly three days previously: the unconstitutional isolation of the State of Israel in the Region of which it was an integral part. To confirm such manoeuvres would be nothing less than to subscribe to the politics of a number of countries in which it was considered a crime to speak of peace with one's neighbour. The delegation of Israel was deeply persuaded and confident that within an international organization that aimed at helping to smooth the way towards peace such manoeuvres would not be condoned.

He had said three days before that, faithful to the policy of peace to which they were devoted, the delegation of Israel were ready to study any proposal that would make it possible to end the present deadlock. So far as they were concerned, they were willing also that the Regional Committee should meet at any time and in any country to which they had access, but they did not consider it their duty to offer solutions in order to satisfy the obstinate refusal of certain countries in the Region to apply in the letter and spirit the provisions of Chapter XI of the Constitution. They would study, however, in their usual conciliatory spirit, any proposals that the Seventh World Health Assembly might make in pursuance of resolution EB13.R45 of the Executive Board.

TENTH MEETING

Saturday, 15 May 1954, at 10 a.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

Agenda, 7.18

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, drew attention to the report of the Director-General which showed the status of collections of contributions in respect of the 1954 assessments and of advances to the Working Capital Fund, as well as containing information on arrears of contributions.

Since 1 May 1954, several payments had been received in respect of contributions, some of which were applicable to arrears. Bolivia had paid off its advance to the Working Capital Fund and its contribution for 1950-1951 ($13 780); Paraguay had likewise paid off its contribution for 1950-1951 ($6 593), and four other countries had made payments in respect of their assessments for 1954.

Decision: The Committee unanimously approved the draft resolution set out in section 4 of its second report (see page 438).

Mr CORKERY (Australia) stated that the delegation of Australia did not think that the action just decided upon in respect of the payment of arrears of contributions was sufficient. It did not, however, wish to propose any further action at the present stage.

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1 Unpublished working document
2. Working Capital Fund Resolution for 1955

Agenda, 7.21

The Secretary drew attention to the draft resolution on the Working Capital Fund set out in Official Records No. 50, page 37, and to the revised wording suggested by the Executive Board on page 14 of Official Records No. 53. The Committee would note that the reference to the Executive Board Special Fund had been omitted, in accordance with the Health Assembly’s decision to establish that fund separately from the Working Capital Fund. The footnote to the draft resolution (in Official Records No. 50) indicated what the amount would have been as at 31 October 1953; since that time, Yemen had become a Member of the Organization and, with the addition of its assessed advance, the final figure for the establishment of the Working Capital Fund was US $3 385 369.

Decision: The draft resolution was approved unanimously, with the revised wording of the last sentence suggested by the Executive Board (see second report of the Committee, section 5).


Agenda, 7.22

The Chairman drew attention to resolution EB13.R65, in which the Executive Board decided to defer until its fifteenth session consideration of the purposes for which any accumulated sums in the Fund might be used and requested the Director-General to make a further report.

Mr Sole (Union of South Africa) said his delegation had one small suggestion to make in regard to the further statement on the status of the Fund to be submitted to the next Health Assembly. It would be recalled that the Sixth World Health Assembly had agreed to the creation of a post of distribution and sales officer; that was referred to in the Director-General’s report on the subject to the thirteenth session of the Board (Official Records No. 52, page 126). He wondered whether, for purposes of convenience, the additional cost involved by the creation of that post could be indicated in the Director-General’s statement.

The Secretary said that that information would be included in the Director-General’s report to the fifteenth session of the Executive Board. Presumably the Board would transmit that report to the next Health Assembly, thus meeting the request of the delegate of the Union of South Africa.

Dr Mathieson (Australia) expressed appreciation, on behalf of his delegation, of the high quality of the technical documentation sent to governments by WHO. Some of the other massive technical data forwarded, however, and such publications as the WHO Newsletter, did not appear to be of any great value, and the delegation of Australia would suggest that some economies might be effected there. He was not making any formal proposal to that effect.

Decision: The Committee unanimously approved the draft resolution set out in section 6 of its second report.

4. Special Fund for World Health Seals: Report on Operation of the Fund

Agenda, 7.23

The Secretary said that the report on the status of the Fund as at 31 December 1953 was contained in Official Records No. 52, page 77. Since that date, there had been some further transactions, so that the net balance in the Fund now stood at $6400.

The number of countries participating in the scheme in 1954 was somewhat smaller than in previous years; there were only five countries.

Mr Brady (Ireland), emphasizing that he did not wish to make any formal proposal, thought it would be desirable, in view of the fact that the number of countries participating was so small, for either the Director-General or the Executive Board, or both, to consider whether or not the continued existence of the scheme really served a useful purpose. So far as he could recall, it had been hoped that a considerable amount of revenue for countries and for WHO would accrue from the proposal when it was first promulgated, but the extent of support from Member States did not appear to have come up to expectations.

Decision: The Committee unanimously approved the draft resolution set out in section 7 of its second report.

5. Rights and Obligations of Associate Members in Regional Committees

Agenda, 7.13

Dr Terrab (Morocco, French Zone) wished to explain before the opening of the discussion that a draft resolution submitted by his delegation and that of Tunisia had been distributed in the names of the delegations of Morocco and Tunisia, instead of Morocco (French Zone) and Tunisia. He apologized for the error. The original draft resolution had been withdrawn and a revised version issued, with the mistake rectified.
The draft resolution read:

The Seventh World Health Assembly,
Having considered the comments of regional committees on the rights and obligations of Associate Members as defined in resolution WHA2.103, which were made in pursuance of resolution WHA6.38,
RESOLVES as follows:

The following text shall be added to sub-paragraph 3 (2) of resolution WHA2.103:

Associate Members may further enjoy, in the regional organization of each separate Region, additional voting rights in all committees and in the plenary meetings of the regional committee, taking into account the wishes expressed by each of the regional committees.

Mr. De Erice (Spain), speaking on behalf of his own delegation and of that of the Spanish Protectorate Zone in Morocco, thanked the delegate of Morocco (French Zone) for pointing out the error and indicating that by the term "Morocco" it had been intended to refer to the French Zone.

He drew attention to the following draft resolution submitted by the two delegations for which he spoke:

The Seventh World Health Assembly
DECIDES, in virtue of resolution WHA6.37, that the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member, shall be fixed by the Executive Board.

To that joint proposal the French delegation had tabled the following amendments:

1. Add the following preamble:
   "Considering that for 1955 the contribution of Morocco, Associate Member, has been fixed at three units."

2. Replace the words "the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member" by the following:
   "the amount to be contributed by the various Zones in Morocco."

3. Insert after the words "the Executive Board"
   the following:
   "on the proposal of the Director-General and in agreement with the Governments concerned, taking into account their relative demographic, economic and social factors."

Those amendments, whose effect would be to have the assessment for both Zones in Morocco fixed at three units and divided between the governments concerned, were completely unacceptable to his delegation on a number of grounds. First, the Spanish proposal related exclusively to the Spanish Protectorate Zone in Morocco and the French amendments could only relate to the French Zone. Secondly, they would be contrary to the provisions of the Franco-Spanish Convention of 27 November 1912, in Article 11 of which it was stipulated that the Sherifian Government would in no case be called upon to meet the expenses of the Spanish Zone. In that connexion, he would like to ask whether it might justifiably be inferred from the French attitude that the Government of France no longer regarded that treaty as valid. The Government of Spain would certainly continue to abide by its terms.

Thirdly, the amendments were in direct contradiction to the attitude taken by the delegate of France during the discussion at the Fifth World Health Assembly on the admission of Morocco as an Associate Member. At that time, the delegate of France had stated that France had no intention of assuming any responsibility beyond the limits of the French Zone in Morocco.

The Spanish Protectorate Zone, on its admission to the Organization, had assumed the obligations of an Associate Member and, despite its relative poverty, was anxious and willing to fulfil them all, including the payment of its contribution. It was for that reason that the joint proposal had been submitted. It had been brought to his notice, however, that the question was already regulated by the terms of resolution WHA3.86, which fixed the assessment of Associate Members at three units. Accordingly, he would be glad to leave it to the Committee whether to recommend the Health Assembly to take an immediate decision fixing the assessment of the Spanish Protectorate Zone in Morocco at three units, or whether to recommend the original joint proposal to refer the matter to the Executive Board.

Mr. Bouhajeb (Tunisia) had some observations to make on the joint draft resolution submitted by Tunisia and Morocco (French Zone). He would take the liberty, in beginning his attempt to defend the elementary rights of Associate Members, to recall the admirable description of the role of medicine in the development of the human race, given the previous day in plenary session by the delegate of Rhodesia on the occasion of the admission of the Federation of Rhodesia and Nyasaland as an Associate Member. Medicine soared above all rivalries and hostilities and prejudices of race, nationality or religion.

The terms of the Constitution laid down that all peoples, large and small, should be admitted
to the Organization on a footing of perfect equality. That principle had, however, been altered in its application to territories that did not enjoy responsibility for the conduct of their international relations. The resulting inequalities had already been discussed at length in earlier Assemblies and he would not take up time by going over old ground. Suffice it to say that it was a complete anachronism that Associate Members should be deprived of the normal right to vote within the various bodies of the Organization, regional or otherwise. It was indeed curious that, as the number of Associate Members increased, the Health Assembly appeared to become less inclined to grant them normal rights.

The Executive Board’s recommendation that Associate Members be given voting rights within the regional committees (resolution EB11.R26) had been rejected by the previous Health Assembly which had decided to obtain the views of the regional committees on the proposal (resolution WHA6.38). The replies received, which were set out in Annex 6 to Official Records No. 52, had been largely inconclusive and hence had given little guidance on the matter. In that connexion, it should be noted that the Regional Committee for the Americas, which had no Associate Members, had apparently been more concerned to stress the position of the Pan American Sanitary Organization in its reply than that of Associate Members properly speaking.

In those circumstances, was it likely that the further study recommended by the Executive Board in resolution EB13.R29 would shed any new light on the problem? Was it not enough that the Regional Committee for Europe recommended the granting of the right to vote? Any reconsideration of the relevant provisions of the Constitution surely came within the competence of the Committee, and it would accordingly be more desirable to reach a positive decision now than to institute further delays.

At the previous Health Assembly, the delegate of the Netherlands had raised a point that was worthy of serious consideration. It concerned the provisions of paragraph 2 of resolution WHA2.103, the indirect result of which was to grant wider rights to certain territories or groups of territories that did not enjoy responsibility for the conduct of their international relations but which were not Associate Members of WHO.

In view of the shortness of their sessions the regional committees were apt to conduct their business in plenary session, not in committees where Members and Associate Members enjoyed equal rights. Thus the Associate Members were virtually deprived of a fundamental right, as though their political inequality should also deprive them of their rights in relation to health.

The delegation of the Union of South Africa had tabled a draft resolution providing that no change should be made in the rights and obligations of Associate Members at the present time, and requesting the Executive Board to continue its study of the question. That would be tantamount to burying the question, and he would urge the delegation of the Union of South Africa to consider the responsibility it was assuming. If maintained, the proposal would result in depriving Associate Members of every hope for an improvement of their present status.

In conclusion, he urged the Committee to endorse the draft resolution submitted by his delegation and that of Morocco (French Zone). They were not asking for the right to vote within the Health Assembly, since that would be unconstitutional, but within the regional committees, in order the better to protect the health interests of their territories.

Mr. Hessel (France) apologized lest he should be confusing the course of the debate, but thought it necessary that he should reply at once to some remarks that had been made by the delegate of Spain. The amendments his delegation proposed to the joint draft resolution of the delegations of Spain and the Spanish Protectorate Zone in Morocco were not, as the delegate of Spain appeared to suggest, in any way in conflict with previous statements of the French delegation, nor with the Franco-Spanish Convention on Morocco of 1912. The Government of France had no wish to assume any financial responsibility for the contribution of the Spanish Zone in Morocco, and the first “consideration” set out in the amendments was a mere statement of fact.

On the other hand, he felt that the original proposal of the delegations of Spain and the Spanish Protectorate Zone in Morocco was to some extent ambiguous. It appeared to reopen the question of the scale of assessment for 1955, but that was no longer on the agenda, so the only possible interpretation was that it referred to the sharing between the two Zones of the amount for which Morocco had been assessed in the scale of assessment. The delegation of France agreed with the delegation of Spain that that was a question which must be settled as soon as possible between the Governments concerned, but he would be very glad if the Director-General had any data that might help in deciding the matter. That was the object of his proposed amendments. He felt bound to add that it seemed
to him curious that that particular resolution, and his amendments to it, should appear under the agenda item of the rights and obligations of Associate Members in regional committees. If, therefore, the delegation of Spain would agree not to press its resolution to a vote, his delegation also would not press its amendments, on the ground that the question would be better settled between the two Governments.

The principle of the extension to the Spanish Zone in Morocco of the consequences of the admission to associate membership had been determined by resolution WHA6.37 of the Sixth World Health Assembly. If the delegation of Spain wished to raise that question his delegation would formally oppose discussing it on the grounds that it was not on the agenda, and if the delegation of Spain pressed for a vote on the joint draft resolution, his delegation would likewise press for a vote on its amendments, which could not be considered to conflict with the obligations assumed by France under the Franco-Spanish Convention of 27 November 1912, nor, in particular, with Article 11 of that Convention.

Mr Corkery (Australia) said that the Committee was dealing with two questions. He would prefer to discuss the general question of the rights and obligations of Associate Members in regional committees and not refer to the question dealt with by the last speaker. If the Chairman agreed he would therefore speak on the general problem only.

The Chairman said that he had intended to suggest at the first opportunity that the two questions should be dealt with separately. He agreed, therefore, with the suggestion of the delegate of Australia. The second question would be dealt with later. (See minutes of the eleventh meeting, section 1.)

Mr Corkery (Australia) said that the Executive Board had included in its resolution EB11.R26 a recommendation that Associate Members should have all rights and obligations in the regional organizations and that there should be a consequent increase in the contributions of Associate Members to the Organization. The Sixth World Health Assembly, after a long discussion, had come to the conclusion (with which the delegation of Australia did not agree) that it was premature to give effect to that recommendation, and had resolved that the regional committees should be invited to comment on the advisability of any such changes. The regional committees had accordingly been asked for their views, which were summarized in Annex 6 to Official Records No. 52. Those views had been considered by the Executive Board at its thirteenth session, and the Board in its resolution EB13.R29 decided to recommend no change in the existing rights and obligations of Associate Members pending further study of the subject, thereby annulling its previous resolution.

It might well be that in some regional committees there would be a majority of Members in favour of no change of the present position and in others a majority of Members in favour of some change. The delegation of Australia felt that there would be no difficulty in proceeding independently; it was not essential that the same procedure should be followed in all regional committees. He suggested, therefore, that the Assembly should endorse the suggestion of the Regional Committee for Europe that each regional committee be empowered to give its Associate Members full voting rights at its meetings. The resolution proposed by the delegations of Morocco (French Zone) and Tunisia was in that sense, and the delegation of Australia would support it, but possibly some re-wording might be agreed on the following lines:

Sub-paragraph 3 (2) of resolution WHA2.103 is amended to read:

Associate Members shall have all rights and obligations in the regional organizations, including the right to vote where any regional committee in which Associate Members are represented so decides.

Dr Terrab (Morocco, French Zone) supported the procedure recommended by the Regional Committee for Europe. Associate Members were found at present in the European and African Regions only, and the proposal of the Regional Committee for Europe dealt with the existing problem and did not prejudice the future. He said he would be prepared to accept the amendment proposed by the delegate of Australia in place of the proposal submitted jointly by his own delegation and that of Tunisia.

Mr Bouhajeb (Tunisia) said that he also would accept the amendment of the delegation of Australia.

Mr Beltramino (Argentina) noted that the status of Associate Members in regional committees was at present governed by resolution WHA2.103 of the Second World Health Assembly. The regional committees had been consulted and had expressed divergent opinions. The Executive Board had therefore decided not to recommend any change in the present position.

The views of his Government on the general question of dependent territories would be clear from the fact that Argentina has consistently fought on the
Trusteeship Council for the complete freedom of such territories and the complete elimination of colonialism from the American continent and had, at the last conference at Caracas, submitted a proposal to that effect which had been adopted without opposition. But on the specific question before the Committee, he thought there was a danger if the principle of granting full voting rights were accepted; the practical effect would be that some States would have more than one vote in the regional committees, on which both the dependent and the metropolitan territories would have representatives. He would therefore support the recommendation of the Executive Board.

Mr Zohrab (New Zealand) said that the Government of New Zealand had always been in favour of the proposal that Associate Members should have full voting rights. His delegation would therefore support the joint resolution of the delegations of Morocco (French Zone) and Tunisia, with the amendment suggested by the delegate of Australia.

Dr Boïde (France) said the Committee was not concerned with political issues; his remarks would be restricted to technical considerations only. His delegation had already at previous meetings asked that Associate Members should have full voting rights. That request had been founded on their experience in the European Region. It had been rejected on the grounds that further experience was desirable. Since they had made that request they had acquired more experience. The opinions of the several regional committees varied, but one of them, that for Europe, had special experience and its views were known. In the view of his delegation what had been found in Europe seemed to be conclusive. In the Regional Committee for Europe, the Associate Members brought very valuable knowledge to help the Committee, especially in relation to work in the field, and their technical assistance was of very great value. His delegation, therefore, warmly supported the resolution proposed by the delegations of Morocco (French Zone) and Tunisia, with the amendment suggested by the delegate of Australia.

Mr Geeraerts (Belgium) said that he did not propose to dwell on the arguments for and against the proposal, which had been sufficiently discussed. His delegation would support it.

Mr Sole (Union of South Africa) said that he would like first to emphasize that his Government had every sympathy with the views of Tunisia and Morocco (French Zone), and that if the question could be resolved in isolation his delegation would support a proposal to grant full voting rights to Associate Members in Europe. But the delegation of South Africa thought that a decision which was intended to apply to one region only would have long-term implications for other regions and particularly for the African Region. At the discussion at the Sixth World Health Assembly he had explained fully the motives for which the South African Government opposed any change. He recalled also that it had been by a very narrow majority that the Executive Board, at its eleventh session, had adopted the resolution recommending the extension of full voting rights, and that in the light of later discussions the Board had reversed that decision. The representative of Tunisia had said that sub-paragraph 3 (2) of resolution WHA2.103 withheld from Associate Members the right to vote in plenary meetings, and that that was more restrictive than appeared at first sight because in practice all meetings of regional committees were plenary meetings. But it appeared to him that regional committees could make their own rules of procedure, and that therefore it would be open to the Regional Committee for Europe, sitting in plenary session, to constitute itself a committee, on which representatives of Associate Members would then have the right to vote. Such a procedure might help the Associate Members in Europe without setting up a precedent which might be awkward in other regions.

Sir Arcot Mudaliar (India) said that the matter was important and was not to be decided lightly. Five regional committees had given their views in reply to inquiries by the Director-General, and the statement just heard from the delegate of South Africa might perhaps be considered as representing the opinion of half of the Members of the African Region. The Regional Committee for the Americas had recommended that there should be no change, that for South-East Asia had thought it would be premature to make a change, and it was natural therefore that the Executive Board should have come to the conclusion it had reached.

His delegation agreed with that of South Africa about the possible eventual disadvantages of granting voting rights to Associate Members at the discretion of each regional committee. The Government of India realized that the position of Associate Members was different in different regions, but the very name connoted some difference of status between them and full Members. It would be idle to ignore the fact that some at least of the Associate Members would have to adopt in the regional committee a policy not wholly of their own initiative, and his delegation therefore did not think that full voting rights should be extended to them at the present
stage. When such territories secured full sovereign rights they would be welcome as full Members of the Organization.

His delegation therefore supported the views expressed by the delegate of South Africa on the suggestion made by the Regional Committee for Europe. The problems in Europe were perhaps different, and if the Regional Committee for Europe decided to act on the suggestion thrown out by the delegate of South Africa, that would not concern the World Health Assembly. His delegation would support resolution EB13.R29 of the Executive Board and would oppose any amendment to it.

Mr Osman (Egypt) said that his delegation considered it premature to alter the present position. His delegation would support the recommendation of the Executive Board.

Mr Pleč (Yugoslavia) said that his delegation agreed with the views of the Regional Committee for Europe and thought that the Seventh World Health Assembly should make its proposals of general application. Health work could only gain by the inclusion of Associate Members, in spite of possible political difficulties.

Mr Brady (Ireland) thought that it would be premature to make any change. The procedure should be uniform in all regions, and he thought that it would be invidious if Associate Members had the right to vote in one region and not in others.

Mr de Erice (Spain) shared fully the point of view put forward by the delegation of India, and said that he would support the recommendation of the Executive Board and the draft resolution submitted by the delegation of South Africa.

The Chairman said that the question had been thoroughly discussed and that the Committee might now proceed to vote. There were before the Committee two proposals: the joint draft resolution submitted by the delegations of Morocco (French Zone) and Tunisia, to which an amendment had been suggested by the delegate of Australia and accepted by the sponsors of the resolution; and the draft resolution proposed by the delegation of the Union of South Africa.

The Chairman said that the original proposal was that of Tunisia and Morocco (French Zone) as amended by the delegate of Australia. Voting would therefore begin with the draft resolution of the delegation of the Union of South Africa.

Mr Corkery (Australia) suggested that the true original resolution was that of the Executive Board. In that event the joint draft resolution of Morocco (French Zone) and Tunisia should be voted on first.

The Chairman agreed to put first to the vote, by roll-call, the resolution proposed by the delegations of Morocco (French Zone) and Tunisia.

The draft resolution was read again to the Committee before the vote was taken.

The result of the voting was as follows:

**In favour**: Australia, Austria, Belgium, Cambodia, Canada, France, Haiti, Indonesia, Japan, Laos, Monaco, Netherlands, New Zealand, Turkey, United Kingdom of Great Britain and Northern Ireland, Viet Nam, Yugoslavia.

**Against**: Afghanistan, Argentina, Denmark, Dominican Republic, Egypt, Federal Republic of Germany, Iceland, India, Iran, Iraq, Ireland, Liberia, United Kingdom of Libya, Nicaragua, Norway, Pakistan, Panama, Paraguay, Philippines,
Portugal, Saudi Arabia, Spain, Syria, Thailand, Union of South Africa, United States of America, Venezuela, Yemen.

Abstaining: Ceylon, Chile, China, Ethiopia, Israel, Italy, Sweden, Switzerland.

The resolution was therefore rejected by 28 votes to 17, with 8 abstentions.

The CHAIRMAN then put to the Committee the resolution proposed by the delegation of the Union of South Africa.

Decision: The resolution was approved by 36 votes to 12, with 7 abstentions (for text, see second report of the Committee, section 8).

The meeting rose at 12 noon.

ELEVENTH MEETING

Saturday, 15 May 1954, at 2.30 p.m.

Chairman: Dr. M. JAFAR (Pakistan)

1. Rights and Obligations of Associate Members in Regional Committees (continued)

Agenda, 7.13

The CHAIRMAN noted that the Committee still had to deal with the draft resolution proposed by the delegations of Spain and the Spanish Protectorate Zone in Morocco, and the amendments to it submitted by the delegation of France (see page 349).

Mr. DE ERICE (Spain) said the delegation of the Spanish Protectorate Zone in Morocco and the Spanish delegation wished to give some explanations with regard to their statement at the last meeting. He had been gratified with the indication given by the delegate of France that the French delegation maintained the statement made by Dr. Boidé at the Fifth World Health Assembly, as reported in Official Records No. 42, page 134, and also that the French delegation considered Article 11 of the Convention of 1912 as still having full force.

That being so, the word “Morocco” in the preamble that the French delegation proposed to add to the draft resolution should be replaced by “Morocco (French Zone)”, in accordance with footnote 12 on page 21 of Official Records No. 42, which was referred to in a footnote to resolution WHA5.55, indicating that when the assessment of Morocco had been fixed at three units the decision had applied to the French Zone.

The second proposed amendment was to the effect that both governments should reach agreement on the amount to be contributed by the various zones. But, since the delegation of France maintained Article 11 of the 1912 Convention between France and Spain, which said that they could not participate in the expenses of both zones, it was clear that Spain could not contribute to the amount allocated for the French Zone in Morocco. Thus no contribution had been fixed for the Spanish Protectorate Zone in Morocco. Resolution WHA6.37 provided that the Spanish Protectorate Zone in Morocco should enjoy all the rights and be subject to all the obligations of an Associate Member of the World Health Organization. The right of the Spanish Zone to send representatives to WHO had been recognized, and it had also been recognized that the Spanish Zone should come under the Regional Office for Africa while the French Zone should belong to the European Region. The Spanish delegation now asked the Committee to recognize the obligation of the Spanish Zone to pay a contribution to WHO. As the amendment proposed by the delegation of France referred only to the French Zone, he did not believe that it could be discussed by the Committee. He maintained the proposal made by his own delegation at the morning meeting of the Committee, and proposed that either the assessment of 3 units should be fixed for the Spanish Zone in Morocco, or else the Executive Board should be asked to fix a contribution for the Spanish Zone.

The CHAIRMAN said that the question before the Committee was complicated. The background documents were: first, resolution WHA5.16, by which the admission of Morocco as an Associate Member of WHO had been approved, and the statement made by the President of the Fifth World
Health Assembly at that time that: "The consequences of the admission by the Health Assembly of Morocco as an Associate Member of the World Health Organization concern only that part of Morocco for which France is responsible for the conduct of international relations, according to the Treaty of 30 March 1912"; secondly, the letter from the Government of Spain to WHO contained in Official Records No. 48, Annex 9; thirdly, resolution WHA6.37. The Committee now had before it the proposal of the delegations of Spain and the Spanish Protectorate Zone in Morocco, requesting the assessment of the Zone, and the French amendments to that proposal. It had been suggested that the Spanish proposal was not in order because the scale of assessment for 1955 had already been decided, but his ruling was that it was admissible since it did not request the assessment of the Spanish Protectorate Zone for any particular year.

Dr Segura (Argentina), said that from the history of the question, as outlined by the Chairman, the point at issue appeared to be relatively simple. The Committee was dealing with an approved fact: there were two Moroccan Associate Members of WHO, the French Protectorate Zone and the Spanish Protectorate Zone. Paragraph 1 of the French amendments said that the contribution of Morocco had been fixed at three units, meaning the contribution of Morocco (French Zone). It was therefore absolutely clear that the Associate Member, Morocco (Spanish Zone) had the right to request that its contributory obligation should be fixed. While, however, paragraph 1 of the French amendments was clear, paragraph 2 was more confused, since it referred to the various zones in Morocco without indicating what those other zones were.

He believed that the problem was perfectly simple. If France was to contribute three units for its Zone, an amount must be fixed for the contribution of the Spanish Zone. The obligation to contribute had been acquired by the Spanish Zone when it had been recognized as an Associate Member with all the rights and obligations which that entailed.

Mr Hessel (France) said he did not desire to prolong a discussion which did not appear to be strictly within the scope of the agenda. The delegate of Spain, however, had made a concrete proposal for the addition of the words "(French Zone)" after the word "Morocco" in paragraph 1 of the proposed amendments. That he could not accept. He pointed out that the scale of assessment adopted by the Assembly at the present session fixed the contribution for "Morocco (French and Spanish)". His delegation could not, therefore, agree to alter the wording of its first amendment in the manner just suggested.

The Chairman recalled that the scale of assessment for 1954 as adopted by the Sixth World Health Assembly (Official Records No. 48, page 434), gave the assessment for Morocco (French and Spanish Zones) as three units. The present Assembly had approved the application of the same assessment to 1955, and the combined assessment for Morocco was therefore already officially approved, as the delegate of France had said.

Mr de Erice (Spain) said that when the admission of Morocco as an Associate Member had been approved it had been established in the official documents that the consequences of that admission concerned only that part of Morocco for which France was responsible for the conduct of international relations. He therefore felt that the Assembly had allocated an assessment only to the French Zone in Morocco. The Chairman was correct in stating that the scale of assessment had been approved, but that scale contained an error since it did not take into account the decision made by the President of the Fifth World Health Assembly in 1953. He therefore urged the Committee to adopt his delegation’s draft resolution, which would solve the difficulty.

The Chairman said the matter was not one which could be easily decided. At the time when Morocco had become an Associate Member, the whole of Morocco had been referred to as the French Protectorate. At a certain stage in the discussion, however, it had been pointed out that there were also a Spanish Protectorate and an International Zone in Morocco. The Sixth World Health Assembly had subsequently adopted resolution WHA6.37, the last paragraph of which read:

Decides that, by virtue of the request of the Spanish Government, the effects of resolution WHA5.16 shall extend to the Spanish Protectorate Zone in Morocco, which zone shall thereby enjoy all the rights and be subject to all the obligations of an Associate Member.

The interpretation of that resolution was not clear. Did the word "extend" mean the same as "apply"? In general when countries had applied for Associate
Membership the Assembly’s decisions had been worded in a much clearer and more concise way. He therefore asked whether the delegate of Spain would agree to having the question referred to the Executive Board, which could study it fully and report to the Eighth World Health Assembly.

Mr de Erice (Spain), said that the facts of the matter must be made clear. His delegation had the impression that resolution WHA6.37 was gradually being not abandoned but erroneously interpreted.

When the Assembly had approved resolution WHA6.37 there had been a typographical error in the document placed before the Assembly and the Rapporteur had been obliged to draw attention to it. When the scales of assessment in which the French and Spanish Zones in Morocco were dealt with jointly had first appeared, the Spanish delegation had written a series of letters pointing out that such joint treatment of the two Zones was a violation of the decision taken by the Assembly, a decision with which the delegation of France had agreed. That very morning the delegate of France had repeated his agreement that Morocco referred only to the French Zone, but that afternoon he had stated that he could not now accept that interpretation.

The delegation of Spain, on behalf of the delegation of the Spanish Protectorate Zone, insisted that those declarations remained valid and that the word “Morocco” when unqualified referred only to the French Zone. His delegation insisted that it was its right and obligation to have a separate contribution fixed for the Spanish Zone.

The Chairman pointed out that the whole question appeared to hinge on the interpretation of the last paragraph of resolution WHA6.37.

Mr Hessel (France) thanked the Chairman for his clear exposition of the situation. As the Chairman had pointed out, the only real difficulty was the fact that resolution WHA6.37 was obviously not interpreted in the same way by all delegations. However, since that question was not on the agenda he suggested that the Committee should not discuss it at the present stage. The French Government, which was guarantor of the unity of the Sherifian Empire, could naturally not accept any proposal tending to multiply the representation of Morocco at international meetings. No such proposal had yet been made, but if it were it would have to form a separate item of the agenda. In any case, it was scarcely appropriate for the Health Assembly to discuss a question with such complicated legal implications. He therefore supported the Chairman’s suggestion that the proposals before the Committee should be referred to the Executive Board.

Mr Sole (Union of South Africa), fully agreed that the problem under discussion was extremely complex. He felt that if the matter was to be put to a vote it would be better to wait until delegations had had an opportunity of considering the issues involved more fully. He therefore formally moved the suspension of the debate.

Decision: The motion was rejected by 19 votes to 19, with 14 abstentions.

Mr Calderwood (United States of America) believed that the question of the interpretation of resolution WHA6.37 was a perfect case for the Legal Sub-Committee and therefore proposed that the matter should be referred to it.

Mr de Erice (Spain), said the question was not a legal one; nor, as the delegate of France had suggested, did it involve the unity of Morocco. All that was involved was the practical application of resolution WHA6.37, which stated that the Spanish Protectorate Zone in Morocco should enjoy all the rights and be subject to all the obligations of an Associate Member, and by virtue of that resolution his delegation requested that a contribution should be fixed for the Spanish Protectorate Zone.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland), speaking as Chairman of the Legal Sub-Committee, agreed with the delegate of Spain that the question should not be referred to the Legal Sub-Committee.

Mr Geeraerts (Belgium) moved a proposal on the following lines:

The Committee on Administration, Finance and Legal Matters,

Having taken into consideration the proposals concerning the contribution of the Spanish Protectorate Zone in Morocco,

PROPOSES that the Assembly refer the question to the Executive Board, and requests the two interested governments to provide the Board with all necessary information as to their respective points of view.

Mr Pileć (Yugoslavia), under Rule 56 of the Rules of Procedure, moved the closure of the debate.

Decision: The motion was carried by 48 votes to none, with 19 abstentions.

The Chairman noted that the Committee had before it four proposals: the draft resolution submitted by the Spanish delegation, the amendments
proposed by the delegation of France, the proposal of the United States delegation that the question should be referred to the Legal Sub-Committee, and the proposal of the delegation of Belgium that the question should be referred to the Executive Board. The last-mentioned proposal being furthest removed from the original proposal, would be put to the vote first.

Decision: The proposal of the delegation of Belgium was adopted by 30 votes to 21, with 6 abstentions (see second report of the Committee, section 9).

2. Report on Arrears of Contributions due in respect of OIHP

Mr Calderwood (United States of America) said that the Sixth World Health Assembly had adopted resolution WHA6.32, delegating to the Executive Board full powers to approve the final settlement of the debts due in respect of OIHP. The Executive Board, however, had appointed a committee to carry out that settlement and had merely noted the action which it had taken (resolution EB13.R35). In his view, the Executive Board had not the right to delegate further the powers which it had received from the Assembly; it should therefore have approved the action taken by the Committee rather than merely noted it.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that the Executive Board had decided that a small committee was necessary to carry out the negotiations adequately and achieve final settlement of the debts. Clearly the committee could not achieve that settlement if its negotiations were subject to the Board's approval.

Mr Amerasekera (Ceylon) wondered whether Article 29 of the Constitution would not throw some light upon the legal aspects of the problem.

Mr Evang (Norway) proposed that the attention of the Executive Board be drawn to the minutes of the present discussion, and that the Board take steps to correct the legal position if it found it to be at fault.

Mr Calderwood (United States of America) expressed his satisfaction with the proposal of the delegate of Norway.

Decision: The proposal of the delegate of Norway was adopted, and a draft resolution proposed by the Chairman was approved unanimously (for text, see second report of the Committee, section 10).

3. Review of the Programme and Budget Estimates for 1955

Agenda, 7.5

(a) Adequacy of the Estimates for Holding the Eighth World Health Assembly, Meetings of the Executive Board and Meetings of the Regional Committees and (b) Adequacy of the Estimates for Administrative Services

Dr Hyde, representative of the Executive Board, introducing the item, said that it concerned the budget for organizational meetings and for administrative services. A summary of the estimated expenditure for organizational meetings was to be found on page 47 of Official Records No. 50. The estimated
expenditure for the World Health Assembly had increased by $35,080, $9,000 of which would be set aside for the issue in 1955 of a new edition of the *Handbook of Resolutions and Decisions* and the balance for more temporary staff and for supplies and equipment required for an increase in the use of Spanish. Nothing had been added to the estimate to cover the additional expenses that would doubtless be incurred in holding the Assembly in Mexico City, as the Government of Mexico had given an assurance that it would meet such expenditure.

The estimated expenditure for the Executive Board and its committees had increased by $2,860, again for the increased use of Spanish. On the other hand there was a decrease in the estimated expenditure for meetings of the regional committees, in the case of the Americas because meetings would be held at regional headquarters. The expenditure for meetings of the regional committees was estimated at $41,800, against $50,000 for 1954.

Mr. Sole (Union of South Africa) said that his delegation had already referred, in the Committee on Programme and Budget, to the difficulty of examining the budget in detail at a large meeting. If a small finance committee were set up, it could deal much more effectively with a host of questions. For example, in examining the estimated expenditure for organizational meetings and for administrative services, it could discuss the question of economizing by producing a new edition of the *Handbook of Resolutions and Decisions* only every other year, with perhaps an addendum in the intervening year.

Yet another point that could more easily be discussed in a small committee was the fact that the estimated expenditure for meetings of the Regional Committee for Africa was $96,000 in 1955, whereas in 1953, when the amount budgeted for had been about the same, the amount actually spent, according to page 40 of the Report of the External Auditor for that year (Official Records No. 54), had been $15,457, or over sixty per cent. more. Finally, there was the problem (that continually cropped up in all specialized agencies) of duty travel. His delegation would welcome the placing of a poster in the headquarters of every specialized agency bearing the slogan that had been familiar to many countries during the war: "Is your journey really necessary?" Duty travel was essential in many cases, and clearly it was so particularly in the case of the Director-General himself, but in many other cases careful examination would show that it could be reduced. Specialized agencies tended too often to send representatives to meetings when it would be quite enough to ask for copies of the report of the meeting.

The total amount budgeted for duty travel and administrative services, excluding regional programmes and technical services, was $43,500. A detailed examination in a small committee would have the effect, he thought, of introducing some small economies, which if added together might well result in reasonably large savings.

The Secretary felt that the comments of the delegate of South Africa made it clear that a detailed review of estimated expenditure would be of great value; it would, indeed, be welcomed by the Secretariat. With regard to the issue of a new edition of the *Handbook of Resolutions and Decisions*, the budget proposal, in accordance with the procedure at present being followed, was that the *Handbook* should be printed every other year. The reason for the apparently excessive expenditure on the Regional Committee for Africa in 1953 was that an ad hoc meeting of that committee had been held in addition to the customary one.

He wondered whether the delegate of South Africa had not inadvertently included in his consideration of duty travel such items as reports and analysis, external relations and public information.

Dr. Hyde, representative of the Executive Board, said that the estimated expenditure on the administrative services under the regular budget was only $33,741 higher for 1955 than for 1954. It had scarcely changed over the last three years. The estimate had been the subject of careful inquiry by the Executive Board in 1952, and had since been reviewed, although not so exhaustively. The changes that had taken place as a result of Technical Assistance had led to greater administrative complexities and had placed a heavier burden on the Secretariat, but the regular budget of the administrative services had scarcely been affected.

The Executive Board had also inquired into the problem of duty travel, and had been satisfied that the provision for duty travel was not excessive. WHO had offices and operations all over the world, and a considerable amount of travel was inevitable.

Dr. Van den Berg (Netherlands) raised the question of the recruitment of personnel. The problem was not easy, involving as it did the necessity to attract the best people and to pay them adequately within the limited resources of the Organization, while at the same time taking the geographical composition of the staff into consideration.

Until recently, when personnel was required, notice had been given to the public-health administrations of governments, so that they could publish requirements and if necessary submit a
list of candidates. The practice appeared now to be that when candidates were required health admin-
istrations were not approached, but Secretariat staff members from the countries concerned were asked to furnish names.

Such a practice was objectionable for many reasons. There was no guarantee that by it the best candidate could be found. It had to be remembered that when a public-health officer or a medical man left his own country and his own particular field of medicine, he rapidly became unable to give proper up-to-date information on what was of importance in his own country. Secretariat staff members should be protected from the serious criticism that would inevitably be levelled against them if the practice was allowed to continue. Again, he had gathered the impression that it was now believed that in order to secure a good job in WHO it was necessary to have enlisted the support of the Secretariat. He did not think that the impression was true, but while the procedure he had described continued the impression would inevitably spread.

Another point of importance concerned staff recruited locally. If staff were recruited locally it would cost the Organization less, but he had heard that to be recruited locally in Geneva it was necessary to have lived there for three years. Clearly such a requirement would restrict local recruiting excessively. Throughout the world, staff were being recruited for WHO offices, which necessarily involved the movement of some staff members from their own countries to others. But the question of travel costs was of importance; for that reason, in regional offices, and even at Headquarters, there was much to be said for recruiting administrative personnel locally whenever possible.

Mr De ERICE (Spain) felt that the Netherlands delegate's statement had touched on an extremely important point, which concerned in particular the Spanish-speaking countries. It was necessary that staff should be recruited representing the largest possible number of countries, account being taken of the language distribution. Those considerations should be taken into account, not only in the recruitment of higher grades but also of subordinate grades. Work would be greatly improved in the Secretariat by the local knowledge brought into the preparation of reports and other documents.

He accordingly proposed a resolution to the effect that in the recruitment of personnel considera-
tion should be given to the equitable distribution of posts of all categories among Member States, special attention being paid to the language distribution.

Dr EVANG (Norway) recalled that in the beginning there had been a gentleman's agreement by which the public-health authorities of Member States were consulted when a vacancy in WHO was advertised. That practice had not been followed of late years. It had to be remembered that, while there were many methods of selecting candidates for a post, no candidate should be regarded as suitable until his professional status and integrity had been properly investigated. Such an investigation could only be carried out by the competent authorities in his own country.

The SECRETARY was not sure whether the discussion was closely related to the budget, but if the suggestions made were to be followed it seemed to him that the budget estimates would inevitably be increased.

With regard to the policy for the appointment of personnel, the Secretariat was guided by the relevant articles of the Constitution, particularly those of Chapter VII, and by the Staff Regulations. It was the Secretariat's policy to recruit staff below the professional level locally as far as possible; or, if staff could not be obtained locally, from as close as possible to the country in which they would be required to work.

He had not heard of the existence of any requirement that staff members recruited locally in Geneva must have lived there for three years.

Dr Van den Berg (Netherlands) felt that the Secretary's explanation hardly went far enough. His reference to the Constitution appeared to be unnecessary; he had not answered the question concerning the recruitment of subordinate staff in other parts of the world; he had not dealt with the change in recruitment practice; and he had not been able to give any information on whether (as he, Dr van den Berg, had had in writing from a member of the Secretariat) it was necessary for a person to reside three years in Geneva before being eligible for local recruitment.

The DIRECTOR-GENERAL confessed that he was unaware of any change in policy since he had taken over; he had changed no rule and broken no gentle-
man's agreement that he had been aware of. While he proposed to follow the provisions of the Constitu-
tion in recruiting staff, he admitted that consultation with national governments would undoubtedly be
of assistance to him, though it had to be remembered that staff was recruited not only from public-health services but also from universities and elsewhere. He would, however, inquire into the alleged change of policy.

Dr Evang (Norway) expressed his satisfaction with the explanations of the Director-General and the Secretary. He cited, however, one case in which an official had been recruited by WHO in a field requiring high professional qualifications, whereas in his own country in that professional field he was regarded as second- or third-rate. Neither the public-health authorities of that country nor any other bodies had been consulted. In his view, the Director-General should endeavour to guard himself and the Organization against such contingencies by consultation with the competent authorities, who in most cases would be the public-health authorities. If they were not competent in the matter, the public-health authorities could in any case consult with universities. He also felt that those authorities should be informed of the decision.

The Chairman said that the discussion appeared to be departing from the agenda. The delegate of Spain had made a formal proposal, which was related to the budget.

Mr de Erice (Spain) asked that his proposal be put to the vote.

Mr Hardy (Canada) thought it wrong to insist on a vote on the subject until the Committee had time to examine the Constitution and the Staff Regulations and Rules. He suggested that all recruitment questions be dropped and the Committee revert to a consideration of the budget.

Dr Van den Berg (Netherlands) felt that the proposal of the delegate of Spain should in any case be in writing, to enable delegations to give it proper consideration.

Dr Braga (Brazil) said that at the Sixth World Health Assembly his delegation had made a similar proposal, which after much discussion had been defeated. He himself believed that it was a matter to be discussed and then left to the Secretariat.

Mr de Erice (Spain) agreed that his proposal should be considered under item 7.30 of the agenda, Report on revision of the Staff Rules as confirmed by the Executive Board (see minutes of sixteenth meeting, section 3).

Mr Corkery (Australia) felt that there was great value in a detailed examination of the budget, in that it enabled each delegation to make a tentative forecast of the future and to see the various trends. Also, detailed examination led to conclusions that were based more on fact that on a priori considerations. In those ways it was of lasting benefit both to the Director-General and to delegations.

It was impossible in the short time at the Committee's disposal to consider properly the two sections of the budget under discussion, which involved an expenditure of $1,500,000. In three weeks the Assembly had to deal with forty items, and it could not consider in detail figures that had taken so much time to prepare. The suggestion made in the Committee on Programme and Budget that the Health Assembly lacked machinery for such a detailed examination was one that his delegation had had in mind for one or two years, and to which it would devote careful thought in the next few days. The main difficulty was that delegations were required to certify to their governments that the money was well spent, and while he personally knew members of the WHO Secretariat and knew of the considerable work they did, he was not in a position to certify that he believed the money was well spent.

For example, he was not satisfied that it was desirable for WHO to continue its public information service to the extent it was at present doing. There had been an increase of approximately $4000 in the estimate for the Division of Public Information, and it was desirable that governments should know if that item was really necessary and if such estimates should not normally decrease. Again, expenditure on home leave for the Office of External Relations was $90 in 1953, $360 in 1954, and was to be $2180 in 1955. Could WHO not spread the expenditure more evenly over the years? Also, was sufficient use being made of local staff, both in Geneva and elsewhere? He did not know the answers to those questions, and he felt that it would be impossible to get a proper answer in a large meeting without causing undue delay.

Finally, he said that if his delegation made a proposal regarding the creation of special machinery to deal with the budget he would speak at length on the subject.

The meeting rose at 5.35 p.m.
1. Review of the Programme and Budget Estimates for 1955 (continued)

(a) Adequacy of the Estimates for Holding the Eighth World Health Assembly, Meetings of the Executive Board and Meetings of the Regional Committees and (b) Adequacy of the Estimates for Administrative Services (continued)

Mr Calderwood (United States of America) said that the United States delegation concurred in what had been said by the delegate of South Africa and the Assistant Director-General at the eleventh meeting about the desirability of a detailed review of the Director-General’s budget estimates before they were passed to the Assembly for consideration. No definite proposal was yet before the Health Assembly, but the delegate of the Union of South Africa had suggested that a special body should be set up in the interval between the meeting of the Executive Board and the opening of the Health Assembly to undertake such a detailed review. It might be helpful to invite the Executive Board to consider the suggestion when it reviewed the proposed programme and budget for 1956. The Health Assembly might also perhaps remind the Executive Board that in earlier years it had had a Standing Committee on Administration and Finance, which had undertaken a review of the programme and budget on the lines now suggested.

Dr Segura (Argentina) said that his delegation agreed in principle with the suggestion that a working party should carry out a detailed review of the proposals so that the Health Assembly might have full information on what was proposed in the Director-General’s programme and budget. In the Regional Organization for the Americas a procedure similar to that suggested was in operation. The essential point, as it appeared to his delegation, was that there should be a working party which would confine itself to the consideration of the budgetary and financial implications of the Director-General’s proposals; it could be a working party either of the Health Assembly or of the Executive Board. It could in three or four days prepare a report and submit it to the Executive Board, to the Health Assembly, or to the Committee on Administration, Finance and Legal Matters, as might be appropriate, and would thus help the Health Assembly to make a more thorough examination of the proposed programme and budget. The working party should, of course, include or be composed of persons expert in budgetary and financial matters.

Dr van den Berg (Netherlands) recalled that in the Committee on Programme and Budget he had already referred to the importance of having a serious study of the Director-General’s programme and budget proposals. In principle, the delegation of the Netherlands would prefer that that should be done by the Executive Board, with the help of the Standing Committee on Administration and Finance which it had established in earlier years but not reappointed at its recent sessions. The Board might perhaps be unwilling to act on the lines suggested by the delegation of the United States of America. Many governments, including his own, might feel uneasy if it were again necessary to increase the budget, unless they had a more clear conviction than they had under the present arrangements that the details had been closely considered, either in the Executive Board or in the Committee on Administration, Finance and Legal Matters.

Dr Hyde, representative of the Executive Board, stated that the Director-General, the Assistant Director-General and the Secretariat had at all times welcomed the closest questioning on details of the budget and had given with remarkable speed the fullest details asked for. The discussions in the Committee that year and in 1953 suggested that there was possibly a weakness in the present procedure, by which the Executive Board examined in plenary session the details of the programme and budget, and it might perhaps be helpful to the Board to receive a lead from the Health Assembly, if the Assembly thought that the old system was better. The type of
analysis suggested would require persons familiar with financial and budget procedure. The members of the Executive Board were normally physicians, but the governments concerned might be asked to send, with the members whom they designated to serve on the Board, alternates with the necessary experience.

Possibly some of the difficulties felt by the Committee arose from the fact that the report of the Executive Board had not always been constructed on the same lines. The Board had not always included the detail of the questions and discussions which had led them to the approval expressed in general terms in their report. It might, therefore, be helpful to the Board if the Assembly could give it some guidance as to the sort of information the Assembly would like to see included in the Board’s report.

Dr Evang (Norway) pointed out that under item 7.6 of the agenda the Committee would be discussing the form and presentation of the annual programme and budget estimates, and suggested that the present discussion was more appropriate to that item.

The Chairman agreed. For the present, members should confine their remarks to the more limited scope of item 7.5.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, called the attention of the Committee to the fact that one item in the budget, amounting to $10,500, was no longer needed. The item had been included to provide for WHO’s share of the administrative cost of the Joint Staff Pension Fund, in which the Organization participated in common with the United Nations and with the other specialized agencies. The total sum was divided among sections 4, 5 and 8 of the budget. Of those, section 8, the only one to be considered by the Committee on Administration, Finance and Legal Matters, would accordingly be reduced by the amount of $3328. The reduction was a consequence of resolution 680 (VII) of the General Assembly of the United Nations, which provided that the cost of administering the Fund should be borne by the Fund itself. The alteration was necessary because that decision had been taken after the budget document had been prepared.

Mr Amerasekera (Ceylon) said that it would be useful if the Secretariat could inform the Committee whether the reduction in the budget adopted at the seventh plenary meeting (resolution WHA7.4) would affect the provision of funds for the services now under consideration.

The Secretary said that the Committee was now discussing Parts I and III of the budget estimates. The position was that the reduction of the budget ceiling would have no effect on the cost of organizational meetings (Part I), and the Director-General’s programme and budget had contained no proposal for increase in the cost of the Administrative Services (Part III). The parts of the budget before the Committee were therefore not affected by the reduction in the budget ceiling.

Mr Hardy (Canada) said that he understood that the Committee had to make recommendations to the Committee on Programme and Budget concerning the adequacy of the estimates included in the proposed programme and budget under Part I and Part III. He assumed that their recommendation would depend on the decision how far Spanish should be adopted as a full working language. The draft resolution on the subject distributed that morning appeared to him to go rather further than the Director-General’s proposals as submitted to the Assembly.

The Chairman said that the draft resolution had been produced at his request so that the Committee could consider all aspects of the question.

The Secretary did not think that the draft resolution went further than the estimates provided for. Perhaps it was the phrasing that had given the delegate of Canada that impression. A small drafting change might be made in paragraph 1: the opening words might be “REQUESTS that as from 1955...”, instead of “REQUESTS that beginning in 1955...”.

Mr Amerasekera (Ceylon) said that he understood that the part of the Appropriation Resolution which the Committee would have to approve related to the funds required in 1955 for the services covered by Part I and Part III of the resolution. He assumed that some of the increases over 1954 proposed in the Director-General’s budget affected those services and might now be affected by the reduction of the budget ceiling below the figure proposed by the Director-General. For example, if effect were given to the draft resolution before them for the increased use of Spanish at the Eighth World Health Assembly and the Executive Board and to the consequent increase in staff, would not that be affected by the reduction of the budget level?

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1 Adopted later in the meeting. For text see third report of the Committee, section 1.
The Secretary agreed that Part I included provision for an increased use of Spanish. No such provision was included in Part III. There was also provision for the increased use of Spanish in Part II, but that part would be dealt with in the Committee on Programme and Budget.

Dr Diehl (United States of America) said that his delegation doubted the need to republish the Handbook of Resolutions and Decisions. The current issue covered five years; was republication in 1955 essential? He also asked whether the Regional Organization for South-East Asia were satisfied that the advantages of holding the 1955 session of the Regional Committee away from New Delhi justified an additional cost of $4000.

The Secretary recalled that the Committee had been informed that, under present procedure, the Handbook was published every second year; for that reason provision had been made for a new edition in 1955. The fact that the Handbook covered a period of five years did not imply that there were intervals of five years between issues. The current issue was the second edition, and the third edition, that under discussion, would cover seven years. It was the view of the Secretariat that the convenience to delegates and to members of the Executive Board of having the resolutions and decisions collected in one document justified the expense, but it was of course for the Assembly to decide whether that advantage was important enough to justify a new issue in 1955.

In answer to the question about the Regional Committee for South-East Asia he noted that Article 48 of the Constitution read: "Regional committees shall meet as often as necessary and shall determine the place of each meeting." He recalled that the Committee's draft second report included a recommendation that regional committees should consider holding their meetings "from time to time" at the site of the regional office.

Sir Arcot Mudaliar (India) said that hitherto the Regional Committee for South-East Asia had met in turn in the country of each Member State so that no Member State should feel that another had special advantages from being the site of the Regional Committee meeting. That procedure was now revised and the current arrangement was in accordance with the resolution just referred to by the Secretary. In 1954 the Regional Committee would meet in New Delhi. In the following year it would meet in another country. He thought that that modification of their original procedure was a practical compromise between the intentions of their original procedure and financial considerations.

Mr De Erice (Spain) expressed, on behalf of all Spanish-speaking countries, his gratitude to the Secretariat for the draft resolution on the increased use of Spanish and his hope that it would be supported by all delegates. Nearly all other specialized agencies had adopted Spanish as a full working language. The increase in expenditure would be quite minor not only in proportion to the total amount of the budget but also compared with the advantages the Organization would gain and the favourable repercussions throughout the Spanish-speaking world. Smaller specialized agencies with less resources had already adopted such a measure two years ago. The adoption of Spanish as a working language would have even greater importance in WHO than in some of those other organizations. It was true that almost all the delegates from Spanish-speaking countries represented at the Assembly could read and understand other languages. But that was not the only issue; the publications of WHO should be read by thousands of persons who knew Spanish only. They were of great interest to very large numbers of physicians and other health workers. Furthermore, in Spanish-speaking countries governments were at present delayed to some extent in their consideration of WHO documents by the need for translation; it would be much more satisfactory if they could receive a uniform, authoritative Spanish version of WHO documents. Thousands of persons, he repeated, in Spanish-speaking countries wished to know about WHO but could not readily get that information without a Spanish text. He therefore formally presented the resolution to the Committee and urged its approval.

Dr Diehl (United States of America) thanked the Secretary for his statement concerning the Handbook of Resolutions and Decisions. While not questioning its usefulness, he suggested that it might be possible to print the 1954 and 1955 resolutions and decisions as supplements to the current volume at a lower cost.

He thanked Sir Arcot Mudaliar for his explanation, which seemed to him to be satisfactory.

Dr Pachachi (Iraq) supported the proposal of the delegate of Spain. The delegates of all the other Arab countries had asked him to say that they too were happy to support it. Spanish was one of the main languages of the world and was spoken by many delegations at the Health Assembly.

The Secretary said that the estimates for 1955 made provision to publish a Handbook of Resolutions
and Decisions brought up to date in English, French and Spanish. To print a supplement only in 1955 would not, therefore, provide a full edition in Spanish. There would certainly be some saving if supplements were provided in English and French and the whole printed in Spanish, but as supplements tended to go astray the Committee might consider that that saving would not be worth while in the circumstances.

Mr Amerasekera (Ceylon) referred to the fact that Appendix 3 to Official Records No. 53 set out several possible stages for the introduction of Spanish as a full working language. If the Committee adopted the draft resolution before it, it would have to decide the extent to which Spanish would be put into use.

The Secretary replied that the Director-General had proposed that alternative F in Appendix 3 to Official Records No. 53 should be adopted for 1955. Provision on those lines had been made in the budget and the draft resolution distributed should therefore be taken as based on the proposals in column F.

Mr Corkery (Australia) said that his delegation supported the proposed resolution, for the reasons that had been so clearly set out by the delegate of Spain.

Dr Loría (Costa Rica) also supported the resolution, which his delegation thought was an appropriate and necessary basis for mutual understanding.

Mr Amerasekera (Ceylon) said that his delegation would heartily agree with the arguments put forward for the further use of Spanish, but as the budgetary position in 1955 appeared to be rather precarious he wished to invite the attention of the Committee to what was said in the report of the Executive Board, on page 23 of Official Records No. 53. In the view of the Board a reduction in that item would have a less immediate effect on the programme than a reduction in other items which had resulted in the proposed budget increase.

Dr Noguera (Cuba) appreciated the spirit shown by those who supported the proposal for the further use of Spanish as a working language. The question had already been raised at the Fourth World Health Assembly. The present Assembly had increased the amount of the budget, and the time was opportune to ensure that all Spanish-speaking countries should have the benefits that had been mentioned by the delegate of Spain. Many physicians and other health workers who spoke only Spanish needed and should have documents in Spanish.

The Chairman put to the vote the draft resolution on the increased use of Spanish.

Decision: The draft resolution was approved by 59 votes to none, with two abstentions (see third report of the Committee, section 1).

In reply to a question from the Chairman, Dr Diehl (United States of America) said that his delegation did not wish to press their question about the publication of the Handbook of Resolutions and Decisions.

(c) Text of the Appropriation Resolution for the Financial Year 1955

The Secretary reminded the Committee that it was required to make recommendations on the wording of the proposed resolution and on the amounts to be inserted in Part I, Part III and Part IV, and to transmit the proposed resolution to the Committee on Programme and Budget, which would consider the other items. The text of the Appropriation Resolution (Official Records No. 50, page 36) was in the same form as the year before.

He indicated the amounts to be inserted in paragraph I, under Parts I, III and IV, and in paragraph III (for the figures inserted here, see the Appropriation Resolution, adopted as resolution WHA7.34, page 31), and said that the wording in paragraph III, sub-paragraph (ii) should be amended to read “the amount of $20,835, representing assessments on new Members from previous years”.

Mr De Erice (Spain) asked for a correction to be made in the scale of assessment appearing on pages 34 and 35 of Official Records No. 50. He held that the entry “Morocco (French and Spanish Zones)” was incorrect in view of the decision to refer the question to the Executive Board. The scale of assessment given in the proposed programme and budget estimates for 1954 (Official Records No. 44, pages 46 and 47) had referred to “Morocco (French Protectorate)”, and he asked why that had been now changed.

The Chairman said that the question raised by the delegate of Spain was not relevant to the present discussion. He put to the vote the draft Appropriation Resolution, with the figures that had been read out and the amendment that had been indicated.

Decision: The draft resolution was approved unanimously, by 60 votes to none, with no abstentions, for transmission to the Committee on Programme and Budget.
2. Adoption of Second Report of the Committee

Mr Sørensen (Denmark), Rapporteur, presented to the Committee its draft second report.

Mr Osman (Egypt) and Mr Geeraerts (Belgium) made suggestions for an alternative translation into French of the words “an appropriate agreement” contained in paragraph 3 of the third resolution in the draft report.

Mr Zarb, Chief, Legal Office, believed that agreement on a suitable drafting would provide no difficulty, since that particular provision referred to a procedure already followed in respect of a previous session held away from Headquarters.

Decision: The report was adopted (for text, see page 437).

3. Appointment of External Auditor for the Financial Years 1955 to 1957

Agenda, 7.25

In a report by the Director-General, which was before the Committee, it was noted that the appointment of the External Auditor would expire at the end of 1954. Mr Uno Brunskog had held the office since the First World Health Assembly, and his present appointment, for the years 1952 to 1954, had been made by the Fourth World Health Assembly in resolution WHA4.54. It was recommended that the new appointment should be for three years, and a draft resolution, based on resolution WHA4.54, was submitted, with the name of the person to be appointed left blank.

Sir Arcot Mudaliar (India) considered that an accurate interpretation of the principles established in Article 12.1 of the Financial Regulations would appear to be that each Health Assembly was free to appoint the External Auditor. Consequently, the recommendation that the External Auditor should be appointed for a three-year period, although based on a precedent, should be reconsidered. The Committee might bear in mind the desirability of changing the External Auditor from time to time, say every five or seven years.

He emphasized most strongly that his remarks were in no way connected with the person of the present External Auditor, for whose capacities he had the highest esteem, but were intended to introduce an improved procedure in accordance with the provisions of the Financial Regulations. He accordingly moved that the External Auditor should be appointed for 1955 in order to enable future sessions of the Health Assembly to make their own decisions in that respect when the time came.

He suggested that the points raised under item 7 (a), (b) and (c) of the “principles to govern the audit procedures of the World Health Organization”, contained in the Appendix to the Financial Regulations, should be dealt with in detail in future reports of the Organization's External Auditor.

The Secretary noted that the present recommendation was based on a similar practice followed by the United Nations and by some of the specialized agencies, which were to an ever-increasing extent making such appointments for a three-year period. Furthermore, the External Auditor’s present appointment had been made by the Fourth World Health Assembly in respect of the years 1952-1954 inclusive. He believed that authority for that type of appointment was conferred by the provision in Article 12.1 of the Financial Regulations that appointments should be made “in the manner decided by the Assembly”. Moreover, the following sentence in that same article stipulated that the Health Assembly might remove an Auditor if it saw fit.

It was clearly desirable for an External Auditor to be appointed for more than one year at a time. However, he would stress the fact that the Health Assembly alone was competent to make the appointment and that the Secretariat of the Organization did not enter into that question.

Sir Arcot Mudaliar (India) said that he was aware of the interpretation that could be given to Article 12.1 of the Financial Regulations, as well as of the precedent that existed. He would maintain his proposal, as it was essential for the Health Assembly to be free at each session to make an appointment, particularly in view of the fact that the present External Auditor had held the position since the First World Health Assembly.

Dr van den Berg (Netherlands) agreed with the Assistant Director-General's interpretation of the position. He also agreed that it was desirable to appoint an External Auditor for a longer period than one year. Even if the present External Auditor had held office for some time, it would not be satisfactory for a shorter appointment to be made than the one proposed. He agreed that in the future the Health Assembly might decide that a change should be effected.

Dr Salgado (Haiti) supported the proposal of the delegate of India, which would afford an opportunity for nationals of other countries to hold the office.
The CHAIRMAN, in reply to a point raised by Mr AMERASEKERA (Ceylon), said that the Health Assembly was free, under the provisions of the Financial Regulations, to appoint more than one external auditor if it chose, but that it was called upon to decide on the persons to be appointed.

He put to the vote the proposal of the delegate of India that the External Auditor should be appointed for the financial year 1955.

Decision: The proposal was rejected by 20 votes to 14, with 11 abstentions.

Dr VAN DEN BERG (Netherlands) and Mr BRADY (Ireland) moved the adoption of the draft resolution contained in the report submitted by the Director-General, with the inclusion of the name of Mr Uno Brunskog.

Decision: The draft resolution was approved by 37 votes to none, with 7 abstentions (see third report of the Committee, section 2).

4. Amendments to the Constitution of the World Health Organization on Membership of the Executive Board

Agenda, 7.12

The CHAIRMAN invited the Rapporteur of the Legal Sub-Committee to present its third report (for text, see page 445).

Mr CALDERWOOD (United States of America), Rapporteur of the Legal Sub-Committee, introduced the report and recalled that the Sub-Committee had been required only to express an opinion on the admissibility of the various amendments proposed (see Annex 7).

Mr GEERAERTS (Belgium) believed that the amendments submitted by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland were self-explanatory; all were intended to increase the membership of the Executive Board from eighteen persons to twenty-four. There existed, however, a basic difference of principle in the amendment submitted by the Dominican Republic, which, although judged inadmissible by the Legal Sub-Committee, would probably be submitted in the form of an amendment to one of the four amendments to be considered.

The text proposed by the Government of the Dominican Republic for Article 24 (to the effect that States should designate representatives on the Board) was entirely unacceptable to his own delegation in that it contradicted a basic principle of the composition of the Executive Board, namely, that the Board was an instrument of the Health Assembly and that its members were persons designated by governments but serving in a purely individual capacity and not on the instructions of those governments. He recalled the provisions of Article 28 of the Constitution, and in particular paragraphs (a) and (b), which, as the whole included the parts, applied to the individual members of the Board. Supposing that the members of the Board henceforth became agents of their governments, what would happen if they received instructions contrary to the decision of the Health Assembly which they were required to implement?

Dr EVANG (Norway) submitted the following draft resolution on behalf of his delegation:

The Seventh World Health Assembly,
Having examined the amendments to Articles 24 and 25 of the Constitution proposed by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland;

Considering that, since the Executive Board represents a practical and effective working instrument of the World Health Assembly, it is in the best interest of the Organization to maintain the present size of the Executive Board,

DECIDES therefore to preserve the existing text of these articles.

He recalled that during the Organization’s brief existence several attempts had been made to change the character of the Executive Board. At the First World Health Assembly, the Italian delegation had proposed that the membership of the Executive Board should be increased in such a way as to represent one third of the total membership of the Organization. A proposal had later been made by the delegation of Australia to amend Article 24 so that the eighteen members of the Board should represent directly the governments designating them instead of Member governments as a whole. The Executive Board had studied those proposals and had recommended that no action should be taken on them. Although it could be said that no relationship existed between the number of members and the character of the Board, it was nevertheless striking that very largely the same group of countries had supported both those proposals.

His Government was strongly opposed to an increase in the number of members of the Executive Board. The sentiment had been expressed that the number of members of the Board should increase to an extent commensurate with increased membership of the Organization itself. He would, in that con-
nexion, draw attention to the fact that, when the decision had been originally taken that the Board should consist of eighteen members, it had been on the assumption that the World Health Organization was a universal Organization and would soon have world-wide participation; that prophecy had to a very great extent been fulfilled. It had been considered at that time that no relationship should exist between the number of Member States and the number of persons serving on such an essentially practical body as the Board, which would represent Member States through the Health Assembly and as an instrument of that body. The argument had been brought forward that the proposed increase in the composition of the Board would give the smaller countries a chance of serving on it. That would depend entirely on how far the principle of rotation was accepted and on whether designating countries would continue to seek re-election, as they had done in the past. At present, six designating countries were elected annually; the adoption of the amendments under consideration would mean that eight designating countries would have to be elected. If two designating countries insisted on re-election, there would be no more seats than at present for distribution among other countries. The smaller countries might keep that purely mathematical consideration in mind in calculating the possible advantages of such a change. It was furthermore significant that at no time had the functioning of the Executive Board been criticized; on the contrary, it had been described as a most effective body.

He would therefore urge the Committee to allow the Executive Board to proceed in its normal way and not to introduce fundamental changes without valid reason. He would also welcome information on the financial implications of the amendments before the Committee.

The meeting rose at 12 noon.
eighteen to twenty-four, he felt that his delegation’s proposal could quite properly be considered an amendment.

Dr De Pinho (Portugal) observed that the proposed increase in the membership of the Executive Board was considered necessary to ensure greater continuity in the work of the Board and a more equitable distribution of seats on it. In his opinion, a mere increase in the number of members did not necessarily ensure a more equitable distribution of seats, though it undoubtedly increased its possibility. Without wishing to be sceptical, he pointed out that the adoption of the proposal would entail an estimated additional cost for meetings of the Board and its committees of $10 500 a year. However, despite his doubts of the automatic success of the proposal, his delegation would, in a spirit of cooperation, vote for a proposal the only aim of which was to increase the membership of the Board from eighteen to twenty-four. In that sense, his delegation endorsed what had been said by the delegate of Belgium.

Professor De Laet (Belgium) believed it a fundamental error to consider as an amendment a motion that was essentially different from the joint proposal. The joint proposal dealt solely with the number of members on the Board and in no way involved their status. He therefore felt that such a fundamentally different motion as that of the Dominican Republic must be considered a separate proposal. If the question gave rise to any difficulties of interpretation, he would be glad to have the legal advice of the Secretariat on it.

Dr Van den Berg (Netherlands) said he had heard the delegate of Norway’s statement that morning with interest. The delegate of Norway generally employed cogent arguments in defence of a position, whether weak or strong, but that morning his defence of a weak situation had itself been weak. The delegate of Norway had not been in a position to attack the joint proposal on its own merits. He had therefore attacked it on grounds that had nothing to do with the proposal. He had stated that the proposal dealt not only with the composition of the Board but also with its status, merely because some of the sponsors of the joint proposal had in the past attacked the independent nature of the Board. While it was easy to state in a meeting that the members of the Board should be independent experts acting in their personal capacity, it was not so easy to translate that sentiment into practice. One of the few ways of doing so was by nominating to the Board members who did not belong to the nominating country. One of the only two countries that had done so, thereby proving its attachment to the principle of the independence of the Board, was Belgium, one of the sponsors of the proposal. The argument of the delegate of Norway was therefore completely without foundation.

Three reasons could be advanced to justify the joint proposal itself, and any one of those alone would be sufficient justification. In the first place, since the inception of WHO there had been a large increase in the number of its Members. Obviously there should be a certain relationship between the total membership of the Organization and the membership of the Executive Board. The delegate of Norway had stated that morning that when WHO had been founded and a membership of eighteen had been agreed on for the Executive Board, it had been borne in mind that the membership of WHO should eventually be universal. Dr Van den Berg, however, pointed out that at the meeting in New York eight years before it had not been at all certain that all countries in the world would eventually become Members of WHO.

Secondly, WHO was the specialized agency that had the largest membership. Nearly all the other specialized agencies, whose membership was smaller, had twenty-four members on their Executive Boards.

Thirdly, the delegate of Norway had said there was nothing to prove that eighteen was too small a membership, since the Executive Board had so far discharged its duties very competently. It was, however, clear that it was difficult to ensure adequate representation of the various regions of the world with a membership of only eighteen, and that an increase in the membership would make it much easier. Moreover, while he agreed that the Executive Board had so far performed its work very well, he was convinced that it could have done even better with an increased membership. His delegation therefore strongly supported the joint proposal.

Dr Loría (Costa Rica) said he had the impression that the majority of the Committee was in favour of an increase in the membership of the Executive Board. His delegation, however, opposed such an increase and fully endorsed the views of the delegate of Norway. It was a purely arbitrary argument to say that the number of members of the Executive Board should be one third of the total membership of the Organization. The Executive Board should, a priori, be a small group which took action, resolved matters and discussed them in sufficient detail, but which did not waste time in broad general discussions. If its membership was increased, it would inevitably suffer from that defect. Moreover, the expenses of members would be increased, since the increase in
their number would lead to an increase in the length of discussions without any corresponding increase in the amount of work achieved. What concerned him most, however, was not the increase in expense but the delay in the work of the Executive Board that a larger membership would involve. In the second place, all countries were adequately represented in the Health Assembly and any country that particularly desired to designate a person to serve on the Executive Board would eventually have an opportunity of doing so. He therefore supported the proposal of the delegate of Norway and opposed the joint proposal.

Ambassador Hurtado (Cuba) said that in his opinion the joint proposal was desirable since it would render its true power to the Executive Board. If there was not adequate numerical representation in the Board, it became a mere agent for the application of decisions instead of being able to exercise the power delegated to it.

The chief authority was the Health Assembly, which was an authentic representation of the conclave of Member States. All other international organizations except WHO had reorganized their Executive Boards, increasing their membership to approximately one third of the total membership of the organization, as it was felt that one third of the total membership provided an adequately balanced representation of the opinions of the whole organization.

It had been said that the Executive Board was an independent technical body, but that was merely a theoretical conception. It was rhetorical to speak of the Board’s independence when governments enjoyed the right to replace those they had nominated to the Board, and the members of the Board were thus obviously dependent on their governments.

It was therefore highly desirable to increase the membership of the Board so as to provide for better geographical distribution of seats. He pointed out in that connexion that at the elections to the Executive Board held two days previously the European Region had lost one seat which had been gained by the Western Pacific Region.

His delegation therefore wholeheartedly supported the joint proposal and would vote in its favour. He did not believe that the Dominican Republic’s proposal could be considered as an amendment to the joint proposal since it was totally different in substance.

The Chairman reminded delegates that at the discussion of the Assembly’s timetable that morning the possibility of night meetings had been broached. He urged delegates to limit the length of their statements so that the Committee might terminate its work as expeditiously as possible.

Mr. Cidor (Israel) said his Government had instructed him to support the joint proposal without reservations. A similar development had been observed in other organizations, and since the Board was primarily a deliberative body there was no disadvantage in enlarging its membership.

Mr. De Erice (Spain) said that in his opinion Rule 50 of the Rules of Procedure was perfectly clear as regards the possibility of introducing amendments, even of substance, to any proposal. His delegation therefore supported the right of the Dominican Republic to submit its proposal as an amendment, and asked the Chairman for a ruling on the question.

Sir Arcot Mudaliar (India) fully supported the stand taken by the delegate of Norway.

Reference had frequently been made to the specialized agencies, but he would deplore the day when WHO attempted to copy others. Moreover, it was not absolutely true that the membership of the Executive Boards of other organizations had been increased because of the increase in the total membership of the organizations. In UNESCO, for example, the Executive Board had been increased from eighteen to twenty, but that increase was due to the decision to hold biennial instead of annual sessions of the General Conference. He further pointed out that the membership of the United Nations Economic and Social Council had remained at eighteen.

It had been suggested that the small countries were not being properly represented on the Executive Board. He would point out that WHO was a truly democratic assembly of nations and that representation in it did not depend on any such considerations as size, wealth or population. He agreed with the delegate of Costa Rica that a mere increase in members would not increase the value of the Executive Board’s work. Moreover, if an initial decision were taken to increase the size of the Executive Board, it might be difficult to put a stop to further increases. Finally, he felt that economic and financial considerations would not justify an increase in the Board’s membership.

Mr. Zohrab (New Zealand) agreed that the composition of the Board should reflect as adequately as possible the membership of the Organization. He felt, however, that eighteen was already a large number for an Executive Board and that the proposed increase would make it unwieldy. He therefore supported the proposal of the delegate of Norway.
Mr Bouhajeb (Tunisia) said that an increase in the membership of the Executive Board would not increase its prerogatives but would facilitate its work by giving closer liaison with a greater number of countries.

Dr Marcel (Viet Nam) said his delegation fully supported the joint proposal, for two reasons. In the first place, since the membership of the Organization and its business had increased and the Health Assembly's decisions were more numerous, it was logical that those who implemented the decisions should also be more numerous. Secondly, it had been proposed that a committee should be set up to make a preliminary examination of the budget before it was submitted to the Executive Board. He thought that such a committee should be composed of members belonging to the six regional committees. Such members might also be members of the Executive Board, and there would thus be no need to call on members outside the Board to form the committee. Other committees might also be appointed by the Executive Board to study other questions. He therefore considered it desirable that the membership of the Executive Board should be increased from eighteen to twenty-four.

Mr Calderwood (United States of America) said that some of the points he had been about to raise had already been made by other delegations. His delegation was opposed to any change in the size of the Executive Board at the present time. Amending the Constitution was a serious matter and should not be undertaken unless it was necessary, nor without due consideration. The only proposal now before the Health Assembly which would directly affect the position of the Executive Board was the proposal to increase its size. Previous Health Assemblies had considered other proposals that would also affect the position of the Board. He believed that it would be more appropriate to consider the size of the Board in conjunction with other proposals relating to its status.

Two proposals had been made in 1950: one to change the status of the Executive Board to that of an intergovernmental body, and the other to hold biennial Health Assemblies. The second had been approved in principle, but action on the amendments necessary to give effect to it had been postponed by the Fifth and Sixth World Health Assemblies. The delegation of the Dominican Republic had now introduced a proposal similar to the joint proposal, but with the proviso that no designating country would be immediately eligible for re-election. That proposal had not been circulated six months in advance of consideration as the Constitution required. Consequently, since the proposal of the Dominican Republic had not been received in time, since no amendment had been introduced to alter the status of the Executive Board to that of an intergovernmental body, and since the question of biennial Health Assemblies was not on the agenda, he felt that the Health Assembly should postpone any action on an increase in the size of the Executive Board until all four questions could be considered together.

An expansion in the Board's membership would increase the number of seats available for each geographical area. But while the proposal had that one merit, it had serious disadvantages. The Executive Board's essential function was to act as the executive arm of the Health Assembly, and in order to achieve the best results it was composed of experts serving in their individual capacities. Any increase in the Board's membership would make its machinery more cumbersome and would prejudice the carrying out of its functions. Moreover, when the membership of the Board had been fixed at eighteen, that had been done without taking into consideration the total number of Members of the Organization; the only other proposals made at that time had been for a smaller membership for the Board. An increase in the membership of the Board would, he felt, tend to carry the implication that it was a body on which governments were represented; but until a decision was taken that the Board should become a representative as well as an executive body the representation of individual countries was a function of the Health Assembly only. An increase in the Board's membership would also mean an increase in the Organization's expenses.

For all those reasons, his delegation supported the proposal of the delegate of Norway.

Professor Canaperia (Italy) said the delegate of Norway had recalled that morning that a proposal similar to the one before the Committee had been introduced by the delegation of Italy at the First World Health Assembly. When the first elections to the Executive Board had been held, his delegation had been struck by the somewhat unusual procedure followed, and reference to the letter from the delegation of Italy to the President of the First World Health Assembly would show that the aim of the proposal then submitted had merely been to ensure rotation among the countries called on to designate members to the Executive Board. He assured the Committee that the joint proposal now before it

1 See Off. Rec. Wild Hlth Org. 13, 93.
had the same aim. The number of countries in the Organization had increased considerably since 1948. It was true that the size of the Board had been fixed without reference to the size of the Organization, but to have one of its nationals on the Board undoubtedly stimulated a country to take greater interest in the Organization’s work. He wished to emphasize that the only aim of the joint proposal was to increase the membership of the Board and that there was no thought of changing its status.

Mr García-Oldini (Chile) said that according to the Constitution due account should be taken of equitable geographical distribution in selecting Members to designate a person to serve on the Executive Board. It was extremely difficult to do so without an increase in the Board’s membership.

It had been said that an increase in the size of the Board would make its work more cumbersome. He felt that on the contrary it would facilitate the Board’s work. The doubts and ambiguities which had appeared in some of the documents submitted to the Committee would be fewer, since the increased membership would render the Board’s work more expeditious and efficient.

It had been maintained that the Board was an executive body. While that was true, it was incomplete. The Board also had an administrative function. It examined the programme and budget as well as ensuring the carrying out of the Health Assembly’s decisions. That administrative aspect of its work would be greatly simplified by an increase in its membership.

Dr Dia El-Chatti (Syria) moved the closure of the debate under Rule 56 of the Rules of Procedure.

Mr Corkery (Australia) said his delegation wished to make certain observations, including some queries on points of order, and opposed the closure until those points had been cleared up.

Dr Evang (Norway) opposed the closure of the debate since he wished to have an opportunity of answering the statement made by the delegate of the United Kingdom.

The Chairman put the motion to the vote.

Decision: The motion was adopted by 41 votes to 12, with 4 abstentions.

The Chairman said the Committee had before it the joint proposal of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland, the proposal of the Dominican Republic, and the proposal of the delegate of Norway. The Committee also had before it the third report of the Legal Sub-Committee, on the question of the admissibility of the Dominican Republic’s proposal.

In accordance with Rule 60 of the Rules of Procedure he would put to the vote first the proposal of the delegate of Norway, which he deemed to be furthest removed in substance from the original proposal. If that proposal were adopted there would be no need to vote on the others, and he would therefore delay a ruling on the admissibility of the Dominican Republic’s proposal till the proposal of the delegate of Norway had been voted on. He reminded the Committee that under Article 73 of the Constitution any amendment to the Constitution required a two-thirds majority of the members present and voting for its adoption.

He put to the vote the proposal of the delegate of Norway.

Decision: The proposal was rejected by 31 votes to 21 with 6 abstentions.

The Chairman put to the vote the third report of the Legal Sub-Committee (see page 445).

Decision: The report was approved by 38 votes to 6, with 4 abstentions.

The Chairman interpreted the vote as ruling out the acceptance of the Dominican Republic’s proposal as an amendment to the amendments submitted by the Governments of Belgium, France, Italy and the United Kingdom.

Mr Corkery (Australia) contested the Chairman’s interpretation. The finding of the Legal Sub-Committee that the Dominican Republic’s proposal was not admissible had been based on its status as an independent proposal for the amendment of the Constitution. It had now been re-submitted as an amendment to the joint proposal. To declare it inadmissible might imply that amendments to proposals to amend the Constitution could not be considered unless they also had been circulated to governments six months in advance. Surely any admissible proposals for the amendment of the Constitution were open to amendment when considered in the Health Assembly. He accordingly asked the Chairman to put the question to the Committee.

Dr Van den Berg (Netherlands) regarded the proposal of the Government of the Dominican Republic as indubitably an independent proposal for the amendment of the Constitution. Hence, not having been received within the stipulated time-limit, it was clearly not admissible. Moreover, as
a proposal to change the status of the members of the Executive Board, it had plainly nothing to do with the joint proposal to enlarge the Board's membership. It could not therefore be accepted as an amendment to the joint proposal.

Mr Calderwood (United States of America), speaking as Rapporteur of the Legal Sub-Committee, stated that the Legal Sub-Committee had taken no decision on whether the proposal of the Government of the Dominican Republic could be reintroduced at the present session as an amendment to the joint proposal for the amendment of the Constitution now before the Committee.

His delegation found it unacceptable as such—even if the sponsors of the joint proposal should be inclined to accept it—as it was not directly related to that proposal. He disagreed with the contention of the delegate of Australia that, if the proposal of the Government of the Dominican Republic was rejected as an amendment, no other amendments to the joint proposal could be introduced. It was open to any delegation to propose an amendment to that proposal, provided it was relevant.

Decision: The Committee decided, by 32 votes to 16, with 9 abstentions, that the proposal of the Government of the Dominican Republic was not admissible as an amendment to the joint proposal for the amendment of the Constitution.

Passing to the joint proposal, the Chairman noted that the texts submitted by the four governments were not in exact conformity, and asked whether one of them was generally acceptable.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) stated that the delegates of the other three countries concerned had agreed to accept the United Kingdom text as representing their views.

Dr Salgado (Haiti) asked for a separate vote on the two amendments to the Constitution entailed by the proposal.

Dr Evang (Norway) pointed out that the two amendments were closely interrelated and hence could not be voted upon separately.

Dr Salgado (Haiti) agreed to withdraw his request.

The Chairman put the joint proposal for the amendment of the Constitution to the vote.

The result of the voting was as follows:
Number of members present and voting: 53
Requisite two-thirds majority: 36
In favour: 34
Against: 19
Abstentions: 5

The joint proposal, not having received the required two-thirds majority, was therefore rejected.

Dr Dia El-Chatti (Syria) asked for a re-count because of the possibility of error.

Mr Prosperi (Italy) supported the proposal. In view of the narrow margin by which the proposal had been rejected, it would be better, too, to have a roll-call vote.

The Chairman said that under Rule 62 of the Rules of Procedure a motion to reconsider a question required a two-thirds majority for adoption.

In answer to a point raised by the delegate of Chile, he noted that, under Article 60 (c) of the Constitution, the two-thirds majority rule on amendments to the Constitution was also applicable to the voting in the Committee.

He then put to the vote the motion to reopen the question.

The result of the voting was as follows:
Number of members present and voting: 57
Requisite two-thirds majority: 38
In favour: 34
Against: 23

The motion, not having received the required two-thirds majority, was therefore rejected.

2. Adoption of Second Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

Mr Sorensen (Denmark), Rapporteur, introduced the report, which embodied the Committee's decisions on the text of the Appropriation Resolution and on the increased use of Spanish (see minutes of twelfth meeting, section 1).

Decision: The report was adopted unanimously.

3. Consideration of a System of Cost-of-Living Adjustments

Agenda, 7.29

There being no observations on the item, the Chairman directed attention to the draft resolution submitted in a note that was before the Committee.
Decision: The draft resolution was approved unanimously (for text, see third report of the Committee, section 3).

4. WHO Staff Pension Committee: Appointment of Representatives to Replace Members whose Period of Membership Expires

Agenda, 7.31.1

Mr Brady (Ireland) suggested that the Committee should consider the nomination to the Pension Committee of the member of the Executive Board designated by the Union of South Africa and, as alternate, of the member designated by Japan. That would, he believed, maintain the requisite geographical distribution in the Pension Committee.

Decision: The Committee unanimously approved the nominations put forward by the delegate of Ireland (for text of the resolution adopted, see third report of the Committee, section 4).


Agenda, 7.31.2

Decision: The Committee approved, unanimously and without comment, the draft resolution proposed by the Chairman (for text, see third report of the Committee, section 5).


Agenda, 7.32

The Chairman directed attention to the draft resolution submitted by the Executive Board in its resolution EB13.R69.

Mr Amerasekera (Ceylon) proposed the addition of a fifth paragraph reading:

offers its thanks to the Government of Switzerland for the contribution made to the costs involved.

Decision: The draft resolution, as amended, was approved unanimously (for text, see third report of the Committee, section 6).


Agenda, 7.33

Mr Sole (Union of South Africa), recalling that the United Nations Advisory Committee on Administrative and Budgetary Questions undertook each year an examination of the budgets of the various specialized agencies, thereafter submitting a report to the United Nations for comment and information, said that his Government regarded that report as of the utmost value both to the specialized agencies and to the United Nations itself.

The report was generally considered by the Executive Board at its January session. He would like to see the Executive Board comment in its report on the criticisms and observations made in respect of the World Health Organization.

The Advisory Committee had commented on the Executive Board's decision, taken in June 1952, to establish the whole Board as the Standing Committee on Administration and Finance. That decision had given rise to some legitimate criticism in the course of the present Health Assembly, and the Advisory Committee, in drawing attention to the matter, had implied criticism. It was on issues such as that the Executive Board should transmit its comments to the Health Assembly. He had no formal proposal to make on the matter, but considered the point worth raising.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that the Advisory Committee's reports were made available to the Executive Board at its first session of each year. If the Committee so wished, the Secretariat could bring the observations just made to the attention of the Executive Board, so that it could include some specific comments in its own report.

Mr Sole (Union of South Africa) agreed that that would meet his wishes.

Decision: The Committee unanimously approved the following draft resolution:

The Seventh World Health Assembly

notes the report of the Director-General on co-ordination with the United Nations and specialized agencies on administrative and financial matters.

(See, however, the statement of Mr Sorensen, Rapporteur, at the sixteenth meeting (page 396).)

8. Form and Presentation of the Annual Programme and Budget Estimates

Agenda, 7.6

The Chairman called attention to the resolution and recommendations of the Executive Board on the future form of presentation of the annual programme and budget estimates (Official Records
No. 52, resolution EB13.R55 and Annex 15). The Committee also had before it a draft resolution proposed by the delegation of Lebanon, reading as follows:

The Seventh World Health Assembly

Invites the Director-General to prepare his programme and budget estimates for 1956 in such a way that he will be able to present to the Executive Board and the World Health Assembly separate proposals as to the regular activities of the Organization on the one hand and those which are financed by extra-budgetary funds on the other.

Finally, there was a note by the Director-General pointing out that the Board’s recommendation, on page 122 of Official Records No. 52, that the country schedules in Annex 2 to the budget document should show “for the year under review only, the total costs, together with the total number of posts for each project” would make it impossible to reflect activities in individual countries during the two preceding years. The note therefore suggested that the last paragraph of the preamble of the draft resolution recommended by the Board in resolution EB13.R55 should be amended to read:

Believing that the modified form of presentation of the annual programme and budget estimates of the Organization outlined in the report of the Executive Board conforms (subject to the country schedules included in Annex 2 showing for the two preceding years, as well as for the year under review, the total costs together with the total number of posts for each project) to the special requirements of the Organization, including the provision of Article 2 (a) of the Constitution that the Organization should “act as the directing and co-ordinating authority on international health work”, and that paragraph 2 of the same resolution should read:

2. Decides that the future form of presentation of the annual programme and budget estimates of the Organization shall follow the pattern adopted for the proposed programme and budget estimates for 1955 with the modifications recommended by the Executive Board, except that the country schedules included in Annex 2 shall show for the two preceding years, as well as for the year under review, the total costs, together with the total number of posts, for each project.

Dr. Hyde, representative of the Executive Board, said the Board recognized that, in the early stages of development, it had been necessary for a proper understanding of the programme and budget that the Executive Board and governments should have sufficiently detailed information. It had, however, been somewhat concerned at the bulky volume presented to it for 1955, and, while not wishing to sacrifice any of the essential information, it yet felt that some changes in presentation might be possible so as to effect economies and to remove duplication.

The Board felt particularly strongly that a clear distinction should be drawn between the estimates relating to the regular budget and those relating to Technical Assistance and other extra-budgetary funds. It also questioned the need to include in the country schedules, for purposes of comparison, data covering the two years preceding the year under review.

The Secretary said that, as the representative of the Executive Board had explained, the study carried out on the form of the annual programme and budget estimates seemed to indicate that the budget document could be substantially reduced in size by the elimination of certain material, while still containing sufficient information to enable the Executive Board and the Health Assembly to make a careful appraisal of proposals for the ensuing year.

The Director-General had made one recommendation not in conformity with the Executive Board’s proposals, to the effect that the country schedules should show, side by side with the totals for the year under review, the corresponding totals for the two preceding years. If the Committee agreed with that recommendation it would wish to make the necessary changes in the draft resolution submitted by the Executive Board.

The proposal of the delegation of Lebanon, if it were changed to apply to future years generally instead of to 1956 only, could be included as an additional operative paragraph to the draft resolution submitted by the Executive Board.

Dr. Evang (Norway) asked the delegate of Lebanon also to consider changing the words “regular activities of the Organization” in his draft resolution. The terms “regular budget” and “extra-budgetary funds” were in general usage. He felt, however, that all activities were regular activities under the Constitution. He was not objecting to the substance of the proposal and suggested that it might be left to the Rapporteur to make the necessary change.

Dr. Bauji (Lebanon) accepted the suggestions both of the Secretary and of the delegate of Norway.
Mr Sole (Union of South Africa) wondered whether it would be feasible, within the time available, to circulate the Director-General’s draft programme and budget for each year to the Executive Board in mimeographed form. After final approval by the Board, it might then be issued for the first time in printed form. It seemed to him that the existing practice of printing the volume before submitting it to the Board made it a little difficult, psychologically, for the Board to make radical changes.

Dr Hyde pointed out that, under Article 55 of the Constitution, the Board did not approve or disapprove the Director-General’s annual programme and budget estimates; its function was merely to study and comment upon them.

Mr Corkery (Australia) asked for further discussion on the item to be postponed until the following meeting, in order to give him more time to study a proposal which had been submitted by the delegation of the Netherlands.

It was so agreed.

9. Report on the Situation Regarding the Regional Committee for the Eastern Mediterranean (continued from the ninth meeting, section 4)

Agenda, 7.9

Sir Arcot Mudaliar (India), Chairman of the Working Party on Meetings of the Regional Committee for the Eastern Mediterranean, introduced the Working Party’s report, which had received the unanimous approval of its members.

The Chairman thanked the Working Party for the admirable spirit in which it had tackled such an arduous task. The report would be discussed at the following meeting.

The meeting rose at 5.40 p.m.
proposing draft rules for consideration at the first meeting of the sub-committees;

(4) that the procedure adopted be not inconsistent with the general rules of procedure followed by the Health Assembly;

(5) that for elections, whenever required, a secret ballot be taken, by postal vote if necessary, the ballot papers from each sub-committee being sealed in a cover and both sealed covers opened at a time and place to be fixed by the Regional Director and announced by him to the members of both sub-committees;

(6) that, while it is recommended that it is desirable that the two sub-committees meet preferably at the same place and on the same dates but at different hours, it should not be made a condition of the holding of the sessions of the sub-committees;

(7) that the conclusions arrived at by either sub-committee be made available to the other sub-committee within as short a period as possible;

(8) that in order to co-ordinate the opinions of the two sub-committees the following procedure be adopted: that a person designated by each sub-committee, with the authorization of the respective sub-committees, meet together with the Regional Director in order to harmonize as far as may be necessary the decisions of the sub-committees and to present a final report, and that the decisions arrived at be forwarded to the Executive Board with details of voting, if any;

(9) that if for any reason one or other of the sub-committees be unable to meet on the date and place notified, the other sub-committee's opinions be forwarded to the Director-General;

(10) that both sub-committees consider the same agenda, prepared by the Regional Director, and covering the whole Region;

(11) that if at any time all States Members in the Region agree to suspend the provisional arrangements suggested and to work on the usual basis of a regional committee, the session of the regional committee be convened according to the usual provisions.

Mr Cidor (Israel) expressed his appreciation of the work done by the Working Party, which had sought to achieve a solution to the situation created by the intransigent stand adopted by those countries which refused to implement fully the provisions of Chapter XI of the Constitution. The proposals made by the Working Party might have been satisfactory if there had been any possibility of implementing them. However, as the matter stood, it was hard to believe that the suggested procedure could be put into practice, as the fact that it was based to a certain extent on a fictitious situation became apparent on a close study of the report.

Proceeding to a detailed examination of the recommendations, he noted that paragraphs (1) and (2) constituted the crux of the proposals. Paragraph (1) referred to the declared wishes of the Member States of the Region; in his view, however, it could hardly be stated that the declared wishes of each Member State could be put into effect, considering the situation of Israel within the Region. His Government had on frequent occasions reiterated its desire to see the Regional Committee function normally. It would be impossible for his country to meet in one sub-committee if other Member States, especially those having their seats of government in the Region, refused to join it. Consequently, instead of mentioning the declared wishes of the Member States, it might have been preferable to put the position frankly and to search for an equitable and workable solution on that basis.

The provision in paragraph (2) that Member States should be permitted to attend either sub-committee was also based on fiction rather than on fact, and the acceptance of that recommendation would be somewhat hypocritical. His Government would always be prepared to receive representatives of the Arab States who sat on the other sub-committee, but he did not think that that view was reciprocal. Furthermore, he wondered how the Working Party proposed that that particular recommendation should be implemented.

As for the elections by secret ballot referred to in paragraph (5), he would like to know what type of elections were meant.

The recommendation contained in paragraph (6) would be acceptable if it were in the nature of a condition sine qua non. As it stood, he could not but entertain doubts of its real value. In particular, it would be difficult for paragraph (7) to function satisfactorily unless the requirements of paragraph (6) were couched in a more imperative form, since, unless the two sub-committees met more or less at the same time, either the conclusions reached by
one sub-committee could have no influence on the other, or there would be interminable delays in reaching a joint decision.

The procedure suggested in paragraph (8) might have been acceptable if the basis and the composition of both sub-committees had been equitably ensured, but that suggestion also was of little value in its context.

Finally—his most serious objection—the proposal in paragraph (9) would permit one of the sub-committees alone to take a decision governing the policy of the Region if it had proved impossible for the other sub-committee to meet, which might well be the case since, as he had already shown, the provisions of paragraphs (1) and (2) were based on a fiction.

He recalled that, on an earlier occasion, his Government had been charged with exercising a veto in the work of the Region. Clearly, all parliamentary procedure was based on the rule of the majority, but it was obviously out of the question to accept a situation where the minority would not even have the right to be present; that could in no circumstances be termed normal parliamentary procedure. The present proposals were being studied in an attempt to introduce as satisfactory a substitute as possible for the usual procedures in the regions of the Organization. He was sure that the intention of the French delegation, which had made the original proposal resulting in the adoption of resolution WHA6.47, had not been to isolate one particular country.

If the Working Party had not been able to do more than express the wish that other Member States would join both sub-committees, he did not think that a great deal had been achieved. That was of course not the fault of the Working Party but of the present political situation. He maintained the statement he had made at the ninth meeting to the effect that his delegation had received formal instructions not to agree to any procedure which would indirectly result in that isolation of Israel which some Member States of the Region wished to achieve. He reserved the right to revert to that decision at a later stage.

The CHAIRMAN made a statement (reproduced verbatim in Appendix 1 to these minutes) emphasizing the terms of reference of the Working Party and the basis of the work done by it.

Mr CIDOR (Israel) said that, although his delegation was clearly not entirely satisfied with the decision taken by the Sixth World Health Assembly, he had at the present meeting confined his remarks to the recommendations of the Working Party. He em-

phasized the fact that his delegation would consider any proposals which would make for a balanced composition of the two sub-committees, but was unable to agree to the present proposal, which would isolate Israel in one sub-committee, all the other countries in the Region sitting in the other.

Sir Arcot Mudaliar (India), as Chairman of the Working Party, made an explanatory statement (reproduced verbatim as Appendix 2 to these minutes, page 384) on its report.

Dr Van Den Berg (Netherlands), speaking as a member of the Working Party, added some supplementary remarks to the statement made by the Chairman of the Working Party, since the situation was a complex one and the report had necessarily been brief in view of the short time at the Working Party's disposal.

He concurred with the Chairman of the Working Party that the Working Party had been required, in accordance with its terms of reference, to recommend appropriate procedures solely on the basis of the decision contained in resolution WHA6.47. The Working Party had not had in mind the recommendation of legislation for a special case, but had striven to arrive at a procedure which might be applicable whenever such a situation arose. It had therefore arrived at a plan whereby the two groups in opposition to each other would not be members of the same sub-committee but a third group would participate in both sub-committees and thus establish a link between them. It was intended in that way to achieve the maximum interchange of opinion possible within the Region, with the obvious proviso that no Member State would have more than one vote. Arrangements had been suggested which would facilitate meetings as far as possible; for instance, it was suggested that meetings of both sub-committees should be held at the same place and that the greatest possible freedom should exist in respect of the rules of procedure. The voting system was such as to give a clear picture of the position of the Regional Committee.

He associated himself with the hope expressed by the Chairman of the Working Party that the proposals would improve co-operation in the Region in a technical body such as the World Health Organization. He hoped that the recommendations would be acceptable as they had been made in all good faith.

Mr De Erice (Spain), also speaking as a member of the Working Party, commended the statement made by its Chairman. The terms of reference of the Working Party had required it to formulate its
recommendations for the implementation of resolution WHA6.47. The Working Party had clearly taken a realistic view of the situation and had expected Israel to sit on one sub-committee and the Arab States on the other; the third group of countries in the Region would have the possibility of sitting on both sub-committees. He emphasized the fact that the Working Party had tried to arrive at a workable solution. Unless there was full agreement on the desirability of implementing the resolution, the Working Party would have prepared its recommendations to no avail.

Dr. Pachachi (Iraq) reserved the right to include a statement in reply to some remarks made by the delegate of Israel as an appendix to the minutes of the meeting (see Appendix 3).

He had been moved by the views expressed by the Chairman of the Working Party and by those members of the Working Party who had spoken at the present meeting. The question was one which could only be solved by good will on both sides and by the acceptance of a spirit of compromise. He could not, therefore, be disappointed by the attitude adopted by the delegate of Israel. The Arab States had gone a long way in the interests of achieving a workable solution and were prepared to make an honest attempt to implement the recommendations if they were accepted by the Committee. It would be difficult for the Arab countries to understand any failure to put some effective arrangement into practice, and he would therefore earnestly appeal to the Israel delegation to reconsider its position. He recalled that the World Health Assembly had recognized the existence of political differences and had therefore proposed that a solution of a temporary nature should be found.

Dr. El Wakil (Egypt) stressed the purely legal aspect of the present situation. The Working Party had been requested solely to study the implementation of the realistic proposal made by the French delegation at the Sixth World Health Assembly and adopted in resolution WHA6.47. Since the very purpose of that resolution was to make possible the efficient carrying-out of the work of the Region without any meetings of the Regional Committee, the Working Party could not even consider the possibility of the two groups meeting together. He had originally intended to submit certain amendments to the report of the Working Party, but, after hearing the admirable statement made by the delegate of India, he would simply like to regard that statement as an explanatory note to the proposals of the Working Party.

Mr. Cidor (Israel) said he had been moved by the statement made by the Chairman of the Working Party and by the hope he had expressed for the future of the Region. He assured the Committee that his Government had never rejected the possibility of an agreement with its neighbouring States and hoped that a settlement would soon be reached.

In connexion with the point raised by the delegate of the Netherlands, he said that, if the Working Party had intended to ensure the greatest possible degree of interchange of opinions under the arrangement it had proposed, the terms of paragraph (6) were remarkably timid. His delegation would have found it easier to make a recommendation of that type acceptable in his country if it had been couched in more decisive terms. Even if that change were to be introduced, his delegation would be unable to vote in favour of the proposal while the composition of the two sub-committees had not been clearly established. If a number of countries in the third group of Member States in the Region were to agree to participate in the work of both sub-committees, it would be much easier for his delegation to arrive at a final decision in the matter and not to oppose the acceptance of the proposal, in accordance with the instructions his delegation had at the moment. Clearly, however, his delegation would do its utmost to obtain support in his country for any proposal adopted, as it had always done in respect of all resolutions adopted by the Health Assembly.

The Chairman believed that the Committee, having heard several speakers on the subject, could now indicate its opinion by a vote on the contents of the report.

Dr. El Wakil (Egypt) said that it appeared to him that the report of the Working Party contained recommendations only. Resolution WHA6.47 of the Sixth World Health Assembly had also expressed a wish that the Regional Committee should function through two sub-committees. Should the Committee not therefore in the first place decide that there should be two sub-committees and then make recommendations as to procedure?

Dr. Bauji (Lebanon) in reply to a question from the Chairman, said that, in view of the report presented by the Working Party, his delegation withdrew the draft resolution that it had presented at the seventh meeting.

After suggestions for the wording of a draft resolution incorporating the recommendations of the Working Party had been made by Dr. Nacify (Iran), Dr. Pachachi (Iraq), Mr. Geeraerts (Belgium) and Professor Canaperia (Italy), the Chairman
suggested that the discussion might be closed, and asked the delegates of Belgium, Iran and Italy to draft a resolution as soon as possible for consideration by the Committee.

It was so agreed.

The CHAIRMAN said also that there would be no objection to the suggestion that the statements made by Sir Arcot Mudaliar and himself should be transcribed verbatim and appended to the record of the meeting (see Appendices 1 and 2). There would be no objection either to a summary of the statement to be submitted by the delegate of Iraq being also annexed to the record (see Appendix 3).

(For conclusion of discussion, see minutes of fifteenth meeting, section 1.)

2. Adoption of Third Report of the Committee

Mr SØRENSEN (Denmark), Rapporteur, read the draft report.

Decision: The report was adopted (for text, see page 439).

3. Form and Presentation of the Annual Programme and Budget Estimates (continued from the thirteenth meeting, section 8)

Agenda, 7.6

The proposal of the Netherlands delegation, mentioned by the delegate of Australia at the previous meeting, read as follows:

The Seventh World Health Assembly,

Recalling the decision of the First World Health Assembly,\(^1\) based on the recommendation of the Interim Commission,\(^2\) instructing the Executive Board "to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Board";

Considering that it would be useful to have prepared for the Eighth World Health Assembly a detailed analysis of the financial aspects of the Director-General's proposed programme and budget for 1956;

Believing that such detailed analysis can best be made by a small group,

1. INSTRUCTS the Executive Board to establish its Standing Committee on Administration and Finance to consist of seven of its members, who should, if desired, be accompanied by advisers specially qualified in the fields of budget or finance, the travel and per diem expenses of one such adviser for each member of the Standing Committee to be met by the Organization;

2. REQUESTS that the Executive Board instruct its Standing Committee on Administration and Finance, \textit{inter alia}, to examine in detail the proposed programme and budget for 1956 and to make a detailed analysis of the financial aspects thereof for the use of the Board and the Eighth World Health Assembly in their consideration of the programme and budget for 1956;

3. REQUESTS that the report of the Standing Committee on the proposed programme and budget for 1956, as accepted by the Board, and together with the recommendations made by the Board in accordance with Article 55 of the Constitution, be circulated to Member governments as far in advance of the Eighth World Health Assembly as possible.

The Committee also had before it the following draft resolution, submitted by the delegation of Sweden:

The Seventh World Health Assembly

REQUESTS the Executive Board, in studying the procedure for consideration of the 1956 programme and budget estimates at the Eighth World Health Assembly, to consider the desirability of recommending to the Eighth World Health Assembly that it instruct the main committee to which it assigns responsibility for considering the proposed programme and budget for 1956 as follows:

(1) the committee, immediately upon its organization, should establish a working party to make a detailed examination of the Director-General's programme and budget estimates for 1956 and report back to the main committees;

(2) the working party should start work as early as possible in the session; and

(3) the main committee should not begin its debate on the total programme and budget, including the budgetary ceiling, until after it has received and considered the report and recommendations of the working party.

Dr \textsc{Van Den Berg} (Netherlands), introducing the resolution proposed by his delegation, noted that the procedure recalled in the preamble had until two years ago been followed by the Executive Board, with results that had been, in his opinion, very

\(^1\) \textit{Off. Rec. Wld Hlth Org.} 13, 316
\(^2\) \textit{Off. Rec. Wld Hlth Org.} 12, 25-26
satisfactory: there had been good and detailed examination of the Director-General’s programme and budget and the Executive Board had made detailed reports thereon to the Health Assembly.

But two years ago the Executive Board had established itself as a standing committee, so that the Board as a whole, with a change of name only, did the work which, under the instruction of the First World Health Assembly referred to in his delegation’s draft resolution, was allotted to the Standing Committee. That position he did not consider satisfactory. Many countries, he thought, were willing to give as much financial support as possible to WHO, but they wanted to be sure that the proposals on which their contributions were spent were carefully examined. For that purpose it seemed to him that a small working group must be more effective than the comparatively large Executive Board. What he had expected when the change was made had, in fact, happened, and some countries were feeling uneasy. There was, for example, a suggestion that had been made in the Committee on Programme and Budget that the Health Assembly should establish a special committee to do the examination.

The delegation of the Netherlands still thought that this task should be carried out by the Executive Board, but if the Board were unwilling to do it the Netherlands delegation would accept the appointment of a special committee. His delegation were of the opinion that, before trying the experiment of setting up an ad hoc committee, it would be preferable to return to the former procedure of having a standing committee on administration and finance in the Executive Board and to try to make it work. To prevent a repetition of what had occurred he thought it desirable for more detailed instructions to be given to the Executive Board, and had therefore included those in the draft before the Committee.

First, paragraph 1 of the proposed resolution provided that the work should be done by a small group of not more than seven. The reason was that only in such a small group was it possible to have a free discussion, to raise questions of detail, and to have rapidly the answers and explanations necessary for a good examination of the proposals.

Secondly, his delegation would prefer that that kind of examination should be done by people who had financial experience and who also understood the Organization and its work. It would therefore best be done by the Executive Board. In the past some members of the Executive Board whose designating countries were in a good financial position had been accompanied by financial advisers, who in co-operation with the health technicians made a valuable contribution to the Board’s work. Some of the smaller countries, especially the distant ones, could not afford to send such advisers to accompany the persons designated by them to serve on the Board. His delegation considered that all members of the Executive Board should be in a position to have financial advice of that kind, and therefore suggested that the travel and per diem expenses of the financial advisers should be borne by the Organization.

Thirdly, the Executive Board would be asked to examine the budget in detail by means of the Standing Committee and to forward the Standing Committee’s report to the Health Assembly, so that the Assembly would have before it not only an approval in general terms by the Executive Board but also the arguments and figures on which that general approval was based.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, called attention to Rule 11 of the Rules of Procedure, which required the Director-General to report to the Health Assembly on the technical, administrative and financial implications of all agenda items submitted to the Health Assembly. If the proposal of the Netherlands delegation were adopted, the additional cost in respect of the travel and per diem expenses mentioned in paragraph 1 of that proposal would be about $7000 or $8000, depending, of course, on the length of journeys necessary.

In regard to paragraph 3 of the Netherlands proposals he assumed that the report of the Standing Committee would be subject to approval by the full Board and then incorporated as part of the report of the Executive Board to the Assembly. If that were so, he suggested that the word “accepted” in paragraph 3 of the draft resolution should read “approved”.

Dr Evang (Norway) stressing the importance of the item, said that it was natural that governments wished to have the proposals in the programme and budget document examined in some detail, but he was surprised at the suggestion that Member governments did not get an opportunity for such an examination. He thought that the Secretariat and the Executive Board had developed a very satisfactory procedure, one effect of which was that the budget document was sent out in such good time that six weeks were available in which the different interested departments of any government—health, finance and external affairs—might examine the proposals. The
situation before the Assembly was one familiar in national governments. The Health Assembly might be compared to the legislative body. The national legislative body did not consider in all its details the national budget proposals; different parts of it were referred for consideration to more specialized bodies, the parliament reserving, of course, the right to consider more fully any particular details. In the World Health Organization the detailed examination was the function of the Executive Board. He repeated his commendation of the work done by the Board and the Secretariat on the budget, the complexity of which increased each year.

The delegation of Norway would not oppose the proposal of the delegation of the Netherlands, subject to some amendments, and would support the proposal of the delegation of Sweden. It might be possible to combine the two proposals. The first condition on which his delegation would support the proposal of the Netherlands was that the Committee was sure that its provisions were in accordance with Article 55 of the Constitution, which laid upon the Executive Board the responsibility for considering the budget estimates and making recommendations thereon to the Assembly. The Assembly could, he thought, instruct the Executive Board to set up a standing committee, but he doubted whether paragraph 3 of the Netherlands proposal, which purported to instruct the Board how its report should be brought to the notice of the Assembly, was constitutional.

Secondly, the delegation of Norway were opposed to the proposal regarding travel and per diem allowances to financial advisers, particularly in the present state of the budget. The expenditure of $7000 or $8000 involved was the equivalent of a substantial field project. Several countries had in the past sent to the Executive Board financial advisers as well as the person designated by them to serve on the Board, and those countries would continue to do so. The function of the financial advisers in the Executive Board was limited. They were not in a position to help in the main function of the Executive Board, which was to decide on the relative value of the various proposals before the Board, and they could not give substantial help on the administrative and financial provision to be made to implement those proposals. He therefore proposed the following amendments to the Netherlands draft resolution:

In paragraph 1, the words after “seven of its Members” should be deleted.

In paragraph 2, the words between “Executive Board” and “examine in detail” should be omitted, and the words after “the use of the Board” should be omitted.

The whole of paragraph 3 should be omitted.

Dr Segura (Argentina) said that at an earlier meeting he had referred to the procedure of the Pan American Sanitary Organization, which he thought had found a practical solution to the problem. The Directing Council established early in its proceedings a small group which examined in detail the most important points of the proposed programme and budget and, by confining itself to that duty, produced in forty-eight hours, or at most three or four days, a report which it presented to the Council and which was considered in priority over other reports. He would suggest that a similar measure be applied in the World Health Organization, and that such a committee, rather than a standing committee, be entrusted with the detailed examination of the programme and budget. Its members should be technical persons.

His delegation was opposed to the proposal made by the delegate of the Netherlands for paying the travel and per diem expenses of financial advisers. It would support the proposal presented by the delegation of Sweden, subject to the following small amendments: in sub-paragraph (1) the words after “1956” should be omitted; sub-paragraph (2) should provide that the working party should devote its whole time to drafting its report; in paragraph (3) the reference should be to the main committees of the Assembly, in the plural.

Professor Canaperia (Italy) said that he had examined the draft resolution proposed by the delegation of the Netherlands. He agreed it was necessary that details should be considered by a committee of the Board or a working party, but he was not altogether clear about the possibility of setting up such a committee with the task outlined in paragraph 2. Its duty would be to examine the programme and budget for 1956 and in so doing it would be difficult to separate the technical and financial aspects. That difficulty was indeed one of the reasons why the Executive Board had changed its procedure in accordance with its resolution EB10.R21, and had decided that the Board as a whole should act as the Standing Committee on Administration and Finance, which could adopt in the name of the Board any recommendations, resolutions or reports without having to refer its findings to the Executive Board as such.

For specially complex questions, either technical or financial, the Board still used the procedure of setting up an appropriate working party, and he
thought that that procedure had produced good results. Formerly the Standing Committee had met two weeks before the opening of the Executive Board, examined the programme and budget and submitted its report. At that stage the difficulty of distinguishing technical and financial problems had sometimes been acute, and he felt that the suggestion to revive the Standing Committee would not give too satisfactory results. It was, in his view, better to have a working party on certain aspects after the Executive Board as a whole had considered the general structure of the programme and budget. After all, it was the Executive Board as a whole which had the responsibility. He could therefore not support the Netherlands draft resolution.

He would support the proposal of the delegate of Sweden, which provided for a procedure resembling that followed in the Pan American Sanitary Organization, as described by the delegate of Argentina.

Mr Amerasekera (Ceylon), called attention to Rule 55 of the Rules of Procedure, and proposed that, as the Committee had not much time left to complete its work, a limit of five minutes should now be imposed on the time allowed to each speaker.

Dr van den Berg (Netherlands) said that they had discussed less important questions at greater length and should not restrict the present discussion.

The Chairman put to the Committee the proposal of the delegate of Ceylon.

Decision: The proposal was adopted by 30 votes to 14, with 2 abstentions.

Sir Arcot Mudaliar (India) agreed with what had been said by the delegate of Norway. He had had experience in the Executive Board and had one year been Chairman of its Standing Committee on Administration and Finance. He thought that many health administrators had very good experience of financial matters. He appreciated the spirit in which the delegation of Sweden had put forward its proposals and was prepared to accept them.

Mr AF Geijerstam (Sweden) said that his delegation would support the proposal of the Netherlands delegation with the amendments suggested by Dr Evang, which he thought were substantially in accordance with the comments of Professor Canaperia. The examination in question could be made during the Health Assembly if some variation were peria.

According to the comments of Professor Canaperia, he said there was a fundamental difference of opinion. He agreed that financial work was not separable from technical work. What had to be done was technical work by people with technical understanding supplemented by financial knowledge. He thought the Board’s former procedure was better than that which had been followed recently.

Mr Corkery (Australia) said his delegation wanted some organ on which they could sit with the Director-General and representatives of other delegations and go through the programme and budget. Not all delegates appreciated the difficulties encountered in some countries in securing in their parliaments the voting of contributions to international organizations. As the result of the lack of suitable machinery countries had not sufficient detailed knowledge of the estimates to deal effectively with those difficulties, and that lack of knowledge would ultimately affect also the level of their free and voluntary contributions to international work in the health and in other fields. His delegation had thought of proposing a special administrative and financial committee, but certain difficulties were involved: his delegation had no wish to cast any reflection on the work of the Executive Board; there were also some difficulties in deciding at what stage the special committee should do its work. The essence of what his delegation had in mind was that a committee of the Assembly should start examining the detail of the budget much earlier than the opening of the Assembly, and that that committee should be composed of representatives of governments. Of the proposals before the Committee that of the Netherlands went some way to what his delegation desired, but it did not seem to him to get to the real core of the problem. His delegation wanted a real and detailed
examination of the budget proposals. WHO had in recent years faced serious financial crises. His delegation thought that those crises were connected with the lack of proper examination of the budget proposals in earlier years. His delegation would give serious consideration in the future to bringing forward proposals for the establishment of a finance committee.

Mr de Erice (Spain) supported the amendments suggested by the delegate of Argentina to the proposal of the delegation of Sweden.

Mr Amerasekera (Ceylon) referred to Rule 32 of the Rules of Procedure, which required the Health Assembly to establish at each session such main committees as it might consider necessary, and after consideration of the recommendations of the General Committee to allocate to such committees appropriate items on the agenda. In pursuance of that rule he suggested that the delegate of Sweden might meet the delegate of Australia and recommend to the Health Assembly that it should consider establishing a third committee whose function would be to consider the budget in all its details. This would avoid the expense of a separate ad hoc committee and some of the other difficulties that had been mentioned.

Mr Cidor (Israel) suggested that the delegates of the Netherlands, Norway, Sweden and Argentina might try to agree on the text of a resolution.

Professor Ferreira (Brazil) expressed his surprise that the burden of the recent financial difficulties should be placed on the Board. He thought that no possible financial arrangements could have produced a better result. He agreed with the Australian proposal for a special financial committee, but repeated that it was unjust to blame the Board for what had happened.

The Chairman asked the delegates of the Netherlands, Norway, Sweden and Argentina to meet in the adjoining room and prepare a combined resolution.

The meeting rose at 12 noon.

Appendix 1

STATEMENT ON THE WORKING PARTY ON MEETINGS OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN BY THE CHAIRMAN OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

I think it is necessary that the attention of all members of this committee be drawn to the terms of reference of the Working Party. The terms of reference of the Working Party read:

In order to implement resolution WHA6.47, with respect to the functioning, even separately and independently, of the two sub-committees mentioned therein, a working party is established to recommend in as short a time as possible appropriate procedures to enable the Director-General to convene each of the sub-committees separately and to carry out the necessary liaison between the two through the Director-General and the Regional Director.

If I may address a few remarks on this subject to the delegate of Israel—most of his comments really point to the decision which has been taken by the last World Health Assembly on the constitution of two sub-committees. He will realize, as we all do, that these two sub-committees were not created to suit the convenience of Members or for the pleasure of creating them, but for reasons which are well known to all of us. All that we have been doing here during the last few years in this matter, and all that this committee was entrusted with once again, is to recognize the principle that the Regional Committee cannot meet as a whole. That is quite clear and was accepted by the World Health Assembly in its resolution last year.

Before this working party was appointed, I asked you whether you had any legal objections to the constitution of these two sub-committees, and you replied in the negative. Starting from there, the work of this working party cannot be considered as having gone beyond its terms of reference. It is perfectly within its rights at this stage to have proposed a procedure to make it possible for the two sub-committees to meet. I can understand your reasons against the principle; but what we are doing now—and what we are considering—is the procedure to make it possible for the decision taken by the Sixth World Health Assembly to be implemented. As long as we confine ourselves to that and make no effort to reopen the decision of the Sixth World Health Assembly, I think we should be able to start another discussion.

1 See page 377.
Appendix 2

STATEMENT BY THE CHAIRMAN OF THE WORKING PARTY ON MEETINGS OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Mr Chairman, I am speaking as a member of the Working Party on Meetings of the Regional Committee for the Eastern Mediterranean and not as a member of my delegation.

You have very correctly expressed the situation, Mr Chairman: the Working Party was concerned not with any new question with regard to the sub-committees, but with the implementation of the resolution that had been passed by the World Health Assembly, which definitely agreed that the Eastern Mediterranean Region should work in two sub-committees.

I think it is obvious that at the time this resolution was passed by the World Health Assembly, there were no illusions whatsoever as to the composition of those two sub-committees. I do not think we shall be dealing firmly with that resolution if we do not take account of the fact that the differences that have been expressed at this meeting were expressed even more firmly at the occasion of the last World Health Assembly. Consequent upon these differences, and with a view to effective working of the World Health Organization as a whole, the Assembly came to the conclusion that there should be two sub-committees, and, in the opinion of every Member of that Assembly, it was obvious which were the countries which would choose one or other of the two sub-committees. To raise all these issues now and to speak of hypocrisy and other sentiments seem to me to be far from the realities of the situation and far from desirable. We do not achieve anything of that which we wish to achieve eventually by expressing such sentiments. So far as the Working Party is concerned, while it is quite prepared to subject itself to any criticism, it must plead that it did not create this situation, that it was not responsible for the present position in which the Eastern Mediterranean Region is situated, that that position was already there. All that the Working Party has tried—perhaps ineffectually, perhaps with partial success, perhaps with no success whatsoever—is to propose a realistic approach to these questions.

If we were to take that position, Mr Chairman, it would be obvious that what this working party had in view was more or less the pre-determined conclusions of the World Health Assembly in constituting these two sub-committees. What was the object in constituting these two sub-committees? It was deliberately the intention of the World Health Assembly that there were Members who were unfortunately not in a position to heal their differences for the good working of the World Health Organization that had to be taken note of. Therefore, the two sub-committees were constituted, or were expected to be constituted, so that no friction may arise between any of the sub-committees. In other words, Mr Chairman, it was obvious that the Arab States will be in one sub-committee and Israel will be in another sub-committee. Let us not forget that that is the fundamental basis of the resolution of the World Health Assembly. If that fundamental basis were accepted—and I see no reason now why we should call that in question—then all that the Working Party was concerned with was how effectively to proceed with the procedural matters to make the meetings of the sub-committees possible. The Working Party, therefore, decided that each of the Member States concerned in that region, having known and appreciated the point of view of the World Health Assembly, would, in conformity with the decisions of the World Health Assembly, act in a manner that will not prejudice that decision. If that fundamental factor is appreciated, then I do not think there will be any reason to suppose that in the recommendations of the Working Party any camouflage was intended or implied.

Let me take the first of these recommendations, Mr Chairman: that each of the Member States of the Region, in accordance with its declared wishes, be seated in one or other of the two sub-committees. If, as I understood on the last occasion when the World Health Assembly met, it was expected that that resolution was accepted by the delegate of Israel (as I understand from the records that it was accepted), then the delegate of Israel would have no doubt whatsoever how the declared wishes should be expressed on this occasion. If it is going to reopen the whole question, then the Working Party is not responsible for such reopening; we go by what took place at the Sixth World Health Assembly. Therefore, as a practical proposition, while we leave the Member States of the Region to give their declared wishes, I have at the back of my mind—and I make no secret of this fact—that all the Arab States would prefer one sub-committee, and Israel, we hope, will prefer another sub-committee; but there are a few Members who, if they were properly approached in the interest of the World Health Organization by delegations of the World Health Assembly or otherwise, would be in a position to choose one or other of the sub-committees concerned. That is what we have expressed in a little note at the end of that working paper, where we have stated that the Working Party is not without hope that Member States will respond favourably and that some of the Member States in the Region will join both sub-committees in order to strengthen the work of the World Health Organization. It would therefore be for each one of us without exception, as Members represented in the World Health Assembly, to do our best to bring this state of affairs into fruition. That explains the rationale of proposition one.

Now this is a compromise. I do not think that all compromises are necessarily illogical, but compromises cannot be probed into on the basis of inductive and deductive logic without ruining the very idea of the compromise. If every single word and if every single preposition, conjunction and adjective were to be taken into consideration, no compromise is possible. It is the spirit behind it, more than the actual words, that is to be taken as the genuine factor for arriving at a compromise. If that were accepted, Mr President, you will see that number two follows logically, that no Member can have two votes in any region, whether it be as a regional committee or a sub-committee. Therefore we have decided that the voting rights must be confined to one or other of the sub-committees.

Let me take the next point. The rules of procedure can be drawn up by the sub-committees concerned. We do not want in any way to arbitrarily determine what those rules of procedure would be. Take for instance the question of what may be called a quorum; we do not want to anticipate all these factors; each sub-committee will be prepared to have

1 See page 377.
its own quorum. It may be that the quorum will be one third of the Members, one half of the Members; we leave it to the sub-committee, so long as the procedure adopted is not inconsistent with the general rules which are followed by the World Health Assembly for its own working. We want these sub-committees to consider all aspects of the question and then to come to a conclusion about their own rules of procedure.

Another question has been asked about the elections. Mr Chairman, you very well know that certain subjects requiring an election come before a regional committee. Take, for instance, the question of the appointment of a director. The rules in other regional committees require a secret ballot to be taken for such an election. Now it may be asked: how can such a secret ballot be taken by two sub-committees, working in different places or at different times, or working separately? We have suggested, so far as the elections are concerned, the system of a postal vote. This is something very often invoked in many countries, in many parliaments. We have suggested that a vote taken in one sub-committee, sealed up, and then the vote of another sub-committee similarly sealed up, may at a common place and at a time determined be opened, in the presence of representatives of the two sub-committees if necessary, and a decision arrived at.

We have also suggested, Mr Chairman, that in other resolutions where such votes are not taken, if a question is decided by a majority, the majority vote and the minority vote will be recorded and the results of these two sub-committees will be sent to the Director-General to be placed before the Executive Board. But in order to bring about a workable arrangement of these two sub-committees, Mr Chairman—and only because it would be desirable as far as possible to bring about that workable arrangement—we have suggested that two persons, one designated by each sub-committee, with the authorization of the respective sub-committees, may meet together with the Regional Director in order to harmonize as far as may be necessary the decision. But should the decisions be not harmonized, then the decisions arrived at may be forwarded to the Executive Board with details of voting. Supposing, for instance, a question arises whether the members of the regional committees should pay their own travelling allowances or should be reimbursed, so far as travelling allowances are concerned, by the Organization at Headquarters. This is a question we shall deal with at a little later. If this question had been raised, it would be possible to put it to the vote, to get the votes of the two sub-committees and then send it on so that the Director-General will know the opinion of the majority of the Members of that Region and of the minority of the Members of that Region.

We have stated under clause 9 that, if for any reason (we do not anticipate that this will occur in the light of our recommendations) the two sub-committees are not able to meet (it may not be possible to get the full quorum of Members, or it may be that on that particular occasion other things might have happened in the process in which we are now evolving in this world—we cannot anticipate what may happen, what may not happen), we say that that should not stand in the way of one sub-committee meeting at least, and of sending its conclusions to the Director-General.

As far as possible, the agenda prepared by the Regional Director will be placed before both sub-committees and it will be on that agenda that discussions will take place. We further add this hope—I hope it is not a very unreasonable hope, that it is not a very far-fetched hope—that if at any time all the Members of the Region agree to suspend the provisional arrangements suggested and to work on the usual basis of a regional committee, the session of the Regional Committee can be convened according to the usual practice.

Now, Mr Chairman, I think that that is not too optimistic a hope. We have seen this world working within the last ten years and we have seen how differences have been composed between opponents diametrically opposed in every manner possible who have gone to extremes in their opposition; both in speech and in action, and yet today we see a different picture before ourselves. Is there any reason to believe that such a possibility may not occur? Today, the two principal parties in this region we feel will say, "Never!". But my optimism is not lost to that extent; I do believe that day will come. If that day is by any means to be brought nearer our reach by the World Health Organization, I submit that these proposals that have been placed before you are a working basis to bring about that co-operation. We, of the World Health Organization, are not a political body, do not wish to be involved in politics, do not wish to take any sides in a political controversy, and would beg of all Members to realize that here we have a limited field working for peace, working for good health, working for the safety of humanity and for the protection of those who are unfortunately less well-circumstanced. Anybody who impedes this work is not promoting peace, orderliness and good government in the world. It is because of these fundamental considerations, because we are convinced that this is the only hope of settling a difficult matter that has come before the World Health Assembly for the last four years, that the Working Party, with a great deal of hesitation, but with a firmness which is expressed in the unanimity of its opinion, submits this for this committee and not for any individual Member States.

We shall abide by the verdict of this Assembly and we shall be grateful if that verdict can be given on the lines on which we have tried to place before you what we consider is a procedure that can well be implemented.

**Appendix 3**

**SUMMARY OF STATEMENT SUBMITTED IN WRITING BY THE DELEGATE OF IRAQ**

Dr Pachachi (Iraq) said that he had been specially interested in the summary (appended to the minutes of the ninth meeting) of the statement issued by the delegate of Israel, because that statement was almost exclusively devoted to remarks made by the Iraqi delegation at a previous meeting. He would endeavour to answer the points raised in the order in which they appeared in the statement.

The first point was that his delegation had not addressed themselves to what the delegate of Israel called the real point at issue. That basic problem he assumed was the refusal of

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1 See page 378.
the Arab States to co-operate with Israel on a regional level. The statement of the delegate of Israel seemed to ignore the fact that the Arab States had repeatedly referred to that basic problem, and had several times made it very clear why they were unable in the present circumstances to meet with Israel in the Regional Committee. So long as the Palestine problem remained unsolved, there could be no question of co-operating with Israel on health or any other matters. In spite of its technical and humanitarian aspects, the work of WHO was an international undertaking and therefore subject to all the conditions and factors which governed international life. Delegates attended the Health Assembly as representatives of governments, and their actions could not be divorced from the national policies of their governments. It was unrealistic to suggest that work in WHO could be separated from its international and political aspects. This was not the time or place to enter on a long discussion of the Palestine question and all its complexities. WHO was aware of the situation and had accepted the fact that a difficulty existed which it was unable to solve. The Sixth World Health Assembly, accepting that fact, had devised a compromise by which the Regional Committee could meet through two sub-committees. The idea underlying that compromise was the acceptance by the Health Assembly of the fact that the Arab States and Israel were unable to meet together. It was for that reason that his delegation had not dealt with the basic issue, but had discussed instead the methods and procedures by which the wish of the Health Assembly could be carried out. Their task had been made easier by the declaration of the delegate of Israel that his Government raised no objection as to the constitutionality of resolution WHA6.47, but objected only to the procedure proposed by the Regional Director to implement the resolution. It was surprising, therefore, that the delegate of Israel should criticize the delegation of Iraq for having confined their remarks to procedure. He would recall also that the Executive Board and the Director-General had both restricted their comments to the practical aspects of the question. His delegation had no thought of reopening discussion on the resolution of the Sixth Health Assembly. They had accepted it as a basis for discussion and had endeavoured to remove the difficulties which prevented its operation and, if possible, to suggest how it could be put into effect in 1954.

The statement of the delegate of Israel appeared to contain the surprising suggestion that the Sixth World Health Assembly had been obliged to pass its resolution WHA6.47. No one could seriously believe that an assembly of sovereign nations could be compelled to take action of that kind. The remarks of the delegate of Israel suggested, therefore, a reflection on the integrity and good sense of the delegates at the Health Assembly. The delegation of Iraq had voted against the resolution, but firmly believed that the Health Assembly had been inspired by the best motives and the most sincere desire to find a compromise that would end the deadlock.

In the fifth paragraph of his statement the delegate of Israel referred to the opinions which he (Dr Pachachi) had said to be implicit in the compromise resolution. In that resolution was obviously implicit an acceptance of the fact that Israel and the Arab States could not meet together. The resolution had been proposed precisely to meet that difficulty. He was surprised to hear the delegate of Israel speak as though a meeting between the two parties were possible; the resolution had been designed to secure the functioning of the Regional Committee for the Eastern Mediterranean without the meeting of Israel and the Arab States.

The delegate of Israel had ascribed his remarks on parliamentary procedure to lack of experience, but he had sufficient knowledge of parliamentary principles to discern the fundamental principle underlying all parliamentary systems; that when the wishes of the majority are incompatible with those of the minority, the wish of the majority must prevail. His delegation had never advocated silencing the minority, but had accepted arrangements under which the minority could make their views known and express them to other Members in the Region. That would have been open to Israel by its becoming a member of Sub-Committee B. What his delegation could not tolerate was that one State, for political reasons, should be allowed to dictate its wishes to the Assembly and veto the implementation of a Health Assembly resolution in face of the expressed desires of the great majority of the States concerned.

As to his own defence of the Regional Director, he was proud to have been able to defend a distinguished international civil servant against the allegations made irresponsibly by the delegation of Israel against his honesty and integrity. It was not a question of "unconditional agreement with everything he had done", as the Israeli delegate seemed to suggest. The procedure proposed by the Regional Director, according to the Israeli Government, had been "calculated to exclude the State of Israel from effective participation in the work of the Eastern Mediterranean. This has throughout been the aim of the Arab States, and it would be a matter of regret were they to be assisted by any organ of WHO". There was a great difference between the two phrases quoted. He thought it unfortunate that the delegate of Israel should describe the compromise proposed by the French delegation and supported by the great majority of the Sixth World Health Assembly as "a political manoeuvre". He did not need to dwell on that kind of demagogy.

In conclusion, he repeated that his delegation was willing to give the compromise resolution another honest try, and hoped that the other party would modify a little their uncompromising attitude so that the Regional Committee might again function and serve the health interests of the Region.
FIFTEENTH MEETING

Tuesday, 18 May 1954, at 2.30 p.m.

Chairman: Dr M. JAFAR (Pakistan)

later

Dr P. J. GARCIA (Philippines)

1. Report on the Situation regarding the Regional Committee for the Eastern Mediterranean (continued from the fourteenth meeting, section 1)

Agenda, 7.9

The Chairman placed before the Committee the joint resolution drafted by the delegations of Belgium, Iran and Italy.

Mr Geeraerts (Belgium), supported by Dr Bauji (Lebanon), paid a special tribute to the members of the Working Party whose recommendations were the basis of the joint draft resolution, and in particular to its Chairman, Sir Arcot Mudaliar.

Decision: The draft resolution was adopted (for text, see fourth report of the Committee, section 1. See also minutes of sixteenth meeting, section 1).

2. Election of Acting Vice-Chairman

The Chairman explained that he was obliged to leave that afternoon, and the Vice-Chairman the following day. It would therefore be necessary to elect an acting Vice-Chairman to enable the Committee to carry on its work.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) nominated Mr Sole (Union of South Africa) as acting Vice-Chairman.

Mr Brady (Ireland) seconded the nomination.

Decision: Mr Sole was elected unanimously.

The Chairman thanked the members of the Committee for their co-operation and assistance in the carrying out of his duties. He had considered it a great pleasure and honour to preside at the Committee’s meetings.

Dr van den Berg (Netherlands) expressed gratitude, on behalf of the whole Committee, for the excellent way in which the Chairman had discharged his functions and proffered his best wishes for the Chairman’s return to his own country.

3. Form and Presentation of the Annual Programme and Budget Estimates (continued from the fourteenth meeting, section 3)

Agenda, 7.6

The working party of the delegates of Argentina, the Netherlands, Norway and Sweden, appointed at the end of the fourteenth meeting, presented the following revised text of the draft resolution standing in the name of the Swedish delegation:

The Seventh World Health Assembly

requests the Executive Board, in studying the procedure for consideration of the 1956 programme and budget estimates at the Eighth World Health Assembly, to consider the desirability of recommending to the Eighth World Health Assembly that it instruct the main committee to which it assigns responsibility for considering the proposed programme and budget for 1956 as follows:

(1) the committee, immediately upon its organization, should establish a working party to make a detailed examination of the Director-General’s programme and budget estimates for 1956;

(2) the working party should start to work as early as possible in the session, devoting its entire time to producing its reports, and

(3) the main committees should not begin debate on the total programme and budget, including the budgetary ceiling, until after receipt and consideration of the report and recommendations of the working party.
For the draft resolution presented by the delegation of the Netherlands, the working party, except for the Netherlands delegate himself, had agreed upon the following amended text:

The Seventh World Health Assembly,

Recalling the decision of the First World Health Assembly, based on the recommendation of the Interim Commission, instructing the Executive Board "to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Board";

Considering that it would be useful to have prepared for the Eighth World Health Assembly a detailed analysis of the financial aspects of the Director-General's proposed programme and budget for 1956;

Believing that such detailed analysis can best be made by a small group,

INSTRUCTS the Executive Board to establish its Standing Committee on Administration and Finance to consist of seven of its members, inter alia, to examine in detail the proposed programme and budget for 1956 and to make a detailed analysis of the financial aspects thereof for the use of the Board.

Dr Van den Berg (Netherlands) said that he did not object to the revised draft of his delegation's resolution being submitted by any member of the Committee, but he did object to its being submitted as the working party's draft, for it had been agreed upon when he, a member of the working party, had been absent.

Dr Evang (Norway) said he had been asked by the working party to report on its behalf. The working party's terms of reference had been to reach agreement on the two draft resolutions submitted by the delegations of Sweden and the Netherlands, and the various amendments proposed, and to consider whether those draft resolutions should be merged into one. The working party had first decided that they should remain as two separate resolutions. It had then reached agreement on the wording of the resolution originally submitted by the Swedish delegation. With regard to sub-paragraph (1) of its draft, it had been felt that the task of the working party referred to would be so important that any country which so desired should be entitled to be represented on it.

One member of the working party had unfortunately been obliged to leave at that stage in the proceedings. The remaining members of the working party had taken up the second draft resolution and had agreed on a wording. It had been clear that the Netherlands delegate would not be able to accept it, but as he had been absent the working party had left it for him to clarify his position at the Committee's meeting.

Dr Garcia (Philippines), Vice-Chairman, took the Chair.

Dr Van den Berg (Netherlands) said the terms of reference of the working party had covered only a decision on the merging of the two draft resolutions. The working party had had no authority to consider the amendments to his delegation's proposal, which he had not accepted. He therefore believed that the amended text of the proposal could not be considered a proposal submitted by the Working Party.

He indicated that in the original text of his delegation's draft resolution the words "Standing Committee on Administration and Finance" should be changed to "Standing Committee on Programme and Budget" wherever they appeared, as that was a more appropriate name for the committee.

Professor Briskas (Greece) said there still seemed to be considerable confusion about the item before the Committee.

WHO had two basic organs: the Health Assembly and the Executive Board. The delegate of the Netherlands had always stressed that the Executive Board was composed of persons having at heart the interests of the Organization only—the satisfaction of health needs. The proposals submitted that morning appeared to constitute a certain criticism of the financial capabilities of those persons. On the other hand, the Health Assembly was composed of delegates of governments who had received instructions and had definite financial responsibilities. He therefore felt that the Health Assembly should not delegate its powers with regard to the examination of the programme and budget estimates to the Executive Board, but should itself fulfil that responsibility. In FAO, UNESCO, and the United Nations, small committees of financial experts had been set up to consider the organizations' financial procedures and examine ways of achieving economy. He could see no reason why the practice in WHO should be different, and he for his part would support a resolution similar to the one that had established the UNESCO committee.

1 Off. Rec. Wld Hlth Org. 13, 313
2 Off. Rec. Wld Hlth Org. 12, 25-26
Mr SOLE (Union of South Africa) felt that he should express his delegation's views since it was probably the remarks he had made in the Committee on Programme and Budget that had given rise to the present debate. He emphasized that the aim of those remarks had been to sound the opinion of delegations, since he doubted whether it was possible to reach any conclusion on such a complex subject at the present Assembly. The reaction had shown that his delegation's fears concerning the efficient functioning of the World Health Organization were to a large extent shared.

There were two aspects to the question. The first point was to ensure that the Executive Board carried out its responsibilities as effectively as possible. He felt that it was primarily for the Board itself to consider that point, and he would be glad if it were to decide to re-establish its former Standing Committee on Administration and Finance. Such action, however, would not satisfy delegations that the Assembly had made a proper examination of the budget proposals.

In the Committee on Programme and Budget his delegation had suggested the establishment of a finance committee. It still felt that that would be the most desirable solution to the problem, but doubted whether it could be accepted at present. It would, however, be a help if the Swedish proposal for a working party were adopted. His delegation would support that proposal on the understanding, however, that it would not be open to any member to sit on the working party, as the Norwegian delegate had suggested; for if that suggestion were accepted the working party would have a membership of thirty or forty and be too unwieldy.

Finally, he hoped that the delegate of Australia would reintroduce the suggestion he had made at the previous meeting.

Professor CANAPERIA (Italy) said that the amendment the delegate of the Netherlands had made to his proposal, which would change the name of the committee from the Standing Committee on Administration and Finance to the Standing Committee on Programme and Budget, completely altered the situation, because the committee in question would then be called on not only to review the financial and administrative aspects of the programme and budget but also the technical aspects.

With regard to the revised draft submitted by the working party, he fully agreed with the second paragraph of the preamble. The operative part of the proposal was, however, entirely different. In order, therefore, to make the operative part conform to the preamble, he proposed that it should be amended to read:

INSTRUCTS the Executive Board to establish a Standing Committee on Administration and Finance, to consist of seven of its members, to make a detailed analysis of the financial aspects of the proposed programme and budget for 1956 for the use of the Board.

Dr EVANG (Norway) said his delegation would support the amendment proposed by the delegate of Italy, which clarified the position.

The amendment introduced by the delegate of the Netherlands to his own proposal would completely alter its content, since the terms of reference of the Standing Committee would be radically changed. He therefore felt that the Committee should not accept it at that stage.

Mr AF GEIJERSTAM (Sweden) also supported the amendment proposed by the delegate of Italy.

Dr VAN DEN BERG (Netherlands) said his alteration to his draft resolution did not change the terms of reference of the Standing Committee, but merely made its name conform with the terms of reference as laid down in the preamble.

Mr GARCÍA-OLDINI (Chile) said there appeared to be two central ideas: first that the Executive Board should set up a working party or sub-committee to study budgetary and financial questions from the viewpoint of the independent experts forming the Executive Board, and secondly that the Health Assembly should also appoint a similar working party or sub-committee to study the draft programme and budget after its review by the Executive Board. He pointed out that those two ideas were not in opposition but were complementary to each other and that consequently the Netherlands and Swedish proposals were also complementary.

The CHAIRMAN said that the Netherlands draft resolution, as amended by the delegate of the Netherlands himself, would be considered the original proposal. The amended text submitted by the working party would be considered as dealing with the same subject and would be voted on first since it was the proposal furthest removed from the original. The revised text of the Swedish draft resolution would be considered as a completely separate proposal and a separate vote would be taken on it.

He therefore put to the vote the amendment proposed by the delegate of Italy to the Netherlands draft resolution as revised by the working party:

Decision: The amendment was adopted by 29 votes to 11, with 11 abstentions.
The CHAIRMAN put to the vote the revised draft resolution, as amended.

Decision: The draft resolution was approved by 39 votes to 6, with 6 abstentions (see fourth report of the Committee, section 2, and minutes of the sixteenth meeting, section 1).

Professor CANAPERIA (Italy) added a suggestion for the work of the Executive Board: that the Standing Committee on Administration and Finance set up by the resolution just adopted should begin its detailed analysis of the financial aspects of the proposed programme and budget after the Executive Board had examined the general and technical aspects.

The CHAIRMAN observed that with the approval of the revised text of the Netherlands draft resolution it became unnecessary to take a vote on the original text. The Committee would therefore proceed with consideration of the revised text of the Swedish draft resolution.

Dr VAN DEN BERG (Netherlands) pointed out that in the working party the intention had been that it should be possible for any member of the Assembly who so desired to participate in the work of the working party mentioned in the Swedish draft resolution. He felt that that should be made clear in the resolution itself.

Mr HARDY (Canada) endorsed the suggestion by the delegate of Greece that the procedures developed by other international organizations for the detailed examination of their budget estimates might provide a valuable example for WHO. He therefore proposed the addition to the draft resolution of a further paragraph, to be numbered 2, reading:

REQUESTS the Executive Board to prepare recommendations concerning the size, method of appointment and terms of reference of such a working party, taking into account the experience and procedures of other United Nations bodies performing similar functions.

There were several such bodies, for example in the United Nations, ILO, FAO and UNESCO. In view of all the criticism addressed to the Health Assembly and the Executive Board, the procedures of other organizations should be studied so that a sound decision might be taken early in the Eighth World Health Assembly.

Dr EVANG (Norway) said he was not opposed in substance to the amendment proposed by the Canadian delegation, but he felt that the subject was of such scope that if it was brought up at that stage he doubted whether it would be possible to finish the Committee's work in time. Everyone knew what a working party involved. It had been agreed that a working party should be set up and its terms of reference established by the main committee. The Canadian amendment, however, was something entirely different and would mean the establishment of a third main committee at the next Health Assembly. He therefore urged the Committee to approve the draft resolution as it stood. The Canadian delegate might submit his proposal to the next Health Assembly when there would be more time to discuss it.

Dr VAN DEN BERG (Netherlands) strongly supported the Canadian amendment. It was clear that there was an important divergence of views regarding the composition of the working party and he felt that the question should be studied by the Executive Board.

Mr HARDY (Canada) replying to the comments of the delegate of Norway on his proposed amendment, said that in any case the Executive Board would have to examine the size, method of appointment and terms of reference of the working party. His amendment would not alter the appointment of the working party by the main committee referred to in the draft resolution. If the problem was studied in advance and the comments of the Executive Board were available, it would greatly facilitate the task of the main committee the following year in appointing the working party.

Dr DIEHL (United States of America) said that, as his delegation had already indicated, it believed that it was essential that governments should have an opportunity to exchange views and to hear the Director-General's comments on proposed expenditure. The original Swedish proposal had been a step in that direction; the working party's proposal would be satisfactory if the Executive Board took it as a clear indication that it was the Committee's wish that a small working party should be established to examine the budget at the beginning of the next Health Assembly. His delegation supported the Canadian amendment. He did not agree with the delegate of Norway that it would complicate matters, but felt that it would on the contrary facilitate them.
Professor Ferreira (Brazil) observed that the effect of the draft resolution just approved and of that now under consideration would be to change the functions of the Executive Board in respect of the submission of the annual programme and budget estimates to the Health Assembly. It would seem quite reasonable to establish a smaller group if that would help the Executive Board in carrying out its duties.

The impression emerging from the discussion was that it was felt the Executive Board needed some guidance in drawing up recommendations on the budget estimates; its ability to carry out that function was queried. It seemed to him, however, that the real issue was the usual struggle between the financial experts and the programme builders. The Organization was far from the stage at which it could regard its financial resources as adequate for carrying out the aims laid down in the Constitution. In his experience, the health problems, both at the national and the international level, were less difficult than the problem of eliciting the requisite financial aid to combat them. He did not believe that any standing finance committee or any other such body would successfully solve the Organization's financial problems without the goodwill of its Member governments.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, referring to the Canadian proposal, said he assumed that the Committee would wish the Board to take into account the experience of WHO at previous Health Assemblies, as well as the procedure followed by the Pan American Sanitary Organization or any other international body dealing with similar matters. He accordingly suggested that the additional paragraph proposed by the Canadian delegation might be amended in that sense, and might be inserted between sub-paragraphs (1) and (2) of the draft resolution submitted by the working party. It might be left to the Rapporteur to put the wording in proper form. The records of the discussion at the present Health Assembly would also be made available to the Executive Board.

Dr Segura (Argentina) said the point had been made in discussion that the members of the Executive Board served in their personal capacities and that hence the annual programme and budget estimates were reviewed by a number of individuals. The two main committees established each year by the Health Assembly for the purpose of studying the annual programme and budget estimates were too large to carry out the requisite detailed examination within the time available. That was why governments wanted to have a smaller group of budgetary experts appointed for that purpose. Such a procedure would greatly simplify the task of the Health Assembly and enable it to carry out that part of its work in a more expeditious and efficient manner.

Mr García-Oldini (Chile) found the proposal under consideration wholly acceptable. It would be a step towards the achievement of what all desired: the establishment of a special committee of the Health Assembly, charged with making a detailed examination of the annual programme and budget estimates.

It hardly seemed necessary, he thought, to include the provision suggested by the delegate of Canada, since undoubtedly the Executive Board, in carrying out the proposed study, would take into account the experience of other international organizations. He was unable to agree with the Secretary's suggestion that an express reference should be made to WHO's experience in the matter, since a change had proved necessary.

Mr Hardy (Canada) said he would be prepared to accept the drafting changes suggested by the Secretary. Despite the contention that his amendment was unnecessary, he preferred to have the point stated.

Dr Evang (Norway) moved the closure of the debate.

The Chairman said that, in accordance with Rule 56 of the Rules of Procedure, two persons might speak against the motion for the closure.

Dr Segura (Argentina) asked the delegate of Norway if he would consider withdrawing his motion. The working party had omitted to consider the introduction to the draft resolution under consideration, and it seemed to him that there was some ambiguity in its wording. He would therefore like to have an opportunity of having that point taken up.

Mr García-Oldini (Chile) endorsed the request of the delegate of Argentina.

Dr Evang (Norway) agreed, if the Rules of Procedure so allowed, to postpone his motion for the closure until the delegate of Argentina had had an opportunity to speak.

The Chairman said that, under Rule 61 of the Rules of Procedure, the motion was considered to be withdrawn.
Dr Segura (Argentina) explained that his delegation simply wished to know the views of the Committee on whether the establishment of a working group, as proposed, would be of real value for the work of WHO, and suggested that a vote might be taken on the point.

The Chairman said that he would first put to the vote the amendment proposed by the Canadian delegation.

**Decision:** The amendment was adopted by 33 votes to 3, with 11 abstentions.

The Chairman put to the vote the draft resolution submitted by the working party, as amended.

**Decision:** The draft resolution was approved by 49 votes to none, with one abstention (see fourth report of the Committee, section 3).

The Chairman next directed attention to the Executive Board’s recommendations on the form of presentation of the annual programme and budget estimates (Official Records No. 52, resolution EB13.R55 and Annex 15), together with the Director-General’s note on the subject and the draft resolution proposed by the delegation of Lebanon (see minutes of thirteenth meeting, section 8).

The Secretary observed that, if the Committee adopted the proposal submitted by the delegation of Lebanon, it would presumably be incorporated in the draft resolution recommended by the Executive Board.

The Chairman put to the vote the amendments suggested by the Director-General to the draft resolution recommended by the Executive Board.

**Decision:** The amendments were adopted.

The Chairman invited comments on the proposal submitted by the delegation of Lebanon (page 374).

Dr Van den Berg (Netherlands) said he would be glad to support the proposal, and inquired whether its effect would be that, in future, the regular and the extra-budgetary funds would no longer be added together in the budget estimates.

The Secretary remarked that the draft resolution was open to the interpretation that the estimates for expenditure under the regular budget and the estimates for expenditure from extra-budgetary funds would have to be printed in separate volumes. It was essential for the Director-General to have clear instructions on the point.

Mr Sole (Union of South Africa) believed it to be the general feeling of the Committee that, so far as possible, two budgets should be presented to the next Health Assembly, if that would not give rise to too many complications. On the other hand, he saw no necessity for two separate documents.

Dr Evang (Norway) said his interpretation of the proposal was that the Secretariat should continue to present the budget estimates in one volume but in a manner clearly indicating what parts of the programme would be financed out of the regular budget and what parts would be financed by extra-budgetary funds. He would be glad to support the proposal on that understanding.

Dr Hyde, representative of the Executive Board, said the Board had recommended that a distinction should be made in printing the budget document between the regular budget and the extra-budgetary funds, rather than to have two separate documents. The regular budget estimates might be presented in bolder type.

Dr Bauji (Lebanon) explained that his proposal was designed to eliminate the confusion caused by the existing presentation of the budget document. He accepted the interpretation given by the delegate of Norway and also the recommendation of the Executive Board.

Dr Van den Berg (Netherlands) proposed the addition of the following words at the end of the draft resolution: “provided that the amounts shall not be added together”.

Mr Corkery (Australia) wondered whether it would be possible, in compiling the budget estimates for the following year, to indicate more clearly than was done at present the source of extra-budgetary funds.

Dr Diehl (United States of America) drew attention to a draft resolution that had been proposed by the delegation of Brazil and amended by the delegation of Australia at the fourteenth meeting of the Committee on Programme and Budget. Paragraph 8 of that draft resolution recommended that as far as practicable for future years the Director-General should develop the regular programme and Technical Assistance programme in such a way as to keep them completely separate. That recommendation was, he felt, relevant to the present discussion. The United States delegation was interested in having it made clear which activities of
the Organization were financed out of regular funds and which out of Technical Assistance or other special funds, not merely in terms of money, but in programmes. In that way, the Health Assembly would have some idea which programmes were to be eliminated if Technical Assistance funds were curtailed. Perhaps a little more explanation in the description of projects would serve to make matters clearer.

The Secretary, answering first the delegate of Australia, said the Secretariat always endeavoured to identify items under extra-budgetary funds. If the delegate of Australia would give further details of the information wanted, the Secretariat would do its best to satisfy him. He would refer the delegate of the United States of America to the recommendations of the Executive Board (Official Records No. 52, page 122, final paragraph), where his point had already been dealt with.

The Chairman put to the vote the amendment proposed by the Netherlands delegation to the draft resolution submitted by the delegation of Lebanon.

Decision: The amendment was adopted by 39 votes to none, with 3 abstentions.

The Chairman put the draft resolution, as amended, to the vote.

Decision: The draft resolution was approved by 42 votes to none.

The Chairman suggested that the draft resolution just approved should be incorporated in the draft resolution recommended by the Executive Board in its resolution EB13.R55.

Decision: The Chairman’s suggestion was adopted (see fourth report of the Committee, section 4).

The meeting rose at 4.30 p.m.

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**SIXTEENTH MEETING**

*Wednesday, 19 May 1954, at 9.30 p.m.*

*Chairman:* Mr D. B. Sole (Union of South Africa)

The Chairman thanked the members of the Committee for the confidence they had reposed in him in electing him at the last meeting; he trusted that he would be worthy of that confidence.

1. Adoption of Fourth Report of the Committee

The Chairman called on the Rapporteur to read the draft report to the Committee.

Mr Sorensen (Denmark), Rapporteur, read the draft report to the Committee, and said that when the resolution in section 2 (Procedure for the consideration by the Executive Board of the 1956 programme and budget estimates) had been considered in the committee it had been read in English in the form in which it now appeared, apart from some slight drafting changes, but Professor Canaperia had suggested that the words "*inter alia*" in the operative paragraph should be omitted, and when the interpreter had read the resolution to the Committee in French those words had been omitted. He therefore asked the Committee what was their intention: whether the words "*inter alia*" should be included or not.

The Chairman referred also to the French text of the resolution in section 1 of the draft report (Regional Committee for the Eastern Mediterranean). It appeared that the English and French texts were not altogether consistent in substance, and that some correction was necessary.

Mr Zarb, Chief, Legal Office, said that in sub-paragraph 2 (8) of the English text it was provided that a person designated by each sub-committee, with the authorization of the respective sub-committees, should meet together with the Regional Director in order to harmonize the decisions of the sub-committees. In the French text it was provided that a person designated by each sub-committee with the authorization of the sub-committee concerned should meet with the Regional Director. He thought that the French text should be modified to correspond to the English text and suggested an appropriate change.

Dr Pachachi (Iraq) asked whether Sir Arcot Mudaliar could tell the Committee what had been the intention on that point of the Working Party, of which he had been Chairman.
Sir Arcot MUDALIAR (India) said that the intention of the Working Party had been that the representatives of the two sub-committees should together meet the Regional Director for the purposes of subparagraph 2 (8).

Dr PACHACHI (Iraq) asked whether the adoption by the Committee of the resolution in its present form would prevent the representatives of the two sub-committees from meeting the Regional Director separately and individually.

Sir Arcot MUDALIAR (India) said that the intention of the sub-committee had been that both representatives should meet the Regional Director together, but that he did not think the proposal was incompatible with their meeting the Regional Director separately.

The CHAIRMAN said that he thought the resolution was acceptable to the Committee, with the amendments proposed by Mr Zarb to the French text.

Decision: The draft resolution was accepted.

The CHAIRMAN, returning to the question of the inclusion of the words "inter alia" in the resolution in section 2, said that in the discussion at the previous meeting there had been some misunderstanding. The question appeared to him to be one of substance, because if the words were omitted it might limit the scope of the proposed Standing Committee on Administration and Finance.

Professor CANAPERIA (Italy) said that he had proposed to amend the resolution by omitting the words "inter alia". He saw little purpose in keeping the phrase in, because without it the duty of the Committee was well defined as "to make a detailed analysis of the financial aspects of the proposed programme and budget for 1956 for the use of the Board".

Mr HARDY (Canada) said that he was not clear as to the exact wording of what the Committee had voted on the day before. He had understood that the words "inter alia" were included in the text. The proposal to omit the words appeared to him to involve a change of substance in the resolution and therefore to reopen the discussion on it, for which a two-thirds majority would be required. The omission of the phrase might limit the power of the Executive Board to refer to the Standing Committee any financial point on which it wished for expert advice. It might, for example, wish the Committee to undertake a study on the scale of assessments. The Executive Board might not need to transmit any point of that kind to the Standing Committee, but he thought it should have the power to do so if it thought fit.

The CHAIRMAN referred to the first paragraph of the resolution, which in effect contained the same provision as would be secured by the words "inter alia", since it recalled that the terms of reference of the Standing Committee, as laid down by the First World Health Assembly, included, "among other things, responsibility for examining in detail budget estimates".

Dr EVANG (Norway) said that there had been some confusion on the previous day. He supported the proposal of Professor Canaperia, and thought that if the words "inter alia" were omitted there was nothing in the resolution to prevent the Executive Board from transmitting any subject it wished to the Standing Committee under its inherent powers.

The CHAIRMAN said it was clear that there had been a genuine confusion, because different versions of the resolution had been presented in the two languages. It might therefore be better to put the question to the vote.

Dr HYDE, representative of the Executive Board, said it would be useful for the Board to have a precise interpretation of the point so that they could know the exact intention of the Assembly. He understood from what Dr Evang had said that whether the phrase was omitted or included the Board would still have power to refer any question to the Standing Committee.

Mr HARDY (Canada) thought that for the reasons referred to by Dr Hyde the phrase should remain in the resolution. He understood that the intention of the delegate of Italy was to restrict the Standing Committee to the detailed analysis of the financial aspects of the budget. Such a restriction, he thought, would be a change of substance and a two-thirds majority would be necessary to reopen discussion of the question.

Professor CANAPERIA (Italy) said that in the earlier discussion he had proposed to delete the phrase on the ground that the object of setting up the Standing Committee was that it might consider in detail the programme and budget. He agreed with Dr Evang that there was nothing to prevent the Executive Board from referring to the Standing Committee any other question of a financial nature, but he thought that the true task of the Standing Committee was the detailed analysis of the budget. He did not think it should be able of its own initiative to undertake other tasks unless the Executive Board referred other questions to it.
Mr Geeraerts (Belgium) recalled to the Committee that the draft resolution under discussion concerned the procedure for examining the programme and budget proposals. It should therefore be limited to matters which were relevant to that purpose. The French text on which the delegate of Belgium had voted did not contain the words “inter alia”, and he thought they should be omitted. There was no intention of extending the procedure, proposed in the resolution for a specific item, to other aspects of the Board’s work.

The Chairman repeated that in either event the Executive Board would be able to entrust any functions it wished to the Standing Committee for consideration.

Dr Hyde, representative of the Executive Board, thought that, if that were the intention of the Committee, it would be clearer to the Executive Board if the phrase were left in.

Mr García-Olindi (Chile) said that he thought there was a tendency to confuse the decision taken by the Committee at its last meeting with the wishes of those who had proposed it. The purpose of the resolution before them was not to give various tasks to the Standing Committee; it dealt with the question of the detailed analysis of the budget and with nothing else. The Executive Board could set up other committees if it wished. Any wording that would make vague the particular purpose under discussion would nullify the results of the vote taken on the previous day.

The Chairman said that he did not accept the suggestion of the delegate of Canada that a two-thirds majority was necessary to reopen the discussion, because the decision yesterday had been, to different members of the Committee, based on different versions in English and in French presented to the Committee; he proposed therefore to take a straight vote on the question. The delegate of Italy had proposed the deletion of the words “inter alia” and that proposal was therefore furthest from the text as presented to the Committee by the Rapporteur.

Decision: It was agreed by 25 votes to 14, with 5 abstentions, to delete the phrase. The resolution as so modified was approved.

The Chairman asked whether there were any comments on the resolution in section 3 of the draft report (Procedure for the consideration by the Eighth World Health Assembly of the 1956 programme and budget estimates).

Mr Calderwood (United States of America) said that he was puzzled by sub-paragraph 1 (2) of the resolution, which read: “The working party should start to work as early as possible in the session, devoting its entire time to producing its reports.” It was not clear what the working party was to produce reports on, and he thought it a little hard on members of the working party to deprive them of sleep and meals.

Mr Hardy (Canada) said that his delegation had been responsible for paragraph 2 of the resolution, in the light of which sub-paragraph 1 (2) should be interpreted, but that after the meeting he had agreed with the Rapporteur on the revised wording of paragraph 2 now before the Committee,1 because it appeared necessary to include the experience of the World Health Assembly as well as that of other United Nations bodies. However, he thought now that the version before the Committee was wider than that which had been adopted in the previous discussion, and he suggested that they might return to something nearer the original version. He suggested that the last phrase of paragraph 2 might read: “taking into account the experience and procedures of United Nations organs performing functions similar to those to be entrusted to the working party”. If the Executive Board decided to follow the suggestion they would, of course, have to settle the procedure to be followed by the working party, but the wording was not intended to suggest that they should have to examine the procedure of all other international organs. He thought that his revised wording would be more in accordance with the intentions which the Committee had expressed the previous day.

The Chairman agreed that the revision suggested by the delegate of Canada expressed better what the Committee had decided the day before.

Mr Amerasekera (Ceylon) thought that in the earlier discussion reference had been made to the procedure of the Pan American Sanitary Organization and that the procedures of that body also should be studied.

Mr Hardy (Canada) suggested that the proposed text would cover that point. The Pan American

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1 This read:

2 Requests the Executive Board, if it finds it desirable to recommend the establishment of such a working party, to prepare recommendations on the size, the method of appointment of its members, and its terms of reference, taking into account the experience of WHO and all other international organizations which have developed procedures to deal with this subject.
Sanitary Bureau, as the WHO Regional Office for the Americas, was part of the Organization and therefore a United Nations organ.

Decision: It was agreed to accept the revised wording suggested by the delegate of Canada.

The Chairman asked whether the delegate of the United States wished to suggest any amendments on sub-paragraph 1 (2).

Mr Calderwood (United States of America) thought that the intention was that the working party should start work early and produce its report as soon as possible.

Decision: It was agreed to amend the sub-paragraph to that effect.

Mr Sorensen (Denmark), Rapporteur, recalled that at its thirteenth meeting the Committee had approved a draft resolution on item 7.33 of the agenda: "Report on co-ordination with the United Nations and specialized agencies on administrative and financial questions", the effect of which was that the committee noted a report presented by the Director-General. The Committee on Programme and Budget had also noted the Director-General's report and their decision to that effect was included in their fourth report. In the circumstances he suggested that it was not necessary that the draft resolution approved by the Committee on Administration, Finance and Legal Matters should appear in its report.

It was so agreed.

Decision: The report, as amended, was adopted.

2. Local Costs in respect of International Project Personnel

Agenda, 7.27

The Chairman suggested that it would be better to consider the two parts of this item ("Under the regular budget" and "Under the Technical Assistance Programme") separately. He would ask the representative of the Executive Board to make a statement to the Committee on the Board's resolution EB13.R44 and then call on the Secretary for a statement on the financial aspects.

(a) Under the Regular Budget

Agenda, 7.27.1

Dr Hyde, representative of the Executive Board, recalled that the question had previously been before several sessions of the Executive Board and of the Health Assembly and had there received very careful study. As the Committee knew, WHO was not at present paying the local costs, including lodging subsistence and travel per diem, of international personnel. Annex 13 to Official Records No. 52 showed the estimated amounts, based on the Director-General's proposals for 1955, that governments might be expected to pay for all types of local costs in 1955.

The Board had heard from the representative of the United Nations Technical Assistance Board the procedure that was followed by the TAB in respect of local costs. The effect of the resolution of the Technical Assistance Committee reproduced on page 95 of Official Records No. 52 was that the governments concerned contributed fifty per cent. of the subsistence allowance rate payable to experts, and the payments were made to the experts by the Organization concerned. The Executive Board had been concerned at the difficulties that had arisen in particular countries in making those payments and in the delays that sometimes occurred. They were troubled about the effect of such difficulties on countries assisted and on the international technicians themselves. The Board had been anxious to secure consistency between practices under the regular programme and under Technical Assistance, but in the circumstances they had adopted resolution EB13.R44, recommending to the Assembly a draft resolution that provided for the eventual removal of the requirement that governments should meet local costs, and for transitional arrangements. The draft resolution would authorize the Director-General to defer for about two months the starting of all new regular projects for 1955, so that funds could be provided by the Organization to meet the local costs. Clearly such a recommendation would have an effect on the budget for later years. The amount that the Organization would have to provide in 1956, on the basis of the proposals for 1955 which the Board had had before it, would be about $450,000. The Board asked the Director-General to make provision in his programme and budget for 1956 to cover those expenses and, so far as the Technical Assistance Programme was concerned, to inform the Technical Assistance Committee and the Technical Assistance Board of the decision in order that the procedure might be harmonized and made uniform.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that Dr Hyde had already indicated that the amount which would be required in the budget for 1956 for the payment by the Organization of
local expenses would be between $400,000 and $500,000. The resolution recommended by the Board would have little effect upon 1955 because it would apply only to new projects for that year, which were very few.

In considering what policy should be adopted for the regular budget, the Committee would recall that the question had been discussed at some length in nearly all previous Health Assemblies. The general feeling in those discussions had been that the requirement for governments to pay the expenses of lodging allowance and travel per diem of international technical officers should be discontinued, because the countries concerned already contributed so much towards the expenses of the projects and the requirement was an additional burden that might be eliminated. A document before the Committee set out the estimated amounts so contributed by governments; it would be noted that the figures for 1955 aggregated some twenty-seven million dollars, and those figures did not include all the countries and territories in which projects were being carried on with the assistance of WHO. Recipient governments, therefore, were already contributing substantial sums in their own currencies—a consideration that had been in the minds of previous Health Assemblies when they had felt that that minor item should be discontinued. However, action had been deferred because the Technical Assistance Committee and the Economic and Social Council had not decided to adopt the same policy.

The various decisions (taken at the Fourth, Fifth and Sixth World Health Assemblies and the ninth and eleventh sessions of the Executive Board) were reproduced in the *Handbook of Resolutions and Decisions*, second edition, pages 147-9. Dr Hyde had already described the considerations that had led the Executive Board at its thirteenth session to recommend the draft resolution before the Committee. The action suggested would be implemented fully from the year 1956.

Mr Pletć (Yugoslavia) said that his delegation wished to offer a few general comments on the proposal to remove the requirement that recipient governments should pay local costs. The resolution, if adopted, would reduce the financial participation of recipient countries in WHO-assisted projects. The expenses in respect of international personnel were frequently high, and the proposal therefore seemed attractive, but he thought that the Committee should consider some possible consequences. The first would be a reduction in the funds available for the programmes of WHO and probably a reduction in available currencies. At present the recipient government met those expenses from its own currencies, but under the proposed resolution the costs would fall on the general funds of WHO, and might therefore use hard currencies at present available for use in other countries.

Furthermore, the second paragraph of the resolution recommended by the Executive Board, even though its provisions were limited to new projects started in 1955, would lead to a certain amount of postponement. His own country had been a recipient government, and he hoped that it would continue to receive the help of the Organization, but he wondered whether the abolition of the requirement would in the long run benefit recipient countries as a whole. It was possible that that point of view was too theoretical, and he would be glad to know whether the representatives of other recipient governments thought that the suggestion embodied in the resolution recommended by the Executive Board would be useful. If they did, the Yugoslav delegation would be the last to oppose the resolution. Nevertheless, he hoped that it might be possible to find some other method of solving the problem which would be free from the disadvantages he had outlined.

Dr Marcel (Viet Nam) questioned the view expressed by the delegate of Yugoslavia, particularly in respect of the under-developed countries and those countries whose economy was in a critical situation. He fully endorsed the provisions of sub-paragraph 2 (i) of the draft resolution proposed by the Executive Board.

He would welcome information on whether projects deferred from 1953 would fall into the category of new projects referred to in sub-paragraph 2 (ii). He was obliged to request the Committee to bear in mind the fact that his country, eighty per cent. of whose budget was set aside for national defence, would be unable to bear local subsistence costs of international staff for either 1954 or 1955.

Mr Corkery (Australia) said that his delegation had no definite attitude on the Executive Board resolution under consideration. If it were put to the vote, his delegation would take its decision according to the views expressed by the representatives of the under-developed countries.

He agreed that local costs might constitute a real burden to certain governments, but noted that, if it were decided to exempt governments from them, correspondingly less resources would be available for more direct forms of international assistance. He would welcome information from the Secretary
on the costs connected with the new projects for 1955, as well as on any past action taken under the provisions for waivers in resolution WHA5.59. He understood that the Committee on Programme and Budget might decide to curtail new projects severely and that consequently the costs involved in respect of local subsistence allowances might only be slight for the next financial year. However, since all local costs would be assumed by the Organization in 1956, under the terms of the proposed resolution, that would amount to an increase of some $400,000, as shown in Annex 13 to Official Records No. 52; presumably, moreover, the total of those costs would increase over a period of years.

He wondered whether the Executive Board might not study the possibility of confining action to be taken by the World Health Organization to a procedure in harmony with the arrangements made by the Technical Assistance Board. His delegation would support any proposal to that effect. Nevertheless, he reiterated that his delegation would follow the stand taken by the under-developed countries. It was important to bear in mind that the decision arrived at by the Organization would to some extent determine the action to be taken by other bodies.

The Secretary called attention to the fact that the local costs covered by the provisions of resolution EB13.R44 related only to subsistence and travel per diem for experts within the country, and that they consequently amounted to only a small proportion of the local costs borne by governments, which were entirely responsible for providing such local facilities as auxiliary personnel, office space, parallel teams and transportation. The Executive Board had recommended the resolution in question bearing in mind that high proportion of local costs borne by the governments concerned.

Replying to the question raised by the delegate of Viet Nam, he explained that, for the purposes of the present discussion, new projects should be taken to mean those projects which would be started in the financial year referred to. In view of the Health Assembly's decision to reduce the proposed budget, there would be very few new projects in 1955 under the regular budget, though he could not say offhand exactly how many could be implemented. However, sub-paragraph 2 (i) of the resolution ensured that its adoption would create no difficulties in respect of 1955. He agreed with the delegate of Australia that the anticipated amount of the costs likely to be incurred in that respect in 1956 was the figure of approximately $400,000 contained in Annex 13 to Official Records No. 52.

Waivers of local costs had been granted by the Director-General in special circumstances in accordance with the provisions of resolution WHA5.59, when the recipient government was incurring substantial programme expenditure. Further information on waivers of local costs was included in the report on WHO participation in the Expanded Programme of Technical Assistance (see Annex 4).

The Director-General recalled that the Secretariat had supplied information to the delegation of Australia on the amount of funds available for new projects in 1955 in connexion with the work of the Committee on Programme and Budget. Approximately $300,000 would be available, and would cover both individual fellowships and new projects.

Dr Mestiri (Tunisia) believed it would be desirable to adopt the resolution recommended by the Executive Board, particularly as the Assistant Director-General had informed the Committee that the proposal would not have any considerable repercussions on the budget for 1955.

Furthermore, it was preferable, in order to avoid psychological repercussions on national health personnel whose expenses were based on an entirely different scale, to alter the present procedure, which gave an opportunity for unfavourable comparisons. If the recommendation of the Executive Board were not adopted, his Government would make use as far as possible of the local personnel available in order to avoid incurring the burden constituted by international experts under the present procedure.

Dr Evang (Norway) thought that the time had come for the Health Assembly to take a final decision on a matter which had so often given rise to lengthy discussions. His delegation had consistently supported the proposals contained in the Executive Board resolution, for both financial and practical reasons, and considered them desirable both in the interests of sound administration and in view of the psychological factors involved. He would therefore urge the Committee to adopt the draft resolution proposed in resolution EB13.R44.

Dr Dia El-Chatte (Syria) considered the Executive Board's proposal to be realistic and in harmony with the aims of the Organization. Since very few new projects would be implemented in 1955, he
wondered whether the resolution could not be applied as from the beginning of 1955. Certain countries might encounter difficulties in paying subsistence costs and might therefore reconsider the number of experts they requested from the Organization.

Princess Souvanna Phouma (Laos) wished to dissipate the impression which might have been created by the remarks of the delegate of Yugoslavia that the under-developed countries constituted a burden to the Organization. Her country had always paid its contributions regularly, and had moreover voluntarily contributed to the Organization in 1952 the equivalent of approximately $5000 as the result of a national tax imposed in response to resolution WHA4.41. She noted that Laos had received the services of only one doctor from WHO; accordingly, since all expenses other than subsistence allowances were borne by her Government, the cost to the Organization of assuming those allowances would be but slight.

Dr Bauui (Lebanon) said that two WHO teams had been working in Lebanon on maternal and child health and on malaria. The malaria team had already left the country and its work was being continued by the local authorities. The other team would complete its work in August of the current year. Consequently, if new projects in 1955 were to be cut, there would be no WHO activities in Lebanon that year.

Dr Robertson (Canada) believed that the proposal submitted by the Executive Board presented certain disadvantages. In the first place, although the full financial consequences would be deferred since few new projects were anticipated in 1955, a precedent would have been established to create an additional charge of at least $400 000 for future years.

Secondly, the adoption of the resolution would mean that a different policy would be introduced from the policy followed for the Expanded Programme of Technical Assistance, thus confusing the situation for the various governments. In his view, if WHO were dissatisfied with the present arrangements, it would be more appropriate to approach the Economic and Social Council and request that appropriate adjustments should be introduced than to take unilateral action.

Thirdly, it should be borne in mind that WHO did not face a unique situation in encountering difficulties in respect of local costs, and it would appear that the procedures decided upon by the Economic and Social Council went a long way towards eliminating difficulties.

Finally, there did not appear to be an explicit provision maintaining the principle of self-help. If, however, the Executive Board had in mind the elimination of the payment by governments of local costs for experts while requiring them to pay other costs instead, his delegation’s objections would not be so forceful and it would accept such a suggestion once it had been studied by the Economic and Social Council on the basis of a new co-ordinated procedure. It was in all events desirable that consultation with that body should take place before a new system was adopted.

Mr Calderwood (United States of America) believed that some means should be found of lessening the burden placed on recipient countries in respect of local costs. He concurred in general with the remarks made by the delegates of Australia and Canada, and believed that there should be uniformity between the procedures adopted by WHO and those existing in the other specialized agencies and in the Expanded Programme of Technical Assistance.

The Assistant Director-General had pointed out that the Executive Board’s recommendation could be implemented without any difficulty in 1955. Another way of saying it was that relatively little benefit would be derived by the recipient countries in 1955 since very few new projects would be started that year. He therefore suggested that the Executive Board should re-examine the question and place recommendations before the next Health Assembly with a view to establishing a procedure uniform with that followed by the Technical Assistance Board. He would submit a proposal to that effect in writing.

Dr Rae (United Kingdom of Great Britain and Northern Ireland) seconded the suggestion made by the delegate of the United States of America.

Mr Obez (Technical Assistance Board), speaking at the invitation of the Chairman, restated the remarks he had made at the thirteenth session of the Executive Board on the policy regarding local costs in the Expanded Programme of Technical Assistance.

From the outset, he wished to dissipate a misunderstanding which sometimes existed and to establish a clear distinction between the functions of the Technical Assistance Committee, which was an intergovernmental body, and the Technical Assistance Board.

He called attention to resolution 470 (XV) of the Economic and Social Council (reproduced in Official Records No. 52, page 111) which established a new
system of payment of local costs. Reference to the question of principle was contained in the second paragraph of the preamble to the resolution of the Technical Assistance Committee given in the annex to the Council’s resolution. The new system, whereby governments participated to the extent of fifty per cent. in local costs, payment being made in local currencies and waivers being granted in certain circumstances, was in force, and it was to be hoped that by the beginning of 1955 it would be applied by most countries. He noted that total waivers had now been granted in respect of six countries for 1954, as well as waivers for certain individual projects.

Clearly, the Health Assembly had full authority to take whatever decision it chose in respect of its regular programme, but he would call attention to the fact that that decision would be of direct concern to international agencies engaged in projects, especially those which were also committed in the Expanded Programme of Technical Assistance. He believed that those agencies favoured a system which would be uniform with the practice of the Technical Assistance Board.

The Secretary stressed the importance of the decision to be taken by the Committee, which should therefore have all the necessary information at its disposal.

He called particular attention to the second and third paragraphs of the preamble to resolution EB13.R44, which seemed to him largely to meet the objections raised by the delegation of Canada. He would accordingly suggest that those two paragraphs might be incorporated in any resolution adopted by the Committee. He recalled that, as shown in section 6 of the report on WHO participation in the Expanded Programme of Technical Assistance (see Annex 4) WHO representatives had, at meetings of the Economic and Social Council and the Technical Assistance Board, done their utmost to emphasize the expressed desire of governments at the Health Assembly that the requirement that governments pay subsistence allowances to experts should be waived. Hitherto, however, they had failed to have that view accepted as a uniform procedure. The draft resolution now before the Committee for its consideration had been the result of exhaustive debate by the Executive Board at its last session on the basis of full information on the subject. Consequently the Committee had all the necessary elements at its disposal to take a final decision on the question.

Mr García-Oldini (Chile) pointed out that, for some countries, the adoption of the procedure suggested by the Executive Board would merely mean that the requirement to bear local costs, which hitherto had been payable in local currencies, would have to be translated into an increased regular contribution to the Organization. For countries which, like his own, were faced with considerable currency difficulties, the fact that contributions would be even slightly increased constituted a considerable disadvantage, and he would urge the Committee to take that into account.

His delegation would accordingly abstain from voting on the proposal. He wished to have information from the Director-General on whether it would be possible for exceptions to be made for particular cases in special circumstances.

The Secretary called the attention of the delegate of Chile to the provisions of resolution WHA5.59, which had, however, proved somewhat difficult to implement in view of the confused position existing hitherto. Adoption of the Executive Board’s recommendation would do much towards clarifying that position.

Miss Lissac (France) said that her delegation was unable to accept the proposal submitted by the Executive Board, particularly paragraph 4, since it invited the Technical Assistance Committee to reconsider decisions that had been taken after thorough study. Her delegation was in favour of uniformity in respect of local costs and believed that the best way to attain it would be to accept the procedures established for the Expanded Programme of Technical Assistance. She would therefore abstain from voting on that proposal.

Mr Amrasekera (Ceylon) called attention to the statement contained in section 6 of the report on WHO participation in the Technical Assistance Programme (see page 458), to the effect that the Technical Assistance Board interpreted the resolution of the Technical Assistance Committee reproduced on page 123 of Official Records No. 46 as meaning that if the government gave evidence of its willingness to contribute a substantial part of the total cost of the project the lodging obligation would not be required. The figures provided clearly indicated that the principle of self-help had been more than satisfied and that many governments had contributed more to certain projects than the cost to WHO. So in accepting the resolution proposed by the Executive Board the Health Assembly would not be deviating from the principles accepted by the Technical Assistance Committee, which would sooner or later be implemented by other international organizations.
Local subsistence costs had caused serious difficulties in his own country: they had not only been detrimental to the morale of local personnel but had also resulted in a considerable reduction of the assistance requested by his Government for new projects that were urgently needed. He therefore gave his wholehearted support to the resolution proposed by the Executive Board.

Dr Hyde, representative of the Executive Board, replying to the point raised by the delegate of Australia about the possibility of adopting a system in harmony with the new system of payment of local costs in use for the Expanded Programme of Technical Assistance, said that that possibility had given rise to some discussion at the thirteenth session of the Executive Board but that no formal proposal had been made.

He explained to the delegate of Canada that no conditions had been attached to the Executive Board’s proposal to waive the payment of local subsistence costs by governments. That decision had been taken after a thorough consideration of the increased commitments which had already been assumed by the recipient countries. Furthermore, it should be borne in mind that WHO activities had stimulated permanent national activities involving continuing expenditure, the cost of which it would be difficult to assess with any degree of accuracy.

The Chairman said that he would consider the discussion on local costs in respect of international project personnel under the regular budget as closed until the next meeting, when the delegate of the United States of America would submit an amendment to the resolution proposed by the Executive Board.

(b) Under the Technical Assistance Programme

The Secretary described the financial arrangements entered into with governments in respect of the Expanded Programme of Technical Assistance. An arrangement had been drawn up by the Technical Assistance Committee and by the Economic and Social Council whereby governments, instead of making direct payment of subsistence allowances to experts, contributed a lump sum in their own currency, payments of allowances to experts being made by the agency concerned or the Technical Assistance Board. The lump sum was calculated according to the number of man-days which experts were expected to work in the country during the year, and governments were expected to pay approximately fifty per cent. of the subsistence expenses for that period. That procedure was being implemented in an ever increasing number of countries. However, under that scheme experts, with the exception of short-term consultants, received only the lodging allowance and not a full subsistence allowance. In addition, travel per diem was paid in respect of duty travel within the country.

The Chairman said that the Committee was not required to take any formal action on item 7.27.2, but should merely take note of the existing position.

It was so agreed (see fifth report of the Committee, section 3).

3. Report on Revision of the Staff Rules as Confirmed by the Executive Board

The Chairman submitted the following draft resolution for the consideration of the Committee:

The Seventh World Health Assembly

NOTES the amendments to the Staff Rules which were reported by the Director-General and confirmed by the Executive Board at its twelfth and thirteenth sessions.

Dr Diehl (United States of America) said that his delegation would accept the draft resolution. He wished, however, to state that his Government considered that the provisions made by the World Health Organization in respect of home leave, sick leave and maternity leave were rather liberal, possibly more so than in the United Nations and the other specialized agencies.

Dr Evang (Norway) reminded the Committee that when the question had first been discussed in the Interim Commission and in the Executive Board it had been felt that the World Health Organization, by virtue of its aims, should take a lead, however slight, in protecting the health of its Secretariat.

The Secretary believed that it would be unfortunate for the Committee to have the impression that provisions in the World Health Organization on those types of leave were more liberal than in the other international organizations. That certainly was not the case. Home leave, for instance, was exactly the same as in the United Nations and in the other specialized agencies. Sick leave provisions were the same as in the International Labour Office and followed the recommendations of the Administrative Committee on Co-ordination. Maternity leave was the same as in the other international
organizations, though the waiting provision for eligibility was ten months in WHO and ILO, whereas it was two years in the United Nations.

Mr Hardy (Canada) fully associated his delegation with the remarks made by the delegate of the United States of America. He considered that home leave at two-year intervals was not in the best interests of the World Health Organization and of the other specialized agencies. However, the matter should first be raised in the United Nations itself, where he was sure that the Canadian delegation would have some specific proposals to put forward.

Decision: The draft resolution was approved (see fifth report of the Committee, section 1).

The Chairman noted that, following the discussion at the eleventh meeting under item 7.5 of the agenda, the delegation of Spain had tabled the following proposal:

In the future recruitment of personnel due account should be taken of an equitable distribution of posts of all categories among all Member countries of the Organization, considering specifically, among other factors, the linguistic proportion corresponding to each group, which will be reflected in the better work of the Organization.

Dr Palanca (Spain) called attention to the fact that the proposal was drafted in the form of a recommendation. Although his delegation fully recognized the need for recruiting personnel with the maximum efficiency for the work of the Organization, it believed that that work could but gain from a balanced distribution of personnel of the various mother tongues. He recalled a specific instance that had arisen in the past, when a particular mother tongue had been required for a vacancy. If that consideration did in fact enter into account, the proposal submitted by his delegation was all the more necessary.

Professor Ferreira (Brazil) believed that the adoption of the Spanish proposal would set an unfortunate precedent, since, in his view, linguistic considerations were of secondary importance in a technical organization such as WHO. Indeed, it would be vastly preferable if the question of the mother tongue of personnel were not to be taken into account. Furthermore, difficulties of interpretation would arise as to which languages were covered by the recommendation: whether it referred to the working languages of the Organization or to the languages of all Member States.

Mr Pleić (Yugoslavia) believed that the proposal should not have been submitted to the Committee as it was not in keeping with the principles laid down by the Constitution, and in particular with Article 35. It would tend to turn WHO from a health organization into an institute of languages. Furthermore, he agreed with the delegate of Brazil that it was not clear which were the languages meant. If only the working languages were intended to be covered by the proposal, it would result in discrimination against the majority of the Members of the Organization, and, were such a proposal to be adopted, his delegation would be obliged to reconsider its entire attitude towards the Organization.

Mr De Erice (Spain) admitted that the drafting of the recommendation might not be quite clear. His delegation had always emphasized the fact that all countries should be represented in the administrative services of the Organization. In order to remove any doubts as to the aim of the proposal, he would amend it on the following lines:

In the future recruitment of personnel due account should be taken of an equitable geographical distribution of posts of all categories among all Member States of the Organization, considering the work of the Organization.

Sir Arcot Mudaliar (India) considered that equitable geographical distribution of personnel had been borne in mind by the Director-General in the past. However, he had no objection to voting in favour of the amended draft resolution submitted by the delegation of Spain if it were considered that it would strengthen the existing provisions of the Constitution.

Mr Hardy (Canada) asked what was the exact effect of the inclusion of the term "all categories".

The Secretary called attention both to Article 35 of the Constitution, to which the delegate of Yugoslavia had already referred, and to Staff Regulation 4.2. The Committee was no doubt aware of the efforts which had consistently been made to implement those provisions; information on the subject was contained every year in the Director-General’s report. The point raised by the delegate of Canada, namely the reference to all categories of posts, would have serious budgetary implications, and he would be unable to estimate immediately the cost of applying the proposal of the delegation of Spain.
to the categories of staff at present locally recruited. It was his view that the implications of such a change would not be justified by the results.

If the Committee agreed that the Organization had applied the principle of adequate geographical representation, he did not believe, in view of the provisions laid down in the Constitution and in the Staff Regulations, that a proposal such as that submitted by the delegation of Spain would serve any useful purpose.

Professor Ferreira (Brazil) appealed to the delegation of Spain to withdraw its proposal.

The meeting rose at 12.30 p.m.

SEVENTEENTH MEETING

Wednesday, 19 May 1954, at 3 p.m.

Chairman: Mr D. B. Sole (Union of South Africa)

1. Report on Revision of the Staff Rules as Confirmed by the Executive Board (continued)

Agenda, 7.30

Mr De Villegas (Spain) said that, in view of the explanations the Secretary had given at the previous meeting, which were in accord with the point that the delegation of Spain had been trying to make about the importance of the various languages within the Organization, he was ready to accept the suggestion of the delegation of Brazil and withdraw his proposal.

The Chairman noted that there was accordingly no call for further discussion of item 7.30.

2. Local Costs in respect of International Project Personnel (continued)

Agenda, 7.27

(a) Under the Regular Budget (continued from the sixteenth meeting, section 2 (a))

Agenda, 7.27.1

The Chairman directed attention to the following draft resolution, submitted by the delegation of the United States of America as an amendment to the draft resolution recommended by the Executive Board in resolution EB13.R44:

The Seventh World Health Assembly,

Having considered the recommendation of the Executive Board concerning local costs in respect of international project personnel under the regular budget;

Recognizing the difficulties of Member States in meeting the local costs as now required by WHO;

Noting that little benefit would be derived in 1955 by recipient countries if the present requirements of WHO with regard to the payment of local costs of international project personnel under the regular programme were abandoned;

Recognizing that the procedures adopted by the Technical Assistance Committee of the Economic and Social Council with regard to payment of local costs under the Expanded Programme of Technical Assistance were designed to provide considerable relief to recipient countries;

Recognizing the desirability of uniform practices with respect to the payment of local costs being followed by United Nations and the specialized agencies,

DECIDES

(1) that the Director-General should, with respect to projects under the regular programme, make provision for the payment of fifty per cent. of the local costs of international personnel engaged in projects started in 1955;

(2) that budgetary provision therefor should be made by deferring the implementation of new projects in 1955 as may be necessary to ensure the availability in 1955 of funds to enable the Organization to pay these costs;

(3) that the Director-General be authorized to continue to give effect to the waivers provided for in WHA5.59;
(4) that the Director-General bring this resolution to the attention of the Technical Assistance Committee of the Economic and Social Council and request that the TAC give further consideration to the means whereby the burden of recipient countries under present requirements of the TAC for payment of local costs can be lessened; 

(5) that the Executive Board give further study to the question of local costs, including the financial implications of applying the procedures now in effect in the Expanded Programme of Technical Assistance to the regular programme of WHO in 1956, and submit a report to the Eighth World Health Assembly.

Mr Calderwood (United States of America) apologized for the form in which the proposal had been submitted. As all were aware, it had had to be hurriedly prepared and accordingly might need slight drafting changes.

Local costs in sub-paragraph (1) meant local costs in accordance with the practice now being followed under the United Nations Expanded Programme of Technical Assistance; in other words, fifty per cent. of subsistence costs would be paid by the Organization, with local transportation continuing to be paid for by recipient countries.

Sir Arcot Mudaliar (India) said the discussion seemed to be a repetition of a debate that had taken place in the Health Assembly two years ago. If he remembered rightly, it had been on the initiative of the delegation of the Hashemite Kingdom of Jordan that the proposal contained in the Executive Board’s draft resolution had first been mooted. At that time, the delegate of Jordan had made it clear that many Member countries were unable to bear the heavy burden entailed by the local costs of international personnel, with the result that they were more or less precluded from accepting Technical Assistance. Many other Member States had confirmed that position. It was for that reason that the Executive Board had felt it worth while, in the interests of those countries, to recommend that the Organization pay subsistence allowances and travel per diem for experts assigned to field projects, although recognizing that such a measure would necessarily entail a reduction in the total number of projects to be carried out. The position had not changed, and accordingly the delegation of India strongly supported the Executive Board’s recommendations. He regretted that it was not therefore able to accept the compromise resolution put forward by the delegation of the United States of America.

Finally, he hoped the Director-General would be able again to bring the matter before the Technical Assistance Board with a view to making it realize the need for reviewing its existing practice.

Dr Saleh (Iran) believed the Executive Board had valid reasons for putting forward its recommendation that governments receiving assistance should no longer be required to provide subsistence allowances and travel per diem for experts assigned to field projects. For its part, the delegation of Iran was unable to accept, on psychological and financial grounds, the amendment to that recommendation proposed by the delegation of the United States of America.

From the psychological standpoint, the Organization should either assume full responsibility for the provision of expert personnel or should not undertake any part of it. It was inappropriate to ask governments to pay half the local costs of such experts. Governments already had to make substantial budgetary provision for the implementation of any project and, rather than accept such an obligation, would undoubtedly prefer to undertake the whole cost of providing the necessary experts, who would then be under their immediate control. He cited the case of a large hospital project in his own country, undertaken at the instance of an outstanding international organization, where Iran had had to provide some two million dollars for a new building. The organization in question had then offered to make available a few nurses, but his Government had declined the offer, preferring itself to undertake the small additional commitment.

The delegation of Iran would therefore support the Executive Board’s recommendation.

Dr Segura (Argentina) said that his delegation objected to any modification of the draft resolution submitted by the Executive Board. He fully endorsed what the two speakers immediately preceding him had said. Any services provided by the Organization should be complete, and governments should not have to meet the cost of part of them. Furthermore, if the proposal of the United States of America were adopted, the complicated accounting involved would constitute another burden that governments would not welcome.

Mr Hardy (Canada) recalled the four main reasons cited at the last meeting by the head of the delegation of Canada to show why the draft resolution suggested by the Executive Board was not advisable. He found that the compromise proposal of the United States delegation did not meet any of those points, and accordingly the delegation of
Canada would have to vote against it unless the United States delegation was prepared to consider the following amendments:

1. the insertion of an additional sentence in the preamble reaffirming the importance of the principle of self-help;
2. the deletion of sub-paragraphs (1) and (2); and
3. the substitution of the words “strongly urge” for the word “request” in sub-paragraph (4).

Sub-paragraph (3) made provision for waivers to be continued, in accordance with resolution WHA5.59. A number of countries had argued that they could not accept assistance unless relieved of certain local costs. The Technical Assistance Committee had already provided for such a contingency in its resolution reproduced on page 111 of Official Records No. 52, and at least five or six countries were already benefiting from such waivers. For all those reasons, his delegation felt very strongly that it would be most inadvisable at the present time for WHO to take a decision in the sense recommended by the Executive Board, which would be, moreover, a unilateral decision.

Ambassador Hurtado (Cuba) moved the closure of the debate.

The Chairman noted that, according to the Rules of Procedure, two speakers might speak against the motion before it was put to the vote.

Mr. Calderwood (United States of America) said he would like to have an opportunity to answer the points raised by the delegate of Canada before the discussion was closed.

Decision: The motion was rejected by 21 votes to 18, with 12 abstentions.

Mr. Calderwood (United States of America) agreed to accept the first and third amendments proposed by the delegate of Canada, but could not agree to the deletion of sub-paragraphs (1) and (2) from his draft resolution.

Mr. Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, assumed that the resolution proposed by the delegate of the United States would be amended in the sense explained by him when introducing it. If his own understanding was correct, the intention of the proposal was to adopt for the regular programme the practice now in effect under the Technical Assistance Programme, whereby recipient governments paid in a lump sum half the cost of the subsistence allowance of international experts. That procedure, which had been opposed by WHO in the Technical Assistance Board, would, if adopted, impose an administrative burden on the Organization for which present arrangements were not adequate.

Mr. Hardy (Canada) said that, as his delegation’s second amendment to the draft resolution had not been accepted by the delegation of the United States and had received no support in the Committee, he would like to withdraw it.

The Chairman said the original proposal before the Committee, which would therefore be voted on last, was the draft resolution recommended by the Executive Board in its resolution EB13.R44. The Secretary had suggested at the previous meeting that, in the preamble to the draft resolution, the second and third paragraphs of the preamble to the Executive Board’s own resolution should be inserted.

He put to the vote the draft resolution of the United States delegation, as amended.

Decision: The draft resolution was rejected by 28 votes to 15, with 9 abstentions.

The Chairman put to the vote the resolution proposed by the Executive Board, with the addition of the second and third paragraphs of the preamble to resolution EB13.R44.

Decision: The draft resolution was approved by 35 votes to 4, with 12 abstentions.

3. Consideration of Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.7

Mr. Calderwood (United States of America), Rapporteur of the Legal Sub-Committee, presented the fourth report of the Legal Sub-Committee (for text, see page 446), on the revision of the Rules of Procedure of the Health Assembly proposed by the Executive Board. He said that the rules referred to in the second paragraph of the report were as numbered in the Handbook of Basic Documents (sixth edition) and not as numbered in the Executive Board’s document containing the proposed revision of the rules.

Decision: The draft resolution proposed in the fourth report of the Legal Sub-Committee was approved (see fifth report of the Committee, section 4).

4. Fifth Report of the Committee

The Chairman announced that the Committee had now completed its agenda with the exception of
the approval of its last report to the Health Assembly, which would comprise the resolutions adopted on the items considered at that day's meetings. The normal procedure would be to reproduce those resolutions in a separate document which would be approved by the Committee before it was submitted to the Health Assembly, but since that would necessitate the holding of another meeting of the Committee, and since the resolutions involved were quite straightforward, he suggested that the Committee should leave their final editing to the Chairman and the Rapporteur, in consultation with the Secretariat.

It was so agreed.

5. Closure of the Session of the Committee

The Chairman thanked the Secretariat for all it had done to enable the Committee's work to proceed so smoothly. He paid a special tribute to Mr Siegel, the Secretary of the Committee, who had always produced lucid and helpful replies to the difficult questions put to him. He also thanked the Committee's Rapporteur and the interpreters, précis-writers and other staff. Finally, he expressed appreciation of the Committee's co-operation at the meetings over which he had presided.

Mr Amerasekera (Ceylon) associated himself with the Chairman's remarks and also wished to place on record the assistance received from the representative of the Executive Board in the Committee's deliberations, and the excellent preparatory work done by the Board, which had greatly simplified many of the questions before the Committee.

The meeting rose at 3.50 p.m.
LEGAL SUB-COMMITTEE

FIRST MEETING

Tuesday, 11 May 1954, at 11 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Election of Officers

Mr Siegel, Assistant Director-General, representing the Director-General, declared open the first meeting and invited nominations for the office of Chairman.

Mr Geeraerts (Belgium) proposed Mr Boucher (United Kingdom of Great Britain and Northern Ireland).

Dr Scheele (United States of America), Mr Cidor (Israel), Dr Pachachi (Iraq) and Dr Hayek (Lebanon) supported the nomination.

Decision: Mr Boucher was elected unanimously.

The CHAIRMAN took the Chair, and invited nominations for the office of Vice-Chairman.

Dr Hayek (Lebanon) proposed Mr Geeraerts (Belgium).

Mr de Erice (Spain) supported the nomination.

Decision: Mr Geeraerts was elected unanimously.

The CHAIRMAN invited nominations for the office of Rapporteur.

Mr de Erice (Spain) proposed Ambassador Hurtado (Cuba).

Dr Hayek (Lebanon) proposed Dr Pachachi (Iraq).

Dr Pachachi (Iraq) declined nomination.

Dr Scheele (United States of America) and Dr Segura (Argentina) seconded the nomination of Ambassador Hurtado.

Ambassador Hurtado (Cuba) thanked delegates for the honour done to him but felt that someone with more professional legal qualifications would fill the office better, and therefore nominated Mr Calderwood (United States of America).

Mr Cidor (Israel) seconded the nomination.

Decision: Mr Calderwood was elected unanimously.

2. Report of the Executive Board on Study of the Scale of Assessment; Assessment of China; Scale of Assessment for 1955

Constitutionality of the Amendment Proposed by the Delegation of Australia to the Draft Resolution of the Working Party on Assessments

Agenda, 7.15, 7.16 and 7.17

The proposal of the delegation of Australia was to add to the draft resolution of the Working Party on Assessments (see page 481) the following provision:

DECREASES that for 1955 assessments shall be made against the active Members only.

Mr Harry (Australia) explained the position as his delegation saw it. He believed that the Assembly was bound in the matter only by Article 56 of its Constitution, which said that: "Subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly." That article gave no indication as to the method by which the scale was to be drawn up or the upper or lower limits which might be set. The Health Assembly itself had already fixed maximum and minimum limits, but there was nothing to prevent it from changing the lower limit from 0.04 per cent. to zero. His delegation had not suggested that any
Mr Geeraerts (Belgium) said the whole question hinged on the interpretation of Article 56. Under that Article, the Health Assembly was entirely competent to establish the scale of contributions, but its obligations did not end there. It was also required to apportion the expenses among the Members. In so doing, it might take into account a number of factors, such as the economic situation and population of a country, but it was not possible for it arbitrarily to establish for some Members what was really a ridiculous contribution. If it did so, it would not be apportioning the expenses but arbitrarily imposing on some States the burden of which it relieved others. His delegation therefore believed that the amendment proposed by the delegation of Australia was not in accordance with the spirit of Article 56 of the Constitution.

Dr van den Berg (Netherlands) repeated, as he had already stated in the Committee on Administration, Finance and Legal Matters, that the amendment proposed by the delegation of Australia was unconstitutional. Under Article 56 of the Constitution, the Health Assembly must apportion the expenses among the Members. That obviously meant among all the Members. It was not possible to exclude some and still less to exclude such an ill-defined group as "inactive" Members.

In his view, the establishment of a scale implied the fixing of a certain relationship between the amounts to be paid by various countries. That relationship was based on considerations such as the economic position of the country concerned. The Assembly could not decide that a group of countries, for reasons which had nothing to do with those on which the scale was based, should pay nothing. He therefore felt that the amendment proposed by the delegation of Australia was not in accordance with Article 56.

Mr Osman (Egypt) pointed out that two elements were involved. The amendment proposed by the delegation of Australia referred only to one aspect: the apportionment of expenses among active Members. The second aspect was the effect of the adoption of the Australian amendment on the legal status of inactive Members within the Organization. In order to estimate the extent of that effect and, therefore, the constitutionality of the Australian amendment, he asked the Legal Adviser to explain how the withdrawal of the inactive Members was understood by the Health Assembly.

Mr Zarb (Chief, Legal Office), Secretary, said that in order to understand the scope of the question the Committee must consider the action taken by the Health Assembly when the difficulty had first arisen. It was at the Second World Health Assembly that consideration had been given for the first time to notifications from certain Members of withdrawal from the Organization. After a careful study of the records, he had reached the conclusion that the Health Assembly had not wished to resolve from the legal point of view the question of the withdrawal of Members. He read various quotations from the proceedings of the Second World Health Assembly (Official Records No. 21) in support of that view. The Assembly had taken up no legal position in the matter; it had merely adopted resolution WHA2.90, which expressed the hope that those States which no longer considered themselves Members of WHO would in the near future wish to reconsider their position. Since that time the Assembly had deliberately refrained from settling the legal problems which had arisen. It had taken a series of decisions settling the question de facto, and had continued to treat those States as de jure Members and subject to the normal obligations of Members.

The expressions "active" and "inactive" Members had gradually been adopted as a convenient term in financial and administrative documents, but they were not to be found in the Constitution or in any of the Organization’s legal instruments, such as the Rules of Procedure of the Health Assembly. The amendment proposed by the delegate of Australia, however, contained the expression "active Members only". The legal difficulty lay in the fact that there was no definition of "active" or "inactive" Members in any document. If, therefore, the Assembly was to remain faithful to the policy it had so far followed, it must once again find a de facto solution in accordance with the views and sentiments it had expressed.

The Chairman thanked the Legal Adviser for the opinion he had expressed. The Legal Adviser’s remarks prompted two questions:

1) Having regard to the terms of resolutions WHA2.90 and WHA3.84, could the Committee take it that WHO had always regarded the countries described as "inactive" Members as Members of the Organization?
(2) Having regard to the constant use of the expressions "active" and "inactive" Members, was it appropriate to embody them in a resolution?

Mr DE ERICE (Spain) suggested that the Sub-Committee's report to the Committee on Administration, Finance and Legal Matters should embody two points: firstly that the Assembly was entitled to interpret the Constitution with reference to Article 56, and secondly that the Sub-Committee had confined itself to judging the constitutionality of the amendment proposed by the delegation of Australia without considering its financial implications.

Mr SOLE (Union of South Africa) was sure there would be unanimous agreement, as far as the Chairman's first question was concerned, that the Organization continued to regard "inactive" Members as Members. With regard to the Chairman's second question, he endorsed the views expressed by the Legal Adviser. No distinction was made between "inactive" and "active" Members in the Organization's official documentation. In his delegation's view, therefore, the amendment proposed by the delegation of Australia was undoubtedly unconstitutional.

Ambassador HURTADO (Cuba) believed, after hearing the Legal Adviser's explanation of the circumstances which had given rise to the expression "inactive" Members, and in view of the fact that no such expression was used in the Constitution, that the Australian amendment was unconstitutional because it employed that term. He further felt that it was impossible to go as low as zero on the scale of contributions and thus exonerate some Members from the payment of a contribution.

He would not comment on the aims of the amendment proposed by the delegation of Australia, particularly since, as the Chairman of the Committee on Administration, Finance and Legal Matters had pointed out, those aims could be achieved by the adoption of the proposal put forward by the delegation of the United States of America.

Dr VAN DEN BERG (Netherlands) emphasized that the main point at issue was that according to Article 56 of the Constitution it was not possible to exclude any group of Members from the scale of contributions and the amendment proposed by the delegation of Australia was therefore unconstitutional.

Mr HARRY (Australia) said the only real argument adduced against the amendment proposed by his delegation was that the term "active" Members did not appear in official documents. He pointed out that the report of the thirteenth session of the Executive Board used the term, as did the Organization's balance sheet. He therefore saw no reason why it should not appear in the resolution. His delegation also believed that it was perfectly possible to have a scale which started from zero. While he fully agreed that the Organization had treated the countries in question as Members, he also maintained that it was possible to speak of "active" and "inactive" Members and to fix the contribution of "inactive" Members at zero in the scale.

Mr CIDOR (Israel) said his answer to the Chairman's first question was in the affirmative and to the second in the negative. Like the Netherlands delegation, his delegation believed that the amendment proposed by the delegation of Australia was unconstitutional.

Dr PACHACHI (Iraq) believed that so-called "inactive" Members were technically Members of the Organization and under Article 56 of the Constitution must be included in the scale of assessment. The proposed amendment was therefore unconstitutional.

The CHAIRMAN ruled that in order to save time the Rapporteur should report to the Committee on Administration, Finance and Legal Matters on the discussion in the Legal Sub-Committee.

He put to the vote the constitutionality of the amendment proposed by the delegation of Australia to the draft resolution of the Working Party on Assessments.

Decision: It was decided by 19 votes to 4, with one abstention, that the amendment proposed by the delegation of Australia was unconstitutional.

The meeting rose at 11.55 a.m.
SEVENTH WORLD HEALTH ASSEMBLY
SECOND MEETING

Wednesday, 12 May 1954, at 8.30 a.m.

Chairman: Mr W. H. BOUCHER (United Kingdom of Great Britain and Northern Ireland)

1. Admission of New Members and Associate Members

Agenda, 7.11

The CHAIRMAN requested the delegate of the United Kingdom of Great Britain and Northern Ireland to open the discussion on the application by his country for the admission to associate membership of the Federation of Rhodesia and Nyasaland in place of Southern Rhodesia, which now formed part of the Federation.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) said that Southern Rhodesia had been the Organization’s first Associate Member. Southern Rhodesia, Northern Rhodesia and Nyasaland had now amalgamated to form the Federation of Rhodesia and Nyasaland, which had the same powers as Southern Rhodesia had formerly held and was responsible for its external affairs. The question before the Sub-Committee was the admissibility of the application to replace Southern Rhodesia as Associate Member by the Federation of the three territories.

Mr GEERAERTS (Belgium) said that the application of the United Kingdom of Great Britain and Northern Ireland was in conformity with Article 8 of the Constitution and Article 104 of the Rules of Procedure of the World Health Assembly. His delegation supported the application.

Dr HAYEK (Lebanon) also supported the United Kingdom’s application.

Decision: It was agreed to report to the Committee on Administration, Finance and Legal Matters that the application of the United Kingdom of Great Britain and Northern Ireland for the admission of the Federation of Rhodesia and Nyasaland to associate membership in place of Southern Rhodesia was in due form (see second report of the Sub-Committee, section 1).

2. Amendments to the Constitution of the World Health Organization on Membership of the Executive Board

Agenda, 7.12

Admissibility of the Amendments Proposed

The CHAIRMAN drew the attention of the Sub-Committee to the provisions of Article 73 of the Constitution, and in particular to the requirement that texts of proposed amendments should be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly. The proposals of the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland (see Annex 7, sections 1-4) had been submitted in time, but that of the Government of the Dominican Republic (see Annex 7, section 5) had been submitted too late to be circulated to Members six months in advance. He reminded the Sub-Committee that it was not concerned with the merits or demerits of the proposed amendments, only with their admissibility.

Mr GEERAERTS (Belgium), speaking as delegate of a Member State which had submitted a proposal, said that the first four proposals had undoubtedly been presented in conformity with the provisions of Article 73 of the Constitution.

Dr HAYEK (Lebanon) agreed that the proposals of the Governments of Belgium, France, Italy and the United Kingdom were admissible. His own Government had received them on 1 November 1953, which was more than six months before the Assembly.

Mr DE VILLEGAS (Spain) felt that, while the proposal of the Government of the Dominican Republic was strictly speaking not admissible, it might perhaps be referred to the General Committee, which could decide whether it might be used as a basis of discussion.
Mr Geeraerts (Belgium) thought that the Sub-Committee could not anticipate any possible decision of the Committee on Administration, Finance and Legal Matters. It should confine itself to a consideration of the admissibility, under the Constitution, of the proposals, and report that, from a legal standpoint, the proposal of the Government of the Dominican Republic did not comply with the prescribed conditions. On the basis of the Sub-Committee's legal opinion, the Committee would decide how to deal with the proposal.

Mr Corkery (Australia) asked whether the proposal of the Dominican Republic was not admissible as an amendment to the proposals of the other four governments.

Dr Hayek (Lebanon) said that Article 73 of the Constitution was in any case applicable. In his view the remarks of the delegate of Spain might be given some emphasis by the Sub-Committee, which could then ignore the legal aspects of the proposal of the Dominican Republic.

Mr Cheng Paonan (China) said that a proposal to amend the Constitution deserved serious consideration. A Member State had gone to the trouble to devise such a proposal, and while the Sub-Committee was doubtless right in holding that, legally, it was not admissible, it ought nevertheless to express the view that the proposal was of a substantive nature and should be brought to the attention of the Assembly.

The Chairman stressed the terms of reference of the Sub-Committee: its task concerned the admissibility of the proposal, not its merits. His own view was that the Dominican Republic's proposal could already be regarded as having been made known to the delegations attending the Assembly and indeed to all the governments concerned.

Mr Zarb (Chief, Legal Office), Secretary, said that the Fifth World Health Assembly had considered proposed amendments to the Constitution. On that particular occasion, the first amendments had been submitted in time, but the governments proposing them had later prepared a joint text. As that joint text had not been brought to the notice of governments within the six-month time-limit, the Assembly had decided that it was not in a position to examine it and had postponed it to the following Assembly.

If the amendment proposed by the Government of the Dominican Republic was late for the Seventh World Health Assembly, it was in ample time for submission to the Eighth World Health Assembly, provided the Government of the Dominican Republic wished to maintain it.

Mr Cidor (Israel) felt that the proposed amendment, not having been received in due time, was not admissible. The Sub-Committee could not ask the Health Assembly to consider it at the present time.

The Chairman thought that different considerations might have arisen if it had been possible to consider the proposal of the Government of the Dominican Republic as an amendment of form and not of substance. However, it could only be regarded as an amendment of substance, and Article 73 would have to be complied with strictly.

Mr Corkery (Australia) did not think that it mattered whether an amendment was one of form or of substance; both had to be considered from the same legal point of view. If Article 73 of the Constitution was to be interpreted as meaning that proposals and amendments had to be submitted at least six months in advance, the implication appeared to be that the Assembly could not amend proposals, to however slight a degree, unless amendments to proposals for amendment had been presented within the prescribed time.

Mr Calderwood (United States of America) said that the Sub-Committee was now discussing a question that was not before it. The Government of the Dominican Republic had not submitted its proposal as an amendment to the others but as a separate proposal. All the Sub-Committee needed to do was to consider whether it was admissible as such under the Constitution. The Sub-Committee's decision on that point would in no way prejudice the question whether the proposal could be re-submitted as an amendment or considered as one.

Agreeing with the delegate of the United States of America, Mr Geeraerts (Belgium) said that the Government of the Dominican Republic had specifically quoted Article 73 of the Constitution in making its formal proposal. There was no question of its proposal being regarded as an amendment to the other proposals.

Mr Hessel (France) also said that the Dominican Republic's proposal had been submitted as such, not as an amendment. Even if it had been an amendment, however, a distinction had to be drawn between a proposal made during a discussion, which could always be amended, and a proposed amendment to the Constitution, which followed strict rules. Legally, the proposal of the Dominican Republic was not admissible at the Seventh World Health Assembly.
Mr de Villegas (Spain) said that, even if the proposal were not admissible, the Sub-Committee might suggest that it could be considered if it were presented in a different form—as an amendment to the other proposals, not as an amendment to the Constitution.

The Secretary, replying to Dr Hayek (Lebanon), who asked whether amendments could be made to amendments to the Constitution submitted in time, said that the answer was to be found in resolution WHA5.22, which he read.

Replying to a question from Mr Cheng Paonan (China), he said that Rule 110 of the Rules of Procedure was not applicable because the rules, as stated in their preamble, were subject to the Constitution of the World Health Organization. As a consequence, in any conflict between the two documents, the provisions of the Constitution always prevailed.

The Chairman added that Rule 110 of the Rules of Procedure began in any case with the proviso "subject to the provisions of the Constitution".

Mr Cheng Paonan (China), maintained his view that a proposal to amend the Constitution was a matter deserving of the most serious consideration, which should not be dealt with in any legalistic fashion. His delegation could not be a party to a decision that the proposal of the Dominican Republic was inadmissible and, rather than that such a decision should be taken, it felt that the proposals of the other governments should be postponed to the following Assembly to enable the Dominican Republic’s proposal to be considered also.

Mr Geeraerts (Belgium) objected to the suggestion put forward by the delegate of China. The Dominican Republic, when dealing with a question as important as amendments to the Constitution, should have complied with the requirements of the Constitution. He saw no reason why, because of failure on the part of one government to observe the constitutional provisions, the proposals that had been submitted in due time by other governments should not receive attention.

Mr Corkery (Australia) asked whether the Secretary’s reply to the question raised by the delegate of Lebanon was applicable and a precedent for the proposal of the Dominican Republic, inasmuch as, in the case referred to by the Secretary, the original proposal had not been submitted in time. Further, in the case of the Dominican Republic’s proposal, he felt it could be regarded as an amendment to the four governments’ proposals which had been submitted within the prescribed time period.

The Secretary, in reply to a further question from Dr Hayek (Lebanon) explained that Rule 110 of the Rules of Procedure was applicable in all circumstances except where the Constitution decided otherwise.

Replying to a question from Dr Pachachi (Iraq), he said that the text of the letter from the Government of the Dominican Republic made it clear that the proposal was an original one, unrelated to any other proposals. The Sub-Committee needed to consider only the admissibility of the proposal, not its substance.

Dr Pachachi (Iraq) expressed his surprise that the question had received so much discussion. Clearly the proposals of the four governments were in compliance with Article 73 of the Constitution; equally clearly the proposal of the Government of the Dominican Republic was not.

Dr Hayek (Lebanon) proposed that the Sub-Committee report to the Committee that the proposal of the Dominican Republic was inadmissible, and that at the same time it draw the attention of the Committee to the minutes of the present meeting, containing the remarks made by the delegates of China, Australia and Spain.

The Chairman put to the vote the proposal to report that the amendment proposed by the Dominican Republic was inadmissible.

Decision: It was agreed by 17 votes to 2, with one abstention, that the amendment proposed to the Constitution by the Government of the Dominican Republic was not admissible under Article 73 of the Constitution (see third report of the Sub-Committee).

Mr Corkery (Australia) hoped that the Sub-Committee’s report would contain some reference to the view of certain of its members that the Dominican Republic’s proposal could be regarded as an amendment to the proposals of the other four governments.

Mr Geeraerts (Belgium) said that any such entry in the report would require justification under the Constitution.

Mr Corkery (Australia) agreed that there were difficulties in making such an entry, but felt that they were not unsurmountable. If necessary, he would be prepared to propose that the Dominican Repub-
lic's proposal was an amendment to the proposal submitted by the four governments.

Dr Pachachi (Iraq) suggested that the report should simply note that the Dominican Republic could reintroduce its proposal as an amendment to the other proposals that were admissible. Such an entry would commit the Sub-Committee to nothing.

Mr Geeraerts (Belgium) had the impression that the Sub-Committee was being forced to go beyond its terms of reference. If any delegate wished to tell the Government of the Dominican Republic to alter the form of its proposal and reintroduce it as an amendment, he was welcome to do so; it was not for the Sub-Committee to make any recommendation to the main Committee regarding the proposal.

Dr Pachachi (Iraq) said that he had not suggested that the Sub-Committee make a recommendation. All he had suggested was that the report mention the opinion of some of its members.

Dr Dairé (Tunisia) thought that the question had been discussed sufficiently, and moved the closure of the debate, under Rule 56 of the Rules of Procedure.

On the suggestion of Dr Hayek (Lebanon) that the Sub-Committee vote without further discussion on the proposal of the delegates of Australia and Iraq, he withdrew his motion.

Mr Corkery (Australia) said he would prefer the report to state simply that, in the view of some of the members, the proposal of the Dominican Republic could be reintroduced as an amendment to the proposals of the Governments of Belgium, France, Italy and the United Kingdom.

Mr Cheng Paonan (China) thought that there was no need to vote on the matter; as the delegations had expressed their views, the minutes and report would inevitably reflect them.

Mr Geeraerts (Belgium) said that his objections to the inclusion in the report of a reference to certain delegations' views had been on purely technical, legal grounds. He was, however, in sympathy with the suggestion of the delegate of Iraq.

Decision: It was decided to include a reference in the report to the views expressed by various (named) delegations on the Dominican Republic's proposed amendment to the Constitution. It was further agreed that the amendments to the Constitution submitted by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland were admissible. (See third report of the Sub-Committee.)

3. Report on Withdrawal of Point 5 of the Notes Exchanged in connection with the Host Agreement between the Government of Egypt and WHO

Agenda, 7.14

Mr Osman (Egypt) said that his Government, in a spirit of co-operation with WHO, had withdrawn point 5 of the notes exchanged in connection with the Host Agreement between it and WHO. He drew the attention of the Sub-Committee in particular to the second paragraph of his Government's letter of 16 December 1953, which read:

Section 31 of the said Agreement, in fact, recognizes the right of the Egyptian Government to exercise its full sovereign rights to take any measure necessary for the security of Egypt. Point 5 of the notes exchanged, therefore, constituted no more than a specific application of the provision as laid down in the security clause figuring in Section 31 (1) of the Agreement. The above-mentioned right was, so far as necessary, reaffirmed. I shall be glad if you will kindly inform the Health Assembly of the present decision.

The Chairman proposed that the Sub-Committee recommend that the draft resolution in a note submitted by the Director-General be transmitted by the Committee to the Health Assembly for adoption.

Decision: The Chairman's proposal was adopted unanimously (see second report of the Sub-Committee, section 2).

The meeting rose at 9.50 a.m.

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THIRD MEETING

Wednesday, 12 May 1954, at 4.50 p.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Adoption of Second and Third Reports of the Sub-Committee

The Chairman reminded the Sub-Committee that its first report, dealing with the constitutionality of an amendment proposed by the delegation of Australia to the draft resolution of the Working Party on Assessments, had been presented orally by the Rapporteur at the seventh meeting of the Committee on Administration, Finance and Legal Matters.

Decision: The second and third reports were adopted (for text, see page 445).

The meeting rose at 5 p.m.

FOURTH MEETING

Thursday, 13 May 1954, at 4.30 p.m.

Chairman: Mr L. A. D. Geeraerts (Belgium)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.7

The Chairman invited the Sub-Committee to bear in mind that, when considering the amendments to the Rules of Procedure of the Health Assembly approved by the Executive Board in resolution EB13.R57 and contained in the document submitted by the Board, its terms of reference were solely to judge the legal validity of those proposed amendments.

Mr Calderwood (United States of America) believed that it would be useful if the Legal Adviser were to give the Committee an explanation of the changes proposed and the basis for the amendments.

Mr Zarb (Chief, Legal Office), Secretary, recalled that amendments to the Rules of Procedure of the Health Assembly had hitherto been adopted at almost every session. It was hoped that the somewhat extensive changes now proposed would achieve a measure of stability. The draft Rules of Procedure at present before the Committee for its consideration had been prepared by the Director-General and subsequently studied and amended by a working party set up by the Executive Board at its thirteenth session. The most important amendments had been proposed either on the basis of existing practice in the United Nations and in the other specialized agencies, or with a view to giving legal force to established tradition in the World Health Organization.

The Chairman invited general comment.

Mr Sole (Union of South Africa) asked whether the Legal Sub-Committee was competent to receive amendments of a substantive nature, or whether it was required merely to decide if the amendments proposed were legal and in good form. The answer to that question would determine whether his delegation would have to submit its suggestions on certain points in the full meeting of the Committee on Administration, Finance and Legal Matters or in the Legal Sub-Committee.

The Chairman said that the Legal Sub-Committee could submit amendments as it saw fit to the full

1 Unpublished
meeting of the Committee on Administration, Finance and Legal Matters, which would take a
decision on them.

The Secretary agreed that any proposals which
would serve to increase the efficiency of the Rules
of Procedure would be most welcome.

The Chairman invited the Sub-Committee to
consider the proposed Rules of Procedure, seriatim.¹

Preamble

No comment.

Rule 1

No comment.

Rule 2

Mr DE ERICE (Spain) wondered whether the time-
limit of ninety days for convening a special session
of the Health Assembly was not unduly long in the
event of an emergency.

The Secretary called attention to the fact that
the time-limit of ninety days was applicable only to
sessions of the Health Assembly itself, which was
naturally the most cumbersome body to convene.
On entirely practical considerations, he did not
consider that such a time-limit was excessive.

Mr DE ERICE (Spain) accepted that explanation.

Rule 3

No comment.

Rule 4

Mr SOLE (Union of South Africa) requested the
Sub-Committee to postpone consideration of Rule 4.
His delegation wished to comment on it, but did
not have its instructions available in view of the
short notice at which the present meeting had been
called.

It was so agreed.

Rule 5

No comment.

Rule 6

This, a new rule proposed by the Executive Board,
read:

A provisional agenda for each special session
of the Health Assembly shall be drawn up by the

Director-General and dispatched to Members
and Associate Members, to representatives of the
Board and to participating intergovernmental
and related non-governmental organizations at
least thirty days before the opening day of the
session.

Mr Corkery (Australia) said that because of the
distance of certain countries from Geneva and the
possibility of delay in correspondence, Rule 6 might
be altered to provide that the provisional agenda
reach Members and others at least thirty days
before the opening day of the session. A similar
provision substituting a receipt for a dispatch date
had been adopted by the Intergovernmental
Committee for European Migration.

The Secretary pointed out that the Director-
General could not be held responsible for a delay
in the postal services. For that reason WHO had
always adopted rules fixing time-limits by the date
of dispatch.

Mr Corkery (Australia), while being prepared
not to press the point if the change was unacceptable
to the Director-General, said that there were con-
siderable delays in the receipt of agenda, which
could perhaps be overcome if the Director-General
were able to send them sufficiently in advance.

The Secretary pointed out that the observations
of the delegate of Australia were applicable also to
Rule 3. It might perhaps be best to reserve Rules 3
and 6, along with Rule 4, for consideration at a
later stage.

Mr Calderwood (United States of America) said
that the records of the Executive Board were sent
out immediately after its adjournment, and could
not be sent out earlier. Consequently, there was a
limit to the notice that could be given of a pro-
visional agenda. That factor also required considera-
tion.

The Chairman proposed that Rules 3 and 6,
along with Rule 4, be reserved for consideration
at a later stage.

It was so agreed.

Rule 7

No comment.

Rules 8 and 9 (6 and 7)

Mr DE ERICE (Spain) said that there appeared to
be a contradiction between the provisions of the
second paragraph of Rule 8 and Rule 9, in that the
Director-General in Rule 8 was required to enter

¹ The numbering in the sub-titles below is that of the revised
rules submitted by the Board. Where a rule is discussed, the
number (if different) of the corresponding rule in the Rules
of Procedure as in force at the time (see Handbook of Basic
Documents, sixth edition) is also indicated in parentheses.
into consultation with representatives of the United Nations or other specialized agencies attending a session only to the extent possible, whereas in Rule 9 the Health Assembly was required to satisfy itself that adequate consultations had taken place with the organizations concerned. In other words, under Rule 8 the Director-General was allowed a degree of latitude that did not appear to be given under Rule 9.

The Secretary said that Rules 6 to 10 (present numbering) had been inserted some years earlier at the request of the United Nations in order to coordinate the practice of the specialized agencies and to prevent duplication of work. If the rules were changed the complicated mechanism of reciprocal consultation might be jeopardized.

Mr De Erice (Spain) wondered whether the words "as may be possible" could be omitted from the second paragraph of Rule 8.

Mr Hessel (France) said that the second paragraph of Rule 8 concerned the obligations of the Director-General during the course of a session, whereas under Rule 9 the Health Assembly was required to satisfy itself that the consultations that had taken place were adequate. Moreover, Rule 9 specifically mentioned that the consultations should have taken place in accordance with Rule 8. In his view, therefore, Rules 8 and 9 formed a balanced whole.

Mr Osman (Egypt) added that, whereas the first paragraph of Rule 8 required the Director-General to enter into consultation with the United Nations or other specialized agencies, during the course of a session he might not have the time to consult fully with those bodies. The second paragraph was therefore intended to allow him a certain amount of latitude.

Agreeing with the delegate of Egypt, the Secretary said that the purpose of Rule 9 was to prevent duplication of work. The Health Assembly was required to satisfy itself that adequate consultations had taken place, in case the new activities proposed overlapped with the activities of other specialized agencies or the United Nations.

Mr De Erice (Spain) withdrew his objection to the wording of Rule 8.

Rules 10-15

No comments.

The meeting rose at 5.30 p.m.

FIFTH MEETING

Friday, 14 May 1954, at 8.30 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly (continued)

Rules 16-21

No comments.

Rule 22 (21)

Mr Zarb (Chief, Legal Office), Secretary, said that the work of the Committee on Credentials was on the whole simple and uncomplicated, and the Sub-Committee might consider it unnecessary to have as many delegates as twelve to carry it out.

Mr Calderwood (United States of America) noted that the Committee on Credentials had had some difficulty at some of its meetings in obtaining a quorum.

Mr Cidor (Israel) said that in principle his delegation always favoured as small a committee as possible. Nine delegates could carry out the work of the Committee on Credentials adequately.

Mr De Erice (Spain), Mr Osman (Egypt) and Mr Geeraerts (Belgium) felt that it was desirable to retain the membership of the Committee on Credentials at twelve. Twelve represented a better
proportion of the total number of Members of the Organization, and met the general desire for a wider distribution of seats in committees.

**Decision:** It was agreed to recommend that Rule 22 should remain unaltered.

**Rule 23 (22)**

The Secretary said that six different methods existed for the election of a Committee on Nominations. One was that adopted by the Health Assembly at its present session: a ballot, not based on a list of nominations. A second was that adopted by previous Health Assemblies, whereby the President had drawn up a list of nominations which he had proposed to the Assembly for adoption. A third method consisted in holding a ballot on a list proposed by the delegates themselves; that was the procedure followed in elections to the Executive Board. The United Nations and the International Labour Organization had adopted yet a fourth method: that of having no Committee on Nominations and of electing directly the officers of the Assembly and of the main committees and the members of the General Committee. A fifth procedure had been adopted by the Food and Agriculture Organization, where the election of the Committee on Nominations was carried out by the Council. Finally, the United Nations Educational, Scientific and Cultural Organization had adopted yet another method, whereby the Committee on Nominations consisted of the heads of all delegations at the Assembly. If that alternative were adopted by WHO, the result would be a committee consisting of sixty to seventy members.

Mr Sole (Union of South Africa) felt that something could be said for most of the alternatives cited by the Secretary. By and large, however, past procedure in the World Health Organization had not been unsatisfactory. Nevertheless, in the view of his delegation Rule 23 required closer definition. As it was the past, it should be open to the President to submit a list of candidates for the Committee on Nominations, but it should also be open to any delegation either to amend his list or to submit its own. The practice that had been adopted by the Assembly at the present session was unsatisfactory; there was nothing to be said for voting in the dark, especially as the election of the Committee on Nominations took place at the very beginning of the Assembly, before delegations had had time to consult together. It was desirable that the Assembly should have a list of candidates before it.

He accordingly proposed that Rule 23 be amended to read as follows:

At the beginning of each regular session, on the basis of proposals that may be submitted by the President or by any Member, the Health Assembly shall elect a Committee on Nominations consisting of 18 delegates of as many Members.

Mr Geeraerts (Belgium) admitted the partial responsibility of his delegation for what had happened at the present Health Assembly in the election of the Committee on Nominations. His delegation had hoped to put an end to a practice that seemed to be against the wishes of the majority of Member States, but had not expected that the application of Rule 22 (of the Rules of Procedure in force) would bring into play Rule 70 (numbered Rule 73 in the draft before the Sub-Committee). As no list of candidates had been submitted, each delegation had been at liberty to draw up its own list of 18 Members. It had not seemed to his delegation that the election came under Rule 70, in that it seemed that the selection of Members for the Committee on Nominations could hardly be called the filling of "elective places".

Whatever the position, it seemed to him that Rule 22 should be altered to free it unequivocally from Rule 70. The delegate of the Union of South Africa had proposed an amendment and the Secretary had indicated various alternatives, all of which had some merit. He would prefer, however, to await the general views of the Sub-Committee on the subject.

The Secretary agreed that Rule 22 (of the text in force) could only be studied in close relationship with Rule 70. The procedure outlined in Rule 70 involved an extremely complicated series of ballots, which it seemed to him should be reduced to a minimum in the establishment of a Committee on Nominations. There was a good reason for considering some kind of voting system that would not be unduly cumbersome.

Mr Calderwood (United States of America) wondered whether the first sentence of Rule 22 (21) (on the appointment of a Committee on Credentials) would not meet the wishes of the delegate of the Union of South Africa. If the wording in that rule was adopted, the members of the Committee on Nominations would be appointed by the Health Assembly at the beginning of each session on the proposal of the President, or, if need be, of any Member. That would eliminate the word "elected" and obviate the need to invoke Rule 70, and would thereby save time. The suggestion he put forward
differed in no way from that of the delegate of South Africa except for the substitution of “appoint” for “elect”.

Mr Geeraerts (Belgium) observed that the composition of the Committee on Nominations was of greater importance than that of the Committee on Credentials, referred to in Rule 22 (21). It was because of that greater importance that the rule under discussion provided for election rather than appointment. The proposals of the delegates of South Africa and the United States of America differed by a tendency to place the importance of the Committee on Nominations on a level with that of the Committee on Credentials. His own view was that in appointing the Committee on Nominations every Member should have an opportunity to express its opinion.

In the circumstances, he tentatively proposed that the rule be amended to read:

At the beginning of each regular session, the Health Assembly shall select, by a majority vote taken in secret by a single ballot, eighteen Member States which shall each nominate a delegate to form a Committee on Nominations.

He had used the word “select” instead of the word “elect”, in order not to draw special attention to the election, intending to limit voting to a single ballot, while making it clear that a vote was necessary. Such a procedure appeared to him to be quite customary: the eighteen Member States which received the most votes would be those which received the greatest support from the Assembly.

Dr Pachachi (Iraq) asked for a clarification of the proposal of the delegate of South Africa. It appeared that under his amendment it would be possible for two or more lists to be presented to the Assembly, one by the President and one or more by Members. In those circumstances, would the Health Assembly deal with an alternative list by a second ballot, or would it have to accept each list as a whole?

The suggestion by the delegate of Belgium did not seem to him to be fully compatible with the importance he had attributed to the Committee on Nominations. If there was only one ballot, it was quite conceivable that a Member could be elected to the Committee on Nominations by only a very few votes.

The whole idea of a Committee on Nominations seemed to him to be open to objection. It should be left to Member States to take whatever decision they thought fit without being committed in advance.

In that respect the system followed by the United Nations appeared to be preferable. In the United Nations, the presidents and vice-presidents were elected by secret ballot, the chairmen, vice-chairmen and rapporteurs of committees by nominations from the floor. The choice of presidents and vice-presidents was arranged in advance by the heads of delegations through private consultations held before the meeting of the Assembly. Consequently, no practical difficulties arose.

Mr Sole (Union of South Africa), in reply to the question raised by the Iraqi delegate, said that his intention was that if the President submitted a list of eighteen names, any Member State could suggest additions, and the Assembly would vote on the basis of the President’s list, as extended by later nominations, entering eighteen names on the voting paper. The process of elimination of names would in that way be quite simple.

The United Nations’ system worked well, as the delegate of Iraq had said, because it was based on previous discussions between heads of delegations. He doubted if the system could apply in the World Health Organization or whether it was indeed politic to attempt to apply it, because there were no permanent delegations to the Organization, and previous consultations might be difficult.

Mr Cidor (Israel), while supporting in general the amendment proposed by the delegate of South Africa, felt that it might require some modification. The wording he had proposed gave the impression that delegations could present their own list of candidates for the Committee on Nominations.

The Chairman doubted whether it was the function of the Sub-Committee to propose to the Committee on Administration, Finance and Legal Matters amendments of substance to the draft Rules of Procedure. The Sub-Committee was not discussing a point of law, but which of several alternatives appealed most to the greatest number of Members attending the Assembly. The Sub-Committee’s report might outline the alternatives and leave it to the main Committee to discuss them as it desired.

Mr Geeraerts (Belgium) agreed with the Chairman. There had been a full exchange of views, but the subject went beyond the restricted terms of reference of the Sub-Committee. The report should say that the Sub-Committee had discussed the subject and thought it desirable that it be discussed by the main Committee.
Mr Sole (Union of South Africa) said that if the Sub-Committee were not to consider substantive amendments the Committee on Administration, Finance and Legal Matters would spend a long time in doing so; he doubted if time would permit of their detailed consideration at the present Assembly. His delegation had several amendments of a substantive nature to propose, and it could not accept any decision to adopt the Executive Board’s proposals as final without a proper discussion of alternatives.

In the circumstances, he felt that the Sub-Committee should draw attention in its report to any substantive amendments proposed to the Rules and ask that the whole question be held over to the Eighth World Health Assembly to enable Member governments to put forward their own amendments.

The Secretary, replying to a point raised by Mr Osmann (Egypt), said that under Article 17 of the Constitution the Sub-Committee could make to the Committee on Administration, Finance and Legal Matters any recommendation desired on any problem that arose, whether it was of a formal or a substantive nature.

Mr Calderwood (United States of America) agreed with the Secretary that the Sub-Committee was entitled to make any recommendations it deemed fit to the Assembly through the Committee on Administration, Finance and Legal Matters. In practice, however, it had always been left to the Executive Board to make proposals on rules of procedure to the Health Assembly. Such proposals could not easily be made in the Health Assembly because of its size, and the action of the Executive Board saved much time.

The proposal of the delegate of South Africa was acceptable, in that it would give governments an opportunity to express their views on the revised Rules of Procedure. It would be desirable, however, that those views should be transmitted to the Executive Board, so that, when the Eighth World Health Assembly met, the views both of Member States and of the Executive Board would be before it, with, perhaps, a definitive text.

Mr Geeraerts (Belgium) proposed that Rule 23 be amended to read as follows:

At the beginning of each regular session, the Executive Board shall submit to heads of delega-

tions proposals for the nomination of the President and vice-presidents of the Health Assembly, the chairmen and vice-chairmen of the main committees, and the remaining members of the General Committee.

It seemed to him that that wording, if adopted, would avoid certain pitfalls. The Executive Board could devote time to considering the best possible list of candidates that could be submitted, and the chances were that heads of delegations would accept the list in practically all cases. Moreover, submitting it to the heads of delegations would preserve the idea of consultation with the Health Assembly. Time would be saved, and delegations would not feel that they were being faced with an accomplished fact.

Mr Cheng Paonan (China) said that the discussion had been extremely difficult for him to follow, as the Sub-Committee was no longer following its own rule of procedure that substantive proposals should be in writing. His delegation could not possibly come to a decision on ad hoc proposals it had not had time to consider.

He therefore agreed with the proposal of the delegate of South Africa that governments be given time to express their views on Rule 23. As the Rules of Procedure had given satisfaction over a long period of years, a delay of yet another year would not do irreparable harm.

Mr Hessel (France) suggested that the Sub-Committee should review the Rules of Procedure without dwelling too long on those to which substantive amendments were proposed. Delegations should state their views without producing a final draft of their amendments, and their views could be conveyed in the report to the Committee on Administration, Finance and Legal Matters with a recommendation on the lines of the proposal of the delegate of South Africa.

Mr Sole (Union of South Africa) agreed with the delegate of France that no formal texts were required until the revised Rules of Procedure were submitted at the Eighth World Health Assembly.

Decision: The proposal of the delegate of South Africa was adopted.

The meeting rose at 9.40 a.m.
1. Consideration of Amendments to the Rules of Procedure of the Health Assembly (continued)

Agenda, 7.7

The CHAIRMAN recalled that at the last meeting the delegate of France had suggested that the Subcommittee should confine itself to briefly reviewing the proposed amendments before it, approving them where there were no comments but noting any rules which it was felt that governments should be invited to consider further. He presumed that the Subcommittee approved that procedure.

It was so agreed.

Rule 24 (23) 1

Mr SOLE (Union of South Africa) considered that Rule 24 should provide that the Committee on Nominations, in making proposals to the Health Assembly, should also have regard to the financial standing of Member States within the Organization.

Mr STROBL (Austria) observed that if such a provision were included it would be desirable to add a reference to Article 7 of the Constitution.

Rules 25-42

No comments.

Rule 43 (42)

The proposal of the Executive Board was that this rule should be amended to read:

Representatives of the Board shall attend plenary meetings and meetings of the main committees of the Health Assembly and may at any time participate without vote in their deliberations.

Mr SOLE (Union of South Africa) said that his delegation had misgivings about the amendment proposed. The Health Assembly consisted only of government delegations. The representatives of the Executive Board were not part of the Health Assembly, but attended by invitation, and he would prefer a formula that did not imply that they had an absolute right to participate in the deliberations.

Rules 44-58

No comments.

Rule 59

This, a new rule proposed by the Board, read:

During the course of a debate the President may announce the list of speakers and, with the consent of the Health Assembly, declare the list closed. He may, however, accord the right of reply to any member if in his opinion a speech delivered after he has declared the list closed makes this desirable.

Mr CALDERWOOD (United States of America) wondered whether the word “may” in the second sentence should not be replaced by “must”.

Mr GUTTERIDGE (Legal Office) thought that to make it compulsory for the President to grant the right of reply might sometimes make it difficult to restrict the list of speakers.

The CHAIRMAN did not think the substitution of “must” for “may” would serve much purpose, since the latter part of the sentence already provided that the President must first form an opinion as to whether it was desirable to accord the right of reply to any member.

Mr BELTRAMINO (Argentina) pointed out that the wording was identical with that of the corresponding rule of the Rules of Procedure of the General Assembly of the United Nations.

Mr CALDERWOOD (United States of America) agreed that no change was necessary.

Rules 60-68

No comments.

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1 The numbering in the sub-titles below is that of the revised rules submitted by the Board. Where a rule is discussed, the number (if different) of the corresponding rule in the Rules of Procedure as in force at the time (see Handbook of Basic Documents, sixth edition) is also indicated in parentheses.
Rule 69 (66)

Mr Beltramino (Argentina) observed that when a roll-call was taken in alphabetical order it was always the same delegation that voted first. It might be more equitable to provide for determining the order of voting by lot, as in the Rules of Procedure of the General Assembly.

Rule 70

No comments.

Rule 71 (68)

The Executive Board proposed that this rule should be amended to read:

Elections shall normally be held by secret ballot; in other cases a secret ballot may be taken if the Health Assembly so decides; subject to the provisions of Rules 93 (89) and 102 (98), an election may be held by show of hands or by acclamation, provided that there is not more than one candidate for any elective office and that no delegate requests otherwise; two tellers selected from among the members of the delegations present shall assist in the counting of votes.

Mr Sole (Union of South Africa) while aware that elections by acclamation were common practice at the Health Assembly, did not think it would be good policy to provide for them specifically in the Rules of Procedure. He would prefer an arrangement whereby if the number of candidates did not exceed the number of offices to be filled they should be considered elected. The President would then make an announcement to that effect, and the acclamations would follow.

Mr Calderwood (United States of America) thought that the Sub-Committee should make some reference in its report to the need for reconsidering the whole question of the use of the secret ballot on questions other than elections.

Rules 72 and 73

No comments.

Rule 74

This, a new rule proposed by the Board, read:

If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted.

Mr Beltramino (Argentina) noted that procedure in the matter of equal division of votes varied from organization to organization. Some organizations had the same provision as was contained in Rule 74, that where votes were equally divided the proposal should be regarded as not adopted, but others made provision for reconsidering the question at a later meeting. There were good arguments for the second solution, particularly where the question discussed was particularly important and all delegations were not represented at the meeting.

Rules 75 and 76

No comments.

Rules 77-82 (73-78)

Mr Beltramino (Argentina) observed that the entire section on languages would have to be amended to take account of the draft resolution adopted by the Committee on Administration, Finance and Legal Matters on the subject of the use of Spanish, if that resolution was finally approved by the Health Assembly.

Rules 83-87 (79-83)

Mr Sole (Union of South Africa) said that his delegation did not consider it necessary that verbatim records of plenary meetings of the Health Assembly should be made available as printed documents. The provision that they should be published had been drawn up long ago on the basis of a similar provision applying in the United Nations, but in the United Nations itself plenary meetings were tending to become shorter because of the rule that there should be no re-discussion of questions already examined in committee. Much of what was said in the plenary meetings of the Health Assembly was not worthy of more than a summary record, and a verbatim record was very expensive to produce. In any case the proceedings were recorded mechanically and the discs existed for anyone who wished to verify a statement.

Rule 88 (84)

Mr Sole (Union of South Africa) said that after consulting the Secretariat he might wish to propose some modification to Rule 88 (e). In the Committee on Administration, Finance and Legal Matters at the Sixth World Health Assembly, when he had observed that there was no request from any Member or Associate Member under that rule for a review of the apportionment of contributions, the Secretary had pointed out that Article 56 of the Constitution nevertheless required a formal resolution on the question.

Rules 89-92

No comments.

The meeting rose at 9.25 a.m.
SEVENTH MEETING

Wednesday, 19 May 1954, at 8.30 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly (continued)

Agenda, 7.7

Rule 92 (88)

Mr Sole (Union of South Africa) suggested that the General Committee, in drawing up a list of Members entitled to designate a person to serve on the Executive Board, should bear in mind the provisions of Article 7 of the Constitution concerning the financial standing of Member States. He asked whether a reference to that provision in Rule 92 would be in conflict with the provisions of the Constitution.

Mr Gutteridge (Legal Office) said that the only relevant provisions were in Chapter VI of the Constitution, but they concerned only the geographical distribution of Member States elected to designate a person to serve on the Board.

The question of the financial standing of Member States was covered in Article 7 of the Constitution, but it would appear that until the Health Assembly had taken action under that Article for the suspension of voting privileges, the rights of Members under Rule 92 would not be affected.

Mr Geeraerts (Belgium) said that the question whether a Member which had not paid its contributions might or might not be included in the list was a matter for decision by the Health Assembly and could not be prejudged. It would therefore not be proper to include a reference to the matter in Rule 92.

Mr Sole (Union of South Africa) expressed satisfaction with the replies given to his question.

Rule 93 (89)

Mr Calderwood (United States of America) suggested that a clause be added to the sentence ending “those candidates obtaining the majority required shall be elected” to make it quite clear that only six Members could be elected to serve on the Board.

The Chairman thought that the point was covered in the opening sentence of the Rule. He suggested that the point should be borne in mind during the revision of the Rules of Procedure at the Eighth World Health Assembly.

It was so agreed.

Rules 94-110

No comments.

Rule 111 (108)

Mr Geeraerts (Belgium) recalled the divergence of opinion expressed at the present Health Assembly in regard to the procedure for submitting amendments to proposed amendments to the Constitution. He wished to put forward the suggestion that the Secretariat should study the possibility of including some provision in Rule 111 clearly indicating what was meant by an amendment to the Constitution, together with an indication of the conditions in which an amendment to such an amendment to the Constitution was acceptable. While his suggestion might seem superfluous, it was inspired by a sincere desire to avoid further bad precedents contestable from the legal point of view. He instanced the case in which, an amendment to the Constitution not having been submitted within the statutory time-limit, an attempt had been made to introduce the matter as an amendment to an amendment by another delegation.

He was not prepared to put forward any specific proposal but merely to suggest that the matter be given some thought by the Secretariat.

The Chairman doubted whether the point raised could be covered by any provision in the Rules of Procedure, or, indeed, whether an amendment to Article 73 of the Constitution would not be required. A fine dividing-line had to be drawn between amendments of substance and of form. While Article 73 could not be applied to an amendment to an amendment concerning very minor matters of drafting, he agreed that a point might be reached where an amendment to an amendment would become one of substance.
It might be useful for the Secretariat to study the provisions of Article 73 and, in the light of its advice, any Member wishing to do so could move an amendment to Article 73 within the time-limit prescribed.

Mr Geeraerts (Belgium) said that what he had in mind was that any amendment submitted to an original amendment (introduced in conformity with the provisions of Article 73 of the Constitution) should be submitted in writing before the opening of the session at which it was to be discussed and clearly refer to the terms of the original amendment. Observance of the time-limit prescribed under Article 73 was of the utmost importance in order to enable the circulation of amendments to amendments to Member States for their comments well in advance of the Health Assembly. What was important was to respect strictly the principles underlying the Constitution. No loophole should be allowed to exist which would enable an amendment to be rejected, for any special reason, at the last moment.

Mr Gutteridge said that the Secretariat was quite prepared to examine the Rules of Procedure in conjunction with the articles of the Constitution dealing with amendments.

Rules 112-114
No comments.

Decision: It was agreed that the Secretariat should be requested to study the point raised by the delegate of Belgium concerning Rule 111, which would be referred, together with the observations on other rules, to Member States for consideration.

2. Procedure in regard to the Final Report of the Sub-Committee

Mr Sole (Union of South Africa) asked whether the draft report would require the reprinting of the Rules of Procedure, including both the revised rules as approved and those on which a decision had not yet been reached.

Mr Gutteridge said that the Rules of Procedure as revised would be reproduced and would include comments on the two amended provisions which had not yet been accepted: the right to participate in debates of representatives of the Executive Board and the provision for election by acclamation.

Mr Osman (Egypt) asked whether, if the revised Rules of Procedure were adopted by the present Health Assembly, they would again be revised at the Eighth World Health Assembly in the light of new suggestions submitted by governments.

He suggested that it might be simpler to refer the revised Rules of Procedure to the Eighth World Health Assembly, together with the suggestions of governments, instead of submitting two successive revisions. He did not, however, wish to press the point.

Mr Calderwood (United States of America) suggested that, instead of reproducing an incomplete set of Rules, it might be better to print a supplement covering the section dealing with conduct of business.

Mr Sole (Union of South Africa) said that the question whether the revised rules relating to the conduct of business or all the approved revised rules should be printed was a matter for the main Committee and not a legal point.

The Chairman pointed out the difficulty of reproducing one particular section of the Rules of Procedure because of its repercussions on other rules.

Mr Calderwood (United States of America) took the opposite view. The section on conduct of business formed a single whole, while action in regard to other rules had been deferred pending suggestions by governments.

Mr Zarb, Secretary, said that it was difficult to establish a clear-cut line between rules of procedure concerning voting, for instance, and those relating to the conduct of business. He suggested, in the interest of time, that rather than reproduce only one section of the Rules of Procedure, it would be better to defer the matter pending the final revision of all the Rules of Procedure.

Mr Sole (Union of South Africa) supported that proposal.

Decision: The proposal was adopted.

Mr Sole (Union of South Africa) suggested that the Chairman, the Vice-Chairman and the Rapporteur should be entrusted with the final wording of the draft report to be submitted to the Committee on Administration, Finance and Legal Matters.

It was so agreed (for text of fourth report, see page 446).

3. Closure of the Session

The Chairman expressed his sincere appreciation of the spirit of collaboration shown by all members. He thanked the Vice-Chairman, the Rapporteur and the legal staff of the Secretariat for their help. He then declared the session closed.

The meeting rose at 9.30 a.m.
COMMITTEE REPORTS

The serial numbers in square brackets after the resolutions proposed by the committees for adoption by the Health Assembly are those given to the final resolutions which appear in Part I of this volume.

COMMITTEE ON CREDENTIALS

FIRST REPORT

The Committee on Credentials met on 4 May 1954.

Delegates of the following Members were present: Australia, Chile, Finland, Federal Republic of Germany, India, Italy, Lebanon, Liberia, Mexico, the United States of America, Venezuela and Yemen.

Mr Fernando García-Oldini (Chile) was elected Chairman, and Dr Harold M. Erickson (United States of America), Rapporteur.

The Committee examined the credentials deposited by the delegations taking part in the Health Assembly.

The credentials presented by the delegations listed below were found to be in order, thus entitling these delegations to take part in the work of the Health Assembly, as defined by the Constitution of the World Health Organization. The Committee therefore proposes that the Health Assembly should recognize the validity of the credentials presented by the following delegations: Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Burma, Cam-

bodia, Ceylon, Chile, China, Cuba, Denmark, the Dominican Republic, Ecuador, Egypt, El Salvador, the Federal Republic of Germany, Finland, France, the Hashemite Kingdom of Jordan, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Laos, Lebanon, Liberia, Luxembourg, Mexico, Monaco, the Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, the Philippines, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, the Union of South Africa, the United Kingdom of Great Britain and Northern Ireland, the United Kingdom of Libya, the United States of America, Venezuela, Viet Nam and Yugoslavia; Associate Members: Morocco (French Zone), Spanish Protectorate Zone in Morocco, Southern Rhodesia and Tunisia.

Notifications from Canada, Costa Rica, Guatemala, Haiti, Peru, the Republic of Korea, Uruguay and Yemen, giving the composition of their delegations, state that credentials are being forwarded and the Committee therefore recommends to the Health Assembly that these delegations be recognized with full rights in the Health Assembly pending the arrival of their credentials.

1 Approved by the Health Assembly at its first plenary meeting.
SECOND REPORT

The Committee on Credentials met on 7 May 1954 under the Chairmanship of Mr Fernando García-Oldini (Chile).

The Committee accepted the formal credentials of the delegation of Peru entitling its members to take part in the work of the Health Assembly as delegates.

THIRD REPORT

The Committee on Credentials met on 12 May 1954 under the chairmanship of Mr Fernando García-Oldini (Chile).

The Committee accepted the formal credentials of the delegations of Ethiopia, Haiti and the Republic of Korea, entitling their members to take part in the work of the Health Assembly as delegates.

On the basis of documents presented by the delegation of Bolivia, the Committee recommends that this delegation be provisionally recognized with full rights in the Health Assembly.

FOURTH REPORT

The Committee on Credentials met on 14 May 1954 under the Chairmanship of Mr Fernando García-Oldini (Chile).

The Committee accepted the formal credentials of the delegations of Canada, Costa Rica and Greece entitling their members to take part in the work of the Health Assembly as delegates.

The Committee found the credentials presented by the representative of the Federation of Rhodesia and Nyasaland to be in due form and therefore recommends that this representative be recognized with the full rights of an Associate Member in the Health Assembly following the decision to be taken by the Health Assembly concerning the said Federation.

1 Approved by the Health Assembly at its sixth plenary meeting
COMMITTEE ON NOMINATIONS

REPORT 1

[A7/10 — 4 May 1954]

The Committee on Nominations, consisting of delegates of the following Member States: Brazil, Canada, Cuba, Egypt, Finland, France, Federal Republic of Germany, Indonesia, Ireland, Japan, Lebanon, Pakistan, the Philippines, Portugal, Spain, Switzerland, Syria, and the United States of America, met on 4 May 1954.

Dr F. Brady (United States of America) was elected Chairman, and Dr E. de Paiva Ferreira Braga (Brazil) Rapporteur.

The Committee made the following nominations for the consideration of the Seventh World Health Assembly in accordance with Rule 23 of the Rules of Procedure of the Health Assembly:

President: Dr J. N. Togba (Liberia)
Vice-Presidents: Dr Y. Bauji (Lebanon)
Sir Claude Corea (Ceylon)
Dr F. Hurtado (Cuba)

Committee on Programme and Budget:
Chairman: Dr E. J. Aujaleu (France)
Rapporteur: Dr L. A. Kaprio (Finland)

Committee on Administration, Finance and Legal Matters:
Chairman: Dr M. Jafar (Pakistan)
Vice-Chairman: Dr P. J. Garcia (Philippines)
Rapporteur: Mr B. Sorensen (Denmark).

GENERAL COMMITTEE

REPORT 2

[A7/37 — 20 May 1954]

The General Committee held twelve meetings during the period 4 to 20 May 1954.

1. Agenda: Allocation and Transfer of Items

The General Committee recommended the adoption by the Health Assembly of the provisional agenda (see page 49) and the proposed allocation of items to its main committees. It confirmed the allocation to the Committee on Administration, Finance and Legal Matters of items 14—Admission of new Members and Associate Members, if any—and 15—Amendments to the Constitution of the World Health Organization on membership of the Executive Board.

It recommended that item 16—Equitable geographical distribution in membership of the Executive
Board—and item 21—Technical discussions at future Health Assemblies—should be dealt with by the General Committee itself.

It also recommended that item 6.8—Consideration of the first report of the Committee on International Quarantine—be transferred from the agenda of the Committee on Programme and Budget to that of the Health Assembly in plenary session.

In accordance with Rule 10 of the Rules of Procedure of the Health Assembly, the General Committee recommended to the Assembly the adoption of the supplementary agenda (see page 50) and the allocation of the only item thereon—International Sanitary Regulations: Reservations from the Government of the Netherlands in respect of Surinam—to the Working Party on International Quarantine (see under 2 below).

2. Programme of Work of the Health Assembly

The General Committee recommended that the programme of work proposed by the Director-General be adopted as a guide for the Seventh World Health Assembly. Thereafter at its daily meetings it proposed such adjustments as were necessary to facilitate the work of the Health Assembly.

In connexion with the transfer of item 6.8 to the agenda of the Health Assembly in plenary session, the General Committee recommended that a working party of the Health Assembly be set up to consider the first report of the Committee on International Quarantine and the item on the supplementary agenda, and to report direct to the Health Assembly in plenary session.

It recommended that the Health Assembly should authorize its President to designate a general chairman for the technical discussions and to propose nominations for the chairmen of the three groups.

3. Equitable Geographical Distribution in Membership of the Executive Board. Election of Members entitled to Designate a Person to Serve on the Executive Board

Agenda 16 and 17

Before drawing up a list, to be recommended to the Health Assembly, of Members entitled to designate a person to serve on the Executive Board, the General Committee examined the item proposed by the Government of the Republic of the Philip-
COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT

The Committee on Programme and Budget held its first five meetings on Thursday, 6 May, Friday, 7 May and Monday, 10 May 1954 under the chairmanship of Dr E. J. Aujaleu (France). In accordance with the proposals of the Committee on Nominations Dr E. de Paiva Ferreira Braga (Brazil) and Dr L. A. Kaprio (Finland) were invited to take their places as Vice-Chairman and Rapporteur respectively, at its first meeting on 6 May.

At its fifth meeting on 10 May, the Committee agreed to recommend to the Seventh World Health Assembly the adoption of the following resolutions:

1. General Programme of Work for a Specific Period

The Seventh World Health Assembly,

Having reviewed the general programme of work for the period 1953-56; ²

Considering that this programme still provides an appropriate framework for the planning of the detailed annual programme of the Organization,

1. REQUESTS the Director-General to plan the annual programme for 1956 and 1957 within this general framework;

2. REQUESTS the Executive Board to continue to keep the matter under review; and further,

3. REQUESTS the Executive Board to study the effect of continuing projects on the planning of detailed annual programmes.

2. Selection of Recommended International Non-Proprietary Names for Drugs

The Seventh World Health Assembly,

Having examined the procedure for the selection of recommended international non-proprietary names for drugs moving in international commerce and the general principles for guidance in devising international non-proprietary names, adopted by the Executive Board at its twelfth session ² in accordance with resolution WHA6.15 of the Sixth World Health Assembly;

Noting the report of the Board (resolution EB13.R4) and the Director-General on the application of the system;

Recognizing that the results do not provide an adequate basis on which to review the merits of the system or the need for further clarification,

REQUESTS the Director-General

1) to proceed, after consultation with the Expert Committee on the International Pharmacopoeia, to a re-examination of the rules governing the establishment of international non-proprietary names for drugs, the procedure followed for their adoption, and the measures to be adopted for their protection; and

2) to report in that connexion to the fifteenth session of the Executive Board and to the Eighth World Health Assembly.

3. Exercise by the World Health Organization of Functions conferred by Conventions on Addiction-Producing Drugs

The Seventh World Health Assembly,

Being desirous of determining more precisely, within the World Health Organization, the exercise of the functions conferred upon the Organization through or by the United Nations under the various international agreements providing a control régime for addiction-producing drugs,

DECIDES as follows:

1) decisions as to the classification of substances under the following international agreements shall be taken by the Director-General upon receipt of the appropriate expert advice:

(a) Articles 8 and 10 of the Second Opium Conference Convention of 19 February 1925,

as modified by the Protocol signed at Lake Success on 11 December 1946;
(b) Article 11 of the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 13 July 1931, as amended by the Protocol signed at Lake Success on 11 December 1946; and
(c) Article 1 of the Protocol of 19 November 1948 bringing under international control drugs outside the scope of the Convention of 13 July 1931 for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, as amended by the Protocol signed at Lake Success on 11 December 1946;
(2) the Director-General shall inform the Executive Board of all decisions taken by him hereunder;
(3) decisions as to questions concerning the application or interpretation of the said Conventions and Protocols or future similar instruments, in so far as they concern the World Health Organization, and as to any changes in the functions of the Organization under the control régime, shall be taken by the World Health Assembly upon advice given by the Executive Board in accordance with Article 28 (d) of the Constitution, except that in case of urgency the Board may take such action as it deems appropriate, subject to confirmation by the World Health Assembly.

4. 1931 Convention on Narcotic Drugs: Interpretation of “Convertible Substances”

The Seventh World Health Assembly,
Having considered resolution EB13.R10,

DECIDES that, so far as the functions conferred upon the World Health Organization by the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs are concerned, a substance will be considered by the World Health Organization as “convertible” where the ease of conversion and the yield obtained constitute a risk to public health, and that in cases where there is uncertainty as to whether a substance will fall under this definition, the substance will be considered as “convertible” rather than as “not convertible”.

SECOND REPORT

At its sixth meeting, on 11 May, the Committee on Programme and Budget agreed to recommend to the Seventh World Health Assembly the adoption of the following resolutions:

1. Organizational Study on Programme Analysis and Evaluation

The Seventh World Health Assembly,
Having considered the report on programme analysis and evaluation presented by the Executive Board;
Believing that it is desirable for the Director-General and the Board to continue the study of this matter,
REQUESTS the Executive Board at its fifteenth session to prepare, for the Eighth World Health Assembly, a report on this study, taking due note of the discussion in the Committee on Programme and Budget at the Seventh World Health Assembly.

2. Extension of the Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

Whereas on 29 September 1950 an agreement was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA PRNE) on the basis of principles established by the Third World Health Assembly;
Whereas the duration of this agreement was extended until 30 June 1954, or until the dissolution of the Agency if this should take place before
SEVENTH WORLD HEALTH ASSEMBLY

that date, by resolution WHA6.25, adopted by the Sixth World Health Assembly on 20 May 1953;

Whereas the United Nations General Assembly at its eighth session adopted resolution 720 (VIII), in which authorization is given to UNRWA/PNE to adopt a provisional budget for the fiscal year ending 30 June 1955;

Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWA/PNE,

The Seventh World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement until 30 June 1955, or until the dissolution of the Agency if this should take place before that date.

[WHA7.11]

3. Campaigns against Smallpox

The Seventh World Health Assembly,

Considering that Article 2 (g) of the Constitution provides that a function of the Organization shall be “to stimulate and advance work to eradicate epidemic, endemic and other diseases”; considering the study made by the Executive Board 1 in accordance with resolution WHA6.18,

REQUESTS the Director-General:

(1) to continue studies on the most effective methods of smallpox control, particularly with reference to those countries where the disease is endemic;

(2) to urge health administrations to conduct, wherever possible and necessary, campaigns against smallpox as an integral part of the public-health programmes;

(3) to provide within budgetary limitations the assistance requested by national administrations to further their smallpox control programmes; and

(4) to report to the Eighth World Health Assembly on the progress made and the results obtained.

[WHA7.5]

THIRD REPORT 2

[A7/21 — 13 May 1954]

At its seventh, eighth, ninth and tenth meetings, held on 12 and 13 May, the Committee considered the question of the budgetary ceiling for 1955.

At its tenth meeting it agreed to recommend to the World Health Assembly the adoption of the following resolution:

Budget Level and Effective Working Budget for 1955

The Seventh World Health Assembly

1. RESOLVES that the budget level for 1955 shall be US $11,953,460, to be financed by assessments against Members after deducting casual income available for 1955 of $950,000; and, further,

2. RESOLVES that the effective working budget for 1955 shall be US $10,311,100.

[WHA7.4]

FOURTH REPORT 3

[A7/32 — 19 May 1954]

At its eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth and seventeenth meetings, held on 14, 15, 17, 18 and 19 May, the Committee on Programme and Budget agreed to recommend to the World Health Assembly the adoption of the following resolutions:

1. The resolution recommended in this report was adopted by the Health Assembly at its seventh plenary meeting, with the substitution of “$9,500,000” for “$10,311,100” in paragraph 1 and of “$9,500,000” for “$10,311,100” in paragraph 2.

2. The resolution recommended in this report was adopted by the Health Assembly at its tenth plenary meeting.
1. Environmental Sanitation

Recognizing that more leadership is required from the World Health Organization in the field of environmental sanitation,

The Seventh World Health Assembly

REQUESTS the Executive Board, at its next session, to consult with the Director-General on the best means of stimulating Member States to give due prominence to projects in environmental sanitation, when formulating requests for assistance from the World Health Organization.

[WHA7.53]

2. Relations with UNICEF

Considering that the projects that have been carried on by WHO jointly with UNICEF are among the most important activities of WHO and have contributed greatly to the improvement of maternal and child health on a wide basis;

Believing that the co-operative relationship which has proved to be so effective should be maintained and strengthened;

Considering that WHO, as the directing and co-ordinating agency in international health, is the best source of technical knowledge and competence within the international field;

Recognizing that UNICEF, originally an emergency organization, has recently been put on an indefinite basis;

Noting that UNICEF has been instructed by the General Assembly of the United Nations to:

"...as appropriate, obtain from inter-governmental and non-governmental organizations having a special interest in child and family welfare the advice and technical assistance which it may require for the implementation of its programmes";

Noting that under this general policy UNICEF is now reimbursing WHO for certain of the technical personnel provided by WHO for joint projects under provisions of the agreement reached by the UNICEF/WHO Joint Committee on Health Policy in 1949;

Recognizing the importance of maintaining a proper balance within the WHO programme as between maternal and child care programmes and other numerous public-health needs and governmental requests;

Recognizing that the different systems of financing and budgeting within UNICEF and WHO create disturbing uncertainties in planning,

The Seventh World Health Assembly

1. EXPRESSES its gratitude to UNICEF for its close co-operation and active support to WHO in strengthening national health services with particular reference to services for children and mothers;

2. REAFFIRMS the principle enunciated by the Fifth World Health Assembly to the effect that:

"...WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future";

3. DECIDES that WHO must maintain a balanced public-health programme;

4. REQUESTS the Director-General to include in future programmes for joint UNICEF/WHO activities only projects for which he is sure that the technical personnel engaged by the Organization can be remunerated;

5. REQUESTS the Executive Board to determine, in agreement with the UNICEF Executive Board, the conditions under which certain joint projects could be implemented in the event of the finances required exceeding the ordinary resources of the Organization; and, further,

6. REQUESTS the Executive Board to report on this matter to the Eighth World Health Assembly.

[WHA7.50]

3. Appropriation Resolution for the Financial Year 1955

The Seventh World Health Assembly

RESOLVES to appropriate for the financial year 1955 an amount of US $10,999,360 as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I: ORGANIZATIONAL MEETINGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>192,380</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>90,310</td>
</tr>
<tr>
<td>3. Regional Committees</td>
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<td>41,800</td>
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<tr>
<td><strong>Total — Part I</strong></td>
<td></td>
<td><strong>324,490</strong></td>
</tr>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
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<td>1,715,853</td>
</tr>
<tr>
<td>5. Advisory Services</td>
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<td>4,932,245</td>
</tr>
<tr>
<td>6. Regional Offices</td>
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<td>1,342,736</td>
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<tr>
<td>7. Expert Committees and Conferences</td>
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<td>135,757</td>
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<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td><strong>8,126,591</strong></td>
</tr>
</tbody>
</table>

1 Adopted unanimously at the twelfth meeting of the Committee
III. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of \( \$22\,091 \) available from the transfer of the assets of the Office International d’Hygiène Publique

(ii) the amount of \( \$20\,835 \) representing assessments on new Members from previous years

(iii) the amount of \( \$313\,264 \) representing miscellaneous income available for the purpose

(iv) the amount of \( \$556\,810 \) available by transfer from the cash portion of the Assembly Suspense Account

(v) the amount of \( \$37\,000 \) available by transfer from the Publications Revolving Fund

Total \( \$950\,000 \)

thus resulting in assessments against Members of \( \$10\,049\,360 \).

IV. The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections.

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1955 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1955.

VI. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1955 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1955.

[WHA7.34]
“The Executive Director was directed by the Executive Board to withhold action until the next Board session on any jointly assisted projects which might be deleted from the proposed 1955 WHO budget”;

4. requests, in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor;

5. requests the Director-General, when adjusting the 1955 programme, to provide for half the cost of the international health personnel in projects for which UNICEF has been reimbursing these costs in 1954;

6. requests the Director-General, to the extent possible in the light of available resources, to re-transfer, by concentrating on priority I projects, to Technical Assistance funds those projects which, in 1954, are being financed from regular funds; further

7. requests the Director-General to submit to the Executive Board at its fifteenth session a report reflecting the adjustments made to the 1955 programme pursuant to this resolution; and, finally

8. recommends that as far as practicable for future years the Director-General develop the regular programme and Technical Assistance programme in such a way as to keep them completely separate.

[WHA7.35]

5. Modifications in the Technical Assistance Programme for 1954

The Seventh World Health Assembly,

Having considered resolution EB13.R39 of the Executive Board, on the financial problems which face the World Health Organization in implementing the programme planned for 1954;

Noting the actions taken by the Director-General to alleviate the financial problems in 1954 by applying, inter alia, to the greatest extent possible, measures in accordance with the policy established by the Executive Board in resolution EB11.R57 and approved by the Sixth World Health Assembly in resolution WHA6.9;

Noting the reaffirmation by the Executive Board in resolution EB13.R39 of the policy laid down in resolution EB11.R57.4 as applicable to the 1954 situation;

Noting that, as a result of the review of the programme undertaken early in 1954, it became necessary to request a loan from Technical Assistance funds in an amount of $185,000 against future earmarkings and allocations to the Organization in 1954, which loan has been granted;

Noting that, as a result of an increase in the 1954 earmarking to WHO from Technical Assistance funds at the 28th meeting of the Technical Assistance Board, the Director-General had found it possible to implement from Technical Assistance funds approved projects which had earlier been transferred for financing under the regular budget in an amount equivalent to the advance of $250,000 made by him from the Working Capital Fund, thus rendering unnecessary the consideration of a supplementary budget to reimburse the Working Capital Fund;

Having considered a report by the Director-General, pursuant to resolution EB13.R39, on the modifications effected in the planned overall programme for 1954,

1. approves the arrangements made by the Executive Board and the Director-General in so arranging for the use of all resources available to WHO in 1954 as to produce as little disruption of the planned programme as possible; and

2. approves the modifications effected in the planned programme for 1954 as reported by the Director-General.

[WHA7.40]

6. Legislative Developments in the Technical Assistance Programme

The Seventh World Health Assembly,

Having considered a report on legislative developments in the United Nations Expanded Programme of Technical Assistance;

Noting that certain proposals to be considered by the Economic and Social Council will be examined by the Administrative Committee on Co-ordination later in May 1954,

1. decides to defer consideration of the amendments to the basic resolution on Technical Assistance 222 (IX) of the Economic and Social Council, as envisaged in resolution WHA6.9, until developments in the management of the programme have taken definite form;

2. requests the Executive Board at its fifteenth session to examine the question again; and

1 See Annex 5.
3. REQUESTS the Director-General to submit to that session a report on further developments.

[WHA7.39]

7. Technical Assistance Programme for 1955

The Seventh World Health Assembly,

Noting that the amount of Technical Assistance funds expected to be made available to the Organization from year to year is subject to fluctuations resulting from the voluntary nature of contributions;

Believing that the financial problems which have been encountered in the past will continue to arise until such time as the financial arrangements governing the Technical Assistance programme are placed on the basis of beginning projects only when funds are in hand to assure their completion;

Considering that the fluctuations from year to year in the amount of Technical Assistance funds made available to WHO disrupt planned programmes under all resources of the Organization, are inimical to the steady planning and implementation of individual projects, and retard the approved general programme of work for a specific period,

1. REQUESTS the Director-General to do everything possible to develop the programmes financed from the regular budget of WHO and from Technical Assistance funds in such a way as to separate them as completely as possible \(^1\) in order that adjustments in one programme will not necessitate consequential adjustments in the other programme;

2. REQUESTS the Director-General, to the extent practicable, to include in the estimates of expenditure from Technical Assistance funds provisions for the fellowship requirements of appropriate individual projects (including individual fellowships), irrespective of the source from which other costs relating to such projects be financed, subject to the consent of the governments and the approval of the Technical Assistance Board;

3. AUTHORIZES the Director-General to implement the programme in priorities (categories of urgency) as proposed by him and to the extent of available resources;

4. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme, including any necessary modification thereof, in order to adjust it to the amount of funds made available;

5. REQUESTS the Executive Board to report to the Eighth World Health Assembly on any such modification made; and

6. AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.

[WHA7.41]


The Seventh World Health Assembly

NOTES the report of the Director-General on decisions of the United Nations General Assembly at its eighth session and the Economic and Social Council at its sixteenth session which relate to the activities of WHO, including administrative and financial questions.

[WHA7.51]

9. Research

The Seventh World Health Assembly,

Considering the programme for 1955;

Recognizing that public-health research and coordination of basic health research are an essential function of the World Health Organization;

Confirming the policies on research established by the Second World Health Assembly (resolution WHA2.19) and by the Executive Board at its eighth session (resolution EB8.R34);

Noting that the Executive Board, in its resolution EB13.R78, has requested the Director-General, in preparing his proposed revision of the programme of work for a specific period for consideration by the Executive Board, to emphasize in regard to research those aspects which are particularly international in character;

Realizing the world shortage of highly trained medical research personnel, and the high cost of personnel and equipment required in many fields of modern medical research;

Recognizing that basic research is normally most satisfactorily developed in national and local institutions, which may be assisted by grants from WHO for research contributing to WHO programmes;

Recognizing that, exceptionally, WHO may be forced to implement research programmes itself by consequence of its own projects;

\(^1\) Except for the provision in paragraph 2
1. REQUESTS the Executive Board and the Director-General to take note of previous resolutions in developing programme policies of the Organization;

2. URGES that Member States with suitable research resources should co-operate with WHO in research programmes applicable to the field of international health; and

3. REQUESTS the Director-General to keep in close touch with other specialized agencies interested in research in fields related to health, and to keep the Executive Board and the Health Assembly informed of any development in this connexion which may be of importance to WHO.

[WH7.52]

10. Annual Report of the Director-General for 1953

The Seventh World Health Assembly,

Having reviewed the Annual Report of the Director-General on the work of WHO in 1953; ¹

1. COMMENDS the Director-General for the work performed; and

2. APPROVES the manner in which the activities of the World Health Organization were carried forward in 1953.

[WH7.54]

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT ²

[19 — 13 May 1954]

The Committee on Administration, Finance and Legal Matters held its first seven meetings on 6, 7, 10 and 11 May 1954, under the chairmanship of Dr M. Jafar (Pakistan). On the proposal of the Committee on Nominations, Dr P. Garcia (Philippines) was elected Vice-Chairman, and Mr B. Sørensen (Denmark) Rapporteur.

The Committee established a Legal Sub-Committee, consisting of delegates of the following countries:

Argentina, Australia, Austria, Belgium, China, Cuba, Egypt, Finland, France, Germany, Iraq, Israel, Italy, Japan, Lebanon, Liberia, the Netherlands, New Zealand, Spain, Sweden, Switzerland, Tunisia, the Union of South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

Certain agenda items were referred to this sub-committee, and its recommendations, as adopted by the Committee on Administration, Finance and Legal Matters, will be embodied in the reports of the Committee.

The Secretary to the Committee made a statement supplementing the administrative, financial and legal sections of the Annual Report of the Director-General for 1953. These sections of the Annual Report were noted.

The Committee agreed to delete item 7.4, Financial Problems in 1954, from its agenda, since it is not now necessary to consider a supplementary budget to reimburse the Working Capital Fund.

The Committee decided to recommend to the Seventh World Health Assembly the adoption of the following resolutions:


The Seventh World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1953 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 54; and

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,


[WH7.25]

¹ Off. Rec. Wld Hth Org. 51
² The resolutions recommended in this report were adopted by the Health Assembly at its sixth and eighth plenary meetings, with the amendments indicated to sections 3 and 5.
2. Executive Board Special Fund

The Seventh World Health Assembly,

Considering Article 58 of the Constitution, which provides that "a special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies";

Having noted the recommendation of the Executive Board that this be established as a separate fund; and

Noting that sufficient cash funds are available in the Assembly Suspense Account to finance the establishment of such a fund,

1. DECIDES to establish a separate fund to be known as the "Executive Board Special Fund";
2. AUTHORIZES the Director-General to transfer the sum of US $100,000 from the Assembly Suspense Account to finance the establishment of this fund; and
3. AUTHORIZES the Executive Board to use this fund to meet emergencies and unforeseen contingencies, any amounts used under this authorization to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.


The Seventh World Health Assembly

1. RESOLVES that the WHO scale of assessment for 1954 shall be applicable to 1955, except that the assessment of Nepal shall be fixed at five units and that the minimum assessment shall be 0.04 per cent. ;
2. RECOMMENDS to the Eighth World Health Assembly that the United Nations scale of assessment for 1954, as adjusted to the World Health Organization membership, be adopted for 1956 and 1957 in the following manner:
   (1) one half of the adjustments necessary to make the revision shall be effected for the 1956 scale;
   (2) the remaining adjustments shall be effected for the 1957 scale; and
   (3) the per capita ceiling principle shall be applied only to the extent to which it is applied in the United Nations 1954 scale of assessment; and, further,
   3. RECOMMENDS that in establishing the scale of assessment to be used in 1958 the Health Assembly further adjust the WHO scale to take into account the latest available United Nations scale of assessment.¹

[WHA7.15]

4. Assessment of China

The Seventh World Health Assembly,

Noting that there has been no significant improvement in China's financial situation since the adoption of resolution WHA6.6 by the Sixth World Health Assembly;

Believing that the special provisions made with regard to the assessment of China (sub-paragraphs (2) and (3) of part II, paragraph 1 of that resolution) should be extended,

DECIDES

(1) that, until China's financial situation has improved, a payment of an annual sum of not less than $10,000 shall be considered adequate to avoid the application of Article 7 of the Constitution;
(2) that, notwithstanding the provisions of Financial Regulation 5.6, this annual payment by China shall be credited to income for the year concerned rather than to the arrears of earlier years; and
(3) that the balance of the arrears of China for prior years, together with the amount remaining unpaid for the year concerned, shall be subject to future arrangements, when the financial condition of this country improves.

[WHA7.17]

¹ At the eighth plenary meeting, on the proposal of the delegation of the Union of South Africa, the following amendments were made to this draft resolution:
Paragraph 1 was amended to read:
1. RESOLVES that the WHO scale of assessment for 1954 shall be applicable to 1955, except that (a) the minimum assessment of Members shall be 0.04 per cent. instead of the present five units and (b) the assessment of Nepal shall be the minimum assessment;
A new paragraph 3 was inserted, reading:
3. REQUESTS the Director-General, when circulating to Members the proposed programme and budget estimates for 1956, to include a table showing both the scale of assessment which would be applied and the amount of individual contributions which would be called for if the provisions of the preceding paragraph were applied to the budget for 1956 as proposed by the Director-General; and, further, Paragraph 3 was renumbered 4.
5. Admission of the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization

The Seventh World Health Assembly

Admits the Federation of Rhodesia and Nyasaland as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Federation of Rhodesia and Nyasaland in accordance with Rules 106 and 107 of the Rules of Procedure of the World Health Assembly.¹

[WHA7.13]

6. Agreement with the Government of Egypt

The Seventh World Health Assembly

NOTES with satisfaction the statement made by the Government of Egypt to the effect that it has withdrawn point 5 of the notes exchanged between the Egyptian Government and the World Health Organization in connexion with the Agreement concluded on 25 March 1951 between the World Health Organization and the Government of Egypt concerning the privileges, immunities and facilities to be accorded to the World Health Organization in Egypt, and

REQUESTS the Director-General to inform the Government of Egypt of the action taken by the World Health Assembly.

[WHA7.14]

SECOND REPORT ²

The Committee on Administration, Finance and Legal Matters, at its ninth, tenth and eleventh meetings, held on 14 and 15 May, adopted the following resolutions for recommendation to the Seventh World Health Assembly:

1. Sessions of Regional Committees at Regional Headquarters

The Seventh World Health Assembly,

Having noted the comments of the regional committees and the recommendation of the Executive Board on the holding of sessions of regional committees at regional headquarters; ³ and

Considering that, in accordance with Article 48 of the Constitution, regional committees are responsible for determining the place of each meeting,

RECOMMENDS that, in deciding on the place of their meetings, regional committees should consider holding them from time to time at the site of the regional office, taking into account the costs involved for the Organization and the Member States concerned.

[WHA7.26]

2. Payment of Travel Expenses of Representatives to Sessions of Regional Committees

The Seventh World Health Assembly,

Having considered resolution EB13.R27 on the payment of travel expenses of representatives to sessions of regional committees,

1. NOTES that the Executive Board has withdrawn the recommendations on this subject contained in resolution EB11.R50; and

2. DECIDES that these expenses shall not be reimbursed by WHO.

[WHA7.27]

3. Place of Eighth World Health Assembly

The Seventh World Health Assembly,

Having noted the resolution of the Executive Board (EB13.R59) on the invitation of the Government of Mexico to hold the Eighth World Health Assembly, and the session of the Executive Board which follows, in Mexico City, and the subsequent report submitted by the Director-General,

1. EXPRESSES its appreciation of the invitation extended by the Government of Mexico;

2. DECIDES that the Eighth World Health Assembly shall be held in Mexico in 1955; and

¹ The words: "the associate membership of Southern Rhodesia consequently lapsing" were added to this draft resolution at the sixth plenary meeting.

² The resolutions recommended in this report were adopted by the Health Assembly at its ninth plenary meeting.

3. REQUESTS the Director-General to enter into an appropriate agreement with the Government of Mexico in connexion with the convening of both the Eighth World Health Assembly and the session of the Executive Board which follows, and to report thereon to the Executive Board at its fifteenth session. [WHA7.29]

4. Status of Collection of Annual Contributions and Advances to the Working Capital Fund

The Seventh World Health Assembly,

Having considered the report of the Director-General on arrears of contributions as at 30 April 1954;

Noting that certain Members made no payments on their arrears during 1953,

1. DRAWS to the attention of those Members resolution WHA6.31, inviting their particular attention to the decision which provides "that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the convening of the World Health Assembly in 1955, the Assembly may consider, in accordance with Article 7 of the Constitution, whether or not the right of vote shall be granted to such a Member";

2. CALLS upon Members to take appropriate action to liquidate their arrears of contributions during 1954; and

3. REQUESTS all Members to provide regularly in their annual budgets for their contributions to the World Health Organization and to pay such contributions as early as possible after 1 January of the year in which they are due. [WHA7.19]

5. Working Capital Fund for 1955

The Seventh World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1954 be established for 1955 in the amount of US $3 385 369, plus the assessments of Members joining after 30 April 1954;

2. AUTHORIZES the Director-General:
   (1) to advance such sums in 1955 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US $250 000 is used for such purposes, except that with the prior concurrence of the Executive Board a total of US $500 000 may be so used; and
   (2) to advance such sums in 1955 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US $250 000 is used for such purposes, except that with the prior concurrence of the Executive Board a total of US $500 000 may be so used; and

3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources. [WHA7.21]

6. Publications Revolving Fund

The Seventh World Health Assembly

1. NOTES the report of the Executive Board on the status of the Publications Revolving Fund; 1

2. NOTES that the Executive Board will consider the status of this fund at its fifteenth session; and

3. REQUESTS the Board to report to the Eighth World Health Assembly on this subject. [WHA7.22]

7. Special Fund for World Health Seals

The Seventh World Health Assembly

1. NOTES the report of the Executive Board on the sale of World Health Seals and the status of the fund (resolution EB13.R32);

2. NOTES that several countries have not yet reported on their sales for 1953 and prior years;

3. REQUESTS these governments to report their sales and remit the Organization's share of the proceeds; and

4. AUTHORIZES the Director-General to continue the sale of seals to such countries as have requested them for 1955. [WHA7.23]

8. Rights and Obligations of Associate Members in Regional Committees

The Seventh World Health Assembly,

Having considered the comments of regional committees on the rights and obligations of

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Associate Members as defined in resolution WHA2.103, which were made in pursuance of resolution WHA6.38, together with the recommendation of the Executive Board that no change in the existing rights and obligations should be made pending further study of this subject (resolution EB13.R29),

1. DECIDES to make no change in the rights and obligations of Associate Members at the present time; and

2. REQUESTS the Executive Board to continue its study of this question.

9. Request concerning the Contribution of the Spanish Protectorate Zone in Morocco

The Seventh World Health Assembly,

Having noted the proposals concerning the contribution of the Spanish Protectorate Zone in Morocco,

1. REFERS this question to the Executive Board;

2. REQUESTS the two interested governments to provide the Board with all necessary information as to their respective points of view; and

3. REQUESTS the Executive Board to submit a report on this subject to the Eighth World Health Assembly.

10. Arrears of Contributions in respect of the Office International d'Hygiène Publique

The Seventh World Health Assembly

NOTES the report of the Executive Board on action taken by the Committee on Arrears of Contributions in respect of the Office International d'Hygiène Publique.

THIRD REPORT

At its twelfth and thirteenth meetings, held on 17 May, the Committee on Administration, Finance and Legal Matters adopted the following resolutions for recommendation to the Seventh World Health Assembly:

1. Additional Use of the Spanish Language

The Seventh World Health Assembly,

Recognizing the desirability of facilitating to the greatest possible extent the participation of Spanish-speaking Members in the activities of the World Health Organization;

Considering that it is desirable to take additional steps with the view of ultimately providing for Spanish to become a working language of the Assembly and the Executive Board,

1. REQUESTS that as from 1955 the Director-General make arrangements to have Spanish translations made of all Official Records of the World Health Organization, the final minutes of the Executive Board, and the reports of expert committees;

2. DECIDES that all resolutions and other formal decisions of the Health Assembly and of the Executive Board be established in both working languages and in Spanish.

These were as follows:
Draft resolution submitted by the delegations of Spain and the Spanish Protectorate Zone in Morocco:

The Seventh World Health Assembly

DECIDES, in virtue of resolution WHA6.37, that the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member, shall be fixed by the Executive Board.

Amendments to the above draft submitted by the delegation of France:

1. Add the following preamble:
   "Considering that for 1955 the contribution of Morocco, Associate Member, has been fixed at three units";

2. Replace the words "the contribution of the Spanish Protectorate Zone in Morocco, as Associate Member" by the following:
   "the amount to be contributed by the various zones in Morocco";

3. Insert after the words "the Executive Board" the following:
   "on the proposal of the Director-General and in agreement with the Governments concerned, taking into account their relative demographic, economic and social factors".

The resolutions recommended in this report were adopted by the Health Assembly at its tenth plenary meeting.
2. Appointment of External Auditor

The Seventh World Health Assembly

RESOLVES that Mr Uno Brunskog be appointed External Auditor of the accounts of the World Health Organization for the three financial years 1955 to 1957 inclusive, to make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence.

[WHA7.44]

3. Cost-of-Living Adjustments

The Seventh World Health Assembly,

Noting that a system of cost-of-living adjustments is still under review by the United Nations and that the United Nations General Assembly has postponed further action on this matter, DEFERS consideration of this question until such time as the United Nations General Assembly has taken action.

[WHA7.45]

4. Appointment of Representatives on WHO Staff Pension Committee

The Seventh World Health Assembly

1. RESOLVES that the member of the Executive Board designated by the Government of the Union of South Africa be appointed as member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Japan be appointed as alternate member, the appointments being for a period of three years;

2. DECIDES that any member or alternate member of the WHO Pension Committee appointed by the Assembly may, in case of necessity, be represented at meetings of the WHO Pension Committee or the Pension Board by the person who is his alternate on the Executive Board.

[WHA7.46]


The Seventh World Health Assembly

NOTES the annual report of the United Nations Joint Staff Pension Board for 1952, which was referred to the World Health Organization by the Secretary-General of the United Nations in accordance with Article 35 of the Regulations of the United Nations Joint Staff Pension Fund.

[WHA7.47]

6. Accommodation for Headquarters Office

The Seventh World Health Assembly,

Having considered the supplementary report of the Building Committee, transmitted by the Executive Board, on the cost of the extension of the Palais des Nations to provide accommodation for WHO Headquarters,¹

1. APPROVES the actions taken by that committee;

2. NOTES that the unused balance of the credits voted by the Fourth and Fifth World Health Assemblies has, in accordance with resolution WHA4.40, been transferred to the Assembly Suspense Account;

3. NOTES with satisfaction that WHO has been provided with permanent accommodation for its headquarters office, the cost of which has been fully met;

4. CONSIDERS the task entrusted to the Building Committee as completed; and

5. REAFFIRMS its thanks to the Government of Switzerland for its contribution to the costs involved.

[WHA7.49]

At the thirteenth meeting of the Committee, in a vote on the amendments to Articles 24 and 25 of the Constitution proposed by the Governments of Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland, the two-thirds majority required for the adoption of this proposal, under Article 73 of the Constitution, was not obtained.

¹ Off. Rec. Wld Hlth Org. 52, Annex 18
FOURTH REPORT ¹

[A7/31 — 19 May 1954]

The Committee on Administration, Finance and Legal Matters, at its fourteenth and fifteenth meetings, held on 18 May, adopted the following resolutions for recommendation to the Seventh World Health Assembly:

1. Regional Committee for the Eastern Mediterranean ²

The Seventh World Health Assembly, having examined the situation existing in the Eastern Mediterranean Region and the necessity for convening the Regional Committee in order to satisfy the legitimate health needs of Member States and to ensure judicious and effective application of the provisions laid down in the Constitution;

Considering the decisions set forth in paragraphs 1 and 3 of resolution WHA6.47,

1. Expresses its regret that the two sub-committees contemplated in this resolution were not able to meet in 1953 as planned;

2. Decides that the Regional Committee for the Eastern Mediterranean should provisionally carry out its duties through being divided into two sub-committees and in accordance with the following rules:

   (1) each of the Member States of the Region, in accordance with its declared wishes, shall be seated in one or other of the two sub-committees;

   (2) the voting rights of the Member States concerned shall be exercised in only one of the sub-committees, the Member States being permitted to attend either of the sub-committees and participate in the deliberations thereof;

   (3) each sub-committee shall draw up its own method of procedure, the Regional Director proposing draft rules for consideration at the first meeting of the sub-committees;

   (4) the procedure adopted shall not be inconsistent with the general rules of procedure followed by the Health Assembly;

   (5) for elections, whenever required, a secret ballot shall be taken, by postal vote if necessary, the ballot papers from each sub-committee being sealed in a cover and both sealed covers opened at a time and place to be fixed by the Regional Director and announced by him to the members of both sub-committees;

   (6) while it is recommended that it is desirable that the two sub-committees meet preferably at the same place and on the same dates but at different hours, it should not be made a condition of the holding of the sessions of the sub-committees;

   (7) the conclusions arrived at by either sub-committee shall be made available to the other sub-committee within as short a period as possible;

   (8) in order to co-ordinate the opinions of the two sub-committees, the following procedure shall be adopted: a person designated by each sub-committee, with the authorization of the respective sub-committees, shall meet together with the Regional Director in order to harmonize as far as may be necessary the decisions of the sub-committees and to present a final report, and the decisions arrived at shall be forwarded to the Executive Board with the details of voting, if any;

   (9) if for any reason one or other of the sub-committees should be unable to meet on the date and at the place notified, the other sub-committee's opinions shall be forwarded to the Director-General;

   (10) both sub-committees shall consider the same agenda, prepared by the Regional Director and covering the whole Region.

3. Decides that the above provisional regime shall be terminated if at any time all Member States in the Region agree to suspend the provisional arrangements suggested and to work on the usual basis of a regional committee (in this event the session of the regional committee shall be convened according to the usual provisions);

4. Expresses the hope that some of the Member States in the Region will join both sub-committees in order to strengthen the work of the World Health Organization in the Eastern Mediterranean Region; and, finally,

5. Requests the Director-General and the Regional Director to take the necessary measures in order to implement this resolution.

¹ The resolutions recommended in this report were adopted by the Health Assembly at its tenth plenary meeting.

² The remarks of the Chairman of the Committee and the Chairman of the Working Party on this subject are appended verbatim to the minutes of the fourteenth meeting.
2. Procedure for the Consideration by the Executive Board of the 1956 Programme and Budget Estimates

The Seventh World Health Assembly,

Recalling the decision of the First World Health Assembly, based on the recommendation of the Interim Commission, instructing the Executive Board “to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Executive Board”;

Considering that it would be useful to have prepared for the Eighth World Health Assembly a detailed analysis of the financial aspects of the Director-General’s proposed programme and budget for 1956;

Believing that such an analysis can best be made by a small group,

INSTRUCTS the Executive Board to establish a Standing Committee on Administration and Finance, to consist of seven of its members, to make a detailed analysis of the financial aspects of the proposed programme and budget for 1956 for the use of the Board. [WHA7.37]

3. Procedure for the Consideration by the Eighth World Health Assembly of the 1956 Programme and Budget Estimates

The Seventh World Health Assembly

1. REQUESTS the Executive Board, in studying the procedure for consideration of the 1956 programme and budget estimates at the Eighth World Health Assembly, to consider the desirability of recommending that the Assembly give the following instructions to the main committee to which it assigns responsibility for considering the proposed programme and budget for 1956:

(1) The committee, immediately upon its organization, should establish a working party to make a detailed examination of the Director-General’s programme and budget estimates for 1956;

(2) The working party should start its work promptly and produce its report as early as possible; and

(3) The main committees should not begin debate on the total programme and budget, including the budgetary ceiling, until after receipt and consideration of the report and recommendations of the working party; further,

2. REQUESTS the Executive Board, if it finds it desirable to recommend the establishment of such a working party, to prepare recommendations on the size, the method of appointment of its members, and its terms of reference, taking into account the experience and procedures of United Nations organs performing functions similar to those to be entrusted to the working party.

[WHA7.38]

4. Form of Presentation of Annual Programme and Budget Estimates

The Seventh World Health Assembly,

Having considered a report by the Executive Board on the future form of presentation of the annual programme and budget estimates of the Organization;

Considering that the World Health Organization has entered into an agreement with the United Nations to conform, as far as may be practicable, to standard practices and forms recommended by the United Nations;

Recalling the instructions of the Third World Health Assembly on the presentation of the annual programme and budget estimates of the Organization “in a form specially adapted to the character and requirements of the Organization” (resolution WHA3.107);

Bearing in mind resolution 411 (V) of the General Assembly of the United Nations, which requests specialized agencies, inter alia, to provide in their regular budget documents information concerning the estimates for expenditure of Technical Assistance funds, as well as other extra-budgetary funds;

Reaffirming the criteria established by the Fourth World Health Assembly, and by the Executive Board at its eighth and tenth sessions (resolutions EB8.28 and EB10.11), to be followed by the Director-General in planning the annual programme and budget estimates, with respect to:

(i) the form of presentation of the annual programme and budget estimates of the Organization (resolution WHA4.56),

(ii) the concentration of effort and resources (resolution WHA4.10),

2 Off. Rec. Wld Hlth Org. 12, 25-26
3 Off. Rec. Wld Hlth Org. 52, Annex 15
(iii) the co-ordination of international health programmes, such as rehabilitation of the physically handicapped (resolution WHA4.18), and (iv) the co-ordination of planning of UNICEF/WHO programmes (resolution WHA4.74);

Believing that the modified form of presentation of the annual programme and budget estimates of the Organization outlined in the report of the Executive Board conforms (subject to the country schedules included in Annex 2 showing for the two preceding years, as well as for the year under review, the total costs together with the total number of posts for each project) to the special requirements of the Organization, including the provision of Article 2 (a) of the Constitution that the Organization should “act as the directing and co-ordinating authority on international health work”;

1. REQUESTS the Director-General, in planning the proposed programme and budget estimates of the Organization for 1956 and future years:
   (1) to continue to be guided by the approved general programme of work covering a specific period (Article 28 (g) of the Constitution);
   (2) to present an appropriately balanced world health programme reflecting regional health programmes which include information indicating the integration of internationally assisted health projects proposed in respect of individual countries within each region, giving consideration to the recommendations and comments of the regional committees concerned;
   (3) to prepare his programme and budget estimates in such a way that he will be able to present to the Executive Board and the World Health Assembly separate proposals as to the activities under the regular budget on the one hand and those financed by extra-budgetary funds on the other, provided that the amounts shall not be added together;
   (4) to continue to examine requests from governments for assistance in the health field with a view to the development and implementation of projects which can be continued by the governments after the withdrawal of international assistance;
   (5) to continue to co-operate with UNICEF and other agencies providing assistance in the international health field and with the governments concerned, in order to develop appropriate international health programmes;
   (6) to indicate by countries the additional amounts expected to be contributed by the governments in local currencies (expressed in US dollars) in respect of the proposed health programmes; and

2. DECIDES that the future form of presentation of the annual programme and budget estimates of the Organization shall follow the pattern adopted for the proposed programme and budget estimates for 1955 with the modifications recommended by the Executive Board, except that the country schedules included in Annex 2 shall show for the two preceding years, as well as for the year under review, the total costs, together with the total number of posts, for each project.

[WHA7.36]

At the fifteenth meeting of the Committee, Dr Garcia (Philippines), Vice-Chairman, presided because of the departure of Dr Jafar (Pakistan), Chairman. Mr D. B. Sole (Union of South Africa) was elected Acting Vice-Chairman because of the imminent departure of Dr Garcia.

FIFTH REPORT ¹

At the sixteenth and seventeenth meetings of the Committee on Administration, Finance and Legal Matters, held on 19 May, the following resolutions were adopted for recommendation to the Seventh World Health Assembly:

1 The resolutions recommended in this report were adopted by the Health Assembly at its tenth plenary meeting.

2. Local Costs in respect of International Project Personnel under the Regular Budget

The Seventh World Health Assembly,

Having considered the recommendation of the Executive Board concerning local costs in respect of international project personnel under the regular budget (resolution EB13.R44);

Noting the recommendation of the Fifth World Health Assembly that the Technical Assistance Committee of the Economic and Social Council “consider the possibility of removing the requirement for governments to provide lodging and travel per diem in the country” to experts assigned to projects financed under the United Nations Expanded Programme of Technical Assistance for Economic Development (resolution WHA5.59);

Recognizing that the contributions made by governments in local currencies towards the overall costs of projects in their respective countries exceed, in most cases, the amounts provided by the World Health Organization for such projects,

1. AGREES that the requirement for governments to provide lodging and other subsistence allowances (including travel per diem within the country) to experts assigned to projects financed under the regular budget should be removed and that this should be effected by the adoption of a transitional arrangement;

2. AUTHORIZES the Director-General in respect of the regular programme:
   
   (i) to defer the starting of the implementation of all new regular projects planned to be started in 1955 for a further period of approximately two months, as may be necessary to ensure the availability in 1955 of funds to enable the Organization to provide lodging and other subsistence allowances to international staff assigned to such new projects;
   
   (ii) to discontinue the requirement that the government concerned should provide lodging and other subsistence allowances (including travel per diem within the country) to experts assigned to new projects planned to start in 1955;

3. REQUESTS the Director-General to make such provision as may be appropriate to cover these costs in respect of all regular projects in the programme and budget estimates for 1956 and future years; and, further,

4. REQUESTS the Director-General, in respect of the Expanded Programme of Technical Assistance, to inform the Technical Assistance Committee and the Technical Assistance Board of this decision, with a view to harmonizing this procedure and making it uniform.

[WH A7.42]

3. Local Costs in respect of International Project Personnel under the Technical Assistance Programme

The Seventh World Health Assembly

NOTES the existing position on the payment of local costs in respect of international project personnel under the United Nations Expanded Programme of Technical Assistance.

[WH A7.43]

4. Rules of Procedure of the World Health Assembly

The Seventh World Health Assembly,

Having considered the revised Rules of Procedure of the Health Assembly proposed by the Executive Board at its thirteenth session;

Noting that several Members have proposed additional changes requiring further detailed consideration as to both form and substance,

1. REQUESTS the Director-General to transmit the revised Rules to Members and Associate Members and to invite them to give their views and suggestions on any items relating thereto, in time for submission to the Executive Board at its fifteenth session; and

2. REQUESTS the Executive Board to prepare a report on this subject for the Eighth World Health Assembly.

[WH A7.30]
LEGAL SUB-COMMITTEE

SECOND REPORT ¹

The Legal Sub-Committee held its second meeting on 12 May 1954, under the chairmanship of Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland).

1. Admission of the Federation of Rhodesia and Nyasaland

The Sub-Committee finds that the application for associate membership made on behalf of the Federation of Rhodesia and Nyasaland by the United Kingdom of Great Britain and Northern Ireland is in conformity with the provisions of the Constitution and of the Rules of Procedure of the Health Assembly and therefore recommends to the Committee on Administration, Finance and Legal Matters that this territory be admitted to associate membership.

2. Withdrawal of Point 5 of the Notes Exchanged in connexion with the Host Agreement between the Government of Egypt and WHO

The Sub-Committee, having examined the question of the withdrawal by the Government of Egypt of point 5 of the notes exchanged, ² recommends that the resolution contained in the note submitted by the Director-General be transmitted by the Committee to the Assembly for its approval.

THIRD REPORT ³

The Legal Sub-Committee held its second meeting on 12 May 1954, under the chairmanship of Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland).

Amendments to the Constitution of the World Health Organization on Membership of the Executive Board

The Sub-Committee finds that the proposals for the amendment of the Constitution submitted by Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland, ¹ having been submitted in accordance with the provisions of Article 73 of the Constitution, are receivable and can be acted upon by the Seventh World Health Assembly.

The Sub-Committee furthermore finds that the proposal of the Dominican Republic, ⁵ not having been submitted within the period provided by Article 73 of the Constitution, is not receivable and cannot therefore be considered by this Assembly.

The delegates of Australia, China and Spain are of the opinion that the proposal of the Dominican Republic can be introduced as an amendment to the proposals submitted by Belgium, France, Italy and the United Kingdom of Great Britain and Northern Ireland.

¹ Examined by the Committee on Administration, Finance and Legal Matters at its eighth meeting. The first report was delivered orally at the Committee's seventh meeting, see page 330.


³ Examined by the Committee on Administration, Finance and Legal Matters at its eighth meeting

⁴ See Annex 7, sections 1-4.

⁵ See Annex 7, section 5.
FOURTH REPORT ¹

The Legal Sub-Committee met on 13, 14, 18 and 19 May 1954 in order to examine the revision of the Rules of Procedure of the Health Assembly proposed by the Executive Board.

While the Sub-Committee generally agreed with the proposed revision, certain delegations made suggestions for further changes such as would, in the opinion of the Sub-Committee, require detailed consideration of the relevant articles of the Rules, as to both form and substance, in particular as regards Rules 3, 4, 6, 22, 23, 24, 42, 66, 68, 74, 79, 84, 88, 89 and 108.²

The Sub-Committee therefore considered that it would be preferable to postpone the approval of the revision until all the proposed changes had received such detailed consideration. It was of opinion that the Director-General should be requested to invite Members and Associate Members to give their views and suggestions on these and any other items relating to the Rules of Procedure that they might wish to raise, the views and suggestions received to be transmitted to him in time for submission to the Executive Board at its fifteenth session for the preparation of a report thereon to the Eighth World Health Assembly.

The Sub-Committee therefore proposes that the Committee on Administration, Finance and Legal Matters recommend to the Health Assembly the adoption of the following resolution:

The Seventh World Health Assembly,

Having considered the revised Rules of Procedure of the Health Assembly proposed by the Executive Board at its thirteenth session;

Noting that several Members have proposed additional changes requiring further detailed consideration as to both form and substance,

1. REQUESTS the Director-General to transmit the revised Rules to Members and Associate Members and to invite them to give their views and suggestions on any items relating thereto that they may wish to raise, in time for submission to the Executive Board at its fifteenth session;

2. REQUESTS the Executive Board to prepare a report thereon to the Eighth World Health Assembly.

¹ Examined by the Committee on Administration, Finance and Legal Matters at its seventeenth meeting
² The numbers given are those of the Rules in force (Handbook of Basic Documents, sixth edition) except for Rule 74, a new rule proposed by the Executive Board (see page 421).
PART III

ANNEXES
Annex 1

LÉON BERNARD FOUNDATION COMMITTEE

REPORT ON MEETING HELD 14 JANUARY 1954

The Léon Bernard Foundation Committee met on 14 January 1954, in conformity with the Statutes of the Léon Bernard Foundation and with resolution EB10.R1 adopted by the Executive Board at its tenth session, to propose to the Seventh World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1954.

The Committee noted the financial situation of the Fund. The original capital, amounting to Sw. fr. 13,000, had been supplemented by Sw. fr. 2000 accumulated interest, and the whole invested as follows: Sw. fr. 11,000 at 3.25 per cent. and Sw. fr. 4000 at 3 per cent., giving an annual interest of Sw. fr. 477.50.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total investment</td>
<td>Sw. fr. 11,000 at 3.25% and Sw. fr. 4000 at 3%</td>
</tr>
<tr>
<td>Interest accumulated at 1.1.53 (including invested interest)</td>
<td>2,902.40</td>
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<tr>
<td>Deduct: Cost of 1953 award</td>
<td>1,073.00</td>
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<tr>
<td>Add: Interest accumulated during 1953 (on total investment)</td>
<td>477.50</td>
</tr>
<tr>
<td>Amount available for award at 31.12.53 including Sw. fr. 2000 invested interest which is readily convertible</td>
<td>2,306.90</td>
</tr>
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</table>

The Committee noted the replies received from governments to the Director-General’s circular letter of 21 August 1953 requesting nominations, as well as replies from individuals competent to propose candidates, and examined in detail the curricula vitae of the nominees.

The Committee wished to place on record that all the candidates who had been proposed were of an outstanding nature. It was, however, unanimous in its decision to propose to the Seventh World Health Assembly that the Léon Bernard Foundation Prize for 1954 should be awarded to Professor Jacques Parisot, in virtue of his outstanding contribution and practical achievements in the field of social medicine. The Committee requested the Director-General to have available the engraved medal and the sum of 1000 Swiss francs for presentation during a plenary meeting of the Seventh World Health Assembly.

The Committee wished to thank the Director-General for the very clear and concise documentation presented for its meeting.

The Committee also decided that it should meet at a later date to consider the possible revision of the Statutes of the Foundation.

1 See resolution WHA7.3 and fifth plenary meeting.

2 Members: Dr Melville Mackenzie (Chairman), Professor M. J. Ferreira (Rapporteur), Professor O. Andersen, Professor F. Hurtado, Dr F. S. Maclean
1. At its thirteenth session the Executive Board created an ad hoc committee consisting of Dr Melville Mackenzie, Professor F. Hurtado and Dr H. van Zile Hyde, to meet on 3 May 1954 to consider the Financial Report and Accounts of the Organization for 1953 and the Report of the External Auditor, and to submit to the Seventh World Health Assembly, on behalf of the Board, such comments as it deemed necessary (resolution EB13.R37).

2. The Committee met on 3 May 1954 at the Palais des Nations, Geneva. The meeting was attended by Dr Mackenzie and Dr Hyde. Professor Hurtado was unable to be present. Dr Hyde was elected Chairman.

3. Mr Brunskog, the External Auditor, made a brief statement inviting attention to the more significant points in his report. With regard to the Building Fund, a final statement of account had not yet been received from the United Nations, but such an account was expected very shortly. The situation with regard to the total expenditure had not been altered and there would be a small unused balance remaining in the Fund. Mr Brunskog stated that he was well pleased with the duties performed by the Office of Internal Audit and that the work which had been carried out by that office during 1953 was highly satisfactory. He also referred to paragraph 14 of his report. The Committee felt that the remarks of the External Auditor in that paragraph are so important that they should be brought specifically to the attention of the Health Assembly. The remarks were as follows:

I have observed with satisfaction:

(a) that the finance staff is now experienced and well trained in its duties;

(b) that the present system of internal auditing appears to be operating satisfactorily, so that I am in a position to rely upon it in carrying out my own task (and here I would express my thanks for the helpful collaboration which I have received in this way);

(c) that the remarks and suggestions contained in my previous reports have always been carefully considered and, where necessary, appropriate action has been taken.

I therefore have no general observations to bring forward in respect of the financial management and the accounts of the Organization in 1953.

4. The Committee then referred to the item of Sundry Debtors, in the amount of $727,534, shown in Exhibit I, page 6. The External Auditor had explained in his report (page 75, paragraph 9) that $334,112 of this amount was an advance to the United Nations in connexion with the new buildings, and the Committee requested information regarding the balance. The representative of the Director-General explained that part of the balance—$228,000—had been owing to the regular budget from Technical Assistance funds and had been repaid shortly after 1 January 1954. The remainder was made up of advances to other organizations to perform services for WHO, guarantee deposits, and travel and salary advances made to staff members in accordance with the Staff Regulations and Financial Regulations.

5. The Committee examined the statements showing the arrears of contributions due from active Members. The amount due at the end of 1953 was greater than the amount at the beginning of the year. Although noting that a separate document on this matter would be considered by the Seventh World Health Assembly under agenda item 7.18, the
Committee felt that it should call the attention of the Health Assembly to this very important matter and invite attention specifically to resolution WHA6.31, and the decision in that resolution which provides:

...that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the convening of the World Health Assembly in 1955, the Assembly may consider, in accordance with Article 7 of the Constitution, whether or not the right of vote shall be granted to such a Member.

6. The Committee noted that there was a cash surplus of $332,598, i.e., the income of the Organization had exceeded its expenditure by that amount in 1953. As this was the first time a cash surplus had occurred, and as the amount was sizeable, the Committee requested further information regarding the item. The representative of the Director-General stated that the Director-General, realizing that the Organization would face financial problems in 1954 as a result of the reduced amount of resources which would be available from Technical Assistance funds, had taken the following steps in the latter half of 1953:

1. cut back the programme drastically for the purpose of saving as much money as possible under the regular budget in 1953, so that it could if necessary be authorized for use by the Health Assembly to repay a withdrawal from the Working Capital Fund;
2. deferred wherever possible starting in 1953 new projects which would require additional expenditure in 1954.

As a result there was an overall effective working budget surplus of $805,000. Furthermore the measures had produced the cash surplus of $332,598 which had been brought to the attention of the Committee. It was noted that the measures had also resulted in a balance under the Technical Assistance funds allocated to WHO, which had been carried over and was available for use in 1954.

7. The Committee noted that while in the report on the 1952 Accounts the External Auditor had recommended an increase in the size of the Working Capital Fund, he had not commented on this subject in his report on the Accounts for 1953. The External Auditor replied that while he had not specifically referred to the point again, in his opinion prudent financial management would warrant early consideration being given to some increase in the fund. The Committee wished to bring to the attention of the Health Assembly the fact that the Executive Board, in its resolution EB13.R31, had referred to the point and had recommended the establishment of the Special Fund of the Executive Board as a separate fund, apart from the Working Capital Fund. Such action would result in increasing the cash resources of the Working Capital Fund.2

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1 Off. Rec. Wld Hlth Org. 47, 81
2 In the last part of its report, not reproduced here, the ad hoc Committee proposed the draft resolution that was adopted by the Health Assembly as WHA7.25.
## Annex 3

**SUMMARY OF BUDGET ESTIMATES**

**FOR THE FINANCIAL YEAR 1 JANUARY TO 31 DECEMBER 1955**

as approved by the Seventh World Health Assembly

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### PART I — ORGANIZATIONAL MEETINGS

<table>
<thead>
<tr>
<th>Section</th>
<th>Personal Services</th>
<th>1955 Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 00</td>
<td>Salaries and wages (temporary staff)</td>
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<tr>
<td>Chapter 20</td>
<td>Travel and Transportation</td>
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<tr>
<td>21 Duty travel</td>
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<td>25 Travel of delegates</td>
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<td>Chapter 30</td>
<td>Space and Equipment Services</td>
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<tr>
<td>31 Rental and maintenance of premises</td>
<td>7,000</td>
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</tr>
<tr>
<td>32 Rental and maintenance of equipment</td>
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<td>Total - Chapter 30</td>
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<tr>
<td>Chapter 40</td>
<td>Other Services</td>
<td></td>
</tr>
<tr>
<td>43 Other contractual services</td>
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</tr>
<tr>
<td>44 Freight and other transportation costs</td>
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</tr>
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<td>Total - Chapter 40</td>
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<tr>
<td>Chapter 50</td>
<td>Supplies and Materials</td>
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<tr>
<td>51 Printing</td>
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<td>52 Visual materials</td>
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<td>53 Supplies</td>
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<td>Chapter 80</td>
<td>Acquisition of Capital Assets</td>
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<tr>
<td>82 Equipment</td>
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<td>Total - Chapter 80</td>
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<tr>
<td>TOTAL — SECTION 1</td>
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### SECTION 2 EXECUTIVE BOARD AND ITS COMMITTEES

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<th>Chapter</th>
<th>Personal Services</th>
<th>1955 Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 00</td>
<td>Salaries and wages (temporary staff)</td>
<td>19,000</td>
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<td>Chapter 20</td>
<td>Travel and Transportation</td>
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<tr>
<td>21 Duty travel</td>
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<td>25 Travel and subsistence of members</td>
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<td>26 Travel and subsistence of temporary staff</td>
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<td>Total - Chapter 20</td>
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<tr>
<td>Chapter 30</td>
<td>Space and Equipment Services</td>
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<td>31 Rental and maintenance of premises</td>
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<tr>
<td>32 Rental and maintenance of equipment</td>
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<td>Total - Chapter 30</td>
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<tr>
<td>Chapter 40</td>
<td>Other Services</td>
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<tr>
<td>41 Communications</td>
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<td>43 Other contractual services</td>
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<td>Total - Chapter 40</td>
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<td>Chapter 50</td>
<td>Supplies and Materials</td>
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<td>51 Printing</td>
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<td>53 Supplies</td>
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<td>Total - Chapter 50</td>
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<td>TOTAL — SECTION 2</td>
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### SECTION 3 REGIONAL COMMITTEES

<table>
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<tr>
<th>Chapter</th>
<th>Personal Services</th>
<th>1955 Estimated Expenditure US $</th>
</tr>
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<tbody>
<tr>
<td>Chapter 00</td>
<td>Salaries and wages (temporary staff)</td>
<td>7,600</td>
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<tr>
<td>TOTAL — Chapter 00</td>
<td>7,600</td>
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1 See resolution WHA7.34.
Chapter 20  
**Travel and Transportation**

21  Duty travel  ....  ....  17 100  
26  Travel and subsistence of temporary staff  ....  ....  6 600  

Total — Chapter 20  23 700  

Chapter 40  
**Other Services**

43  Other contractual services  ....  ....  5 700  

Total — Chapter 40  5 700  

Chapter 50  
**Supplies and Materials**

53  Supplies  ....  ....  4 800  

Total — Chapter 50  4 800  

**PART II — OPERATING PROGRAMME**

Section 4  
**Central Technical Services**

Chapter 00  
**Personal Services**

01  Salaries and wages  ....  ....  934 418  
02  Short-term consultants’ fees  ....  ....  10 700  

Total — Chapter 00  945 118  

Chapter 10  
**Personal Allowances**

12  Dependants  ....  ....  25 487  
13  Repatriation  ....  ....  11 300  
14  Pension Fund  ....  ....  129 835  
15  Staff insurance  ....  ....  9 404  

Total — Chapter 10  176 026  

Chapter 20  
**Travel and Transportation**

21  Duty travel  ....  ....  55 610  
22  Travel of short-term consultants  ....  ....  8 700  
23  Travel on initial recruitment and repatriation  ....  ....  15 388  
24  Travel on home leave  ....  ....  29 825  
27  Transportation of personal effects  ....  ....  4 029  

Total — Chapter 20  113 552  

Chapter 30  
**Space and Equipment Services**

31  Rental and maintenance of premises  ....  ....  60 985  
32  Rental and maintenance of equipment  ....  ....  4 942  

Total — Chapter 30  65 927  

Chapter 40  
**Other Services**

41  Communications  ....  ....  44 949  
42  Hospitality  ....  ....  4 286  
43  Other contractual services  ....  ....  36 873  
44  Freight and other transportation costs  ....  ....  17 772  

Total — Chapter 40  103 880  

Chapter 50  
**Supplies and Materials**

51  Printing  ....  ....  163 629  
53  Supplies  ....  ....  29 759  

Total — Chapter 50  193 388  

Chapter 60  
**Fixed Charges and Claims**

61  Reimbursement of income tax  ....  ....  3 214  
62  Insurance  ....  ....  999  

Total — Chapter 60  4 213  

Chapter 70  
**Grants and Contractual Technical Services**

72  Contractual technical services  ....  ....  81 665  

Total — Chapter 70  81 665  

Chapter 80  
**Acquisition of Capital Assets**

81  Library books  ....  ....  15 000  
82  Equipment  ....  ....  17 084  

Total — Chapter 80  32 084  

**TOTAL — SECTION 4**  1 715 853  

Section 5  
**Advisory Services**

Chapter 00  
**Personal Services**

01  Salaries and wages  ....  ....  2 295 699  
02  Short-term consultants’ fees  ....  ....  213 237  

Total — Chapter 00  2 508 936  

1 Under this section, the purpose-of-expenditure breakdown of the amount appropriated by the Health Assembly reflects the application, on a pro rata basis where appropriate, of the reduction imposed by the Health Assembly on the amount originally proposed by the Director-General in Official Records No. 50. The revised distribution by purpose of expenditure can be established only when the revision of the programme has been completed after consultations with the governments affected, negotiations with UNICEF and a consideration of the resources likely to be made available under the Expanded Programme of Technical Assistance. The revised distribution will be shown in the 1955 column of the proposed programme and budget estimates for 1956 (to be published in Official Records No. 58).
### Chapter 10: Personal Allowances

<table>
<thead>
<tr>
<th>Item</th>
<th>1955 Estimated Expenditure (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging, subsistence and special monthly allowances</td>
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<tr>
<td>Dependants</td>
<td>108,965</td>
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<tr>
<td>Repatriation</td>
<td>13,239</td>
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<tr>
<td>Pension Fund</td>
<td>161,739</td>
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<tr>
<td>Staff insurance</td>
<td>22,752</td>
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<td><strong>Total — Chapter 10</strong></td>
<td><strong>321,653</strong></td>
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### Chapter 20: Travel and Transportation

<table>
<thead>
<tr>
<th>Item</th>
<th>1955 Estimated Expenditure (US $)</th>
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</thead>
<tbody>
<tr>
<td>Duty travel</td>
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<tr>
<td>Travel of short-term consultants</td>
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<tr>
<td>Travel on initial recruitment and repatriation</td>
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<tr>
<td>Travel on home leave</td>
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<td>Travel and subsistence of temporary staff</td>
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<td>Transportation of personal effects</td>
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### Chapter 30: Space and Equipment Services

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Rental and maintenance of premises</td>
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<td>Rental and maintenance of equipment</td>
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### Chapter 40: Other Services

<table>
<thead>
<tr>
<th>Item</th>
<th>1955 Estimated Expenditure (US $)</th>
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<tbody>
<tr>
<td>Communications</td>
<td>18,834</td>
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<tr>
<td>Hospitality</td>
<td>2,545</td>
</tr>
<tr>
<td>Other contractual services</td>
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<tr>
<td>Freight and other transportation costs</td>
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### Chapter 50: Supplies and Materials

<table>
<thead>
<tr>
<th>Item</th>
<th>1955 Estimated Expenditure (US $)</th>
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</thead>
<tbody>
<tr>
<td>Printing</td>
<td>518</td>
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<tr>
<td>Supplies</td>
<td>128,990</td>
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<td><strong>129,508</strong></td>
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### Chapter 60: Fixed Charges and Claims

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>Reimbursement of income tax</td>
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<tr>
<td>Insurance</td>
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### Chapter 70: Grants and Contractual Technical Services

<table>
<thead>
<tr>
<th>Item</th>
<th>1955 Estimated Expenditure (US $)</th>
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<tbody>
<tr>
<td>Fellowships</td>
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<tr>
<td>Contractual technical services</td>
<td>54,680</td>
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<tr>
<td>Participants in seminars and other educational meetings</td>
<td>163,825</td>
</tr>
<tr>
<td><strong>Total — Chapter 70</strong></td>
<td><strong>1,093,220</strong></td>
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### ANNEX 3

#### PART III — ADMINISTRATIVE SERVICES

<table>
<thead>
<tr>
<th>Chapter 80</th>
<th>Acquisition of Capital Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Library books</td>
<td>12,500</td>
</tr>
<tr>
<td>82 Equipment</td>
<td>22,800</td>
</tr>
<tr>
<td><strong>Total — Chapter 80</strong></td>
<td><strong>35,300</strong></td>
</tr>
<tr>
<td><strong>TOTAL — SECTION 6</strong></td>
<td><strong>134,273</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 10</th>
<th>Personal Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Dependents</td>
<td>21,924</td>
</tr>
<tr>
<td>13 Repatriation</td>
<td>8,400</td>
</tr>
<tr>
<td>14 Pension Fund</td>
<td>92,913</td>
</tr>
<tr>
<td>15 Staff insurance</td>
<td>6,636</td>
</tr>
<tr>
<td>16 Representation</td>
<td>6,500</td>
</tr>
<tr>
<td><strong>Total — Chapter 10</strong></td>
<td><strong>136,373</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 20</th>
<th>Travel and Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Duty travel (permanent staff)</td>
<td>7,692</td>
</tr>
<tr>
<td>22 Travel of short-term consultants</td>
<td>69,228</td>
</tr>
<tr>
<td>23 Travel on initial recruitment and repatriation</td>
<td>2,340</td>
</tr>
<tr>
<td>24 Travel on home leave</td>
<td>35,510</td>
</tr>
<tr>
<td>27 Transportation of personal effects</td>
<td>1,594</td>
</tr>
<tr>
<td><strong>Total — Chapter 20</strong></td>
<td><strong>85,454</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 30</th>
<th>Space and Equipment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Rental and maintenance of premises</td>
<td>49,496</td>
</tr>
<tr>
<td>32 Rental and maintenance of equipment</td>
<td>1,990</td>
</tr>
<tr>
<td><strong>Total — Chapter 30</strong></td>
<td><strong>51,486</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 40</th>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Communications</td>
<td>24,378</td>
</tr>
<tr>
<td>42 Hospitality</td>
<td>3,169</td>
</tr>
<tr>
<td>43 Other contractual services</td>
<td>16,618</td>
</tr>
<tr>
<td>44 Freight and other transportation costs</td>
<td>9,425</td>
</tr>
<tr>
<td><strong>Total — Chapter 40</strong></td>
<td><strong>53,590</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 50</th>
<th>Supplies and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 Printing</td>
<td>23,000</td>
</tr>
<tr>
<td>52 Visual material</td>
<td>14,117</td>
</tr>
<tr>
<td><strong>Total — Chapter 50</strong></td>
<td><strong>37,117</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 60</th>
<th>Fixed Charges and Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>62 Insurance</td>
<td>2,349</td>
</tr>
<tr>
<td><strong>Total — Chapter 60</strong></td>
<td><strong>2,349</strong></td>
</tr>
<tr>
<td><strong>TOTAL — SECTION 7</strong></td>
<td><strong>135,757</strong></td>
</tr>
<tr>
<td><strong>TOTAL — PART II</strong></td>
<td><strong>812,659</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 82</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total — Chapter 82</strong></td>
<td><strong>7,325</strong></td>
</tr>
<tr>
<td><strong>TOTAL — PART III</strong></td>
<td><strong>1,048,919</strong></td>
</tr>
<tr>
<td><strong>TOTAL — PARTS I, II AND III</strong></td>
<td><strong>9,500,000</strong></td>
</tr>
</tbody>
</table>
PART IV — RESERVE

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>1955 Estimated expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Undistributed Reserve</td>
<td>1 499 360</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL — PART IV</strong></td>
<td><strong>1 499 360</strong></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td><strong>10 999 360</strong></td>
</tr>
</tbody>
</table>

Less:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets of OIHP</td>
<td>22 091</td>
</tr>
<tr>
<td>Assessments on new Members from previous years</td>
<td>20 835</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>313 264</td>
</tr>
<tr>
<td>Available by transfer from cash portion of Assembly Suspense Account</td>
<td>556 810</td>
</tr>
<tr>
<td>Available by transfer from Publications Revolving Fund</td>
<td>950 000</td>
</tr>
<tr>
<td><strong>NET TOTAL</strong></td>
<td><strong>10 049 360</strong></td>
</tr>
</tbody>
</table>

Annex 4

[From A7/P & B/2 — 30 April 1954]

WHO PARTICIPATION IN THE EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

The Director-General reported on WHO participation in the United Nations Expanded Programme of Technical Assistance in detail to the Executive Board at its thirteenth session. The present report, submitted to the Seventh World Health Assembly in accordance with the request of the Executive Board in resolution EB13.R40, describes developments in the Programme since that session of the Executive Board.

2. Future Financing of the Technical Assistance Programme

The Executive Board at its thirteenth session considered the Report on Financial Policies and Procedures submitted by the Technical Assistance Board to the Technical Assistance Committee and, in resolution EB13.R42, noted "that the provision in the proposal of the Technical Assistance Board that 'it is understood that within the [Technical Assistance Board's] proposals each agency is free to manage its own operations so as to achieve whatever further degree of financial security it considers necessary' will, if approved, make it possible for WHO to adopt a financial policy which would prevent disruption of the programme and guarantee completion of projects." That resolution was circulated to the Working Party of the Technical Assistance Committee, which studied and made recommendations to the Committee on future financing. Also, the representative of the Director-General at the meeting of the Technical Assistance Committee on 24 March made a statement setting forth the Organization's views on the matter (see Appendix to this annex).

The Technical Assistance Committee and the Economic and Social Council, however, did not adopt the policy which WHO had urged. The measures which were recommended by the Technical Assistance Committee and adopted by the Economic and Social Council appear in ECOSOC resolution 521 A (XVII) of 5 April 1954. There was general agreement that greater financial security for the Programme than in the past was necessary, but the majority in both the Technical Assistance Committee and the Economic and Social Council agreed that the measures in the resolution represented a reasonable compromise between complete financial security,
which could be achieved only at the cost of slowing down the Programme very considerably, and the present lack of security. The Council took note of the fact that the Technical Assistance Board would keep under notice the possibility of introducing further measures for financial security. The Director-General intends to continue to advocate the greater financial security which he and the Executive Board consider necessary.

3. The 1954 Financial Situation

The Director-General reported to the Executive Board at its thirteenth session on the resources known at that time to be available to WHO from Technical Assistance funds for 1954. At that time it was anticipated that WHO would have $2,343,000 from new 1954 earmarkings, plus an estimated carry-over of $450,000, and that therefore obligations as at 30 June 1954 could not exceed some $2,800,000. The carry-over which WHO actually had at the end of 1953 was $414,707, and the amount earmarked at the 27th session of the Technical Assistance Board in December 1953 is now reported to WHO as $2,337,500—a total of $2,752,207.

At its 28th session held from 21 to 31 March 1954, the Technical Assistance Board re-examined the 1954 financial situation and decided that (i) participating organizations should adhere to the ceiling on obligations as of 30 June 1954 of $12 million plus agency carry-overs; and that (ii) participating organizations might undertake additional obligations as from 1 July provided they regulated their activities in such a manner that the total recorded obligations as at 30 September did not exceed their respective share of $14.5 million, plus agency carry-overs from 1953. The obligation ceiling as at 30 September for WHO is, therefore, $3,283,457, i.e., the 1954 earmarking of $2,868,750, plus the carry-over of $414,707.

The adjustments which will result from this increased earmarking are reported in Annex 5.

The Technical Assistance Board also agreed to give further consideration to the question of the total earmarking for the year 1954 at its subsequent meetings, in the light of the latest information on collection of pledges.

4. Bonus Allocations

In the past, contributions in certain currencies have not been fully utilized. To encourage total utilization, the Technical Assistance Board in March 1954 made certain bonus allocations in addition to the earmarkings outlined above.

It was decided that the contribution of the Union of Soviet Socialist Republics would be allocated to the participating organizations which could make use of it as a bonus over and above their 1954 earmarkings, and that this decision would apply also to the contributions of the Ukrainian SSR and the Byelorussian SSR for 1954.

The Brazilian contribution in services was allocated as a bonus to those participating organizations which could make use of the services offered.

The Turkish contribution for 1954 was allocated as a bonus to carry out specific projects. Projects were approved and allocations made to WHO as follows:

<table>
<thead>
<tr>
<th>Project Description</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for use in projects already approved</td>
<td>14,000</td>
</tr>
<tr>
<td>Tuberculosis training course</td>
<td>20,000</td>
</tr>
<tr>
<td>Assistance to school of public health</td>
<td>14,100</td>
</tr>
<tr>
<td>Teaching seminar for nursing</td>
<td>24,000</td>
</tr>
<tr>
<td>Hospital construction</td>
<td>4,350</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,450</strong></td>
</tr>
</tbody>
</table>

That part of the Danish contribution for 1954 which must be spent on educational projects was also allocated as a bonus for specific projects. $10,000 was allocated to WHO for ten fellowships which are in the programme approved by the Technical Assistance Board in December 1953. A further $7103 from the restricted portion of the 1953 Danish contribution was also allocated to WHO for fellowships already in the approved 1954 programme.

5. Implementation of the New Local Costs Plan

At its 28th session the Technical Assistance Board received a report on the status of acceptance of the new local costs plan, as follows:

 Governments which had made advances for these costs ........................ 18
Governments which had accepted the system to be effective 1 January 1954, but had not yet made the necessary advances.

Governments which had indicated their willingness to adopt the new plan with effect from 1 April 1954.

At the same session, the Technical Assistance Board also began consideration of a proposal by FAO that the secretariat of the Board should accept responsibility for paying to experts the living allowances to which they were entitled. The secretariat report that an additional annual cost of some $25,000 would be involved should this responsibility be accepted. Some of the participating organizations, including WHO, indicated that such increased expenditure would not be offset by any corresponding reduction in administrative costs. The proposal will be considered further at the following sessions of the Technical Assistance Board.

6. Waivers of Local Costs

The Director-General reported to the thirteenth session of the Executive Board the decision that the Technical Assistance Board had taken with regard to the granting of country and project waivers of the local costs of the Expanded Programme of Technical Assistance.

General Country Waivers

The Technical Assistance Board at its 28th session in March 1954 undertook the re-examination of criteria which could be applied to all future requests for the granting of country waivers. The secretariat of the Technical Assistance Board had prepared a study on the subject, using such factors as comparative national income, the national budget and its relation to a government’s total expenditure on local costs and, further, any action taken by the United Nations Committee on Contributions in regard to contributions to the general United Nations budget. It will be recalled that the scale of assessment is established on the basis of comparative total and per capita national incomes and is reviewed annually in the light of economic trends in the individual countries, particularly their foreign exchange resources.

The Technical Assistance Board noted this study as a statement of the criteria on which the granting of general waivers could be based, and agreed to extend to the end of 1954 the general waivers granted to five countries.

Project Waivers

At the 27th session of the Technical Assistance Board, held in December 1953, a decision was taken to extend the existing project waivers to the middle of 1954, pending fuller consideration of the problem. At the March 1954 session the Board decided that the contributions of recipient countries to expenses related to a project should not, in future, be considered as sufficient justification for granting a waiver of local costs for individual projects. The representative of WHO dissented from this decision. It was agreed, however, that the project waivers already granted by the Board should be extended until the end of 1954. The Board also decided that the examination of the new requests for project waivers presented by some governments through WHO should be deferred pending the decision of the Board on the modified criteria to be used for the granting of project waivers. The criteria for project waivers were due to be discussed at the July session of the Board.

The Board agreed that henceforward the requests for project waivers would be transmitted to it direct for action, and that the Executive Chairman would inform governments that the examination of new requests had been deferred.

The representative of WHO alone disagreed with these decisions. He pointed out that the provision for the granting of project waivers was contained in the decision of the Technical Assistance Committee to the effect that requesting governments should not be required to provide the cost of lodging or travel per diem for experts in respect of such projects and programmes for the implementation of which extensive staff and other facilities are provided by the requesting governments. The Technical Assistance Board in July 1952 had interpreted this decision to mean that if the government gave evidence of its willingness to contribute a substantial part of the total costs of the project, the lodging obligation would not be required. A “substantial” contribution of the government meant a contribution of the same order as the cost of the project to the international organization. The decision of the Technical Assistance Committee was still operative and had not been suppressed by any decisions taken by the Technical Assistance Committee on the adoption of the new local costs plan,

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1 Off. Rec. Wld Hlth Org. 52, Annex 12, para. 6.2

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2 Resolution No. 4 of the Technical Assistance Committee on local costs, adopted at its 27th meeting in July 1952; reproduced in Off. Rec. Wld Hlth Org. 46, 123
as was evident from the relevant paragraphs of the resolution \(^1\) and the report drawn up by the Technical Assistance Committee at the time of adopting the new local costs plan.\(^2\) By this resolution the Technical Assistance Committee decided “that, in cases of extreme hardship, general waivers may be granted by the Executive Chairman in consultation with the Technical Assistance Board to cover all programmes in the recipient country for limited periods; waivers may also be granted in exceptional circumstances to cover certain specific projects”. The report of the Technical Assistance Committee\(^3\) stated: “The Committee decided that, in cases of extreme hardship, the present policy of granting waivers for limited periods... should be continued. It also considered that, in accordance with the resolution of the Committee adopted on 17 July 1952 contained in document E/2304, waivers could be granted, in exceptional circumstances, covering certain specific projects. It is understood that waivers will be granted by TAB in accordance with the resolutions of TAC.” In view of these facts, the representative of WHO was convinced that, so long as these directives from the Technical Assistance Committee were maintained, the Technical Assistance Board had no option but to consider requests which met the criteria laid down by the Technical Assistance Committee. If such requests were justified, waivers should be granted.

7. Examination of Administrative Procedures and Costs of the Technical Assistance Board and the Participating Organizations by the Advisory Committee on Administrative and Budgetary Questions of the United Nations

At its eighth session the General Assembly of the United Nations requested its Advisory Committee on Administrative and Budgetary Questions to review as soon as possible the administrative procedures of the Technical Assistance Board and those of the participating organizations, as well as their administrative expenditures so far as those are financed from the Special Account (resolution 722 (VIII), paragraph 5).

In the past the Advisory Committee and the General Assembly have urged the governmental bodies of the participating organizations to keep all aspects of the Technical Assistance Programme, including administrative procedures and costs, under close review. However, the expenditures of the secretariat of the Technical Assistance Board have not been subject to such governmental review.

The Advisory Committee started its examination of the administrative procedures and expenditures of the Technical Assistance Board and the participating organizations in New York in April 1954. Information concerning WHO in respect of the Expanded Programme of Technical Assistance was made available in writing, and at the meeting with the Advisory Committee on 8 and 9 April the representatives of the Director-General replied in detail to the questions raised by the Chairman and the members of the Committee on almost the entire field of planning, administration and operation of the Technical Assistance Programme.

The Committee was informed that the WHO Executive Board, its Standing Committee on Administration and Finance and the World Health Assembly had from the beginning of the Programme examined carefully both its administration and its operation and had approved them, subject to such adjustment as the amount of funds made available to WHO might require.

8. 1955 Programme Planning

The Technical Assistance Board has been concerned with regard to the timing of planning of its forward programmes. In the past it has not been possible to get any definite indication of the financial availabilities until the beginning of the year of operation. In 1953 the Economic and Social Council, realizing the difficulties met by the requesting governments, the participating organizations and the Technical Assistance Board in planning future programmes, decided to convene the Pledging Conference in November. The Technical Assistance Board was, therefore, able to approve its 1954 programme in December 1953. Even this improvement did not give sufficient time for the participating organizations to negotiate programme plans well enough in advance, and did not give governments much opportunity to consider total programmes at the country level. The Technical Assistance Board therefore decided in 1954 to advance its timetable for the preparation of its 1955 programme.

At its session in March 1954, the Technical Assistance Board set down the planning procedures for 1955. The implementation and financing of the programme will be governed by the decisions that the Technical Assistance Committee may take for 1955, and will be subject to decisions which the Technical Assistance Board will take at the appropriate time. The Technical Assistance Board also

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1 Resolution A adopted by the Technical Assistance Committee on 27 March 1953; reproduced in Off. Rec. Wld Hlth Org. 52, 111
2 UN document E/2395
approved a draft communication to the resident Technical Assistance representatives on the planning procedures for 1955 country programmes. The Executive Chairman is to make ad hoc arrangements in some of the countries where there are no resident representatives. The Board expects that the consultation in the field between the governments, the agency representatives and the resident representatives will be completed by 15 August 1954. The participating organizations are to forward to the secretariat of the Technical Assistance Board by 1 October 1954 their firm programme proposals for each country.

In this connexion it is necessary to bring out the fact that the Technical Assistance Board and its Executive Chairman are now thinking and planning in terms of country programmes, and are setting up tentative target expenditure figures for each country. At this stage the Board, of course, realizes that the country targets are generally arrived at by taking and totalling whatever planning figures may be available from each of the participating organizations for each country.

WHO, whose activities in the field are of a long-term nature, and for which the continuing costs of the programme are so heavy as usually to absorb its share of available funds at the present rate of pledging, is likely to meet certain difficulties in the future unless the governments themselves, when communicating their country programmes, take full account of all continuing commitments of the health programmes and the planning in the health field that they have undertaken in negotiation with WHO.

9. Proposals for a New System of Allocations to Participating Organizations for the Expanded Programme of Technical Assistance and for the Intergovernmental Control of the Expanded Programme

The Director-General reported to the Executive Board at its thirteenth session that in the Second Committee of the United Nations General Assembly at its eighth session the delegate of France had said that his Government was considering making some proposals for the better control of the Programme by the development of some kind of intergovernmental machinery. The French proposals, as presented to the Technical Assistance Committee in March 1954, have two aspects: (1) the system of allocation of funds under the Expanded Programme of Technical Assistance; and (2) the setting-up of an intergovernmental body.

The Director-General, in consultation with the executive heads of some of the other participating organizations, recommended to the Secretary-General that, in view of the far-reaching nature of the French proposals, the Technical Assistance Committee should defer consideration of them until the Secretary-General and the executive heads of the organizations had had an opportunity to discuss them at the May 1954 session of the Administrative Committee on Co-ordination. A recommendation to this effect was made by the Executive Chairman of the Technical Assistance Board on behalf of the Secretary-General.

(1) The System of Allocation of Funds under the Expanded Programme of Technical Assistance

The Technical Assistance Committee raised a number of questions concerning the adequacy of the present system of automatic allocation and asked the Technical Assistance Board to furnish further information. The relevant paragraphs of the Committee's report to the Economic and Social Council read as follows:

18. In the course of the discussion of the memorandum submitted by the French delegation (E/TAC/32), a number of questions were raised concerning the adequacy of the present system of automatic allocations. It was recognized that there appeared to be a lack of consistency between the establishment of comprehensive country plans of technical assistance best suited to advance the development of the countries concerned and the present system of automatic allocations.

The Committee considered that the total annual programme of technical assistance as finally approved should reflect, to the maximum extent compatible with the need for long-term planning by the participating organizations, the need and wishes for technical assistance of the recipient countries.

19. The Committee recognized that, since the system envisaged in the French proposal had never been tried, it was very difficult to assess the extent of the divergence between programmes emerging under the system of automatic allocations and those which would emerge if countries were free to develop their own programmes without regard to predetermined allocations amongst organizations; the Committee felt that any information which recipient governments might wish to make available on this point would help it in reaching a decision. It was suggested that it would be helpful if the Technical Assistance Board could furnish further information on the following points inter alia:

(1) what difficulties, if any, the adoption of the French proposal might create in respect of the co-ordination of

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1 Off. Rec. Wld Hlth Org. 52, 88

8 The report of the Technical Assistance Committee (UN document E/2558) was made available in mimeographed form to the Health Assembly and is not reproduced here. It is to be printed in the Official Records of the Economic and Social Council, Seventeenth Session.
the Regular Programme and Expanded Programme activities of the organizations;

(2) the extent to which national governments in the recipient countries have developed machinery, interdepartmental or other, for purposes of planning and co-ordination of technical assistance programmes and the relationship of participating organizations to such machinery;

(3) what use the Executive Chairman and the Technical Assistance Board envisaged making in 1954 and possibly 1955 of the Retained Contributions Account and the adequacy of the funds retained in that account.

20. Without reaching any definite conclusions on the question of "the system of allocation of funds under the Expanded Programme of Technical Assistance," the Committee adopted by a vote 16 in favour, none against, with 2 abstentions, the resolution B contained in Appendix I.¹

21. Whatever alternative is finally accepted, the Committee felt that:

(a) it was desirable for the competent intergovernmental body to be associated more closely than in the past with the drawing-up and review of the comprehensive annual programmes,

(b) it was necessary for the programmes to be drawn up sufficiently far in advance to allow the participating organizations sufficient time to finalize their annual programmes of operation;

(c) there should not be large fluctuations in the percentages allocated to participating organizations from year to year; and

(d) resident representatives and representatives of participating organizations should continue to be directly associated with requesting governments in the development of annual country programmes.

(2) The Setting-up of an Intergovernmental Body

The report of the Technical Assistance Committee to the Economic and Social Council contains the following:

22. As regards the proposal contained in the French memorandum for the creation of a new intergovernmental body (E/TAC/32), the Committee proposes that, in view of the importance of this question and the fact that it is intimately connected with the system of allocation of funds, no final decision on this matter should be reached by the Council until its 18th session. The Committee, however, urges the Council to give attention to the desirability of associating with the work of the Technical Assistance Committee or of any other intergovernmental body which may be established, governments Members of the participating organizations which are not Members of the United Nations, possibly by including some such governments in the membership of an enlarged Technical Assistance Committee.

The proposal of the French delegation was placed on the agenda of the next session of the Administrative Committee on Co-ordination, to be held from 24 to 26 May 1954.

Appendix

STATEMENT BY THE REPRESENTATIVE OF THE WORLD HEALTH ORGANIZATION TO THE TECHNICAL ASSISTANCE COMMITTEE

Meeting of 24 March 1954

The Director-General of the World Health Organization was pleased that the Technical Assistance Committee gave the Technical Assistance Board the opportunity to study and comment on the plan for future financial procedures under the Expanded Programme of Technical Assistance, prior to taking a final decision in the matter. He is also grateful for this opportunity to present to this committee a statement on this subject.

Ensuring a satisfactory financial basis for the Expanded Programme of Technical Assistance has been of special concern to my organization—not only to the Director-General but to the Executive Board and World Health Assembly—because of the relatively long-term nature of projects, and its effect on the planning and execution of projects requested by governments.

¹ Later adopted by the Economic and Social Council at its seventeenth session as resolution 521 B (XVII)

² The draft report of the Technical Assistance Committee
to fulfil commitments to governments. While agreeing that commitments to experts and suppliers are important, our major concern remains with the problem of fulfilling commitments to governments, and it is this point which we feel has not been fully met in the proposals in the draft report.

There is one point, which I should like to call to the attention of the Committee, concerning the practical problems which we foresee arising from paragraph 5 (c) of the draft report: 1 Projects which could be carried out in any given year within the approved earmarkings would be further limited by the amount of forward contractual commitments involved in those projects.

As an example, with the total earmarking for all agencies of $24 million, WHO might have an earmarking of $4 800 000 for the year. The projects which could be carried out in that year would be further limited to those in which the forward contractual commitments would not exceed a pro rata share of the Working Capital and Reserve Fund of $12 million, i.e., $2 400 000. This would establish a ratio between the current year’s earmarking and the forward contractual commitments of 2 to 1. However, the actual ratio for WHO in 1953 would have been approximately 4 to 3, as obligations incurred in the Programme by WHO in 1953 were $4 189 000, while the estimated obligations for 1954 only as at 1 January 1954 were slightly over $3 million.

If the present proposal had been operative in 1953, it would have meant that the World Health Organization’s 1953 programme and arrangements with staff would have had to be reduced to a level which would keep the forward contractual commitments for all years subsequent to 1953 at only $2 400 000.

It is obvious from this illustration that this would have created an unworkable situation and that the present proposal concerning forward contractual commitments would make it extremely difficult for governments to carry out a well-planned programme with the assistance of the organization concerned. Such a frustration of their wishes is obviously undesirable.

Such a situation will not arise if it is clearly understood that the unobligated balances of cash allocations are retained by agencies for the purpose of increasing, by the amount of the unobligated allocations, the limitation on forward contractual commitments beyond the agency’s pro rata share of the Working Capital and Reserve Fund. It is our understanding that this is the purpose of the Australian amendment to paragraph 5 (c), 2 which we support. Alternatively, the problem which I have described would not arise if the provisions of the financial procedures concerning forward contractual commitments were to be deleted.

The Executive Chairman has indicated to you that one organization had particular use for the provisions of paragraph 21 of the original proposal of the Technical Assistance Board on future financing (document E/TAC/31). 3 Since the World Health Organization is the organization to which he referred, I should like to explain to this committee both the situation which led to my organization’s need for those provisions, and the measures which we would take under the provisions of that paragraph.

The paramount reason which led to WHO’s proposing the inclusion of paragraph 21 in the original proposal of the Technical Assistance Board was the necessity for assuring finances to carry out commitments to governments for projects of more than one year’s duration. In the health field, at any rate, governments must usually make a considerable investment in such longer-term projects and must set aside money in advance to meet their own commitments for providing national personnel, constructing buildings, and for the other obligations which governments assume in the implementation of the projects. Under these circumstances, if an agency becomes unable to carry out its part of an agreed project, considerable dislocation, waste, and embarrassment are caused to the government concerned.

The Committee is well aware that the duration of projects which make up the Technical Assistance Programme varies considerably. Some projects can be completed within a relatively short period of twelve months or less. Others are considerably longer and may in practice be carried out in planned phases of one or two years. Projects of one year or less and projects planned in one-year phases are fully covered by the plan for future financing without the inclusion of paragraph 21. Those projects which are of two years’ duration, or which to be effective must be phased on a minimum basis of two years, are only partly safeguarded.

Mr Chairman, with your permission I should like to give the Committee some examples of the types of projects in which my organization finds it essential to be able to assure that we can carry out our commitments to governments.

The first is a yaws-control project, which is carried out by the government concerned with the assistance of WHO and UNICEF. In projects of this type, WHO provides expert advice and fellowships, with UNICEF providing imported supplies and equipment and the government providing national personnel and locally available supplies and equipment. In the case of which I am speaking WHO in the first year provided assistance at a total cost of $24 380, composed of two experts, two short-term consultants and their travel. For the second year WHO was to provide two experts, at a cost of $17 000, plus fellowships at a cost of $9 500. But, for the same periods, UNICEF had allocated $250 000 for supplies and equipment expected to be used in the first year and $300 000 expected to be used in the second year. The government had provided over $407 000 for each year, to pay for local staff, supplies and equipment, etc. Since both government and UNICEF had committed themselves for the two years, it is obvious that for WHO not to be able to assure

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1 This read:

(c) Each agency should be required to limit its forward contractual commitments plus any residual liquidating liabilities to its pro rata share of a Working Capital and Reserve Fund which would be built up over a period of years.

2 “Forward contractual commitments” were defined as “estimated costs to be met in the following financial years for services to be rendered and goods to be delivered under contracts or purchase orders already signed”.

3 Reproduced in Off. Rec. Wild Hith Org. 52, 110
the continuity of the technical advice necessary to the project creates an anomalous situation.

In this case, for the second year only the personal service costs, i.e. $17 000, would have been covered by the financial procedures in the draft report, while one of the most important aspects of the project, the fellowships, would not have been provided for. It is the necessity for covering that kind of commitment to governments that leads WHO to urge that the prime consideration should be the fulfilment of commitments to governments.

A second example is a tuberculosis demonstration and training centre which WHO has assisted a government in establishing. In this two-year tuberculosis-control project, the participation of WHO in the first year cost $44 200 and, in the second, $26 250. But the second year’s commitments to the government included $7400 for fellowships, which would not have been covered by the financial procedures in the draft report. The government during the same period provided $101 200 in the first year, and $148 750 in the second year, and has made budgetary provision to continue after withdrawal of international assistance at a cost of approximately $123 500 annually. The importance of the fellowships to the project was such that failure to provide them would endanger the successful continuation of the work by the government.

A third example is in assistance provided to a school of nursing established by a government. In this project, which was long-term in nature but could quite easily have been planned in self-contained phases of two years each, the Organization’s contribution in the first year of a two-year phase would have cost $44 200 and, in the second, $42 000. But in the second year the supplies and equipment, costing $3000, and the fellowships, costing $7400, would not have been covered by the financial procedures now proposed. Failure to provide these two parts of the project would have damaged considerably the effectiveness of the planned project. The government itself in each of the two years provided $100 000 for the project.

Mr Chairman, I would not wish to weary the Committee with additional examples, but the ones I have already given are typical of the kind of project in which we must be able to assure our ability to meet commitments to governments.

If the Expanded Programme were not supported by voluntary contributions; if there were assurance that in future there would be no decrease in the level of resources available to the Programme; then this problem of meeting commitments to governments would not be so acute. Experience of voluntarily supported programmes, however, indicates that there is no way of achieving such assurance. The curtailment or abandonment of projects in operation, brought about as a result of the financial resources not being available at the time required, creates the problem for governments which I have touched upon earlier. It is for this reason that the Executive Board of the World Health Organization, at its session last January, welcomed the proposal of the Technical Assistance Board, which would permit the necessary financial safeguards to be instituted, and which would, if approved, make it possible to adopt a financial policy which would completely insure against disruption of programmes and guarantee completion of projects or of phases of projects.

The provisions of paragraph 14 of E/TAC/37 1 are somewhat different from those of the comparable paragraph which was included in the proposal submitted by the Technical Assistance Board to the Working Party. There has now been inserted in paragraph 14 a proviso that no other reserve fund shall be established. The original provisions of this paragraph were designed to make it possible for any of the participating organizations wishing to do so to take additional measures to achieve whatever further degree of financial security it considered necessary. I believe it is clear from what I have stated earlier that WHO would have wished to take additional measures along the lines of setting aside a sufficient amount of cash, from the funds allocated to it, so as to assure that adequate funds were available to complete a project once started. Because of the insertion of this provision that no other reserve fund shall be established, it is our feeling that paragraph 14, as it is now drafted, might just as well be deleted.

I should like to make it clear to the Committee that the additional measures contemplated under paragraph 21 of the original proposal would not in any way affect the control of programmes by the Technical Assistance Board. These continuing projects would be included in the annual programme submission to the Board for its review and re-approval. Furthermore, the additional reserves at the disposal of the Organization would never exceed the amounts required to honour firm commitments to governments on projects specifically approved by the Technical Assistance Board.

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Paragraph 14 read:

"It is understood that each agency may submit to the Technical Assistance Board proposals for additional measures to achieve whatever further degree of financial security is considered necessary, provided that no other reserve fund shall be established."
WHO hopes that, whatever decision is taken at this time, the Committee will keep the financial policy of the Programme under review, so that further improvements may be made in order to increase the financial security and, as a consequence, the effectiveness of the Programme.

Mr Chairman, I hope that this explanation has provided the Committee with the information it requires. If there are any further clarifications or explanations required by any members of the Committee, I am at their disposal.

Annex 5

[From A7 P&B/3 — 30 April 1954]

MODIFICATIONS IN THE TECHNICAL ASSISTANCE PROGRAMME FOR 1954

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 The programme planned for financing from the funds available under the United Nations Expanded Programme of Technical Assistance during 1954 was considered by the Sixth World Health Assembly. In resolution WHA6.27 the Assembly approved the programme and adopted the following specific provisions:

3. AUTHORIZES the Director-General to implement the programme in priorities (categories of urgency) as proposed by him and to the extent of available resources;

4. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme, including any necessary modification thereof in order to adjust it to the amount of funds made available;

5. REQUESTS the Executive Board to report to the Seventh World Health Assembly on any such modifications made;

1.2 The Director-General submitted a complete report entitled "Financial Problems in 1954" to the Executive Board at its thirteenth session; the full text is contained in Annex 11 to Official Records No. 52. The report, which describes the financial problems facing WHO at the beginning of 1954, may be summarized as follows:

1.2.1 The regular budget submitted to and approved by the Health Assembly for 1954 was approximately in the same amount as the regular budget for 1953. At the time the Director-General recommended the 1954 regular budget he stated that it was "only slightly higher than that of the preceding year because we expect that increased resources will be available through the United Nations Technical Assistance Programme, and that the UNICEF allocations for health programmes will remain at least at the present level". The Director-General stated further that "should this assistance fail to materialize, it will be necessary to ask the Health Assembly for a supplementary budget for 1954 to enable WHO to meet these urgent needs of governments".

1.2.2 The amount of Technical Assistance resources that would be available to WHO for 1954 was considerably short of what had been expected, even to meet the cost of projects identified as Priority I.

1.3 The Executive Board, after giving consideration to all aspects of the various problems to be met in 1954, adopted resolution EB13.R39. Among the considerations that were reflected in this resolution was the general intention that all possible steps should be taken to safeguard the work which was already under way or which had reached such a stage of implementation that a postponement would have unfortunate results; from this it inevitably followed that those activities which could be considered new must be deferred. The resolution also included the following provision:

5. REQUESTS the Director-General to submit to the Seventh World Health Assembly a comprehensive report on the further developments which may have taken place in regard to the financial situation and such modifications in the

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1 See resolution WHA7.40 and minutes of the fifteenth meeting of the Committee on Programme and Budget.

2 Off. Rec. Wld Hith Org. 44, X-XI
1954 programme as have been effected as a result of the review now being undertaken;

1.4 The Director-General, in the report already mentioned, further informed the Executive Board that he had found it necessary to exercise his authority to use $250,000 of the Working Capital Fund so as to increase Appropriation Section 5 (Advisory Services) of the 1954 appropriation. The Director-General stated:

Furthermore, in compliance with the provisions of the Working Capital Fund Resolution for 1954, he will report to the Health Assembly upon the circumstances relating to the advance of $250,000, indicating:

(a) the precise extent to which it has been found necessary to utilize the funds so advanced; and
(b) whether the amount advanced is expected to be recoverable in whole or in part from other sources, or whether reimbursement of the Working Capital Fund will need to be made by supplementary appropriation for 1954.

The resolution of the Executive Board, paragraph 6, provides as follows:

6. RECOMMENDS that the Seventh World Health Assembly approve a supplementary budget for 1954 to reimburse the Working Capital Fund in the amount of up to $250,000, and to provide that this supplementary appropriation be financed from the available balance in the Assembly Suspense Account rather than by supplementary 1954 assessments against Members.

1.5 The modifications made by the Director-General in the programme for 1954 and the position regarding the advance of $250,000 from the Working Capital Fund are reported upon below. As a report on the further developments in regard to the participation of WHO in the United Nations Expanded Programme of Technical Assistance is submitted separately, this document does not cover those developments.

2. Present Position

2.1 Pursuant to the authority vested in him by the Executive Board, the Director-General has revised and adjusted the total programme of the Organization for 1954 in such a way as to continue all projects and activities already in operation and to implement those new projects which had to be started.

2.2 As reported in Annex 4, it was decided at the 28th session of the Technical Assistance Board, in March 1954, that additional earmarkings for 1954 should be made to participating organizations, thereby bringing earmarkings for WHO to a total of $3,283,457 for 1954. Consequently, in effecting the modifications to the programme, the Director-General has taken into consideration the increase in the earmarking to WHO of $531,250. In so doing, it was found possible to retain for implementation from Technical Assistance funds projects which earlier in 1954 had been transferred to the regular budget, in an amount equivalent to the advance of $250,000 made by the Director-General from the Working Capital Fund. In the circumstances, appropriate action has been taken to reimburse the Working Capital Fund by transferring back the full amount from Appropriation Section 5, to which the advance had been applied. There is therefore no longer any necessity for the Health Assembly to consider the supplementary budget recommended by the Executive Board in resolution EB13.R39.

2.3 Before receiving notification of the additional earmarking the Director-General had been obliged to request a loan of $185,000 from Technical Assistance funds against future earmarkings. This loan was granted subject to repayment against the additional earmarking.

2.4 The remaining amount of the additional earmarking, i.e. $96,250, was used for restoring certain reductions effected in the requirements for individual projects, thereby helping to alleviate the position.

2.5 Apart, therefore, from $828,100 allocated by the UNICEF Executive Board in September 1953 and March 1954 for the reimbursement in 1954 of the international personnel costs of BCG and certain other joint projects, the total resources of the Organization under the regular budget and Technical Assistance funds for 1954 amount to $11,781,157, as follows:

<table>
<thead>
<tr>
<th>REGULAR</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Working Budget</td>
<td>8,497,700</td>
</tr>
</tbody>
</table>

| TECHNICAL ASSISTANCE | |
| Total earmarkings to WHO from 1954 funds (including carry-over from 1953 of $414,707) | 3,283,457 |
| Total — both sources | 11,781,157 |

* The total earmarking does not include the bonus allocations to WHO of Turkish and restricted Danish contributions for specific projects in an amount of $93,553. See Annex 4, section 4.
2.6 The adjustments made in the Technical Assistance programme for 1954, as well as the total amounts to be provided from other sources and the economies effected, are summarized in Appendix 1. It will be noted from this summary that the estimated costs of Technical Assistance projects now to be financed from regular funds amount in all to $612,399. This amount is to be found by delaying, wherever practicable, the implementation of regular projects not yet started, as well as by adjustments in the requirements for individual projects as planned, involving particularly:

(a) the deferment, wherever possible, of fellowships, and

(b) the postponement of the purchase of supplies and equipment to the extent that this may be possible without undue prejudice to the planned programme.

2.7 There is also attached, as Appendix 2, a schedule showing, by region and by country, all Technical Assistance projects included in the 1954 column of the proposed programme and budget estimates for 1955, and indicating:

(a) the projects for which provision has been made in the revised Technical Assistance programme within the total amount now made available from Technical Assistance funds, i.e., $3,283,457;

(b) the projects for which provision has been made from regular instead of Technical Assistance funds, in a total amount of $612,399;

(c) the projects in respect of which the international personnel costs are being reimbursed from UNICEF funds instead of being financed from Technical Assistance funds;

(d) the projects which are being financed from Pan American Sanitary Organization instead of Technical Assistance funds; and

(e) the economies effected—

(i) by adjustments in the estimated requirements for individual projects as compared with the amounts shown in the 1954 column of the proposed programme and budget estimates for 1955;

(ii) by deferring the implementation of projects that it was originally planned to finance from Technical Assistance funds in 1954, as shown in Official Records No. 50.
### Appendix 1

**TECHNICAL ASSISTANCE PROGRAMME FOR 1954: SUMMARY OF MODIFICATIONS**

Showing Sources of Funds and Economies Effected

<table>
<thead>
<tr>
<th></th>
<th>Revised programme, showing sources of funds</th>
<th>Economies effected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td>264 533</td>
<td>104 382</td>
</tr>
<tr>
<td><strong>The Americas</strong></td>
<td>1 081 689</td>
<td>514 966</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td>1 295 866</td>
<td>654 746</td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td>320 268</td>
<td>164 546</td>
</tr>
<tr>
<td><strong>Eastern Mediterranean</strong></td>
<td>1 554 757</td>
<td>777 489</td>
</tr>
<tr>
<td><strong>Western Pacific</strong></td>
<td>815 766</td>
<td>424 244</td>
</tr>
<tr>
<td><strong>Region undesignated</strong></td>
<td>48 933</td>
<td>23 233</td>
</tr>
<tr>
<td></td>
<td>5 381 812</td>
<td>2 663 606</td>
</tr>
<tr>
<td><strong>Central administrative costs and indirect project costs</strong></td>
<td>712 461</td>
<td>619 851</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6 094 273</td>
<td>3 283 457</td>
</tr>
</tbody>
</table>

**Adjustments**

**Add:** Project service allowance

|                      | 110 000 |

**Less:** Delays in the implementation of new projects

|                      | (208 905) |

|                      | 5 995 368 | 2 002 978 |
## Appendix 2

### 1954 TECHNICAL ASSISTANCE PROGRAMME

Financing of Activities originally to be financed from Technical Assistance Funds in 1954

<table>
<thead>
<tr>
<th>REGION, COUNTRY AND ACTIVITY</th>
<th>Original Technical Assistance Programme</th>
<th>Revised programme, showing sources of funds</th>
<th>Economies effected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Priority</td>
<td>Official Records No. 50, 1954 column</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td><strong>French Africa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria and insect control</td>
<td>I</td>
<td>17 805</td>
<td>17 597</td>
</tr>
<tr>
<td><strong>Kenya</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilharziasis</td>
<td>II</td>
<td>10 108</td>
<td></td>
</tr>
<tr>
<td>Environmental sanitation</td>
<td>II</td>
<td>9 608</td>
<td></td>
</tr>
<tr>
<td><strong>Liberia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria and insect control</td>
<td>I</td>
<td>22 223</td>
<td>20 291</td>
</tr>
<tr>
<td>Yaws</td>
<td>I</td>
<td>21 601</td>
<td>25 505</td>
</tr>
<tr>
<td>Health education of the public</td>
<td>II</td>
<td>11 108</td>
<td></td>
</tr>
<tr>
<td><strong>Nigeria</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria and insect control</td>
<td>I</td>
<td>15 171</td>
<td>9 806</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>III</td>
<td>9 108</td>
<td></td>
</tr>
<tr>
<td>Yaws</td>
<td>I</td>
<td>17 696</td>
<td>7 183</td>
</tr>
<tr>
<td><strong>Nyasaland</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tuberculosis</td>
<td>III</td>
<td>9 108</td>
<td></td>
</tr>
<tr>
<td>Midwifery</td>
<td>II</td>
<td>7 273</td>
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<tr>
<td><strong>Tanganyika</strong></td>
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<tr>
<td>Medical survey, Baha district</td>
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<tr>
<td><strong>Uganda</strong></td>
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<tr>
<td>Nutrition</td>
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<tr>
<td><strong>Inter-Country Programmes</strong></td>
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<tr>
<td>Malaria institute, Amani</td>
<td>I</td>
<td>49 459</td>
<td>17 293</td>
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<tr>
<td>Malaria training course, Yaoundé</td>
<td>I</td>
<td>20 000</td>
<td>20 000</td>
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<tr>
<td><strong>Experts serving two or more projects</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td>I</td>
<td>6 608</td>
<td>4 000</td>
</tr>
<tr>
<td><strong>TOTAL — AFRICA</strong></td>
<td></td>
<td></td>
<td>264 533</td>
</tr>
<tr>
<td>Country</td>
<td>Description</td>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------</td>
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</tr>
<tr>
<td><strong>The Americas</strong></td>
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<tr>
<td><strong>Bolivia</strong></td>
<td>Insect control</td>
<td>9 086</td>
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<td><strong>Colombia</strong></td>
<td>National Veterinary Public-Health Service</td>
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<td></td>
<td>Insect control</td>
<td>27 235</td>
<td>22 732</td>
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<td></td>
<td>National Department of Environmental Sanitation</td>
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<tr>
<td><strong>Costa Rica</strong></td>
<td>School of Nursing, San José</td>
<td>44 195</td>
<td>44 440</td>
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<tr>
<td><strong>Cuba</strong></td>
<td>Insect control</td>
<td>21 381</td>
<td></td>
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<tr>
<td><strong>Dominican Republic</strong></td>
<td>Malaria and insect control</td>
<td>14 496</td>
<td>14 185</td>
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<tr>
<td><strong>Ecuador</strong></td>
<td>Venereal diseases and treponematoses</td>
<td>18 764</td>
<td>7 443</td>
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<tr>
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<td>National Institute of Health</td>
<td>38 963</td>
<td>23 855</td>
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<td><strong>El Salvador</strong></td>
<td>Health demonstration area</td>
<td>62 915</td>
<td>65 540</td>
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<td><strong>Haiti</strong></td>
<td>Local health services</td>
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<tr>
<td><strong>Mexico</strong></td>
<td>Insect control</td>
<td>31 550</td>
<td>23 783</td>
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<td></td>
<td>Border health project</td>
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<td><strong>Nicaragua</strong></td>
<td>Rural health services</td>
<td>42 701</td>
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<td><strong>Panama</strong></td>
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<td>Tuberculosis control</td>
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<td>Ankylostomiasis and smallpox</td>
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<td><strong>Peru</strong></td>
<td>Demonstration and training centre, Callao</td>
<td>37 182</td>
<td>34 600</td>
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<td></td>
<td>Maternal and child health</td>
<td>32 714</td>
<td>30 000</td>
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<td>REGION, COUNTRY AND ACTIVITY</td>
<td>Original Technical Assistance Programme</td>
<td>Revised programme, showing sources of funds</td>
<td>Economies effected</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------</td>
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<tr>
<td></td>
<td>Priority</td>
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<tr>
<td><strong>Venezuela</strong></td>
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<td>Demonstration of local health services</td>
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<td>II</td>
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<tr>
<td>Yaws and syphilis, Caribbean area</td>
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<td>Inter-American Center of Biostatistics</td>
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<td>Workshop on nursing</td>
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<td></td>
<td>I</td>
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<tr>
<td>Insect control, Central America</td>
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<tr>
<td><strong>Experts serving two or more projects</strong></td>
<td></td>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Public-health administration</td>
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<tr>
<td>Education and training</td>
<td></td>
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<tr>
<td><strong>Total — The Americas</strong></td>
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<tr>
<td>South-East Asia</td>
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<td><strong>Afghanistan</strong></td>
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<td>Malaria control</td>
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<td>Public-health administration—adviser</td>
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<td>Vital and health statistics</td>
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<tr>
<td>Maternal and child health/venereal disease project</td>
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<td></td>
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<tr>
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* To cover advance survey only

** The posts involved have been approved for reimbursement by UNICEF subject to the costs being met from savings in allocations previously made by UNICEF for other personnel in these projects.
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**Eastern Mediterranean**

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<td></td>
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<td></td>
<td>Public-health administration</td>
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<td></td>
<td>Education and training</td>
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<td><strong>Total — Eastern Mediterranean</strong></td>
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## REGION, COUNTRY AND ACTIVITY

<table>
<thead>
<tr>
<th>REGION, COUNTRY AND ACTIVITY</th>
<th>Original Technical Assistance Programme</th>
<th>Revised programme, showing sources of funds</th>
<th>Economies effected</th>
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<td>Tuberculosis</td>
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<td>I</td>
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<td>US $ 19 000</td>
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<tr>
<td>Institute of Public Health</td>
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<td>US $ 7 900</td>
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<td>Health demonstration centre—fellowships</td>
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<td>US $ 12 500</td>
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<td>Laos</td>
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<td>Treponematosis control</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Nursing</td>
<td>I</td>
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<td>US $ 39 100</td>
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<td>I</td>
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<td>US $ 24 795</td>
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### Papua and New Guinea

<table>
<thead>
<tr>
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<tr>
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### Philippines

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<tr>
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</thead>
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<td>Malaria and insect control</td>
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<td>Bilharziasis pilot project</td>
<td>29 309</td>
<td>44 800</td>
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<td>Public-health administration</td>
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<td>Midwifery training—fellowships</td>
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### Sarawak

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<tr>
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</thead>
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<tr>
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### Singapore

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</thead>
<tbody>
<tr>
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<td>67 548</td>
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### Viet Nam

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
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### Inter-Country Programmes

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<tr>
<td>Trachoma</td>
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<td>Nursing—Consultants</td>
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<td>7 800</td>
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<tr>
<td>Environmental sanitation training course</td>
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### Experts assigned to two or more projects

<table>
<thead>
<tr>
<th>Project</th>
<th>I</th>
<th>II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria and insect control</td>
<td>20 892</td>
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<tr>
<td>Tuberculosis</td>
<td>51 117</td>
<td></td>
</tr>
<tr>
<td>Environmental sanitation</td>
<td>20 892</td>
<td></td>
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### TOTAL — WESTERN PACIFIC

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<td>Experts assigned to two or more projects</td>
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<td>424 244</td>
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### Region Undesignated

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<tr>
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<th>II</th>
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<tr>
<td>Inter-regional course on venereal disease control, South-East Asia and Western Pacific</td>
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<td>25 700</td>
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<tr>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<td>25 700</td>
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### Experts serving two or more projects

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<thead>
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### TOTAL — REGION UNDESIGNATED

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<td>48 933</td>
<td>23 233</td>
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</table>
The Working Party which was established by the Committee on Administration, Finance and Legal Matters at its third meeting, on 7 May 1954, consisted of delegates of the following countries: Brazil, Canada, Ceylon, Egypt, France, Germany (Federal Republic), India, Iraq, Ireland, Philippines, Switzerland, Union of South Africa and United States of America.

The Working Party met on 8 and 9 May 1954. Mr T. J. Brady (Ireland) was elected Chairman, and Mr J. E. G. Hardy (Canada) was elected Rapporteur.

The following agenda items had been referred to the Working Party by the Committee on Administration, Finance and Legal Matters:

Item 7.15 — Report of the Executive Board on study of the scale of assessment;
Item 7.16 — Assessment of China;
Item 7.17 — Scale of assessment for 1955.

The task of the Working Party was to attempt to formulate proposals on the above questions which would be acceptable to the Committee, taking into account the recommendations and comments of the Executive Board on these matters as well as the various points of view expressed in the Committee on Administration, Finance and Legal Matters at its third meeting. As will be seen below, it was possible in a number of cases to reach compromise solutions satisfactory to a majority of the Working Party. In other cases the Working Party attempted to reduce the number of proposals before it and to formulate them in a clear manner so as to facilitate the reaching of final decisions by the Committee.

It is also understood that included in its terms of reference was a request by the main committee for the Working Party to crystallize some of the salient features of the points involved in the items considered and to bring them to the attention of the main committee.

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1 See resolutions WHA7.15 and WHA7.17 and the minutes of the fourth, fifth and seventh meetings of the Committee on Administration, Finance and Legal Matters.

**I. Report of the Executive Board on Study of the Scale of Assessment—Scale of Assessment for 1955**

The Working Party examined these two questions together under the following four main headings:

1. **Adoption of the United Nations Scale**
   - The Working Party was faced with two completely divergent points of view on this question. On the one hand some delegations advocated postponement of any revision of the scale of assessment for another year. Other delegations felt strongly that the United Nations scale for 1954 should be applied beginning in 1955.
   - In a spirit of compromise the Working Party by a large majority agreed on the following proposal:
     
     (a) The scale of assessment for 1955 should be based on the WHO scale in force in 1954 except for the assessment of Nepal, which should be fixed at five units;
     (b) The United Nations scale for 1954 adjusted to the WHO membership should be used as a basis for the computation of the WHO scale for 1956 and 1957. The necessary upwards and downwards revisions in the assessment of individual countries in the passage from the present WHO scale to the United Nations 1954 scale should be made over a period of two years, half of them in 1956 and the other half in 1957. The
effects of these revisions are illustrated in the
table introduced as Appendix 1.

(c) In establishing the scale of assessment for
1958 the World Health Organization should
further adjust its scale to take into account the
latest United Nations scale which will then be
available. The Working Party expressed the view
that the Assembly might at that time wish to
examine the advisability of establishing the WHO
scale for a three-year period.

A draft resolution to give effect to this proposal
is attached as Appendix 2.

The representatives of Ceylon and Switzerland
were not in agreement with the proposal.

(2) Application of the Per Capita Ceiling Principle

The Working Party noted that this principle had
been recognized by the United Nations and a number
of specialized agencies, including WHO. However,
while it was fully applied in WHO, the United Nations
had given it only a partial effect so far.

Taking into account the compromise solution,
outlined above, on which the Working Party had
been able to agree, concerning the adoption in future
years of the latest available United Nations scales
of assessment as a basis for the establishment of
the WHO scale, the Working Party put forward the
following proposals:

(a) In the event that the present WHO scale
continues to be used for 1955, the per capita
ceiling principle should likewise continue to be
fully applied for that year in accordance with the
present practice.

(b) The Committee on Administration, Finance
and Legal Matters should make a recommendation
to the Assembly with regard to the scales of
assessment for 1956 and 1957 on (1) whether the
per capita ceiling principle should continue to
be applied in full, or (2) whether over this two-
year period it should be applied only to the extent
to which it is applied in the United Nations 1954
scale of assessment.

(3) Method of Assessing Inactive Members

A number of delegations favoured the continuation
of the present method, whereby inactive Members
and China are assessed on the same basis as the
active Members. Other delegations thought that
some alteration should be made in the method of
assessment so that the assessment of the inactive
Members, included in the undistributed reserve,
would have no effect on the assessment of the active
Members. The Working Party, however, was unable
to agree on a single proposal on this question. It
therefore transmits to the Committee on Administra-
tion, Finance and Legal Matters the following five
suggestions or proposals which were before it during
the discussions:

(a) *Method I suggested by the Executive Board:* This method is the one now employed.

(b) *Method II suggested by the Executive Board:* Under this method only the active Members would be assessed for the amount of the effective budget, the assessments of the Members included in the undistributed reserve being over and above this amount. This method would eliminate the use of a total gross assessment.

(c) *Proposal of the Iraqi Delegation:* The delegation of Iraq expressed the view that Method I suggested by the Board is preferable to Method II. However, should the Assembly decide to adopt Method II, it should defer its application until at least 1956, when the adoption of the 1954 United Nations scale of assessment will afford a measure of relief to Members who will be over-assessed under the WHO scale for 1955.

(d) *Proposal of the United States Delegation:* The United States delegation, while expressing its agreement in principle with Method II suggested by the Executive Board, believes that for purposes of assessment China should be considered as an active Member. This method would not eliminate entirely the use of a total gross assessment. The United States delegation presented its proposal as a compromise solution to have effect as from 1955.

(e) *Proposal of the Canadian Delegation:* While the Canadian delegation was prepared to support either Method II suggested by the Executive Board or the United States proposal, it thought that, if neither should prove to be acceptable at the present time, the Assembly might wish to adopt a resolution whereby, beginning in 1956, it would undertake to assess only active Members, including China, for the amount of the effective budget. The assessments of the inactive Members would under this proposal be over and above the amount of the effective budget.
Attention was drawn during the discussion of the Working Party to the relationship between the above five suggestions or proposals and the application of the per capita ceiling principle. The various scales submitted by the Executive Board have been revised as shown in Appendix 3, taking account of the fact that casual income to an amount of $950 000 may now be made available for the financing of the 1955 budget. The total downward adjustments which would have to be made in the contributions of those countries which benefit by the application of the per capita ceiling principle would under those scales be as follows:

**Method I:**
- Present WHO scale: $48,320
- Scale A: $26,580
- Scale B: $26,580

**Method II:**
- Present WHO scale: $470,060
- Scales A and B: $314,480

(4) **Relationship between the Scale of Assessment and the Budget Ceiling**

The Working Party desires to emphasize that there is a direct relationship between the scales of assessment which may be adopted for 1955 and future years and the ceiling on the budget. The Committee on Administration, Finance and Legal Matters may wish to bring this relationship to the attention of the Committee on Programme and Budget.

**II. Assessment of China**

The Working Party by a majority agreed with resolution EB13.R64, recommended by the Executive Board, with the addition of one paragraph, which repeats the substance of sub-paragraph II 2 (2) of resolution WHA6.6 of the Sixth World Health Assembly.

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**Appendix 1**

**STATEMENT ILLUSTRATING THE EFFECTS ON THE UNIT SCALES OF ASSESSMENT FOR 1955, 1956 AND 1957 OF THE ADOPTION OF THE DRAFT RESOLUTION CONTAINED IN APPENDIX 2**

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* See resolutions WHA5.16, WHA5.55, WHA6.37 and WHA7.18.
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**Total I** | 11 039 | 10 593 | 10 159 |

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**Total II** | 1 918 | 2 363 | 2 803 |

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**GRAND TOTAL** | 13 001 | 13 000 | 13 006 |

---

**Appendix 2**

**DRAFT RESOLUTION ON THE SCALES OF ASSESSMENT FOR 1955, 1956 AND 1957**

1. **RESOLVES** that the WHO scale of assessment for 1954 shall be applicable to 1955, except that the assessment of Nepal shall be fixed at 5 units;

2. **RESOLVES** that the United Nations scale of assessment for 1954, as adjusted to the World Health Organization membership, shall, notwithstanding the provisions of Rule 84 (e) of the Rules of Procedure, be adopted for 1956 and 1957 in the following manner:

   (1) one half of the adjustments necessary to make the revision shall be effected for the 1956 scale;

   (2) the remaining adjustments shall be effected for the 1957 scale; and, further,

3. **RECOMMENDS** that in establishing the scale of assessment to be used in 1958 the Health Assembly further adjust the WHO scale to take into account the latest available United Nations scale of assessment.

---

1 This resolution will have to be completed in the light of the decisions taken in the Committee on Administration, Finance and Legal Matters on the application of the per capita ceiling principle, the assessment of inactive Members and other related matters. [Note by the Working Party.]
Appendix 3

STATEMENT SHOWING THE CONTRIBUTIONS OF MEMBER STATES FOR 1955
Using as a basis the Director-General's Proposed Programme and Budget Estimates for 1955
and Casual Income in the Amount of S950 000

The calculations have been made using the various methods and scales of assessment contained in the report of the Executive Board to the Assembly (Official Records No. 32, Annex 21)

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<td>556 290</td>
<td>588 100</td>
<td>669 750</td>
</tr>
<tr>
<td><strong>Total II</strong></td>
<td>1 642 360</td>
<td>2 598 820</td>
<td>1 762 360</td>
<td>1 784 130</td>
</tr>
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<td><strong>GRAND TOTAL</strong></td>
<td>11 003 460</td>
<td>11 959 920</td>
<td>11 123 460</td>
<td>12 378 650</td>
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</table>
Annex 7

[From A7/2 and A7/5 — 12 and 17 March 1954]

PROPOSED AMENDMENTS TO THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION REGARDING MEMBERSHIP OF THE EXECUTIVE BOARD

1. Letter from the Government of Belgium, dated 26 October 1953, received on 28 October 1953 (translation from the French)

In accordance with the wish expressed by the Belgian Minister for Foreign Affairs, I have the honour to inform you that the Belgian delegation to the World Health Assembly associates itself with the proposal for the amendment of the WHO Constitution put forward by the United Kingdom delegation.

The proposed amendment would be as follows:

Article 24, first line: replace the word "eighteen" by the word "twenty-four".

Article 25: to be deleted and replaced by:

These Members shall be elected for three years and may be re-elected; of the twelve Members elected by the first session of the Assembly following the entry into force of the present amendment to the Constitution increasing the number of Executive Board Members from eighteen to twenty-four, two shall serve for a term of one year and two others for a term of two years, as determined by lot.

In accordance with the provisions of the regulations in force, I shall be glad if you will place this proposal on the agenda of the next World Health Assembly.

2. Letter from the Government of France, dated 30 October 1953, received on 30 October 1953 (translation from the French)

On the instructions of my Government, I have the honour to request you, in application of Article 73 of the Constitution of the World Health Organization, to bring to the notice of all the Member States of the Organization and of all Associate Members the proposals for the amendment of the above-mentioned Constitution set out hereunder, and to place this question on the agenda of the Seventh World Health Assembly.

The French Government considers that the number of persons (eighteen) designated to serve on the Executive Board no longer constitutes a reasonable proportion in view of the present considerable number of Member States. Numerous problems would be solved to the general satisfaction and to the advantages of the Organization if the number of Executive Board members could be increased.

For this reason, the French Government proposes that Article 24 of the Constitution of the World Health Organization be amended as follows: the word "eighteen" in the first line of the said Article to be replaced by the word "twenty-four". If this amendment were adopted, the Article in question would read as follows:

Article 24: The Board shall consist of twenty-four persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

The French Government takes this opportunity of also proposing the deletion of the second provision of Article 25, which no longer serves any purpose. Should the proposed amendment be adopted the Article in question would read as follows:

Article 25: These Members shall be elected for three years and may be re-elected.

I should be grateful if at the same time you would prepare a draft resolution for submission to the Seventh World Health Assembly providing for the adoption of transitional measures so that, should the proposed amendment be accepted, the passage from one system to the other may be effected without difficulty, and for any necessary adaptation of...
existing regulations once the proposed amendment is in force.

3. **Letter from the Government of Italy, dated 2 November 1953, received on 2 November 1953**
   (translation from the French)

   On the instructions of my Government and in application of Article 73 of the Constitution of the World Health Organization, I have the honour to request you to inform all Member States of the Organization, and all Associate Members, of the Italian Government's wish to include in the agenda of the Seventh World Health Assembly a proposal to increase the number of Members of the Executive Board.

   To this end the Italian Government proposes that in Article 24 of the Constitution the word "eighteen" be replaced by the word "twenty-four".

   My Government considers this amendment to the Constitution necessary in view of the large number of Member States, so that there may be greater continuity in the Board's work and a more equitable distribution of seats. This would contribute to the strengthening of ties between Member States of WHO and would constitute an important factor in the achievement of the Organization's aims.

4. **Letter from the Government of the United Kingdom of Great Britain and Northern Ireland, dated 21 October 1953, received on 2 November 1953**

   I am directed by Mr Secretary Eden to state that Her Majesty's Government understand that the French Government have communicated with you regarding the provisions of Article 24 of the Constitution of the World Health Organization, which defines the Executive Board of the Organization as consisting of eighteen persons, and have made a proposal that this number should be increased to twenty-four.

   I am to state that Her Majesty's Government have also had this subject under consideration, and having regard to the considerable increase in the total membership of the Organization they are of opinion that the membership of the Board should be raised.

   I am therefore formally to propose the following changes in Articles 24 and 25 of the Constitution:

   **Article 24:** in the first line, for "eighteen" substitute "twenty-four".

   **Article 25:** delete, and substitute:

   These Members shall be elected for three years and may be re-elected, provided that of the twelve Members elected at the first session of the Health Assembly held after the coming into force of the amendment to the Constitution increasing the membership of the Board from eighteen to twenty-four the terms of two Members shall be for one year and the terms of two Members shall be for two years, as determined by lot.

5. **Letter from the Government of the Dominican Republic, dated 22 December 1953, received on 30 December 1953**
   (translation from the Spanish)

   On the instructions of my Government, I have the honour to request you, in accordance with Article 73 of the WHO Constitution, to bring to the notice of all Members and Associate Members of the Organization the request by the Dominican Republic that its proposal for the amendment of Articles 24 and 25 of the Constitution be included in the agenda of the Seventh World Health Assembly, to be held on 4 May 1954.

   The proposed amendment would raise the number of Member States on the Executive Board from eighteen to twenty-four, which would permit a wider participation by the increased number of Member States in the work of the Organization's Executive Board.

   Furthermore, in the interests of justice and equity, it is peremptory, necessary and urgent that Article 25 be amended, and that a system be adopted similar to that existing in the Constitution of the Pan American Sanitary Organization, which provides that members of the Executive Board may not be re-elected until one year has elapsed.

   There is obviously no need to emphasize the advantages which smaller countries forming part of the World Health Organization would derive from such a system, or the benefits which the Organization itself would obtain by facilitating their membership of its Executive Board, or the well-balanced character which would be provided by an Executive Board consisting of Members from all regions of the world, since by this method the countries representing the various regional committees of the Organization would be constantly represented on the Executive Board in rotation. This latter is a very important factor and one which has greatly contributed to the success of the Pan American Sanitary Organization on account of the ever-increasing enthusiasm of the Member States and of the fruitful and frequent contact maintained between men who are responsible for public health throughout the world.

   At the Seventh World Health Assembly, therefore, our delegation will submit for the approval of

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1 See third report of the Legal Sub-Committee, p. 445.
Member States a proposal that Articles 24 and 25 be redrafted as follows:

**Article 24:** The Board shall consist of 24 persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each Member so elected shall appoint as its representative on the Board [para representarlo en el Consejo] a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

**Article 25:** Members shall be elected for overlapping periods of three years and may not be re-elected until a period of one year thereafter has elapsed.

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**Annex 8**

REPORT ON RELATIONS WITH UNICEF

Introduction

The report containing the comments of the WHO Executive Board on the Director-General's proposed programme and budget estimates for 1955 included a recommendation that the Seventh World Health Assembly should re-examine existing relationships and financial arrangements between UNICEF and WHO (Official Records No. 53, paragraph 53). The UNICEF Executive Board at its meeting in March 1954 considered this subject and has submitted a report of its views.

A communication from the UNICEF Executive Director to the Director-General of WHO, dated 5 February 1954, is reproduced in section 1. The reply of the Director-General, dated 11 February 1954, is given in section 2.

The Executive Director of UNICEF, in document E/ICEF/L.554 dated 17 February 1954 which he submitted to the UNICEF Executive Board, called attention to the comments of the WHO Executive Board and pointed out that: “The report is currently being printed and is expected to be available for distribution to UNICEF Board members by the time the UNICEF Board begins its session on 1 March. In the meantime the Director-General of WHO has made available to us a copy of the report in its final form (minus certain charts), excerpts from which, relevant to UNICEF, are included as an annex to this paper.” The document also included a number of excerpts from the letter of 11 February from the Director-General.

The Executive Director’s letter of 26 March 1954 transmitting the report of the UNICEF Executive Board is reproduced in section 3. The report itself is given in section 4.

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1 See minutes of the tenth and fourteenth meetings of the Committee on Programme and Budget, pages 246 and 270.
of money. I should be grateful if you could inform me if there is any understanding as to how these recommendations are to be interpreted.

I should naturally be glad to receive any other information or views which you think would be useful to convey to the UNICEF Executive Board. I assume your representative at the Board meeting will be ready to discuss this general matter with our Board.

2. Letter, dated 11 February 1954, from the Director-General of WHO to the Executive Director of UNICEF

Your letter of 5 February reached me just as I was sending you a letter transmitting the report of the WHO Executive Board on the proposed programme and budget estimates for 1955, together with the minutes of the discussions in the Board on matters relating to the arrangements between UNICEF and WHO.

In the interest of saving time I decided to despatch my letter of 9 February to you even though it did not include the additional information which you had requested in your letter of 5 February. This letter may be considered as supplementary information specifically provided in response to that request.

I wish first of all to confirm my cable to you of 9 February, which was sent in accordance with your request and which read as follows:

YOUR LETTER FIFTH RELATING REPORT WHO BOARD STOP REVISION DOCUMENT 79 BEING MAILED ALTHOUGH SUBJECT EDITORIAL REVISION STOP AM SENDING SUPPLEMENTAL LETTER PROVIDING INFORMATION INCLUDING WHAT YOU REQUEST STOP URGE YOU AVOID RECEIVING ALL THIS DATA BEFORE YOU COMMUNICATE WITH YOUR BOARD

I assume that your letter was written following your initial reading of the first draft report of the WHO Executive Board on the proposed programme and budget estimates for 1955 as contained in document EB13/79. I am sure that when you have an opportunity to study more fully the report in its revised version (EB13/79 Rev.1) you will understand that the portion of this report of the WHO Executive Board relating to WHO’s arrangements with UNICEF (and the questions raised concerning methods of financing the technical personnel on our joint projects) does not represent “conclusions of the WHO Executive Board regarding UNICEF”.

It merely represents the various considerations which the Executive Board suggested be studied by the Seventh World Health Assembly in connexion with its review and approval of the programme and budget for 1955. The resolution of the WHO Executive Board (EB13.R81), a copy of which is enclosed (in English and French), concerning the proposed programme and budget estimates for 1955 further clarifies this point. This will become even more clear when the report is considered in the light of the responsibilities of the WHO Executive Board.

While I realize that you are aware of the functions of the Executive Board under the Constitution of WHO, perhaps it would be useful for me to review the specific responsibility which our Executive Board has in connexion with the Director-General’s proposal for the annual programme and budget for the ensuing fiscal year. The pertinent provision (Article 55) of the WHO Constitution reads as follows:

The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

In addition, by resolution WHA5.62 of the Fifth World Health Assembly, the Executive Board, in implementation of Article 55 of the Constitution, was directed to include consideration of the following:

(1) whether the budget estimates are adequate to enable the World Health Organization to carry out its constitutional functions, in the light of the current stage of its development;

(2) whether the annual programme follows the general programme of work approved by the Health Assembly;

(3) whether the programme envisaged can 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 are based.

In your letter you stated that you are “not at all certain how the recommendations of the Executive Board are to be understood” and you stated further: “I should be grateful if you could inform me if there is any understanding as to how these recommendations are to be interpreted.”
In this connexion may I refer to the specific comments contained in the revised report, among them those in section 51 under the heading "Joint UNICEF/WHO Projects, 1955":

The Board, in reviewing the proposed programme and budget estimates for 1955, considered that in providing in the estimates for an amount of some $621 000 for the costs of international project personnel whose services during 1954 are being financed by UNICEF, the Director-General was implementing resolution WHA5.71, which approved "the principle that WHO should assume, subject to the limitations of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future".

In section 54 the Board summarized a number of suggestions which had been developed during the Board's discussions. In section 55 the Board drew "attention to the fact that the estimates for 1955 provide only for technical personnel on joint projects which have already been approved by the UNICEF Executive Board. No provision is made for any projects which may be approved later for implementation in 1955." However, as you know, in the proposed 1955 programme and budget estimates we have included a number of projects not so far identified as joint UNICEF/WHO projects, but some of which are undoubtedly projects in which UNICEF may ultimately wish to participate, and for which the UNICEF Executive Board may decide to allocate funds for supplies and equipment to be used on such projects.

Referring again to the report of the Board, beginning in section 79, there is a summary of its comments concerning the proposed programme and budget estimates for 1955 and an analytical review of the major items which comprise the various increases in the proposed budget for 1955 as compared to the approved budget for 1954.

In the part of the summary which appears under the caption "UNICEF" the Board, among other comments, recommended that the Health Assembly in its review and approval of the 1955 programme and budget give consideration to the three points which are listed in section 84. Finally in its conclusions, in section 92 the Board expressed the opinion that the proposed programme of WHO for 1955 would be seriously impaired by any significant reduction... unless:

"(1) the UNICEF Executive Board agrees to reimburse WHO for the technical personnel assigned to UNICEF/WHO projects;

"(2) there were full assurance that Technical Assistance would provide funds to cover specific country projects provided for in the proposed regular budget;

"(3) further steps toward the increased use of Spanish are postponed."

As you can see from the report, the WHO Executive Board has made no specific recommendation with regard to the question of UNICEF providing WHO with funds to finance the technical personnel required on our joint projects. What it has done is simply to carry out its responsibility, as laid down in the Constitution and by the Health Assembly, of submitting any recommendations which it considers advisable to the Health Assembly. Furthermore, in case the Health Assembly should wish to find a method whereby the programme and budget estimates for 1955 could be reduced without seriously impairing the programme, the WHO Executive Board drew attention to a number of points to be considered. The Board stated: "Any appreciable reduction in the budget for the year 1955, if made in a way other than by deferring complete functions or arranging for other methods of financing as referred to in the three points above, would have unfortunate effects on the programme and might fall disproportionately on the various regions and countries concerned."

I believe you will understand, therefore, that it is not possible for me to interpret the report of the WHO Executive Board in any way whatsoever and I am especially unable to reply to the question you raised in the second paragraph of your letter. It would be clearly impossible, as well as incorrect, for me, or anyone else for that matter, to endeavour to interpret the Board's report as anything other than a number of objective considerations for the use of the Health Assembly. The Board invited the attention of the Health Assembly to a number of points regarding the relationship existing between our two organizations to be taken into account in the review of the programme and budget for 1955 by the Seventh World Health Assembly.

I have included a large amount of detail in this letter not only because I consider it essential that there be an accurate and full understanding of the nature and character of the report of the WHO Executive Board, but also in order to comply with the request you have made to me in the last paragraph of your letter of 5 February. As has been our general practice, arrangements will be made for a WHO
representative to be present at the UNICEF Executive Board meeting in March 1954, and he will be available to assist in assuring that the nature and character of the report of the WHO Executive Board is fully understood.

You may think it useful to provide copies of this letter to the Members of the UNICEF Executive Board. In such event you will need a translation into French, which will be forwarded to you in a few days.

3. Letter, dated 26 March 1954, from the Executive Director of UNICEF to the Director-General of WHO

As you know, the Executive Board of UNICEF at its recently concluded session engaged in an extensive discussion of UNICEF/WHO financial relationships. At the request of the Board I am herewith transmitting a copy of its report on this subject (E/ICEF/260/Add.1) for submittal to the Seventh World Health Assembly.

The Chairman of UNICEF Programme Committee will be attending the Seventh World Health Assembly on behalf of the UNICEF Executive Board to present the report and answer such questions as delegates may wish to ask.

4. Report of the UNICEF Executive Board on Financial Relations between UNICEF and WHO

1. Through the courtesy of the Director-General of the World Health Organization, a copy of the report of the Executive Board of the WHO on its thirteenth session (Part II "Report on the Proposed Programme and Budget Estimates for 1955", WHO Official Records No. 53) was made available to the UNICEF Executive Board, which also had the benefit of additional information in a statement from the Assistant Director-General of WHO in charge of Administration and Finance (reproduced in Annex A).

2. The UNICEF Board noted that the 1955 WHO programme and budget estimates proposed by the Director-General include provision for WHO to meet all the costs of technical personnel in 1955 for projects foreseen as being jointly assisted by UNICEF and WHO. It noted also the statement by the Director-General in his introduction to the proposed budget that:

"WHO must not again be put into a position, as it has been twice already, of having to ask the UNICEF Executive Board for additional allocations to cover personnel costs for joint WHO/UNICEF projects. In the future, it must be able to take on the full responsibility for employment of technical personnel needed for joint activities, as provided for in an agreement between the two organizations which was endorsed by the Fifth World Health Assembly ". (WHO Official Records No. 50, page x).

3. If the World Health Assembly were to approve the programme and budget estimates submitted by the Director-General of WHO, there would be no problem for UNICEF. The Executive Board of WHO, however, has expressed the view that the proposed programme of WHO for 1955 would be seriously impaired by any significant reduction in the Director-General's proposal, unless, inter alia, "the UNICEF Executive Board agrees to reimburse WHO for the technical personnel assigned to UNICEF/WHO projects" (WHO Official Records No. 53, para. 92).

4. The attention of the UNICEF Executive Board was also directed to the fact that the WHO Board, after studying the proposals of the Director-General, has made a number of other comments on UNICEF/WHO financial relationships and suggested a number of considerations on this question for presentation to the Seventh World Health Assembly when it meets in May 1954.

5. It is in connexion with these comments and considerations that the UNICEF Executive Board believes it desirable for the Health Assembly also to have before it the views of the UNICEF Executive Board. These views are summarized under (A), (B) and (C) below.

6. The UNICEF Executive Board believes that it is important that the division of responsibilities between UNICEF and WHO include a clear-cut financial as well as functional division. The functional division should correspond to the character of each organization and the type of assistance it has been created to render. The financial responsibilities should correspond to the functional tasks which each organization assumes.

7. This position was elaborated by a number of representatives in the Executive Board and Programme Committee discussions. The various points which emerged during this elaboration may be summarized as follows:
(i) All international organizations have distinctive functions, and governments contribute to them so that they may perform these functions. Contributions of governments to one international organization should not, therefore, become indirect subsidies to another international organization, also depending on governmental contributions.

(ii) The division of functions between agencies should not be altered by changes in their resources. In fact, UNICEF resources have been insufficient to meet its target programme of allocations. UNICEF income in 1953 was sixty per cent. lower than in 1949.

(iii) An agency's budget should reflect the agency's view of the priority to be attached to each field of activity. It should not be influenced by the extraneous consideration that another agency might furnish funds in order to prevent projects in which there is joint interest from being discontinued or retarded.

(iv) Functional supervision normally accompanies financial responsibility. Because UNICEF has not exercised functional supervision of international technical project personnel, its assumption of financial responsibility is open to objection in principle.

B

8. As is pointed out by the WHO Executive Board in paragraph 32 of its Report, the framework of cooperation between WHO and UNICEF was established in 1949 on the basis of recommendations by the UNICEF/WHO Joint Committee on Health Policy. However, the UNICEF Executive Board considers that the relationships between the two bodies established in 1949 should be interpreted in the light of parallel decisions subsequently taken by both organizations within the framework of the 1949 agreement. The essence of these decisions, from the standpoint of basic principle in financial relationships, is that WHO finances the international project personnel, and UNICEF finances the supplies, equipment, and other services required in projects assisted by both agencies. Although the UNICEF Executive Board had recently agreed to reimburse WHO for the cost of certain international project personnel, this was understood by the UNICEF Board as a means of providing WHO with temporary financial assistance, and not as a precedent for modifying the agreed division of financial responsibility between the two agencies.

9. In this connexion the Board had before it a "Note" prepared by the Chairman of the Executive Board on "Financial Relations of WHO and UNICEF" which it unanimously endorsed (E/ICEF/257.Rev.1). This statement is reproduced as Annex B.

C

10. The Board noted paragraph 52 of the WHO Board Report (WHO Official Records No. 53) which states:

"...The Board considered the situation created by the unwillingness expressed by some members of the UNICEF Executive Board to accept recurring requests from WHO for funds to pay for technical project personnel which WHO provides but is unable to finance. The Board generally considered that the entire question of UNICEF/WHO relations might well be re-examined, in view of the change (by action of the United Nations General Assembly) in the status of UNICEF from an emergency status to that of an indefinite term and in view of the increased resources which UNICEF has available for work in the field of child health."

11. The UNICEF Board feels it desirable to place on record the fact that the unwillingness to which the WHO Executive Board refers was unanimously shared by the UNICEF Executive Board.

12. The United Nations General Assembly decision continuing UNICEF indefinitely involved no change in the functions of UNICEF and the UNICEF Board feels that, of itself, the General Assembly decision does not make it necessary to revise the principles governing the existing relationship between the two organizations. The level of contributions to UNICEF has been referred to in paragraph 7 (ii) above.

CONDITIONS GOVERNING APPROVAL OF PROJECTS JOINTLY ASSISTED BY WHO AND UNICEF

13. Several projects approved for UNICEF aid at the UNICEF Board session in March 1954 involve the use of international project personnel, the financing of which is provided in the WHO 1955 Draft Programme and Budget.

14. The UNICEF Board's allocations for these projects extend only to the UNICEF commitments outlined in the project submissions and should not be interpreted in any sense as implying a commitment to reimburse any portion of the cost of providing international technical personnel which subsequent events might show to exceed WHO's financial resources.

15. The Executive Director was directed by the Executive Board to withhold action until the next Board session on any jointly assisted projects which might be deleted from the proposed 1955 WHO budget.
ANNEX A

Statement of Assistant Director-General in charge of Administration and Finance of the World Health Organization at UNICEF Executive Board Meeting, 5 March 1954

Mr Chairman, the Director-General of the World Health Organization has asked me to express his regrets that he is unable personally to attend this meeting of the UNICEF Executive Board. He would wish me to advise this Board that WHO is appreciative of the continued cooperation of our two organizations and the close relationships which have been developed with regard to the important work in which we both are interested. WHO has always considered that the continuation of UNICEF and its increased financial resources were essential to the overall programmes designed to improve the health of children and mothers. The joint efforts of the two organizations have clearly demonstrated the usefulness of this work, and the enthusiasm with which governments continue to request the assistance of both organizations attests to the effectiveness of our joint health programmes.

WHO has been faced with substantial financial difficulties during the past as well as for this current year. This Executive Board is well aware of the problems which our Organization has encountered and the methods found to meet these financial deficiencies. Due to the generosity of the UNICEF Executive Board and their recognition of the problem with which we were faced, UNICEF funds have been provided to allow WHO to continue to provide the technical personnel required on both continuing projects as well as some new projects which UNICEF wished to have implemented.

In previous sessions of the UNICEF Executive Board, representatives of my Organization have been present in order to provide information concerning the technical aspects of the health programmes which were submitted for the approval of the UNICEF Board. At the same time we have explained, at your request, the nature of our financial problems so that you would have a comprehensive understanding of these problems as they relate to the ability of WHO to provide for the financing of the technical staff required on joint projects.

As this Board is aware, the principles governing the working relationship and co-operation between our two organizations, which have been confirmed by our respective legislative bodies, provide, among other things, for WHO to provide the financing for the necessary technical staff on joint projects, it being provided further that, should WHO's financial resources be insufficient, UNICEF would undertake to provide the financing of such technical staff to the extent that the health projects approved by UNICEF exceed the financial provision which WHO can make. The Fifth World Health Assembly, at its meeting in 1952, confirmed the principles governing the relationships between the two organizations and approved the principle that WHO should assume, subject to the limitations of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future. It is this policy which the Director-General has endeavoured to implement by making provision in his proposed programme and budget estimates for 1955, either under the Regular or under Technical Assistance Funds, for WHO to provide for the financing of its responsibilities to the extent that they were known at the time the proposals were formulated. It is clear that any proposals for projects which have been developed subsequent to that time are not provided for in these proposals.

At previous sessions of the UNICEF Executive Board, particularly at your session in March 1953, it was stated by both the Director-General as well as myself that it was the clear intention of WHO to take such steps as were possible to provide for the necessary financing for joint projects. As I am sure you understand, it has not been possible for us to take this step to the extent which we ourselves have desired until the preparation of the proposals for the 1955 programme and budget. This results from the budget cycle followed by our Organization, whereby our annual programmes and the resultant budget estimates are developed approximately eighteen months prior to the beginning of the year in which these plans are expected to be implemented.

In developing our annual programme and budget estimates for 1955, we have, to the best of our ability, taken into account the planning of projects at the request of governments which were known to both organizations, up to the latest possible date. The excellent co-operation in effect in our respective field offices has made it possible to develop worthwhile and effective health programmes for children and mothers and to formulate these plans sufficiently in advance to enable a high standard of technical development. As is evident in such matters as this, it is never possible to make complete provision for everything which might evolve, since our planning takes place so far in advance of the year for which the plans are designed. Any requests from governments which were not foreseen eighteen months prior to the beginning of the year 1955 would clearly not be included in our proposals. The difference in the budget cycle between the two organizations therefore can create some disparity as between what is included in the WHO's proposed programme and budget for a given year and what may, in fact, develop before the beginning of or even during that year on the UNICEF side to meet unforeseen requests from governments for urgent health programmes. Since our Organization has no means by which it can make provision for such contingencies on a lump-sum and unidentified basis, it should be recognized that requests for assistance such as these will always represent financial considerations to be dealt with in some way, unless it is agreed that the projects will not be initiated as early as may be requested. The only method by which we can envisage that this difference in timing can be met would be for UNICEF to provide the funds necessary to cover the cost of the technical staff required on joint health programmes, until the beginning of the year for which provision can be recommended to be included in WHO's own budgetary resources. It is, of course, the responsibility of the World Health Assembly, at its annual meeting, to consider and approve the annual regular budget of WHO.

The 1955 Programme. I feel sure that the members of this Board will be interested in knowing what provisions have, in fact, been made in the Director-General's proposals for 1955. To do this, I should like to review in summary form the approximate amounts which are included in the proposals which will be submitted to the Seventh World Health Assembly when it convenes in May of this year. While these figures are subject to some correction, I believe they are sufficiently accurate to indicate the importance which WHO gives to the joint health programmes relating primarily to children and mothers.

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1 See also Appendix, page 300.
The total estimated amount provided for projects of assistance to governments is as follows (to the nearest thousand):

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<tr>
<td>Regular budget</td>
<td>$3,750,000</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$2,739,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$6,489,000</strong></td>
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The estimates under Technical Assistance are based on the assumption that WHO will have available from the Special Account the sum of $3,600,000, which is based on a total availability for projects of $18,000,000 and which represents the pro rata share which WHO has been receiving. No one at this stage can foresee whether this assumption is either optimistic or pessimistic. We have considered that it represents a reasonably conservative figure on which to base our programme planning for 1955 under the Expanded Programme of Technical Assistance.

Within these totals, the estimated amounts which are clearly identifiable as representing the cost of financing WHO's responsibilities on joint projects in that year are as follows:

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<tr>
<td>Regular budget</td>
<td>$705,000, or 18.79 per cent.</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$937,000, or 34.23 per cent.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,642,000</strong>, or 25.31 per cent.</td>
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In addition to these figures, there are other expenses for which provision is made under both our Regular and Technical Assistance Funds which I have omitted from these percentage calculations because it would not be correct to use these as a percentage of the total amount expended for projects. These estimated amounts include the following:

- The cost of the liaison staff with UNICEF: $36,000
- The cost of regional advisers who devote the majority of their time to the development and implementation of joint programmes: $336,000
- The cost of the Tuberculosis Research Office: $230,000

Thus, to the figures which I have previously cited as representing the direct cost of projects, there should be added the amount of approximately $600,000, making a total of $2,242,000.

In addition to these amounts, there is included in our 1955 budget estimates provision for some new projects which are new both to WHO as well as to UNICEF. While there can be no assurance that the UNICEF Executive Board will consider these projects eligible for UNICEF assistance, the following represent the estimated amounts for projects which we would envisage as being of the type in which UNICEF has previously had an interest and in which UNICEF is likely to consider participating:

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<tr>
<td>Regular budget</td>
<td>$355,000</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$594,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$949,000</strong></td>
</tr>
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Adding these amounts to the amounts referred to earlier in this statement as the cost to WHO of its participation in joint projects, you would have the following estimated amounts and percentages:

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<tbody>
<tr>
<td>Regular budget</td>
<td>$1,060,000, or 28 per cent.</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$1,531,000, or 55 per cent.</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$2,591,000</strong>, or 39 per cent.</td>
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The 1954 Programmes. The members of the UNICEF Executive Board will be interested also to know what the position is with regard to the current year, 1954. In summary, the approximate amounts and percentages in which you will be interested are as follows:

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<tr>
<td>Regular budget</td>
<td>$143,000, or 5.93 per cent.</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$1,306,000, or 67.4 per cent. of Category A and 47.74 per cent. of Category B</td>
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The total of $1,449,000 represents for Category A 33.31 per cent. and for Category B 28.14 per cent.

As was the case for 1955, there are additional sums in 1954 which are used by WHO under both Regular and Technical Assistance Funds for costs other than the direct project costs. These are estimated as follows:

- The Liaison Office with UNICEF: $28,000
- Regional advisers: $371,000
- Tuberculosis Research Office: $230,000

or a total of just under $630,000, which amount, when added to the direct project costs, equals $2,079,000. Similarly, the 1954 planned programmes include some projects to be initiated this year which the UNICEF Executive Board may consider eligible for assistance from UNICEF but which have not yet been approved by the UNICEF Executive Board. The estimated amounts involved in these projects are:

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<tr>
<td>Regular budget</td>
<td>$242,000</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>$415,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$658,000</strong></td>
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Taking these estimates into account, together with the project costs for those projects already approved, you have the following estimated totals and percentages:

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<tbody>
<tr>
<td>Regular budget</td>
<td>$386,000, or 15.9 per cent.</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>1,721,000, or 88.9 per cent. of Category A and 62.9 per cent. of Category B</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,107,000</strong>, or 48 per cent. of Category A and 40 per cent. of Category B</td>
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Mr Chairman, you will recall that at the meeting of this Board last September there was a request from the Director-General of WHO that UNICEF underwrite the cost for about sixteen additional projects already in operation. While no decision was taken on this request, it was recognized that it might be necessary to put forward a request to the Board at its next session or by a mail poll in the interim, if it finally
appeared that all other possibilities for financing the personnel were exhausted. The Director-General of the World Health Organization has now had an opportunity to consider all of the resources available to us, as compared to our needs, and considering his reluctance to consider an additional request to UNICEF, has found it possible to make some adjustments and exercise his emergency authority so as to meet our requirements in such a manner as to make it unnecessary for us to request this financing from UNICEF. Apart from the requests at present before the Board for items not foreseen last September, we do not expect to request additional funds in 1954 to cover projects approved up to this time by the UNICEF Executive Board.

Mr Chairman, the Executive Director of UNICEF has, in document E/ICEF/L.554, provided the UNICEF Executive Board with some comments concerning the Report of the WHO Executive Board at its thirteenth session. The WHO Executive Board’s report consists of its comments on the Director-General’s proposed programme and budget estimates for 1955. The members of the UNICEF Executive Board have also been furnished with a copy of the printed report, which was referred to in your document and which is now contained in WHO Official Records No. 53. May I ask the indulgence, of you, Sir, and that of the members of the Board to refer to some specific paragraphs as contained in the report of our Executive Board which refer to matters of interest to the UNICEF Board?

As an introduction to this, I believe it useful to refer to the responsibility of the WHO Executive Board as provided for in Article 55 of the WHO Constitution, which reads as follows:

“The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.”

In addition, I think it useful to refer to the resolution of the Fifth World Health Assembly, which directs the Board in exercising its responsibility under Article 55 of the WHO Constitution to include consideration of the following (it is contained in paragraph 38, on pages 10 and 11 of WHO Official Records, No. 53):

“(1) whether the budget estimates are adequate to enable the World Health Organization to carry out its constitutional functions in the light of the current stage of its development;

“(2) whether the annual programme follows the general programme of work approved by the Health Assembly;

“(3) whether the programme envisaged can 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 are based.”

May I invite the attention of the UNICEF Board to the statement contained in paragraph 39, in which the Board expressed the opinion that:

“... the budget estimates are adequate to enable the Organization to carry out its constitutional functions satisfactorily in the light of the current stage of its development”,

and further in paragraph 40:

“... the Board satisfied itself that it follows the general programme of work covering the period 1953-56 approved by the Fifth World Health Assembly in resolution WHA5.25. It is also of the opinion that, subject to the availability of sufficient funds, the proposed programme can be carried out during 1955.”

Other provisions which are of particular interest to this consideration are those contained in paragraphs 31, 52, 53, 54 and 55. I need not take the time of the Board to read all these paragraphs. I would only wish to refer to paragraph 53, which reads as follows:

“It is therefore recommended that the Seventh World Health Assembly should re-examine existing relationships and financial arrangements between the two organizations. With appropriate policy guidance from the Health Assembly, the Executive Board would be prepared to undertake such negotiations as might be required with the UNICEF Executive Board.”

Paragraphs 79 and 80 are also to be considered, and I would read some of the pertinent provisions of those two paragraphs which are as follows. Part of paragraph 79 provides:

“The Board found the programme proposed by the Director-General to be well-conceived, fully within the competence of the Organization to carry out creditably and effectively within the budget year”,

and the first portion of paragraph 80 reads:

“The Board hoped that the Health Assembly would be able to provide the funds necessary to finance the total programme as proposed by the Director-General.”

The UNICEF Board will also be interested in the conclusions, contained on page 23, paragraphs 92 and 93.

Mr Chairman, as I am sure you will have observed, the WHO Executive Board have studied in detail the proposals submitted by the Director-General, have submitted their comments for the use of the Seventh Health Assembly when it meets next May, and have invited the attention of the Assembly to a number of considerations which have an important bearing on the financial implications of the Director-General’s proposals. They did not make any specific or firm recommendation other than to request that the Health Assembly give consideration to the points being raised and specifically that they re-examine the existing relationships and financial arrangements between the two organizations. The WHO Executive Board considered that the entire question of UNICEF/WHO relations might well be re-examined in view of the change in the status of UNICEF from an emergency status to that of an indefinite term and in view of the increased resources which UNICEF has available for work in the field of child health. It would seem that the possibility is now open for both organizations to assist governments in their planning of long term projects, which can contribute so much to the health needs of children and mothers. The WHO Executive Board were objectively endeavouring to find a constructive method to facilitate the taking of such steps as are feasible in order to assure that every practicable effort is being made to devote in an effective manner such resources as are available for the purpose of improving the health of children and mothers.

Mr Chairman, I am very grateful indeed to have this opportunity of emphasizing once more the genuine interest of my Organization in furthering the cooperative relationships between our two organizations. Should you or any member of the Board wish any additional information, I shall be happy to provide it to the best of my ability.
ANNEX B

Statement adopted by UNICEF Executive Board on financial relations of WHO and UNICEF, March 1954

1. The decisions of the WHO and UNICEF Boards and of the World Health Assembly on financial and other aspects of UNICEF/WHO relationships are available to the UNICEF Executive Board in Appendix I to Part II of the WHO Executive Board reports (WHO Off. Rec. No. 53, January-February 1954). The purpose of this note is to call particular attention to certain aspects of UNICEF/WHO financial relationships.

2. As is indicated by the Executive Board of WHO in paragraph 32 of its report, the framework of cooperation between WHO and UNICEF was established in 1949 on the basis of recommendations of the Joint Committee on Health Policy which were subsequently approved by the World Health Assembly and the UNICEF Executive Board. The recommendation of the JCHP contains the following paragraphs:

   (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 of its resources, but beyond this it will provide the services which will be reimbursed by UNICEF." (quoted on page 27, WHO Off. Rec. No. 53)

The WHO Executive Board in its report on its thirteenth session has interpreted the final sentence of paragraph (e) as follows:

   "UNICEF... undertakes to reimburse such portion of the cost of providing technical personnel as exceeds the limitations of WHO's financial resources, as well as providing supplies and other services." (WHO Off. Rec. No. 53 para. 32)

3. It would appear, however, that the UNICEF Executive Board considers that the relationships between the two bodies established in 1949 should be interpreted in the light of parallel decisions subsequently taken by both organizations within the framework of the 1949 agreement.

4. After the approval of the recommendations made by the JCHP in 1949, it was the practice for WHO to set out personnel and fellowship costs at the time it gave its technical approval to projects. The sums involved were included in the project submissions put before the Executive Board of UNICEF by the Executive Director, and became part of the UNICEF allocation.

5. At the session of the UNICEF Executive Board in November 1950, the Director-General of WHO informed the UNICEF Board that he hoped that WHO would be able to finance project personnel for new health projects (other than BCG programmes) to be undertaken in 1951, and that for 1952 he was including provision in the WHO Budget for all international staff required for existing or envisaged projects (other than BCG) assisted by UNICEF (E/ICEF/159, paras. 18 & 20). The UNICEF Board Report in November 1950 states in this connexion:

   "It was in the light of this arrangement that a number of apportionments approved by the Board exclude international technical personnel and fellowships provided for in the plan of operations. These are being referred to WHO by the Governments concerned for consideration of financing under its expanded technical assistance programme." (E/ICEF/159, para. 18)

6. The statement of the Director-General of WHO to the UNICEF Board was approved by the WHO Executive Board as a statement of policy in January/February 1951 (resolution EB7.R60, quoted on page 30, WHO Off. Rec. No. 53). It was subsequently implemented in the WHO budgets approved by the World Health Assembly.

7. As a result, from its November 1950 session onwards, the UNICEF Executive Board made no financial provision for project personnel except in the case of technical personnel needed for BCG campaigns. The Governments concerned requested this aid directly from WHO.

8. In April 1952 the JCHP "noted that the international field personnel in BCG campaigns still remained the financial responsibility of UNICEF; it suggested that consideration be given to the possibility of WHO taking over this responsibility." (Fifth Session, JCHP, E/ICEF/192, para. 11) 1

9. The Executive Board of UNICEF, meeting later that month, considered this suggestion of the JCHP and its conclusions, stated in its report, are as follows:

   "The Board believes that there is no important difference in principle between financing for international field personnel in BCG, including field statisticians, and the financing of international field personnel for other types of health programmes assisted by UNICEF, which WHO has assumed out of expanded technical assistance funds. The Board, therefore, requested the Executive Director to discuss with the Director-General of WHO the assumption by WHO of these costs, and to report back on these discussions to its next session." (E/ICEF/198, para. 635)

10. In May 1952 the Fifth World Health Assembly expressed its satisfaction with the development of cooperative programmes between the two agencies and adopted a resolution (WHA5.71) approving:

   "The principle that WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future." (Quoted on page 31, WHO Off. Rec. No. 53)

1 Reproduced in Off. Rec. Wild Hlth Org. 42, 430
11. Following the action of the JCHP and the UNICEF Board regarding BCG project personnel quoted in paras. 8 and 9 above, the Executive Director of UNICEF engaged in an exchange of correspondence with the Director-General of WHO. The Director-General of WHO in a letter dated 26 June 1952, agreed, subject to the amount of technical assistance funds to be made available, that WHO would assume the cost of all international BCG personnel as from 1 January 1954, and of all personnel for new BCG projects in 1952 and 1953 as well as additional personnel required in existing BCG projects where the cost of these exceeded the amounts already allocated by the UNICEF Board for 1952 and 1953 (E/ICEF/205, paras. 185-186).

12. Thereafter in all recommendations submitted to the Board, whether for BCG or other programmes, no provision was included for project personnel.

13. It would seem that the principles of cooperation established between the two bodies in 1949 should be interpreted in the light of the developments recorded in paras. 4-12.

14. In March 1953, the UNICEF Board agreed to reimburse WHO the cost of certain project personnel. However, the Board did not regard this action as having been taken in pursuance of an undertaking such as that referred to in the report of the Executive Board of WHO; nor does it appear that the request from WHO was based on the existence of such an undertaking. The following passage appears in the UNICEF Executive Board's report:

"The request is considered by WHO as a means of obtaining temporary financial assistance for its 1953 financial period. It is not to be considered as a precedent for weakening the agreed division of responsibility between UNICEF and WHO under which UNICEF finances the supplies and equipment and WHO finances the international project personnel required." (E/ICEF/227, para. 73b)

15. In approving a ceiling allocation to WHO (of $288 000) for reimbursement of 1953 costs of project personnel, the Board made it clear that:

(a) it did not regard this allocation as constituting a precedent for future action on its part; and

(b) it hoped that the agreed relationships between UNICEF and WHO would be restored as early as possible (E/ICEF/227, para. 74).

16. The same issue arose in September 1953 when additional WHO requests were circulated to the UNICEF Board (E/ICEF/R.509/Corr.1, R.509/Add.1). At that time the Board approved allocations (totalling $637 000) for reimbursement to WHO for project personnel. The Board made these additional allocations subject to the conditions approved at the March session (E/ICEF/243, para. 104).

17. The WHO representative at the same time reiterated the desire of the Director-General of WHO to return to the agreed financial relationship of the two organizations as soon as possible (E/ICEF/243, para. 110).

5. Extracts from Discussions in the UNICEF Executive Board on Relations between UNICEF and WHO

(a) From the Hundred and Twenty-third Meeting

The CHAIRMAN gave an account of relations between the World Health Organization and the United Nations Children's Fund in the matter of financing of UNICEF/WHO joint projects and mentioned the conclusions set forth in paragraph 92 of the report of the WHO Executive Board on the proposed programme and budget for 1955. It was not the first time the Board had been faced with the problem, which should, if possible, be settled once and for all so that the two organizations could continue a satisfactory co-operation in joint projects, which were an essential feature of the activities of both.

He invited Mr Siegel, Assistant Director-General in charge of the Department of Administration and Finance of the World Health Organization, to address the meeting.²

Mr BRENNAN (Australia) stated that his delegation was not in agreement with the last sentence of paragraph 32 of the WHO Executive Board's report, which it felt did not accurately reflect the financial relationship between the two organizations. The arrangement under which UNICEF met personnel costs had been a temporary one, made by the two organizations in 1949. In the following year, the Director-General of WHO had informed the UNICEF Board that WHO would be able to assume responsibility for the expenses relating to the technical personnel needed for all joint projects other than the BCG vaccination programme, and thereafter the Board did not include project personnel costs in its allocations. In 1952, the UNICEF/WHO Joint Committee on Health Policy had decided that the same policy would be applied to BCG vaccination programmes, and consequently, at the Board's request, the Executive Director of UNICEF had asked WHO to accept responsibility for the personnel costs relating to that programme, too. The Director-General of WHO had agreed, provided that his organization had the necessary funds available. Thereafter UNICEF did not include the financing of personnel for BCG vaccination programmes in its estimates. At the March 1953 session of the Board, WHO had asked UNICEF to refund the cost of technical personnel in a number of pro-

² The summary of Mr Siegel's remarks is omitted here as they are given in full in Annex A to the UNICEF Executive Board report reproduced in section 4 above, page 491.
jects. The Board had agreed, but had pointed out that that was only a temporary measure rendered necessary as a result of unexpected events which both organizations much regretted. In September 1953, WHO had made a similar request to UNICEF, and the latter had again agreed, subject to the same reservations.

His delegation took the position that, in view of subsequent events, the WHO Executive Board's interpretation of the arrangement made in 1949 no longer applied. Certain considerations should not be lost sight of: firstly, government contributions to UNICEF should not be used indirectly to increase the funds appropriated for WHO work by the World Health Assembly; and, secondly, the WHO budget, as approved by the World Health Assembly, should faithfully reflect the order of priority granted by that Assembly to the various WHO activities, and not be in any way influenced by considerations extraneous to such activities.

Dr Eliot (United States of America) agreed with the Australian representative. Nevertheless, her Government felt that the 1949 agreement was still valid and that any arrangements which might have been dictated by circumstances since 1952 in no way altered the principles which had been laid down by the Joint Committee on Health Policy as applicable to co-operation between the two organizations.

Mrs Sinclair (Canada) said that her delegation also shared the Australian representative's opinion. When the Board had considered WHO's first request for funds to defray the cost of technical personnel, it had made it clear that the grant was only made as an exceptional measure, to help WHO in its financial difficulties at the time. It was therefore inaccurate to state, as did the WHO Board in paragraph 52 of its report, that the present position was the result of the "unwillingness expressed by some members of the UNICEF Executive Board to accept recurring requests from WHO"; actually, that was the unanimous opinion of the Executive Board, and WHO should probably be told that it was. Another statement which appeared in the same paragraph, referring to the "increased resources" said to be available to UNICEF, should perhaps also be rectified.

She inquired what would happen to projects in which UNICEF was interested if WHO should not obtain all the funds it asked for: would the WHO/UNICEF joint projects be the first to suffer from budget cuts? If budget cuts materialized, would WHO expect UNICEF to be responsible for the full amount of $621,000 it had estimated in its budget for financing international joint project personnel, or for part of that expenditure only? Finally, would the cut be proportionally distributed among all the items of the WHO budget?

Mr Siegel (World Health Organization) stated that he could best reply to the main question asked by reading an excerpt from the letter sent by the Director-General to Mr Pate, as follows:

"I believe you will understand, therefore, that it is not possible for me to interpret the report of the WHO Executive Board in any way whatsoever and I am especially unable to reply to the question you raised in the second paragraph of your letter. It would be clearly impossible, as well as incorrect, for me, or anyone else for that matter, to endeavour to interpret the Board's report as anything other than a number of objective considerations for the use of the Health Assembly."

He explained that for 1954 projects in what he had described as "Category A" were projects for which funds were assured; but WHO would only be able to implement the projects in "Category B" if the additional funds it requested were granted. The percentage of WHO participation in expenditure on joint projects was lower for Category B (28.14 per cent.) than for Category A (33.31 per cent.). The Category B projects were those likely to be jeopardized by budget cuts. With regard to 1955, it was difficult to predict what might happen as it still remained for the next World Health Assembly to consider and approve WHO's 1955 regular programme and budget. The technical assistance estimates for 1955 should be viewed as representing WHO's best calculated estimate of the amount which the organization could expect. Should the next Health Assembly decide it was unwilling to approve the programme and budget proposed by the Director-General, the Assembly might at that time consider whether to make general reductions or, as was strongly recommended by the WHO Executive Board, to review all the WHO programmes with a view to establishing an order of priority for carrying them out.

In reply to a further question by the Canadian representative, he confirmed that under technical assistance funds most of the UNICEF/WHO joint projects were considered by WHO as priority work; hence they were probably not in great danger.
However, if in 1955 WHO failed to obtain most of the very conservatively estimated allocations for which it had planned under technical assistance, then it would become necessary to establish a new set of priorities within priority I.

Mrs Sinclair (Canada) thanked the WHO representative for his explanations. The difficulties created by the different budgetary methods of the two organizations had not failed to cause very grave concern to her delegation, for clearly UNICEF could not organize its work efficiently unless it was assured that WHO would be able to bear its own share of the cost of the joint projects. Of course the World Health Assembly’s decisions could not be anticipated, but the WHO Executive Board’s report suggested that WHO expected UNICEF to be responsible for the salaries of the technical personnel in the event of its own budget being reduced. If so, the position promised to be as serious in 1955 as it had been in 1953 and 1954, not only from the budgetary point of view, but also from the point of view of the principle, since UNICEF could not continue to defray expenditure over which it had no control, such as the cost of technical personnel. In the circumstances, one possible solution might be that the Board should not approve the joint projects until after the World Health Assembly had adopted the WHO budget. By then WHO would be in a position to make a firm pledge, and the slight delays which would have occurred in the execution of projects planned for 1955 would be compensated.

Mr Rajan (India) was glad that the exchange of letters between the Director-General of WHO and the Executive Director of UNICEF (E/ICEF/L.554) had been placed before the Board. The relations which were to prevail between the two organizations required definition, not only on account of the financial consequences involved but because the question affected the whole problem of co-operation between different United Nations bodies which embarked upon joint ventures. In his delegation’s view, such co-operation should be accompanied by a very clear division of functions and of financial responsibilities. Functions should be divided according to the character of the bodies concerned and to the nature of the assistance which they were able to render, and the respective financial obligations should be related to that division of functions.

That had originally been the basis of the relationship entered into between WHO and UNICEF. His delegation had always regarded the reimbursement of the cost of technical personnel as a purely provisional measure, not in any way signifying a departure from well established principles. Governments contributed funds to UNICEF because they considered that no other international institution could fill the role of that body. Even if UNICEF were to find that its resources had increased—as WHO wrongly believed to be the case—it would be bound to abide by its essential objective, which was to provide supplies rather than services.

Some might consider that such a division of functions and financial responsibilities was arbitrary, that the projects jointly undertaken by the two organizations were in answer to a genuine need and should consequently be carried out, and that, in any event, whichever organization was concerned, the ultimate responsibility for payment rested with governments. The Indian delegation did not concur with that viewpoint. It feared that by assuming responsibility for the cost of technical services, which should normally be met by WHO, UNICEF would be obliged to limit its own activities, and would thus expose itself to the justified criticism of the governments which had created it for clearly specified purposes. The division of functions and financial responsibilities which WHO and UNICEF were required to respect could only be modified if the governments revised UNICEF’s terms of reference, and no such suggestion was being entertained. Consequently, there were no grounds for modifying the relations between UNICEF and WHO, which were governed by the principles set forth in 1949 by the Joint Committee on Health Policy.

Mr Siegel (World Health Organization) again wished to stress that the difficulties were mainly due to the timing requirements governing the preparation of the WHO budget estimates. The Canadian representative’s proposal, to the effect that UNICEF should not approve joint projects until after the WHO budget had been adopted, might perhaps be a remedy; but it would be a partial remedy, for WHO only learned what funds were allocated to it for technical assistance immediately before the beginning of the financial year. The WHO representative had tried hard to persuade the Technical Assistance Committee to remedy that situation. He believed that the latter was at the moment studying certain action in that direction, but he feared that it would not be as far-reaching as WHO would have liked.

Mr Brennan (Australia) said he hoped that his remarks had been correctly understood. He was not concerned with the question of relations between UNICEF and WHO as a whole, but only with that
part of their relations which concerned the payment of the expenses of technical personnel. He had felt bound to make his comments because the wording of the last sentence in paragraph 32 of the WHO Executive Board’s report was susceptible of an interpretation which his delegation did not believe to be the correct one.

With regard to the table of new projects planned for 1955 (page 22 of the WHO Executive Board’s report), he asked, firstly, whether the figures given included all or part of the $621,000 earmarked by WHO to cover the costs of technical personnel on the joint WHO/UNICEF projects already approved; and secondly, whether the grand total of $1,051,971 included the $355,000 which was the share reserved by WHO, in its ordinary budget, for new projects which, in WHO’s view, might interest UNICEF.

Mr Siegel (World Health Organization) replied that the answer to the first question was in the negative, and to the second in the affirmative.

Dr Eliot (United States of America) suggested that the two organizations should reach a solution more in keeping with their respective objectives, so that UNICEF would not in the future have to suspend the implementation of certain programmes. WHO would doubtless bear in mind the opinions which had been voiced on that subject during the current debate.

She agreed with the Canadian representative that, if the UNICEF Board was asked to defray the cost of WHO technical personnel, it should be given particulars of the cost in good time so that it could determine whether it was advisable to approve the programmes to which the expenditure related. She likewise agreed with the Canadian representative’s view that the Board could defer its approval of certain projects until the World Health Assembly had approved its budget for the following financial year. She hoped, however, that such deferment would not affect the implementation of exceptionally urgent programmes. Perhaps the Board and WHO could discuss the problem.

Mr de Paiva Leite (Brazil) and Mr Lhoir (Belgium) concurred with the opinions of the Australian, Canadian and Indian representatives. Mr Lhoir added that the two organizations had distinct functions; by subsidizing the WHO budget, UNICEF would therefore risk re-introducing the issue of the contributions of certain participating governments and of under-developed countries.

Mr Mande (France) supported the principle of co-operation between WHO and UNICEF. He, too, shared the opinion of the Canadian, Australian, Indian and Belgian representatives. The 1949 arrangement no longer seemed to govern financial relations between the organizations. Due regard had to be paid to the principle of financial autonomy. If WHO had to cut down its programmes owing to insufficient funds, the reduction should be spread over all its fields of activity and not limited to the joint WHO/UNICEF projects. Finally, if UNICEF contributed to the cost of WHO technical personnel, it should in return have the right to inspect the relevant items in the budget.

Mr Montini (Italy) said that, although the principle of financial autonomy should be respected, it was nevertheless true that, in practice, each organization had to decide what degree of priority should be given to the various programmes and could, where necessary, waive the principle of autonomy.

Mr Umari (Iraq) concurred with the views expressed by most of the speakers, and especially with the Indian representative’s opinion that UNICEF’s main object was to provide supplies while WHO was primarily concerned with services.

Mr Brennan (Australia) said that the Board was dealing with two matters. In the first place it had to decide what action if any it should take respecting the projects which it was approving at the current session and which envisaged WHO participation. He proposed that the Programme Committee, after finishing its study of the different projects, should make some recommendation on that question to the Board. Secondly, the Board should inform WHO of its views on the WHO Executive Board’s report. He proposed that document E/ICEF/257 1 should be forwarded to WHO for that purpose, since that document seemed to reflect the Board’s consensus of opinion.

As to the United States representative’s suggestion, he was of the opinion that it was still far too early for the two organizations to undertake a joint discussion of the situation. He added that his delegation thought that the arrangements which had developed in 1952 were entirely satisfactory. They did not preclude either body in exceptional circumstances from reimbursing the other for costs incurred.

Mr Siegel (World Health Organization) said that, from the statements made, he believed that there

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1 An “information note” by the Chairman of the UNICEF Executive Board, adopted after modification by the Board as a whole (see extract from the summary record of the 125th meeting, reproduced on page 499) as Annex B to its report (reproduced in section 4, page 494).
might be some misunderstanding regarding what was said in the report of the WHO Executive Board. He wished to clarify that at no time had the Board felt that UNICEF was required to provide the costs of technical staff. It was understood that that was a decision to be made by the UNICEF Executive Board and not a statutory obligation in any way. Naturally, UNICEF remained free to decide on the implementation of the programmes in which it took part.

The CHAIRMAN, speaking as representative of Switzerland, likewise thought that the United States suggestion of joint discussions with WHO was premature. The principle of financial autonomy should; of course, be respected. He consequently suggested that the Board might adopt the Australian and Canadian proposals, which would offer an appropriate solution.

It was so decided.

The CHAIRMAN asked whether the members of the Board agreed that document E/ICEF/257 should be forwarded to WHO.

Mrs Harman (Israel) pointed out that the document had only very recently been distributed and that preferably a decision should be deferred until the Programme Committee had studied the question of contributions.

It was so decided.

Mr Siegel (World Health Organization) felt that the Board would wish him to make a statement regarding the Chairman's information note. Like the representative of Israel, he had not had time to read the document. However, he wished the Board to know that all the relevant decisions and resolutions referring to the relations between the two organizations had been presented to the WHO Executive Board and appeared in an appendix to WHO Official Records No. 53, except for some letters which had been exchanged between the two administrations. He felt that no one would suggest that such letters could supersede an agreement between two legislative bodies.

Mr De Paiva Leite (Brazil) suggested that the Chairman should attend the World Health Assembly and present the Board's views.

Mrs Sinclair (Canada) agreed that it would indeed be advisable for a representative of the Board to be present at that Assembly. Though the WHO representative had attended the present debate he could hardly be expected to defend the views of the UNICEF Board before his own organization.

The CHAIRMAN feared that it might be difficult for him personally to attend the World Health Assembly. Perhaps the Board would leave it to him to discuss with the Chairmen of the Programme Committee and the Committee on Administrative Budget the possibility of sending a representative of the Board to the World Health Assembly.

It was so decided.

The meeting rose at 5.50 p.m.

(b) From the Hundred and Twenty-fifth Meeting

The CHAIRMAN observed that the information note had been modified in consultation with several delegations, the United States delegation having urged that it should be made clear that the framework of the relationship as established in 1948 still stood. The representative of Israel had stated that she required more time to study the document.

Mr Orlen (United States of America) confirmed that the document, as revised, was acceptable to his delegation.

Mrs Harman (Israel) congratulated the Chairman on the clarity of the note, which was acceptable to her delegation.

The CHAIRMAN proposed that the Executive Director should be requested to transmit the note to WHO for submission to the World Health Assembly.

It was so decided.

The CHAIRMAN thought that a very carefully prepared review of the discussions on the subject should be included in the Board's report; he invited the members to offer suggestions in that connexion.

Mrs Sinclair (Canada) felt that the Assembly should not be expected to read the summary records of the Board's meetings in order to ascertain the Board's views. Her delegation had raised the question of paragraph 52 of the WHO Executive Board's report on the proposed programme and budget estimates for 1955; some members had been unable to accept that paragraph, others had stressed that, although the Fund's resources had increased, it could still not be described as affluent since it had never achieved its target budget. It had also been felt that the relations between WHO and UNICEF need not be reviewed at present. All those points, which in fact constituted a decision of the Board, should be included in one document.
Mr Brennan (Australia) concurred. The unwillingness to accept recurring requests for reimbursement was the Board's unwillingness and not that of some members only. His delegation shared the view that the state of the Fund's resources was irrelevant. He hoped the Board as a whole would endorse that view. As a matter of record, however, the Fund's resources had been substantially higher in 1948 and 1949 than they were in 1953.

His delegation had earlier expressed the opinions that funds contributed to one organization should not be regarded as indirect subsidies to another, that each organization should meet from its own resources the cost of the services it rendered, and that the budget of an organization should reflect the priority which the organization attached to a project, and should not be affected by the consideration that another organization might furnish funds in order to prevent a project from collapsing. Several delegations had agreed with those opinions, and none had expressed disagreement. He suggested that they could be included in the report either as the Board's corporate view, or as opinions to which wide expression was given and from which there was no dissent.

The Chairman agreed that the incorporation of the discussions in one document was desirable. Since the report had to represent the Board's opinion, he proposed that a drafting committee composed of the representatives of the Philippines, Canada and Australia, together with the Chairman of the Programme Committee and the Chairman of the Executive Board as ex officio members, should be appointed.

It was so decided.

Mr Barnes (United Kingdom) asked whether the report would be placed before the Board.

The Chairman replied that every member of the Board would have access to the report and would be able to submit to the drafting committee, through the Administration, any matter to which he attached special importance.

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Appendix

[From A7/P&B/10 Add. 1 and Rev. 1 — 7 and 10 May 1954]

POSITION REGARDING JOINT UNICEF/WHO PROJECTS IN 1954 AND THE ANTICIPATED POSITION IN 1955

Annex A to the report reproduced in section 4 above contains the statement made by the Assistant Director-General, Administration and Finance, of the World Health Organization at the UNICEF Executive Board meeting on 5 March 1954.

Since that statement was made, modifications have been effected in the programme for 1954. At its March meeting the UNICEF Executive Board also approved further allocations for health projects. Subsequent consultation with UNICEF has led to further adjustments.

In order to provide the Health Assembly with the latest data showing the position as a result of these developments, the attached schedule has been prepared. It gives, to the nearest thousand, the amounts now applicable to 1954 and reflects in respect of 1955 the best estimates that can be made at this time, considering that these estimates are subject to further consultations with the relevant governments as to individual projects.

1. Total estimated amount for projects

<table>
<thead>
<tr>
<th></th>
<th>1954</th>
<th>1955</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>Regular budget</td>
<td>2 415 000</td>
<td>3 750 000</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>2 664 000</td>
<td>2 739 000</td>
</tr>
<tr>
<td></td>
<td>5 079 000</td>
<td>6 489 000</td>
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</table>

* Based on expected total earmarking to WHO of $3 600 000
ANNEX 8

2. Estimated cost to WHO of projects clearly identifiable as joint UNICEF/WHO projects **

<table>
<thead>
<tr>
<th></th>
<th>Amount US$</th>
<th>Percentage</th>
<th>Amount US$</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Regular budget</td>
<td>412 000</td>
<td>17.1</td>
<td>1 128 000</td>
<td>30.1</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>874 000</td>
<td>32.8</td>
<td>981 000</td>
<td>35.8</td>
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<tr>
<td></td>
<td>1 286 000†</td>
<td>25.3</td>
<td>2 109 000</td>
<td>32.5</td>
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</table>

3. Estimated costs other than for projects under both regular and Technical Assistance funds related to:

<table>
<thead>
<tr>
<th>Project</th>
<th>1954 Amount US$</th>
<th>Percentage</th>
<th>1955 Amount US$</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaison staff with UNICEF</td>
<td>28 000</td>
<td></td>
<td>36 000</td>
<td></td>
</tr>
<tr>
<td>Regional advisers engaged on joint programmes</td>
<td>371 000</td>
<td></td>
<td>336 000</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis Research Office, Copenhagen</td>
<td>230 000</td>
<td></td>
<td>230 000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>629 000</td>
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<td>602 000</td>
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4. Estimated costs of 2 and 3 above

<table>
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<th></th>
<th>Amount US$</th>
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<tr>
<td></td>
<td>1 915 000</td>
<td>2 711 000</td>
<td></td>
</tr>
</tbody>
</table>

5. Estimated costs to WHO of projects of the type UNICEF may consider eligible for assistance

<table>
<thead>
<tr>
<th></th>
<th>Amount US$</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90 000</td>
<td>273 000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>190 000</td>
<td>542 000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>280 000§</td>
<td>815 000</td>
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</tbody>
</table>

6. Estimated costs to WHO of joint projects if 2 and 5 above are added

<table>
<thead>
<tr>
<th></th>
<th>Amount US$</th>
<th>Percentage</th>
<th>Amount US$</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>502 000</td>
<td>20.8</td>
<td>1 401 000</td>
<td>37.4</td>
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<tr>
<td></td>
<td>1 064 000</td>
<td>39.9</td>
<td>1 523 000</td>
<td>55.6</td>
</tr>
<tr>
<td></td>
<td>1 566 000</td>
<td>30.8</td>
<td>2 924 000</td>
<td>45.1</td>
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</table>

** For which UNICEF has allocated funds
† Revised costs as reflected in the modifications in the 1954 programme
§ Exclusive of deferred projects amounting to $147 000
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